



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 Texas (BCBSTX). 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*

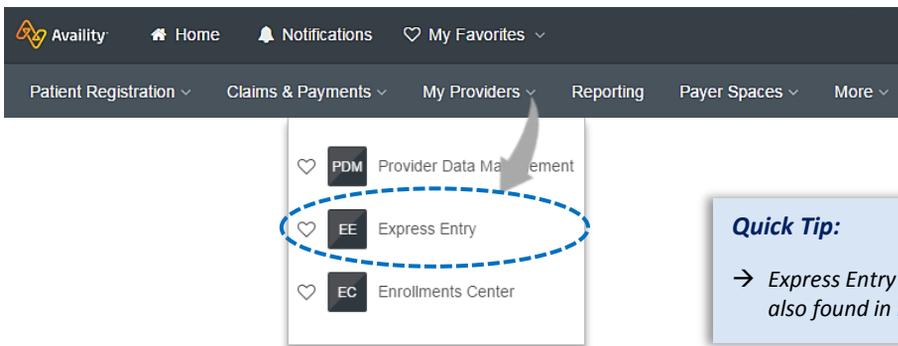
Authorization and Referral Inquiry and Authorization and Referral Request.



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**

Payer and Request Type

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

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

SELECT A PAYER

Organization
ABC Clinic

Payer
BCBSTX

Request Type
Inpatient Authorization

Next

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 an Authorization 2 Add Service Information 3 Rendering Provider/Facility 4 Add Attachments 5 Review and Submit

Transaction Type: Inpatient Authorization
Organization: ABC Clinic
Payer: BCBSTX
BlueCross BlueShield of Texas

MEMBER INFORMATION

Member ID: ABC123456789
Relationship To Subscriber: Self
Patient First Name: Jane
Patient Last Name: Doe
Patient Date of Birth: 03/30/1984

SHOW OPTIONAL FIELDS

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**.

REQUESTING PROVIDER SHOW OPTIONAL FIELDS

Select a Provider optional

Mountain View Regional Hospital

Provider Type

Facility

Name

Mountain View Regional Hospital

NPI

1234567890

Specialty / Taxonomy

2278G1100X – General Care

Address Line 1

123 Anywhere St.

City

Longview

State

Texas

ZIP Code

12345

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 BCBSTX 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**
 - **Quantity**
 - **Place of Service**
 - **Quantity Type**
 - **Admission Date**
 - **Diagnosis Code(s)**
 - **Admission Type**
 - **Procedure Code(s)** (if applicable)

- ▶ Select **Next**

1 Start an Authorization 2 Add Service Information 3 Rendering Provider/Facility 4 Add Attachments 5 Review and Submit

SERVICE INFORMATION SHOW OPTIONAL FIELDS

Service Type Place of Service

Admission Date

Admission Type

Quantity Quantity Type

DIAGNOSIS CODE(S) SHOW OPTIONAL FIELDS

Diagnosis Code

[+ Add another diagnosis code](#)

PROCEDURE CODE(S) SHOW OPTIONAL FIELDS

Procedure Code Type

[+ Add another procedure code](#)

MESSAGE SHOW OPTIONAL FIELDS

Provider Notes

219 Remaining

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**

1 Start an Authorization 2 Add Service Information 3 **Rendering Provider/Facility** 4 Add Attachments 5 Review and Submit

SERVICE PROVIDER SHOW OPTIONAL FIELDS

Select a Provider optional

DOE, JOHN *1234567890* 123 ANYWHERE ST, SAME PLACE, TX 12345

Rendering Provider Role

Attending Physician

First Name

Last Name

NPI

Address Line 1

City

State

ZIP Code

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**

▶ Select **Next**

FACILITY SHOW OPTIONAL FIELDS

Select a Provider optional

MOUNTAIN VIEW REGIONAL HOSPITAL *1234567891 * 1234 ANYWHERE ST, SAME PLACE, TX 12345

Rendering Provider Role

Facility

Name

NPI

Address Line 1

City

State

ZIP Code

Back **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:

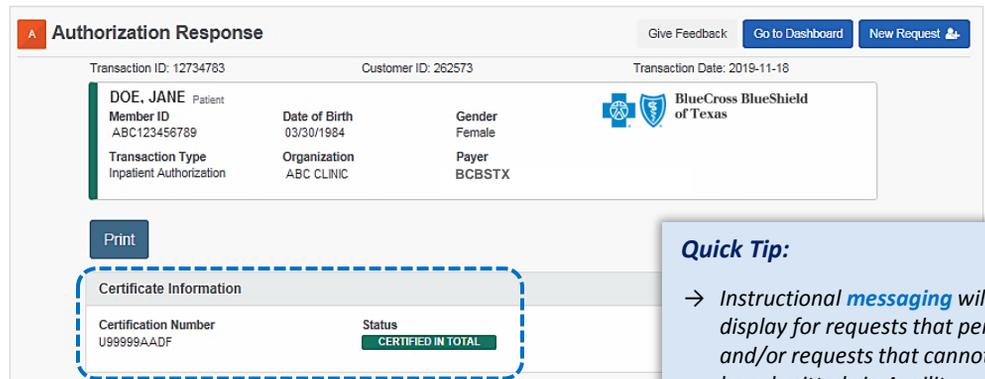
- Select **Back to Step** to make changes prior to submitting request.

Submission Response

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

► **Status** will display:

- **Certified in Total**
(approved)
- **Pended**
(for clinical review)



Authorization Response

Transaction ID: 12734783 Customer ID: 262573 Transaction Date: 2019-11-18

DOE, JANE Patient
Member ID: ABC123456789 Date of Birth: 03/30/1984 Gender: Female
Transaction Type: Inpatient Authorization Organization: ABC CLINIC Payer: BCBSTX

Certificate Information

| | |
|----------------------|--------------------|
| Certification Number | Status |
| U99999AADF | CERTIFIED IN TOTAL |

Quick Tip:
→ Instructional *messaging* will display for requests that pend 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 BCBSTX via Availity

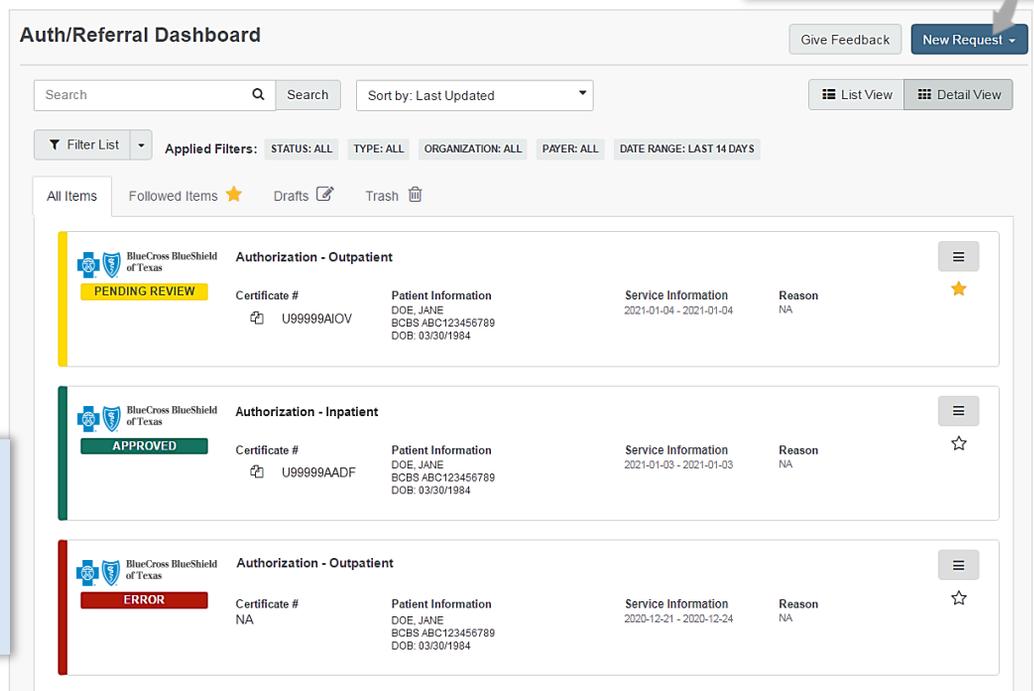
► Use the **Dashboard** to complete the following tasks:

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

Quick Tip:

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

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



Auth/Referral Dashboard

Search [] Sort by: Last Updated List View Detail View

Filter List Applied Filters: STATUS: ALL TYPE: ALL ORGANIZATION: ALL PAYER: ALL DATE RANGE: LAST 14 DAYS

All Items Followed Items Drafts Trash

| Authorization - Outpatient | Certificate # | Patient Information | Service Information | Reason |
|----------------------------|---------------|---|-------------------------|--------|
| PENDING REVIEW | U99999AIOV | DOE, JANE BCBS ABC123456789 DOB: 03/30/1984 | 2021-01-04 - 2021-01-04 | NA |
| APPROVED | U99999AADF | DOE, JANE BCBS ABC123456789 DOB: 03/30/1984 | 2021-01-03 - 2021-01-03 | NA |
| ERROR | NA | DOE, JANE BCBS ABC123456789 DOB: 03/30/1984 | 2020-12-21 - 2020-12-24 | NA |

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

Authorization Information

| | | | |
|--|------------------------------------|-------------------------|--|
| DOE, JANE Patient | Date of Birth 1984-03-30 | Gender Female | |
| Member ID ABC123456789 | Organization ABC CLINIC | Payer BCBSTX | |
| Transaction Type Inpatient Authorization | | | |

Update

Certificate Information

| | |
|--|---|
| Certification Number U9999AADF | Status CERTIFIED IN TOTAL |
|--|---|

Service Information

| | | |
|---------------------------------------|--|--|
| Service Type 69 - Maternity | Place of Service 21 - Inpatient Hospital | Admission - Discharge Date 2021-22-1 – 2021-1-29 |
|---------------------------------------|--|--|

Close Window
Print
Unfollow this item
Move to Trash

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 BCBSTX
- ▶ 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 A PAYER

Organization
ABC Clinic

Payer
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.

***This payer option should be selected for all BCBSTX members, including Medicare Advantage and Texas 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 SHOW OPTIONAL FIELDS

Member ID Relationship to Subscriber

Patient Date of Birth

REQUESTING PROVIDER SHOW OPTIONAL FIELDS

NPI

SERVICE INFORMATION SHOW OPTIONAL FIELDS

From Date To Date

Authorization or Referral Number optional

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.

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