BlueCross BlueShield
of Texas

Authorizations User Guide

Check eligibility and benefits online first to determine if the patient's policy requires prior authorization for the service and/or procedure code(s). To learn more about checking eligibility and benefits via Availity, refer to the *Eligibility and Benefits User Guide*.

Authorizations is an online prior authorization tool in Availity® Essentials that allows providers to submit inpatient admissions and select outpatient services handled by Blue Cross and Blue Shield of Texas.

Using this tool increases administrative efficiencies by permitting users to access and verify status of requests, upload supporting clinical documentation when required, update requests, and obtain printable confirmation for your records.

Not registered with Availity Essentials?

Complete the online guided registration process today via Availity, at no cost.

Feb. 2024

The following instructions show how users' access Authorizations via Availity Essentials and how Availity Administrators and/or users will add providers information to your organization's account.

Step 1

> Login to **Availity Essentials**

> Setup Availity **Manage My Organization (MMO)**

Step 2

> Access **Authorizations** via Availity Essentials

> **Start Authorization** request

> **Add Service** and **Provider Information**

Step 3

> **Review** and **Submit**

> **Attach** clinical records *(if applicable)*

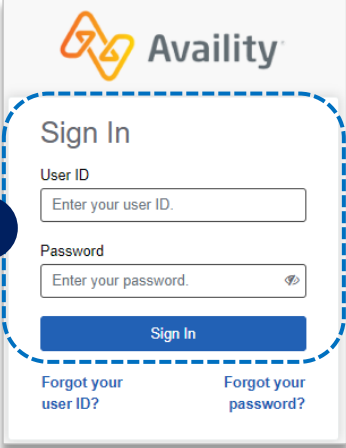> **View** and **Update**

> **Auth/Referral Inquiry**

Step 4

> **Submission Tips**, **FAQs** and **support** to assist with submitting Authorization requests via Availity Essentials
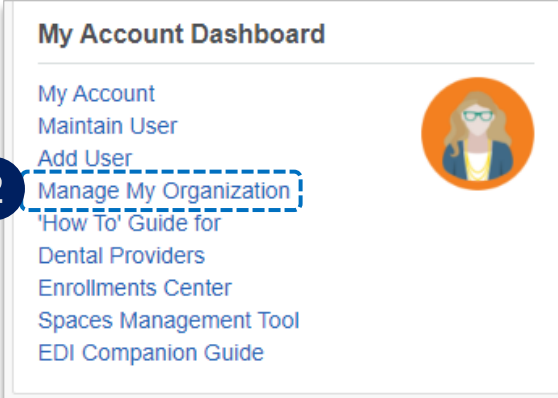
1 Assigned users can access this tool by following the instructions below:

- ▶ Go to **Availity**
- ▶ Select **Availity Essentials Login**
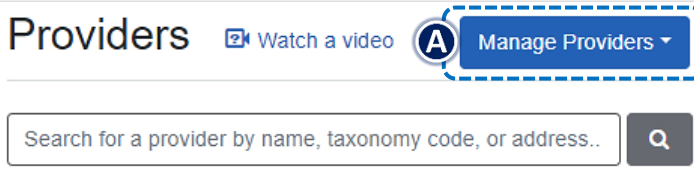- ▶ Enter User ID and Password
- ▶ Select **Log in**

2 Select **Manage My Organization** from *My Account Dashboard* on the Availity homepage

A Within **Manage My Organization**, select **Manage Providers**, then **Add Provider(s)**
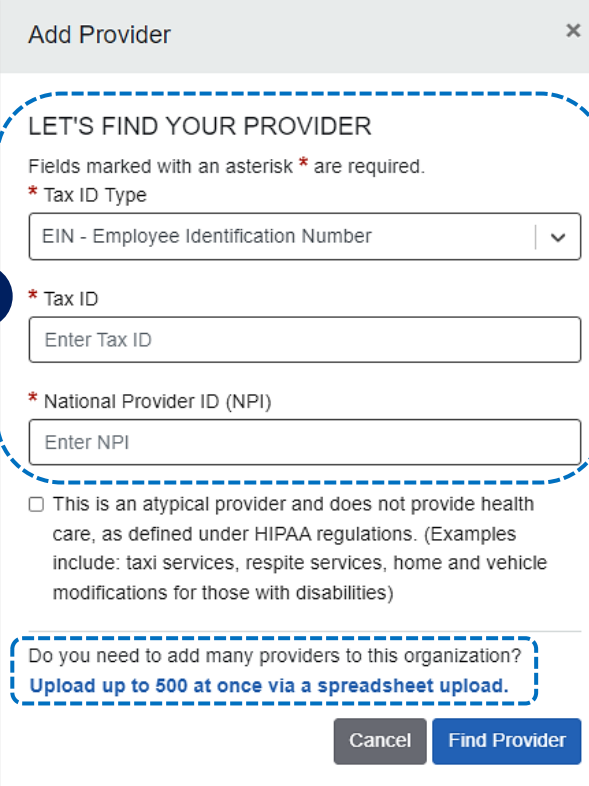
3 ▶ Select the **Tax ID Type:**
- • **EIN** – *Employee Identification Number*
- • **SSN** – *Social Security Number*

▶ Enter the **Tax ID** and **NPI number**

▶ Select **Find Provider**

Add Provider

LET'S FIND YOUR PROVIDER

Fields marked with an asterisk * are required.
* Tax ID Type

EIN - Employee Identification Number ▼

* Tax ID

Enter Tax ID

* National Provider ID (NPI)

Enter NPI

☐ This is an atypical provider and does not provide health care, as defined under HIPAA regulations. (Examples include: taxi services, respite services, home and vehicle modifications for those with disabilities)

Do you need to add many providers to this organization? **Upload up to 500 at once via a spreadsheet upload.**

Cancel   Find Provider

My Account Dashboard

My Account
Maintain User
Add User
Manage My Organization
'How To' Guide for Dental Providers
Enrollments Center
Spaces Management Tool
EDI Companion Guide

Providers   ▶ Watch a video   **A** Manage Providers ▼

Search for a provider by name, taxonomy code, or address..

Quick Tips:

→ *If you have multiple providers to add to your organization, select "Upload up to 500 at once via a spreadsheet upload."*

→ *For more details, refer to the Manage My Organization User Guide published in the Provider Tools section of our website.*

1
▸ Select **Patient Registration** from the navigation menu

▸ Select **Authorizations & Referrals**

Availity Administrator: Access must first be granted to users by going to *My Account Dashboard → Maintain User or Add User → select roles* **Authorization and Referral Inquiry** *and* **Authorization and Referral Request***.*

2
▸ Next, choose **Authorization Request**

Quick Tips:

→ *Return to this page to access the* **Auth/Referral Inquiry***, and* **Auth/Referral Dashboard.**

→ *Select* **Carelon** *or* **eviCore** *links to start and submit authorization requests handled by Carelon Medical Benefits Management or eviCore® healthcare vendors.*

1 ▶ Select **Organization**

▶ Select **BCBSTX** Payer option

Note: *This payer option should be selected for all BCBSTX members, including Medicare Advantage members. Select payer BCBSTX Medicaid to start request for Texas Medicaid members.*

▶ Choose a below Request Type and select **Next**
- **Inpatient Authorization**
- **Outpatient Authorization**

2 ▶ Enter the following **Patient Information**:
- **Member ID**
- **Relationship to Subscriber**
- **Patient First and Last Name**
- **Patient Date of Birth**

Quick Tip:
→ *Only required fields will display. To view optional fields, select **Show Optional Fields**.*

Quick Tip:
→ Choose **Outpatient Authorization** to submit Office, Home and Outpatient services.

3 ▸ Enter the following **Requesting Provider** information:

- **Provider Type**
- **NPI Number**
- **Name**
- **Specialty / Taxonomy**

▸ Select **Next**

3

REQUESTING PROVIDER   ☐ SHOW OPTIONAL FIELDS

Select a Provider *optional* ❓

| Select Provider ... ▾ |

Provider Type

| Facility ▾ |

Name ❓

| ABC Hospital |

NPI ❓

| 1234567890 |

Specialty / Taxonomy ❓

| 207V00000X – Obstetrics & Gynecology ▾ |

Address Line 1

| 123 Anywhere Street |

City	State	ZIP Code
Longview	Texas ✕ ▾	12345-0000

Contact Name

| Jane Smith |

Contact Phone	Contact Fax
7651112345	7651112222

[Back] [Next]

Quick Tip:

→ *Use **Select a Provider** to quickly populate required provider information. Refer to **Manage My Organization User Guide** for additional assistance.*

▸ **Electronic Provider Access (EPA):**

- **EPA** is a tool that enables providers to initiate online pre-service reviews for out-of-area members and is available to all contracted BCBSTX providers who are registered Availity users.

- If the member belongs to a different Blues Plan, users will be redirected to the other Plan's pre-service review landing page after **Step 1 (Start an Authorization)** is complete.

- If the other Blues Plan does not utilize Availity, users will receive a message that you are being redirected to a third-party site.

▸ **Continue** by selecting **Accept** *(if applicable)*

A Authorizations   [Give Feedback] [Go to Dashboard] [New Request 👤]

Blue Cross Blue Shield Association

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 "Accept" below, you confirm that you acknowledge and accept the foregoing Terms of use.

[Cancel] [Accept]

v7.110.4

4 ▸ Select **Check if Authorization is Required** to determine if authorization is required for **outpatient services**

CHECK IF AN AUTHORIZATION IS REQUIRED

4 ☑ Check if Authorization is Required?

▸ Enter the following information: - - - - - - - - - - - - - ➔

- • **Service Type**
- • **Place of Service**
- • **Procedure Code(s) and Type**
- • **From Date and To Date**
- • **Procedure Quantity**
- • **Procedure Quantity Type**

▸ Select **Next**

CHECK IF AN AUTHORIZATION IS REQUIRED

☑ Check if Authorization is Required?

Service Type * ❷

| 2 - Surgical | ✕ ▾ |

Place of Service * ❷

| 22 - On Campus-Outpatient Hospital | ✕ ▾ |

PROCEDURE CODE(S)   ☐ SHOW OPTIONAL FIELDS

Procedure Code * ❷

| 59510 - CESAREAN DELIVERY | ▾ |

Type *

| CPT/HCPCS | ▾ |

From Date *

| 02/05/2024 | 📅 |

To Date *

| 02/05/2024 | 📅 |

Procedure Quantity * ❷

| 1 |

Procedure Quantity Type *

| Units | ✕ ▾ |

➕ Add another procedure code

[Back] [Next]

Results include prior authorization requirements for the entered procedure code(s) – see examples displayed below.

Auth Required

Authorization Required

Service Type	Place of Service	Service From - To Date
2 - Surgical	22 - On Campus-Outpatient Hospital	NA

| Procedure Code 1	Quantity	Procedure From - To Date
29914 - HIP ARTHRO W/FEMOROPLASTY	1 Units	2024-02-15 - 2024-02-15

Status
AUTH REQUIRED

Message
Procedure codes are supported for preauthorization requirement only and are not used for benefit determination

Vendor Name
BCBSTX

Phone
(555) 555-5555

Network Status
In Network

Back   Next

Undetermined

Authorization - Undetermined

Service Type	Place of Service	Service From - To Date
2 - Surgical	22 - On Campus-Outpatient Hospital	NA

Procedure Code 1	Quantity	Procedure From - To Date
G9354 - 1 or no ct sinus w/in 90d dx	1 Units	2024-02-15 - 2024-02-15

Status
UNDETERMINED

Message
Procedure codes are supported for preauthorization requirement only and are not used for benefit determination

Vendor Name
BCBSTX

Phone
(555) 555-5555

Network Status
In Network

Back   Next

No Auth Required

No Authorization Required

Service Type	Place of Service	Service From - To Date
2 - Surgical	22 - On Campus-Outpatient Hospital	NA

Procedure Code 1	Quantity	Procedure From - To Date
67875 - CLOSURE OF EYELID BY SUTURE	1 Units	2024-02-15 - 2024-02-15

Status
NO AUTH REQUIRED

Message
Procedure codes are supported for preauthorization requirement only and are not used for benefit determination

Vendor Name
BCBSTX

Network Status
In Network

ⓘ No Authorizations are required for this request. Click here to return to the portal, or click Next to continue processing this request.

Back   Next

Auth Required by Vendor *(e.g., Carelon Medical Benefits Management)*

Authorization Required

Service Type	Place of Service	Service From - To Date
2 - Surgical	22 - On Campus-Outpatient Hospital	NA

Procedure Code 1	Quantity	Procedure From - To Date
75635 - CT ANGIO ABDOMINAL ARTERIES	1 Units	2024-02-15 - 2024-02-15

Status
AUTH REQUIRED

Message
Procedure codes are supported for preauthorization requirement only and are not used for benefit determination

Vendor Name
Carelon Medical Benefits Management

Phone
(555) 555-5555

Network Status
In Network

Back   Next

Select one of the following (if applicable):

→ **Print**

→ **Back** *(go to previous step)*

→ **Next** *(continue to next step)*

5 ▶ **Add Service Information** for **Outpatient** or **Inpatient** requests:

A Complete the following for **Outpatient Services:**

- **Service Type**
- **Place of Service**
- **From and To Date**
- **Quantity** *(visits, units, or time frames for the service or therapy requesting)*
- **Quantity Type**
- **Level of Service** *(Elective or Emergency)*
- **Diagnosis Code(s)**
- **Procedure Code(s)**

▶ Select **Next**

B Complete the following for **Inpatient Services:**

- **Service Type**
- **Place of Service**
- **Admission Date**
- **Admission Type** *(Elective or Emergency)*
- **Quantity** *(Admission days)*
- **Quantity Type** *(Days)*
- **Diagnosis Code(s)** *(up to 12)*
- **Procedure Code(s)**

▶ Select **Next**

⑥ ▸ Add the following **Service Provider** information:

- **First Name**
- **Last Name**
- **NPI Number**
- **Address**

▸ Add the following **Rendering Provider** information:

- **First Name**
- **Last Name**
- **NPI Number**
- **Address**

▸ Select **Next**

> *Quick Tip:*
> → *As a reminder, use Select a Provider to quickly populate required provider information.*

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① Start an Authorization ② Add Service Information ③ Rendering Provider/Facility ④ Review and Submit

DOE, JANE Patient

			BlueCross BlueShield of Texas
Member ID ABC123456789	Date of Birth 1983-07-13	Gender Female	
Transaction Type Inpatient Authorization	Organization ABC Organization	Payer BCBSTX	

⑥ SERVICE PROVIDER   ☐ Show Optional Fields

Select a Provider optional ❓

SMITH, JOHN *1234567890* 123 ANYWHERE ST, BEACH CITY, TX. 12345   ✕ ▾

Rendering Provider Role •

Attending Physician   ▾

First Name •   Last Name • ❓

JOHN   SMITH

NPI • ❓

1234567890

Address Line 1 •

123 ANYWHERE ST.

City •   State •   ZIP Code •

BEACH CITY   TEXAS   ✕ ▾   12345-0000

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⑥ FACILITY   ☐ Show Optional Fields

Select a Provider optional ❓

ABC HOSPITAL *1234567890 * 999 N. ANYWHERE ST, BEACH CITY, TX. 12345   ✕ ▾

Rendering Provider Role •

Facility   ▾

Name • ❓

ABC HOSPITAL

NPI • ❓

1234567890

Address Line 1 •

999 N. ANYWHERE ST.

City •   State •   ZIP Code •

BEACH CITY   TEXAS   ✕ ▾   12345-0000

[Back] [Next]

1 ▷ Scroll down the prior authorization request preview screen, review the information entered for accuracy and make any necessary changes prior to submitting the request

▷ If the information is correct, select **Submit**

Quick Tip:

→ Select **Back to Step** to make changes prior to submitting.

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2 ▷ **Authorization Responses** will provide the **Certification Number** and the **Status** will display:

Ⓐ **Certified in Total** *(approved)*

Ⓑ **Pended** *(for clinical review)*

▷ When request is pended, select **Add Clinical Documentation** to attach supporting documentation to complete the request

Quick Tip:

→ Instructional **messaging** will display for requests that pend and/or requests that cannot be submitted via Availity.

If clinical documentation is required, users may add up to 10 attachments, with total file size of 40MB. Acceptable file types include (.pdf), TIFF (.tif), JPEG (.jpg), or XML (.xml).

3

▶ Access the **Auth/Referral Dashboard** from the top of the **Authorization Response** screen or from the **Authorizations & Referral** page

▶ **Auth/Referral Dashboard** allows users to view requests submitted to BCBSTX via Availity

▶ Use the **Dashboard** to complete the following:

  • **Search for Requests** *(by Patient Name, Certification Number, Member ID, Requesting Provider NPI)*

  • **Filter List** *(by Status, Transaction Type, Organization, Payer, Date Range)*

  • **Check Status**

  • **View** and/or **Print**

▶ Select the **request card** to view authorization request details

Quick Tips:

→ *Requests submitted in the last 14 days are displayed first.*

→ *Select New Request to start a new Authorization from the Dashboard.*

Search	Search 🔍	▼ Filter List ▾	Last Updated Date ⬇️

Home > Authorizations & Referrals > Auth/Referral Dashboard

AR Authorization/Referral Dashboard

Give Feedback   New Request ▾

🗑 Trash   👥All Orgs   📖All Payers   🏢 OP, IP   ℹ Denied, Error, Incom...

| All Items | ⭐ Followed Items | ✏ Drafts | 25 Results ▾ | ‹ Prev | **1** | 2 | 3 | ... | 9 | Next › |

Status / Last Updated	Certificate Number	Patient	Payer	Type	Submitted	Actions
Approved 7 hours ago	🗐 UG12345678	DOE, JANE ABC123456789 DOB: 07/13/1963	BCBSTX	Authorization Inpatient	01/16/2024	☰ ☆
Pending Review 7 hours ago	🗐 UG99999999	DOE, JOHN ABC999999999 DOB: 04/11/1979	BCBSTX	Authorization Outpatient	01/31/2024	☰ ☆
Error 4 days ago	N/A	DOE, JANE ABC123456789 DOB: 07/13/1963	BCBSTX	Authorization Outpatient	02/01/2024	☰ ☆

Not for Distribution

4 ▶ After selecting the **request card**, the following information displays:

- • **Patient Information**
- • **Certification Information**
- • **Service Information**

▶ Select **Update** to revise applicable requests

▶ If applicable, select **Add Attachments**, to upload supporting clinical documentation

1 Access the **Auth/Referral Inquiry** from the **Authorization & Referral** page

- Select **Organization**
- Select **BCBSTX** Payer option*
- Choose a **Request Type**:
  - **Inpatient Authorization**
  - **Outpatient Authorization**
- Select **Next**

*Select this Payer option for all BCBSTX members, including Medicare Advantage. Select payer **BCBSTX Medicaid** to start request for <u>Texas Medicaid</u> members.*

1

SELECT A PAYER

Organization

ABC Clinic

Payer ℹ

BCBSTX   ✕ ▾

Request Type

Inpatient Authorization   ✕ ▾

Next

Auth/Referral Inquiry can be used to view….
→ *Requests set-up through an outside vendor.*
→ *Requests initiated by phone.*
→ *Requests submitted by a different provider organization.*

2 ▸ Enter the **required** information
▸ Select **Submit**

PATIENT INFORMATION   ☐ SHOW OPTIONAL FIELDS

Select a Patient ℹ (Enter one or more to search: patient name (first or last), DOB, or Member ID.)

🔍 Select...   ▾

Member ID * ℹ   Relationship to Subscriber * ℹ
ABC123456789   Self   ✕ ▾

Patient Date of Birth *
04/11/1979   📅

REQUESTING PROVIDER   ☐ Show Optional Fields

NPI * ℹ
1234567890

Contact Name *
Jane Smith

Contact Phone *   Contact Fax *
(555) 555-5555   (555) 555-5555

SERVICE INFORMATION ℹ   ☐ SHOW OPTIONAL FIELDS

From Date *   To Date *
01/30/2024   📅   02/06/2024   📅

Authorization or Referral Number optional
UG12345678

Clear   Submit **2**

*Enter **Service Dates** and/or **Authorization Certification** number to locate the authorization request.*

3 ▸ View the **response** for the Auth Inquiry
▸ **Print**, **Update**, **Edit** and/or **Pin to Dashboard**

ℹ **Authorization/Referral Inquiry Results**   Give Feedback Go to Dashboard New Request 👤

Transaction ID: 12345678   Customer ID: 11111   Transaction Date: 2024-02-06

DOE, JANE Patient
Member ID   Date of Birth   Gender   BlueCross BlueShield
ABC123456789   1979-04-11   NA   of Texas
Relationship to   Subscriber Name
Subscriber   JON DOE
Other Relationship
Transaction Type   Organization   Payer
Outpatient Authorization ABC CLINIC BCBSTX

Print   Update   Edit Inquiry   Pin to Dashboard

3

Certificate Information

Certification Number   Status
UG12345678   CERTIFIED IN TOTAL

Service Information

Service Type   Place of Service   Service From - To Date
AI - Substance Abuse   22 - On Campus-Outpatient Hospital 2024-01-02 - 2024-02-06

Diagnosis Code 1
F1020 - Alcohol dependence uncomplicated

Procedure Code 1 (CPT/HCPCS)   Quantity
H0015 - Alcohol and/or drug services 12 Units
Status
CERTIFIED IN TOTAL

Procedure Code 2 (CPT/HCPCS)   Quantity
H0015 - Alcohol and/or drug services 12 Units
Status
CERTIFIED IN TOTAL

Rendering Providers

Provider 1
Name   NPI
SMITH, JAMES   1234567890
Provider Role   Address
Attending   999 N ANYWHERE DR. MOUNTAIN VIEW, XX. 12345-0000

Provider 2
Name   NPI
ABC CLINIC   1999999999
Provider Role   Address
Provider Organization 123 ANYWHERE DR. MOUNTAIN VIEW, XX. 12345-0000

Provider 3
Name   NPI
ABC MEMORIAL HOSPITAL 1000000000
Provider Role   Address
Facility   555 S. ANYWHERE DR. MOUNTAIN VIEW, XX. 12345-0000

Refer to the Submission Tips listed below to further assist with submissions.

Requested Service	Request Type	Service Type	Place of Treatment
Partial Hospitalization for Behavioral Health and/or Substance Abuse	Outpatient Authorization	MH – Mental Health AI – Substance Abuse	52 – Partial Hospitalization
Home Health Care and Home Infusion Therapy	Outpatient Authorization	42 – Home Health Care	12 – Home *Note: Ensure the appropriate procedure code(s) for Home Health Care or Home Infusion Therapy are entered on the request.*
Skilled Nursing Care	Outpatient Authorization	AG – Skilled Nursing Care	12 – Home
Private Duty Nursing	Outpatient Authorization	74 – Private Duty Nursing	12 – Home
Long Term Acute Care	Inpatient Authorization	54 – Long Term Care	21 – Inpatient Hospital

Have questions or need additional education?

Education or training, contact **BCBSTX Provider Education Consultants**

Be sure to include your name, direct contact information & Tax ID and/or billing NPI.

Technical Availity support, contact Availity Client Services at **800-282-4548**

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