


[Back to home](#)

Guide to submitting Inpatient authorizations

The comprehensive Authorization workflow tasks:

1. Start an authorization.
2. Complete the IP Admission Prescreen.
3. Complete the Authorization Details.
4. Complete Procedure Prescreen (if needed or click Next to go to Review).
5. Complete Procedure Details (if procedure prescreen was completed).
6. Review Inpatient admission and Inpatient procedure(s) and modify them as needed, then submit the authorization.



LOGIN: You must be a registered Availity user to access and utilize Authorizations. If you are not yet registered with Availity, complete the guided online registration at [Availity](#).



Remember to check eligibility and benefits online first to determine if the member policy requires prior authorization for the service and/or procedure code(s).

Page	Contents	Page	Content
2	Access and log in	18	Authorization details
4	• Access Authorizations & Referrals	19	• Requesting provider
8	Search and review member details	20	• Add a note
10	Start an inpatient authorization	22	• Add an attachment
11	• Prescreening details	25	• Authorization number and status
12	• Specify servicing provider	26	Next course of action
14	• Provider search by ID	27	Inpatient authorizations summary table
		28	Final words

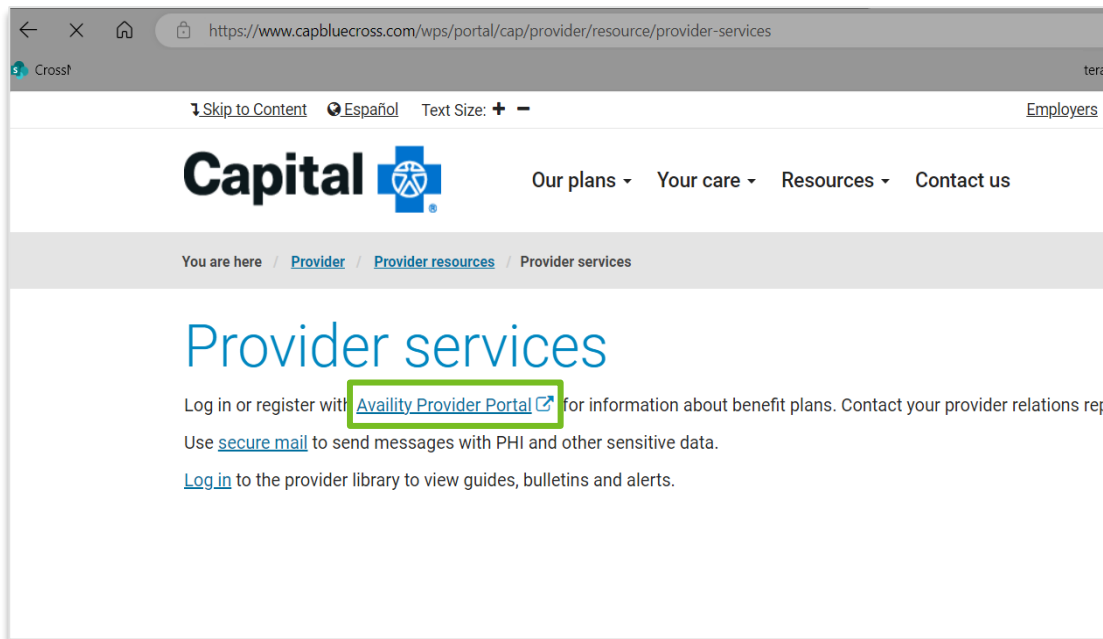


[Back to home](#)



Access and login

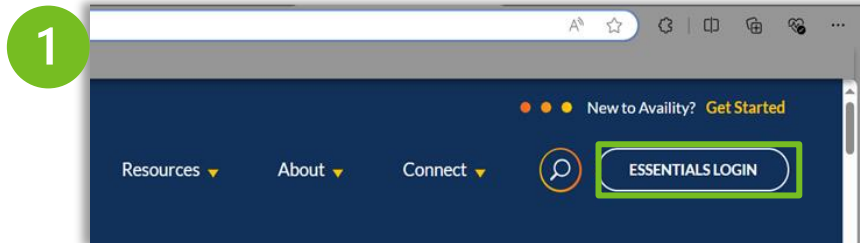
1. From the [Capital Blue Cross provider services](#) page.
2. Locate the link for Availity, and click to open the Availity login page.



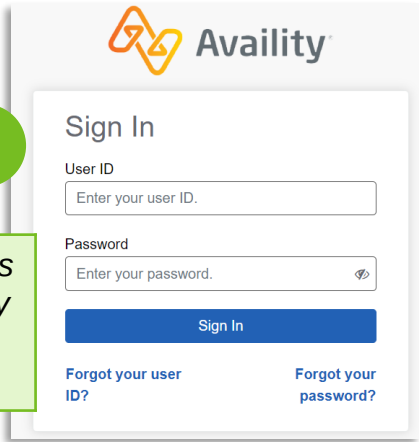


Logging in

1. Click **Essentials Login**, to open the sign in pop up window.
2. Enter your Availity username and password, and click the **Sign In** button to access your account.



2



The sign-in pop-up window features the Availity logo at the top. Below it, the title 'Sign In' is displayed. There are two input fields: 'User ID' with the placeholder text 'Enter your user ID.' and 'Password' with the placeholder text 'Enter your password.' and a toggle icon for password visibility. A blue 'Sign In' button is positioned below the fields. At the bottom, there are two links: 'Forgot your user ID?' and 'Forgot your password?'.

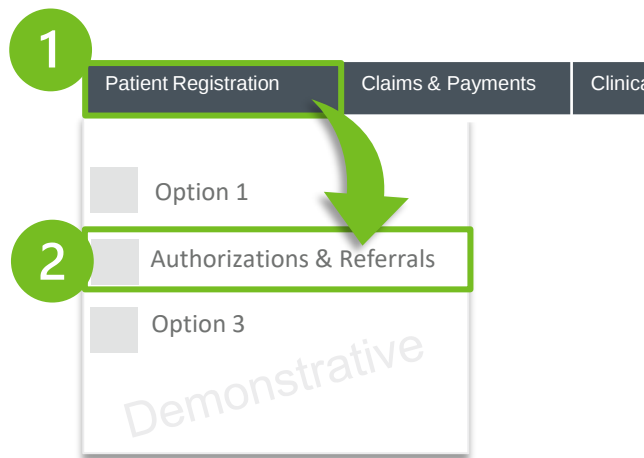
Your Availity account and login credentials belong only to you. Sharing accounts may violate HIPAA regulations regarding data privacy.



Selecting Authorizations & Referrals

Access Authorization & Referrals from the navigation menu.

1. Click **Patient Registration** from the navigation menu.
2. Select **Authorizations & Referrals** from the dropdown menu.





[Back to home](#)



Next, Select **Capital Blue Cross** as payer from the payer options displayed in the navigation menu and click **NEXT**.

[Home](#) > Authorizations & Referrals

Authorizations & Referrals



[Authorization Request](#)

Demonstrative



Select the appropriate information from the dropdown menus, then click **Next**.

1. Organization = **Capital Blue Cross Provider**.
2. Payer = **Capital Blue Cross**.
3. Request Type = **Inpatient Authorization**.
4. Click **NEXT**.

[Home](#) > Authorizations & Referrals > Authorizations

1

Organization

Capital Blue Cross Provider

2

Payer

Capital Blue Cross

3

Request Type

Inpatient Authorization

Next

Demonstrative



Accessing Capital Blue Cross

At the Authorizations disclaimer screen, click **Capital Blue Cross Pre-Authorization** to open the TruCare dashboard.

If TruCare does not open, try enabling your browser pop-ups.

As the requesting provider, I agree to notify my patient, the Capital Blue Cross Member, of the outcome of this authorization request.

The approval is based on the medical necessity and is not a guarantee of payment. Payment is based on the eligibility and benefits at the time of service. By utilizing this system, you are agreeing to this disclaimer and the notification of the outcome of the authorization request to the member. If you are a Skilled Nursing Facility, Home Health Agency, or CORF, you are responsible for delivering the NOMNC no later than two (2) days before covered services end. Please fax all signed NOMNCs to 1-800-216-9740 upon discharging member from services.

You are about to be re-directed to a third-party site away from Availity's secure site, which may require a separate log-in. Availity provides the link to this site for your convenience and reference only. Availity cannot control such sites, does not necessarily endorse and is not responsible for their content, products, or services. You will remain logged in to Availity.

By clicking Capital Blue Cross Pre-Authorization you agree to the above.

 Capital Blue Cross Pre-Authorization

v7.821.11



Member search

In the TruCare dashboard, you can view authorizations linked to your user account in summary tables on the dashboard. In the summary tables, you can view information on all the authorizations linked to your user account for any or all members. You can search for a member to work on member-specific tasks, such as viewing member authorization requests or creating a new authorization request for a member.

1. Enter the **MEMBER ID**.
2. Enter the start date for the search or use the date picker, and click **FILTER**.

The screenshot shows the TruCare ProAuth dashboard. On the left is a sidebar with 'Dashboard' and 'Member Search' links. The main area is titled 'Dashboard' and contains a 'Filter By' section with the following fields:

- Member ID: A text input field with a green box and the number 1 next to it.
- Authorization Number: A text input field.
- Date of Service From Date: A date picker with a green box and the number 2 next to it.
- Date of Service To Date: A date picker.
- Inpatient Service Types: A dropdown menu.
- Service/Procedure Service Types: A dropdown menu.
- Include Closed: A checkbox.
- Requested By Me: A checkbox.

Below the search fields are two buttons: 'FILTER' (highlighted with a green box and the number 3) and 'RESET'.

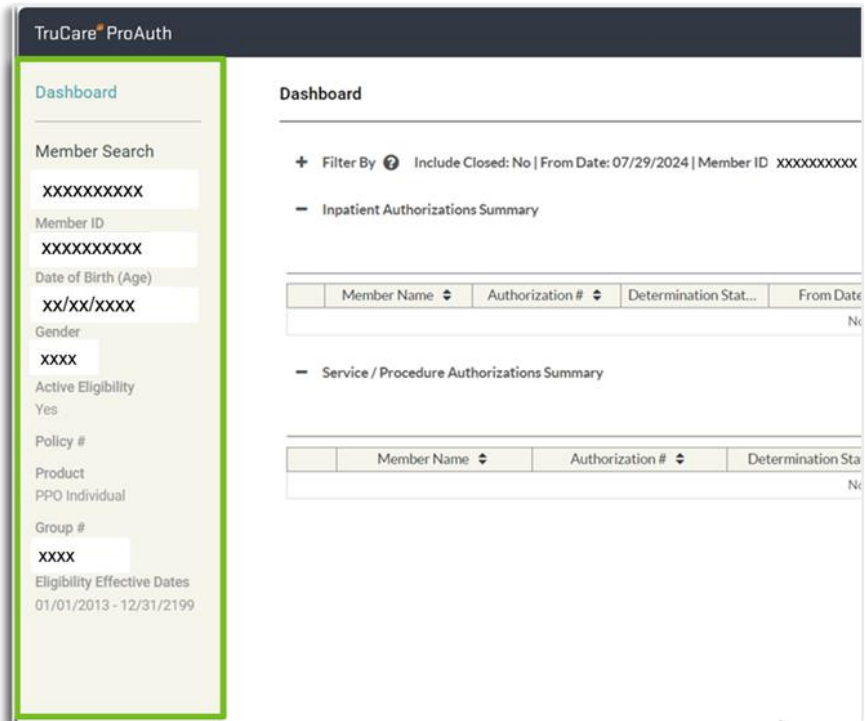
Below the buttons are two summary tables:

- Inpatient Authorizations Summary**: A table with columns: Member Name, Authorization #, Determination Stat..., From Date, To Date, Servicing Facility, Diagnosis Code, and State. It includes buttons for 'EXTEND', 'VIEW AUTH DETAILS', and 'ATTACHMENTS'. The table currently shows 'No records found'.
- Service / Procedure Authorizations Summary**: A table with columns: Member Name, Authorization #, Determination Status, Start Date, End Date, and State. It includes buttons for 'ADD/EXTEND SERVICE' and 'VIEW AUTH DETAILS'.



Member details

The member information will populate on the left side of the ProAuth dashboard.



TruCare ProAuth

Dashboard

Member Search

XXXXXXXXXX

Member ID
XXXXXXXXXX

Date of Birth (Age)
xx/xx/xxxx

Gender
XXXX

Active Eligibility
Yes

Policy #

Product
PPO Individual

Group #
XXXX

Eligibility Effective Dates
01/01/2013 - 12/31/2199

Dashboard

+ Filter By ⓘ Include Closed: No | From Date: 07/29/2024 | Member ID: XXXXXXXXXXXX

- Inpatient Authorizations Summary

Member Name	Authorization #	Determination Stat...	From Date
			No

- Service / Procedure Authorizations Summary

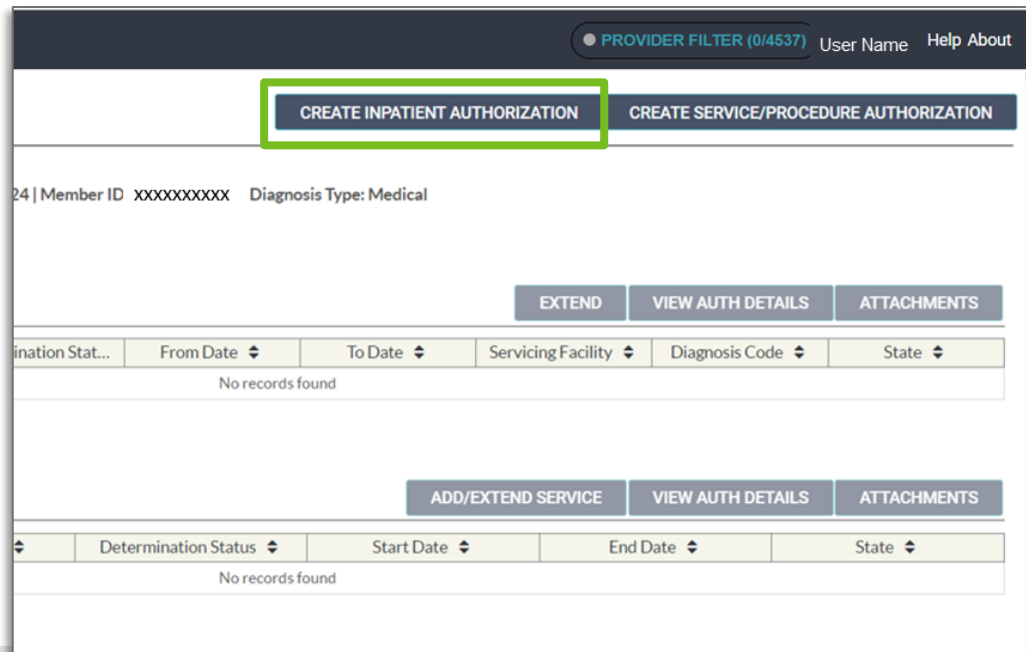
Member Name	Authorization #	Determination Sta
		No



Create inpatient authorization

- Click **CREATE INPATIENT AUTHORIZATION**.

The process begins at **Prescreen details**, where you can begin adding information to identify if an authorization is required.



The screenshot displays the Capital Health system interface. At the top, there is a dark blue header bar with the text "PROVIDER FILTER (0/4537)" and "User Name Help About". Below this, a light blue bar contains two buttons: "CREATE INPATIENT AUTHORIZATION" (highlighted with a green box) and "CREATE SERVICE/PROCEDURE AUTHORIZATION". The main content area shows a patient record for "24 | Member ID xxxxxxxxxx" with "Diagnosis Type: Medical". Below the record, there are three buttons: "EXTEND", "VIEW AUTH DETAILS", and "ATTACHMENTS". A table with columns "Ination Stat...", "From Date", "To Date", "Servicing Facility", "Diagnosis Code", and "State" is shown, with the text "No records found" below it. At the bottom, there are three more buttons: "ADD/EXTEND SERVICE", "VIEW AUTH DETAILS", and "ATTACHMENTS". A table with columns "Determination Status", "Start Date", "End Date", and "State" is shown, also with the text "No records found" below it.



Prescreen details

Completing this prescreen page will identify the classification of an IP authorization request immediately. In the first part of the authorization request process, you provide prescreen information.

1. Provide the required prescreen information on this page denoted by asterisks (*), then click **NEXT**.

- Primary Diagnosis.*
- Admission Date.
- Servicing Facility.

Note that the diagnosis, can be searched by name or code.

The screenshot displays the 'Create Inpatient Authorization' form with a progress bar at the top indicating three steps: Prescreen (active), Authorization Details, and Authorization Confirmation. The Prescreen section includes the following fields:

- * Primary Diagnosis:** A text input field with a search icon, a dropdown menu, and a 'SEARCH' button. Below the input is the text 'Search by Diagnosis name'.
- * Admission Date:** A date input field with a calendar icon. Below the input is the text 'MM/DD/YYYY'.
- * Servicing Facility:** A text input field with a search icon. Below the input is the text 'Search by Provider name'.
- * Applied Eligibility:** A section with the text 'Enter date to see eligibility.'
- Provider NPI:** A text input field with a search icon. Below the input is the text '(OR) Search by Provider NPI'.
- Primary Procedure:** A text input field with a search icon. Below the input is the text 'Search by Procedure name'.
- * Stay Level:** A dropdown menu.
- * Service Type:** A dropdown menu.

At the bottom of the form are two buttons: 'NEXT' and 'CANCEL'.



Provider name and NPI

3. Select from the **Applied Eligibility** menu. *This field auto-completes when the member's eligibility is on record. There is only one active eligibility for the date of service.*
4. Enter a **Servicing Facility** by **name** or **Provider NPI**.
5. Click **NEXT**.

Create Inpatient Authorization

Progress: Prescreen (Active) | Authorization Details | Authorization Confirmation

* Primary Diagnosis
 Search by Diagnosis name (OR) Search by Code

* Admission Date
 MM/DD/YYYY

* Applied Eligibility

Enter date to see eligibility.

* Servicing Facility
 Search by Provider name Search by Provider NPI

Primary Procedure
 Search by Procedure name (OR) Search by Code

* Stay Level * Service Type



Specify the servicing provider

To search by provider number, click **Go to Provider Search** above the entry fields, on the right corner and an entry window will be spotlighted.

Searching by provider by name returns a list of providers.

The screenshot displays a software interface for provider search. On the left, a sidebar contains search filters: 'Prescreen', 'Search by Diagnosis name', 'Search by Provider name', and 'Search by Procedure name'. The main panel, titled 'Provider Search Result(s)', shows a list of search results. A green box highlights the 'Go to Provider Search' button in the top right corner. The first result is for 'Lehigh Valley Hospital' with location '17th & Chew Sts 3rd Fl Allentown, PA, 18104, USA'. Below this, a table lists provider details:

Provider ID	Tax ID	NPI
50146447	231689692	1073972311

Below the table, the 'Type' is listed as 'Ambulance' and the 'Servicing address' is '3950 Oakhurst Dr Center Valley, PA, 18034-9705, USA'. The second result is for 'Lehigh Valley Hospital' with location '1200 S Cedar Crest Blvd Allentown, PA, 18103-6202, USA'. Below this, a table lists provider details:

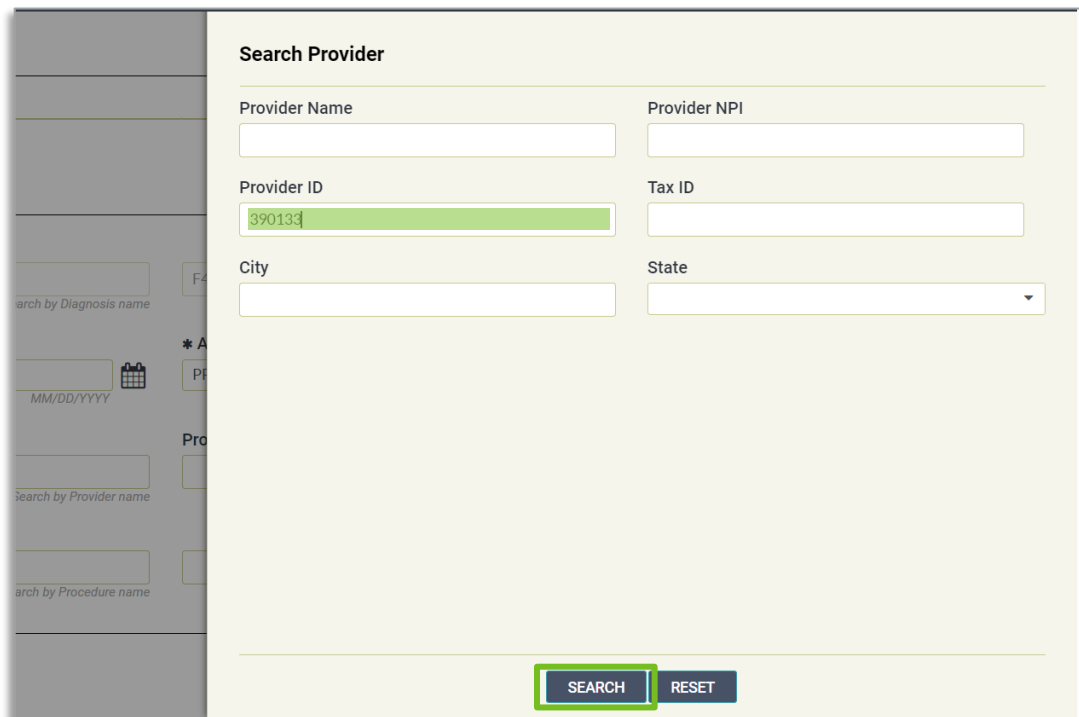
Provider ID	Tax ID	NPI
390133	231689692	1164400131

Below the table, the 'Type' is listed as 'Hospital' and the 'Servicing address' is '1200 S Cedar Crest Blvd Allentown, PA, 18103-6202, USA'. The third result is for 'Lehigh Valley Hospital - Hecktown Oaks' with location 'Hecktown Oaks'. At the bottom of the results list, there is a pagination bar showing '1' of 100 results.



Search Provider by ID

Enter the **Provider ID** number and click **SEARCH**.



The screenshot shows a web application interface for searching providers. On the left, a sidebar contains search filters: 'Search by Diagnosis name', 'MM/DD/YYYY' with a calendar icon, 'Search by Provider name', and 'Search by Procedure name'. The main content area is titled 'Search Provider' and contains a form with the following fields:

- Provider Name:
- Provider NPI:
- Provider ID:
- Tax ID:
- City:
- State:

At the bottom right of the form are two buttons: **SEARCH** (highlighted with a green border) and **RESET**.

Admission type

Select the **Admission Type** from the drop-down menu.

Create Inpatient Authorization

Prescreen

Authorization Details

Auth Conf

Search by Diagnosis name

(OR) Search by Code

* Admission Date

08/06/2024

MM/DD/YYYY

* Applied Eligibility

PPO Individual

Acute Rehab

Gender Reassignment

Hospice

IP Elective

IP ER-Urgent

LTACH

Skilled Nursing Facility

Provider NPI

XXXXXXXXXX

(OR) Search by Provider NPI

(OR) Search by Code

* Service Type

NEXT

CANCEL



Service type

- Select the **service type** from the drop-down menu, and click **NEXT**.

Authorization

Prescreen Authorization Details Authorization Confirmation

Search by Diagnosis name (OR) Search by Code

* Applied Eligibility
PPO Individual

MM/DD/YYYY

Provider NPI
XXXXXXXXXX (OR) Search by Provider NPI

Search by Procedure name (OR) Search by Code

Not BH Service
Acute Inpatient-BH Unit Within General Hospital
Acute Inpatient-Free Standing Behavioral Health Facility
Inpatient Detox
Inpatient Mental Health
Residential Treatment-Mental Health
Residential Treatment-Substance Use

NEXT CANCEL



- The system process and generate a confirmation if an authorization is required.
- If an authorization is required, click **NEXT**.
- After completing the prescreen evaluation you will advance to the **Authorization Details** section.

Create Inpatient Authorization

Prescreen

Authorization Details

08/06/2024

MM/DD/YYYY

PPO Individual

* Servicing Facility

Lehigh Valley Hospital

Search by Provider name

Provider NPI

XXXXXXXXXX

(OR) Search by Provider NPI

CLEAR

Primary Procedure

Search by Procedure name

(OR) Search by Code

* Stay Level

IP ER-Urgent

* Service Type

Inpatient Mental Health

All Inpatient services require Preauthorization except for Maternity Deliveries

All Inpatient Preauthorization requests require review.

NEXT

CANCEL



Authorization Details

When the Authorization Details page opens, the prescreen entries are displayed as view-only near the top.

Complete the required fields marked with an asterisk (*), then click **Submit**.

- **Admission Type.**
- **Admission Source.**
- **Place of Service.**
- **Level of Urgency.**

*To edit Prescreen fields, return to the Prescreen page. Click **Back to Prescreen**. The prescreen will run again to assess if authorization is required.*

Create Inpatient Authorization

ADD NOTE ADD ATTACHMENT

Prescreen Authorization Details Authorization Confirmation

08/06/2024 PPO Individual IP ER-Urgent 1

Primary Diagnosis ACUTE STRESS REACTION (F43.0) Servicing Facility Lehigh Valley Hospital Service Type Inpatient Mental Health

Admission Details

* Admission Type * Admission Source * Place of Service

Target Discharge Date MM/DD/YYYY

* Level of Urgency URGENCY DEFINITION

Requesting Provider

BACK TO PRESCREEN SUBMIT CANCEL



Requesting provider

Enter requesting provider information, then click **Submit**.

- **Name.**
- **Provider NPI.**
- **Contact name.**
- **Phone number.**
- **Fax number.**

Create Inpatient Authorization ADD NOTE ADD ATTACHMENT (0)

Progress: Prescreen ● Authorization Details □ Authorization Confirmation ○

 MM/DD/YYYY URGENCY DEFINITION

Requesting Provider

* Name Search by Provider name

Provider NPI (OR) Search by Provider NPI ☐ Search All Providers SEARCH

* Contact Name

* Phone Number + 1 (999) 999-9999 x9999

* Fax Number + 1 (999) 999-9999

Referring Facility: Lehigh Valley Hospital

Contact Name Contact Number + 1 (999) 999-9999 x9999 Fax Number + 1 (999) 999-9999

BACK TO PRESCREEN SUBMIT CANCEL

The requesting provider is the entity that is requesting/ordering the service or admission for a member.



- Answer the **two-midnight benchmark** question.
- Then click Add Note to open the dialogue box.

All behavioral health services require a note with a submission.

You cannot advance to the next page if you do not add the required note or attachment.

Create Inpatient Authorization

ADD NOTE

ADD ATTACHMENT (0)

Prescreen

Authorization Details

Authorization Confirmation

Primary Procedure

Search by Procedure name

(OR) Search by Code

SEARCH

Additional Procedure

Search by Procedure name

(OR) Search by Code

SEARCH

Secondary diagnosis

Search by Diagnosis name

(OR) Search by Code

SEARCH

+

Requesting admission based on the two-midnight benchmark?

No

BACK TO PRESCREEN

SUBMIT

CANCEL



Adding a note

1. Select **Yes** confirming you have read the statement, and click **SUBMIT**.

Be sure to submit all required information in one of the following ways:

- **Attachment:** Directly attach the required documents to your submission.
- **Fax:** Fax the information to the designated number, and please add a note confirming that the fax was sent.

Notes +

SUMMARY ADD NOTE

Add Note

* Note Type
Behavioral Health Provider Authorizati... X

IN ORDER TO PROCESS THIS AUTHORIZATION REQUEST, CAPITAL WILL NEED THE FOLLOWING:

1. Submit all required clinical documentation needed to process this authorization request.
2. For PA Act 106 authorization request:
 - › Please document total number of authorized days used this calendar year with this submission.
 - › Submit a written certification within 14 calendar days of admission but before discharge.
 - › This can be attached to this request or fax it to Capital at 717-346-5800.

INFORMATION NEEDED ON THE CERTIFICATION:

- › Members name, DOB, ID number and Authorization Number
- › Member's applicable diagnosis
- › Facility name
- › Admission and certification dates
- › Level of care and certified length of stay
- › Language that the member requires specific substance use treatment services.
- › Name, signature, and credentials of the certifying physician or licensed psychologist.

* Please confirm you have read the above requirements.
Yes X

SUBMIT CANCEL



Adding an attachment

All requests require an attachment, add it on the Authorization Details page before submitting the request.

To add an attachment:

1. Select **Add Attachment** to open the Add Attachment slider.
2. Select a document type.
3. Enter a comment if needed.

On the **Add Attachment** button, the count (in parenthesis) indicates the number of documents attached.

The screenshot shows the 'Create Inpatient Authorization' form. At the top right, there are two buttons: 'ADD NOTE' and 'ADD ATTACHMENT (0)'. The 'ADD ATTACHMENT (0)' button is highlighted with a green box. Below the buttons is a progress bar with three steps: 'Prescreen', 'Authorization Details', and 'Submit'. The 'Authorization Details' step is currently active. The 'Add Attachment' slider is open, showing a form with the following fields: '* File', '* Document Type', and 'Comment'. The 'ADD' button at the bottom of the slider is also highlighted with a green box. A yellow callout box on the right side of the form contains the following text:

Include the required documents:

- Directly attach the required documents to your submission.

or

- Fax the them to the designated number.

If faxing, be sure to attach a file with names of documents included, and the fax transmittal confirmation number.



- The file will appear in the Attached Files section, and display the document type, as selected. When you are done, select **CLOSE**.
- To discard the document file, select the line item and select **REMOVE**
- In the Authorization page, the attachment will be reflected in parentheses in the ADD ATTACHMENT button.

Diagnosis name

two-

Attached Files (1)

File	Document Type	Comment
test1.docx	Medical Records	

1 10

CLOSE

Diagnosis name

Diagnosis name

o-

ADD

REMOVE

Attached Files (1)

File	Document Type	Comment
test1.docx	Medical Records	

1 10

ADD NOTE **ADD ATTACHMENT (1)**

Authorization Details

Authorization Confirmation

[Back to home](#)

Click **YES** to confirm the attestation statement.

Procedure

Search by Procedure name

(OR) Search by Code

Procedure

Search by

Primary diagnosis

Search by

Testing admission based on the right benchmark?

WARNING

By submitting this request, I attest that all information is accurate and complete based on the member's medical record information.

YES **NO**

BACK TO PRESCREEN **SUBMIT** **CANCEL**



Authorization details

Upon submission, the system will generate a confirmation page displaying:

- **Authorization Number:** A unique identifier for your request.
- **Authorization Status:** The current approval status (e.g., pending, approved, denied). *If the status is "pending," the authorization is still under review.*

Create Inpatient Authorization

Prescreen

Authorization Details

Authorization Confirmation

Authorization request has been successfully submitted. As the Requesting Provider, I agree to notify my patient, the Capital BlueCross member, of the outcome of this authorization request. The approval of services are based on medical necessity and is not a guarantee of payment; payment is based on eligibility and benefits at the time of service. By utilizing this system you are agreeing to the above disclaimer statement.

Authorization Number IP0100791255	Authorization Status Pending	Admission Date 08/06/2024	Requested Days 1
Servicing Facility Lehigh Valley Hospital	Primary Diagnosis ACUTE STRESS REACTION (F43.0)	Primary Procedure Code	

RETURN TO MEMBER SEARCH

RETURN TO DASHBOARD

PRINT



Next course of action

- To start another request by searching a member, click **RETURN TO MEMBER SEARCH**.
- To access the main authorization, click **RETURN TO DASHBOARD**.
- To save a physical copy, click **PRINT**.

Create Inpatient Authorization

Prescreen Authorization Details Authorization Confirmation

Authorization request has been successfully submitted. As the Requesting Provider, I agree to notify my patient, the Capital BlueCross member, of the outcome of this authorization request. The approval of services are based on medical necessity and is not a guarantee of payment; payment is based on eligibility and benefits at the time of service. By utilizing this system you are agreeing to the above disclaimer statement.

Authorization Number XXXXXXXXXX	Authorization Status Pending	Admission Date 08/06/2024	Requested Days 1
Servicing Facility Your favorite hospital	Primary Diagnosis ACUTE STRESS REACTION (F43.0)	Primary Procedure Code	

[RETURN TO MEMBER SEARCH](#) [RETURN TO DASHBOARD](#) [PRINT](#)

Guide to submitting authorizations

Summary table

You can view data for the parameters displayed in the columns of the summary table (as shown in the example in this topic). You can sort each column of data in alphabetical or numerical order. Each line (or row) of data applies to a specific member.

Dashboard

CREATE INPATIENT AUTHORIZATIONCREATE SERVICE/PROCEDURE AUTHORIZATION

+ Filter By ? Include Closed: No | From Date: 07/29/2024 | Member ID:

Diagnosis Type: Medical

+ Inpatient Authorizations Summary

- Service / Procedure Authorizations Summary

ADD/EXTEND SERVICEVIEW AUTH DETAILSATTACHMENTS

Member Name	Authorization #	Determination Status	Start Date	End Date	State
First Last Name	xxxxxxxxxx	Pending	08/05/2024	08/13/2024	Open

1

10



[Back to home](#)



Guide to submitting authorizations

Thank you



This completes this overview of how to submit an inpatient authorization request.



If you have any questions, please contact your administrator for assistance.