Authorizations is an online prior authorization tool in the Availity portal that allows providers to submit inpatient admissions and select outpatient services handled by Blue Cross and Blue Shield of Illinois (BCBSIL). Using this tool increases administrative efficiencies by permitting users to access and verify status of requests, upload supporting clinical documentation, update requests, and obtain printable confirmation number for your records.

You must be a registered Availity user to access and utilize Authorizations. If you are not yet registered with Availity, you may complete the guided online registration process at Availity®, at no charge.

**Important Reminder:**
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.

### Getting Started

- Go to [Availity](#)
- Select Availity Portal Login
- Enter User ID and Password
- Select Log in

**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.*

### Express Entry Set-up

Availity Administrators are encouraged to add Requesting, Rendering and Servicing provider information to Express Entry. This step will lessen the need for users to manually enter all required provider information in the authorization request.

- Select **My Providers** from the navigation menu
- Select **Express Entry**

**Quick Tip:**

Express Entry is only accessible to Administrators and is also found in *My Account Dashboard.*
Express Entry Set-up (continued)

- Expand Add Provider
- Enter Provider’s NPI
- Select Add Provider

Quick Tips:
- Associated information will return based on the NPI added.
- The provider name, address, phone and fax numbers may be changed by selecting Edit.

- Select Add Additional Identifiers
- Choose Tax ID (EIN) and Specialty/Taxonomy from the drop-down menu
- Enter Tax ID and select Specialty/Taxonomy
- Select Save

Accessing Authorizations

- Select Patient Registration from the navigation menu
- Select Authorizations & Referrals, then Authorizations
1. Receiving Medical Record Requests from BCBSOK

- Select Organization
- Select BCBSIL payer option*
- Choose a Request Type:
  - Inpatient Authorization
  - Outpatient Authorization
- Select Next

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

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

1) Start Authorization

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

Quick Tip:
→ Only required fields will display. To view optional fields, select the Show Optional Fields checkbox.
1) Start Authorization (continued)

- Enter the following **Requesting Provider** information:
  - Provider Type
  - Name
  - NPI Number
  - Specialty / Taxonomy
  - Address

- Select **Next**

**Quick Tip:**

→ Use **Select a Provider** to quickly populate required provider information. Administrators can set-up this feature by selecting **My Providers** from the navigation menu, then choose **Express Entry**.

**Quick Tips:**

→ Electronic Provider Access (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 Portal users.

→ If the member belongs to another Blues Plan, you will be re-directed 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, you will receive a message that you are being redirected to a third-party site.
2) Add Service Information

- Add the following Service Information:
  - Service Type
  - Place of Service
  - Admission Date
  - Admission Type
  - Quantity
  - Quantity Type
  - Diagnosis Code(s)
  - Procedure Code(s) (if applicable)

- Select Next

Quick Tips:

→ Up to 12 Diagnosis Code(s) and Procedure Code(s) can be added by selecting Add another diagnosis code and Add another procedure code.
→ We recommend you include your contact information in the Provider Notes field.
3) Service/Facility Provider Information

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

  ![Image of Service Provider form]

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

- Add the following **Rendering Provider** information:
  - First Name
  - Last Name
  - NPI Number
  - Address

  ![Image of Rendering Provider form]

- Select **Next**
4) Add Attachments

- Submit all appropriate clinical documentation supporting your request prior to submission
- Select **Add Files** to upload and attach the applicable documentation
- Select **Next**

**Quick Tips:**
- If adding multiple files, do not click **Next** until all applicable files have been attached.
- Users may add up to 10 attachments, with a total file size of 40MB.
- Accept files type of PDF (.pdf), TIFF (.tif), JPEG (.jpg), or XML (.xml).

5) Review and Submit

- 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 request.
Submission Response

- **Authorization Responses** will provide the **Certification Number** and **Status**

- **Status** will display:
  - **Certified in Total** (approved)
  - **Pended** (for clinical review)

![Authorization Response](image)

**Quick Tip:**
→ Instructional messaging will display for requests that pendent and/or requests that cannot be submitted via Availity.

Auth/Referral Dashboard

- 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 tasks:
  - Search for requests *(by Patient Name, Certification Number, Member ID, Requesting Provider NPI)*
  - Check Status
  - View and/or print
  - Update requests

![Auth/Referral Dashboard Example](image)

- **Quick Tip:**
  → Select **New Request** to start a new Authorization from the Dashboard.

- Select the request card to view authorization details

**Quick Tip:**
→ By default, the **Dashboard** displays all requests submitted in the last 14 days and sorts most recent requests at top of the list.
View and Update Requests

- After selecting the request card, the following information displays:
  - Patient Information
  - Certification Information
  - Service Information

- Select Update to revise applicable requests

Quick Tip:
→ Use the additional options to print, unfollow, or move items to trash.

Auth/Referral Inquiry

- Use Auth/Referral Inquiry to view member-specific prior authorization requests previously submitted to BCBSIL.

- 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

*This payer option should be selected for all BCBSIL members, including Medicare Advantage and Illinois Medicaid.
Auth/Referral Inquiry (continued)

Enter the following information:

- Member ID
- Relationship to Subscriber
- Date of Birth
- Requesting Provider NPI
- From Date
- To Date

### PATIENT INFORMATION

Member ID: ABC123456789
Relationship to Subscriber: Self
Patient Date of Birth: 03/30/1964

### REQUESTING PROVIDER

NPI: 1234567890

### SERVICE INFORMATION

From Date: 01/01/2021
To Date: 01/31/2021

Have questions or need additional education? Email the Provider Education Consultants.

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

Checking eligibility and/or benefit information is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member’s eligibility and the terms of the member’s certificate of coverage applicable on the date services were rendered. If you have any questions, please call the number on the member’s ID card.

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 any products or services offered by third party vendors such as Availity. If you have any questions about the products or services offered by such vendors, you should contact the vendor(s) directly.