



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 Illinois.

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 <u>Availity</u>, at no cost.

Feb. 2024



Authorizations User Guide Topics

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 <u>Availity</u><u>Essentials</u>
- Setup AvailityManage MyOrganization (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

Submission Tips,
 FAQs and support to
 assist with submitting
 Authorization
 requests via Availity
 Essentials



Step 1: Availity Login & MMO Setup

- 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

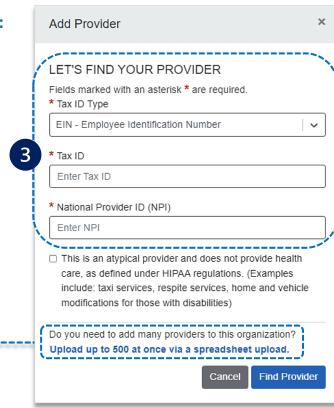


A Within Manage My
Organization, select
Manage Providers,
then Add Provider(s)



Select the Tax ID Type:

- **EIN** Employee Identification Number
- **SSN** Social Security Number
- Enter the Tax ID and NPI number
- Select Find Provider



Quick Tips:

- → If you have multiple providers to add to your organization, select "Upload up to 500 at once via spreadsheet upload."
- → For more details, refer to the <u>Manage My Organization User Guide</u> published in the <u>Provider Tools section</u> of our website.



Step 2: Access Authorizations

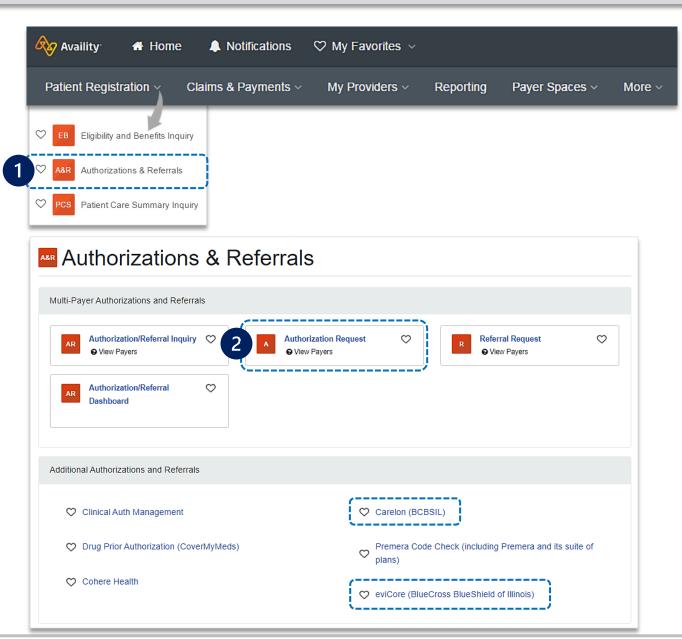
- 1
- Select Patient Registration from the navigation menu
- Select Authorizations & Referrals

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.**

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.



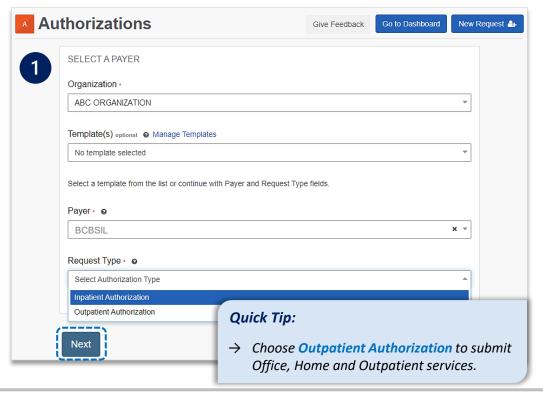


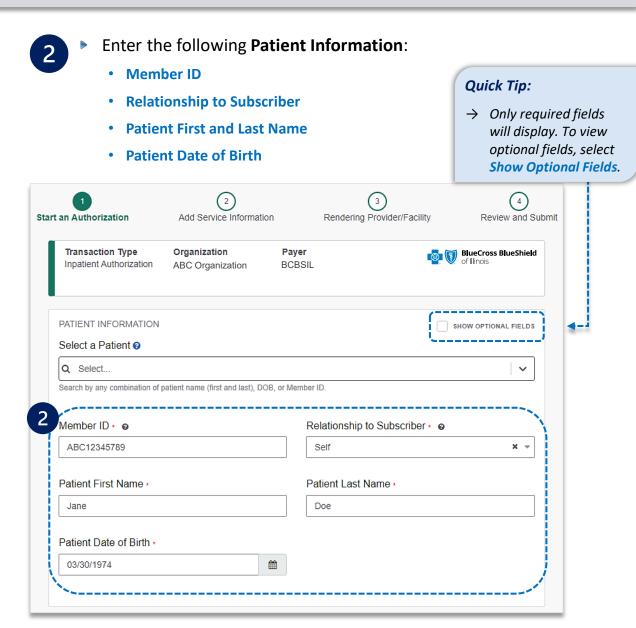
Step 2: Start Authorization

- 1
- Select Organization
- Select BCBSIL Payer option

Note: This payer option should be selected for all BCBSIL members, including Medicare Advantage and Illinois Medicaid members.

- Choose a <u>Request Type</u>:
 - Inpatient Authorization
 - Outpatient Authorization
- Select Next





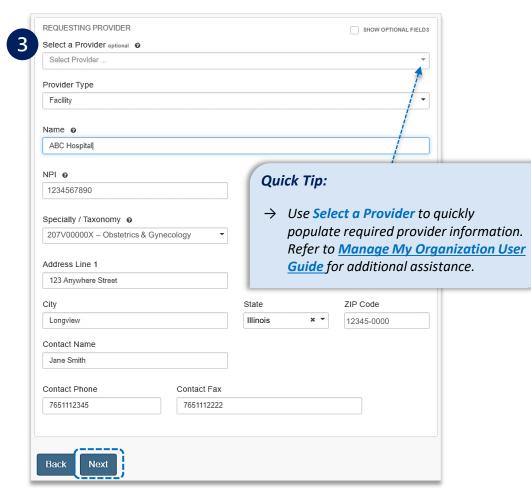


Step 2: Start Authorization (continued)

- 3
- Enter the following Requesting Provider information:
 - Provider Type
- NPI Number

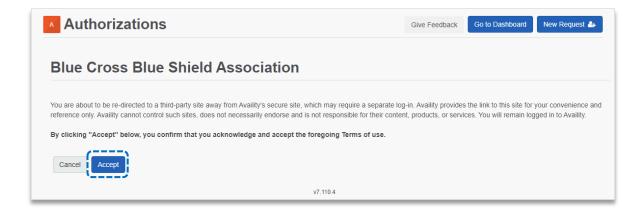
Name

- Specialty / Taxonomy
- Select Next



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 BCBSIL 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)





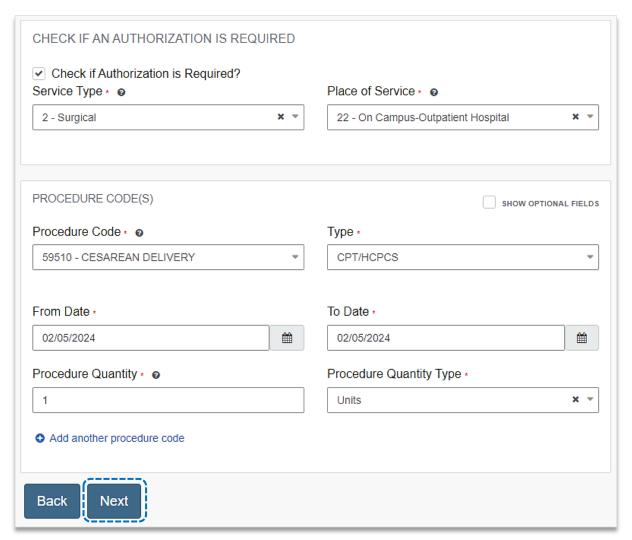
Step 2: Check if Authorization is Required – Outpatient Only

4

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



- ▶ 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

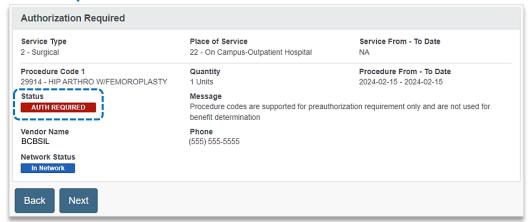




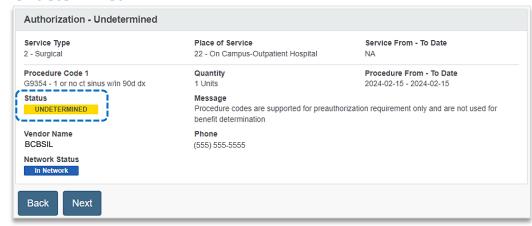
Step 2: Check if Authorization is Required – Outpatient Only (continued)

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

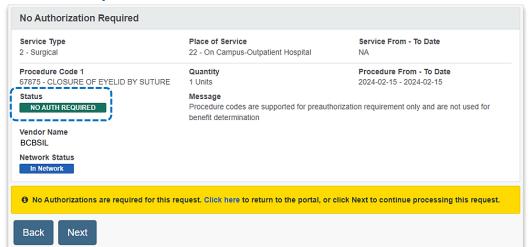
Auth Required



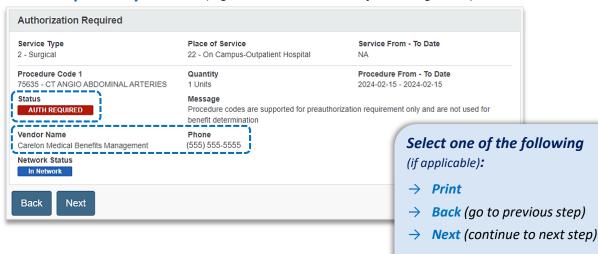
Undetermined



No Auth Required



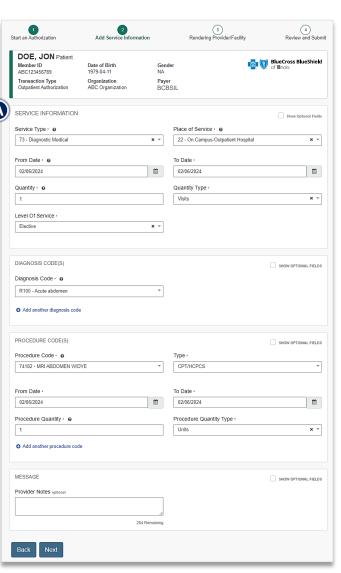
Auth Required by Vendor (e.g., Carelon Medical Benefits Management)



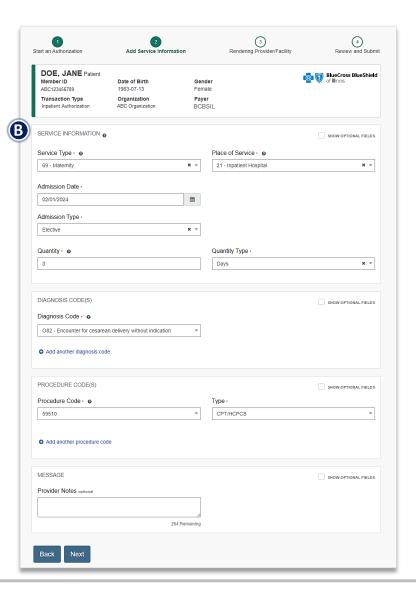


Step 2: Add Service Information

- 5
- Add Service Information for Outpatient or Inpatient requests:
- 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



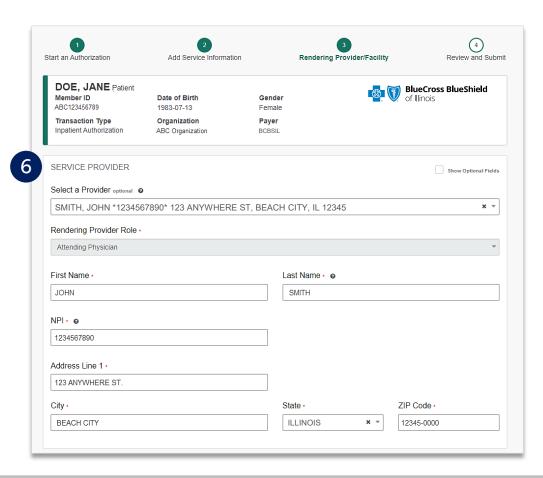
- **B** Complete the following for **Inpatient Services:**
 - Service Type
 - Place of Service
 - Admission Date
 - Admission Type (Elective or Emergency)
 - Quantity (Admission days)
 - Quantity Type (Days)
 - Diagnosis Code(s) (up to 12)
 - Procedure Code(s)
 - Select Next





Step 2: Rendering Provider/Facility Information

- 6
- Add the following Service Provider information:
 - First Name
 - Last Name
 - NPI Number
 - Address



Add the following **Rendering Provider** information: First Name Last Name **Quick Tip:** NPI Number → As a reminder, use Address Select a Provider to quickly populate Select Next required provider information. FACILITY Show Optional Fields Select a Provider optional @ ABC HOSPITAL *1234567890 * 999 N. ANYWHERE ST, BEACH CITY, IL 12345 Rendering Provider Role Facility Name · • ABC HOSPITAL NPI • @ 1234567890 Address Line 1 999 N. ANYWHERE ST.

State *

ILLINOIS

ZIP Code :

12345-0000

City *

Back

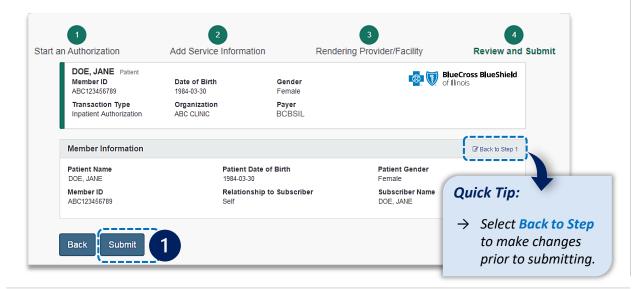
BEACH CITY

Next



Step 3: Review, Submit and Submission Response

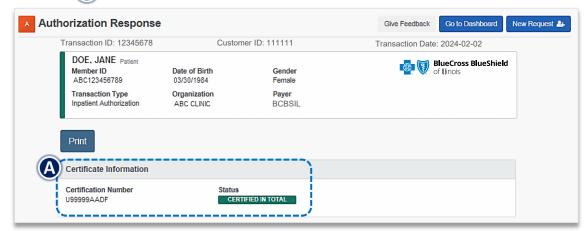
- Scroll down the prior authorization request preview screen, review the information entered for accuracy and make any necessary changes prior to submitting the request
 - ▶ If the information is correct, select **Submit**



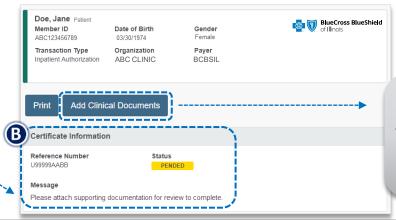
Quick Tip:

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

- Authorization Responses will provide the Certification Number and the Status will display:
 - A Certified in Total (approved)
 - **B** Pended (for clinical review)



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



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).

→ Requests submitted

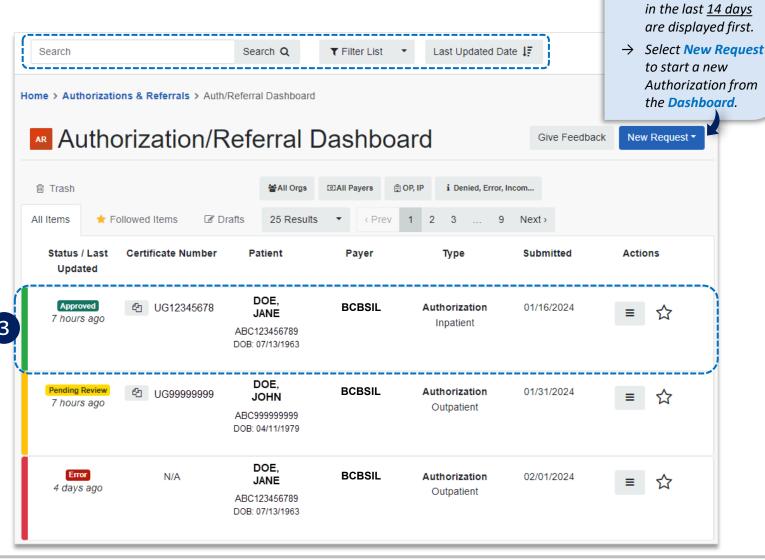
Quick Tips:



Step 3: Dashboard and View Results

- 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 BCBSIL 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

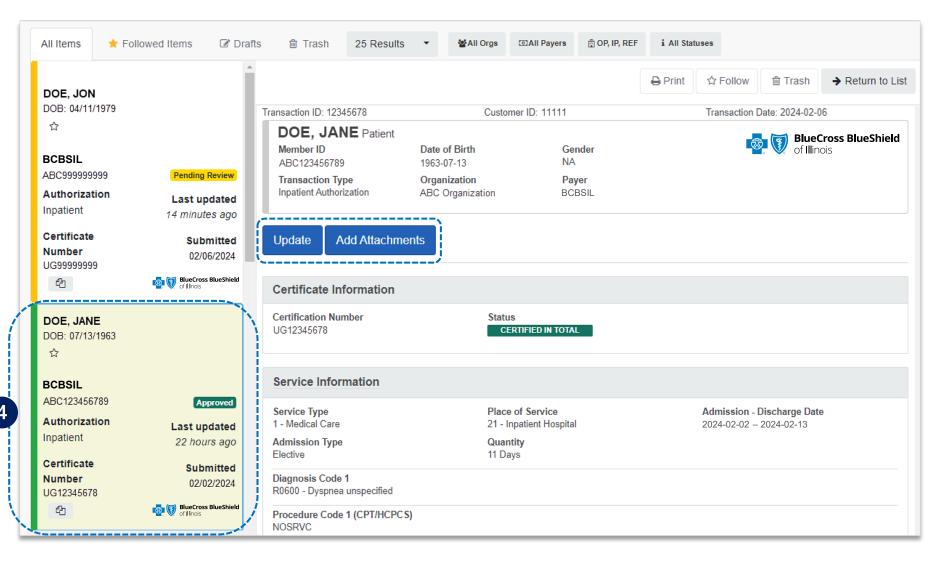
Select the request card to view authorization request details





Step 3: View and Update Results

- 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

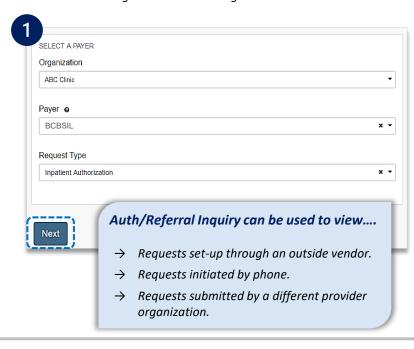




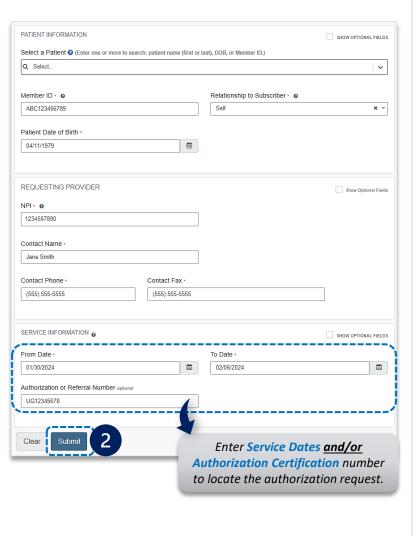
Step 3: Auth/Referral Inquiry

- Access the Auth/Referral Inquiry from the Authorization & Referral page
 - Select Organization
 - Select BCBSIL Payer option*
 - Choose a Request Type:
 - Inpatient Authorization
 - Outpatient Authorization
 - Select Next

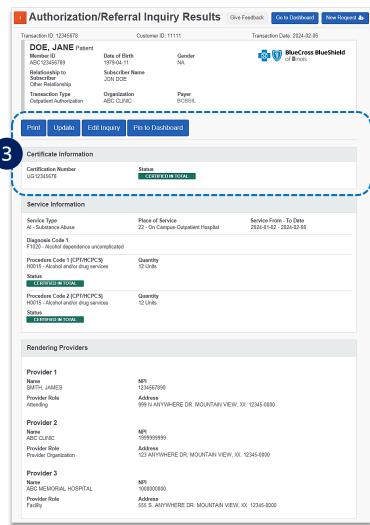
*Select this Payer option for all BCBSIL members, including Medicare Advantage and Illinois Medicaid.



Enter the required informationSelect Submit



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





Step 4: Submission Tips & Support

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	52 – Partial Hospitalization
		AI – Substance Abuse	
			12 – Home
Home Health Care and Home Infusion Therapy	Outpatient Authorization	42 – Home Health Care	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 BCBSIL 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**

Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSIL BCBSIL makes no endorsement, representations or warranties regarding third party vendors and the products and services they offer.

The information provided in this user guide is proprietary and confidential information of BCBSIL pursuant of Provider's BCBSIL participation agreements. This information is not to be distrusted or shared with unauthorized individuals without the express approval of BCBSIL.

Information provided by Blue Cross and Blue Shield of Illinois is for informational and educational purposes only and is not a substitute for the independent medical judgment of a physician or other health care provider, nor is the information presented intended to replace or supersede any requirements set forth in your contract with BCBSIL. Any samples in this presentation are for illustrative and/or educational purposes only and should not be relied on in determining how a specific Provider will be reimbursed. In the event of a conflict between the information in this presentation and your contract, your contract will control.

Carelon Medical Benefits Management is an independent company that has contracted with BCBSIL to provide utilization management services for BCBSIL. eviCore is an independent specialty medical benefits management company that provides utilization management services for BCBSIL. eviCore is wholly responsible for its own products and services. BCBSIL makes no endorsement, representations or warranties regarding third party vendors and services they offer.