

Authorizations & Referrals is an online tool in the Availity portal that allows providers to electronically submit referral requests 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 & Referrals. 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 a referral from the primary care provider for the service. 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*

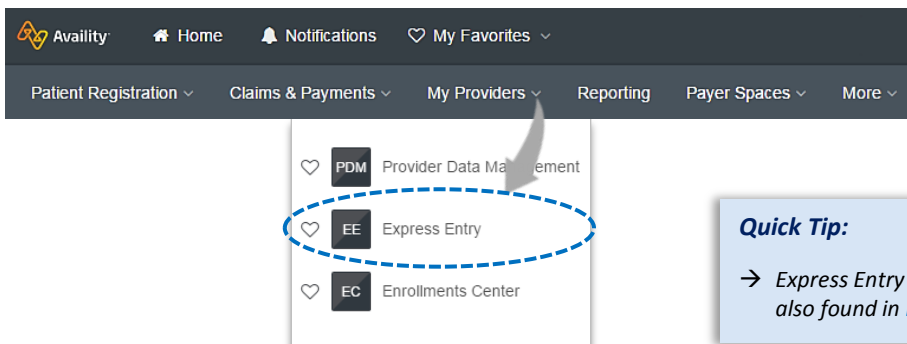
Authorization and Referral Inquiry and Authorization and Referral Request.



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 referral 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 drop-down menu
- ▶ Enter **Tax ID** and select **Specialty/Taxonomy**
- ▶ Select **Save**

Accessing Referrals

- ▶ Select **Patient Registration** from the navigation menu
- ▶ Select **Authorizations & Referrals**, then **Referrals**

Payer and Request Type

- ▶ Select **Organization**
- ▶ Select **BCBSTX** payer option*
- ▶ 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

Next

1) Start a Referral

- ▶ 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 a Referral 2 Add Service Information 3 Rendering Provider/Facility 4 Add Attachments 5 Review and Submit

Transaction Type Referral	Organization ABC Clinic	Payer BCBSTX	
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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 a Referral *(continued)*

▶ Enter the following **Requesting Provider** information:

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

▶ Select **Next**

REQUESTING PROVIDER SHOW OPTIONAL FIELDS

Select a Provider optional ⓘ

PROVIDER, JAMES*1234567890*123 ANYWHERE, ST. LONGVIEW, TX 12345

Provider Type
Provider

First Name Last Name ⓘ

NPI ⓘ

Specialty / Taxonomy ⓘ
207Q00000X – Family Medicine

Address Line 1

City State ZIP Code

Quick Tips:

- Use **Select a Provider** to quickly populate required provider information. Administrators can setup this feature by selecting **My Providers** from the navigation menu, then choose **Express Entry**.
- Requesting Provider = Referring Physician

2) Add Service Information

- ▶ Add the following **Service Information**:
 - **Service Type**
 - **Quantity**
 - **Place of Service**
 - **Quantity Type**
 - **From Date**
 - **Diagnosis Code(s)**
 - **To Date**
 - **Procedure Code(s)**

- ▶ Select **Next**

1
Start a Referral

2
Add Service Information

3
Rendering Provider/Facility

4
Add Attachments

5
Review and Submit

DOE, JANE <small>Patient</small>			
Member ID ABC123456789	Date of Birth 1984-03-30	Gender Female	
Transaction Type Referral	Organization ABC CLINIC	Payer BCBSTX	

SERVICE INFORMATION SHOW OPTIONAL FIELDS

Service Type ⓘ

3 - Consultation
✕ ▾

Place of Service

11 - Office
✕ ▾

From Date ⓘ

02/01/2021
📅

To Date

03/31/2021
📅

Quantity ⓘ

4

Quantity Type

Visits
✕ ▾

DIAGNOSIS CODE(S) SHOW OPTIONAL FIELDS

Diagnosis Code ⓘ

D509 - Iron deficiency anemia unspecified
▾

+ Add another diagnosis code

PROCEDURE CODE(S) SHOW OPTIONAL FIELDS

Procedure Code ⓘ

99244 - OFFICE CONSULTATION
▾

Type

CPT/HCPCS
▾

MESSAGE

Provider Notes optional

Provider Contact Information

Back

Next

Quick Tips:

- Up to 12 **Diagnosis Code(s)** can be added by selecting **Add another diagnosis code**.
- Only one **Procedure Code** can be added.
- 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**

► Select **Next**

Quick Tips:

- As a reminder, use **Select a Provider** to quickly populate required provider information.
- Service Provider = Specialist or Specialty Care Provider

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

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

SERVICE PROVIDER SHOW OPTIONAL FIELDS

Select a Provider optional

PROVIDER, JANE * 1234567891 * 113 ANYWHERE ST, HAPPY TOWN, TX 12345 x ▾

Rendering Provider Role
Service Provider ▾

First Name: JANE Last Name: PROVIDER

NPI ⓘ: 1234567891

Address Line 1: 113 ANYWHERE ST

City: HAPPY TOWN State: TEXAS x ▾ ZIP Code: 12345

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 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:

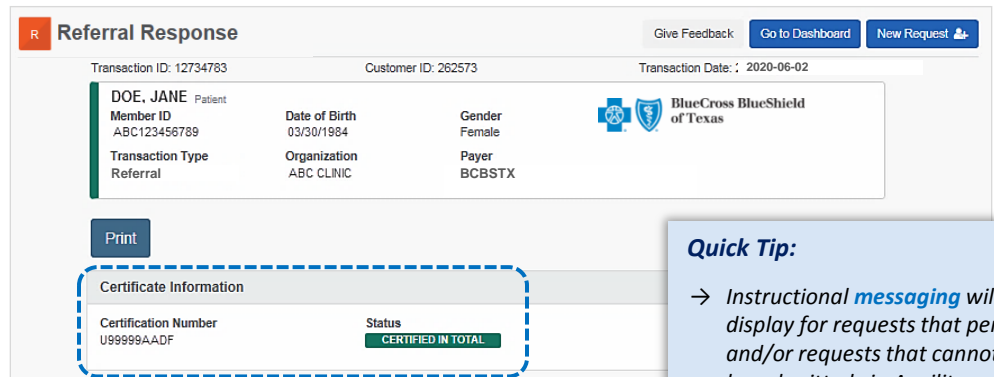
- Select **Back to Step** to make changes prior to submitting request.

Submission Response

▶ Referral Responses will provide the **Certification Number** and **Status**

▶ Status will display:

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



Referral Response

Transaction ID: 12734783 Customer ID: 262573 Transaction Date: 2020-06-02

DOE, JANE Patient
Member ID: ABC123456789 Date of Birth: 03/30/1984 Gender: Female
Transaction Type: Referral 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 **Referral Response** screen or from the **Authorizations & Referral** page

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

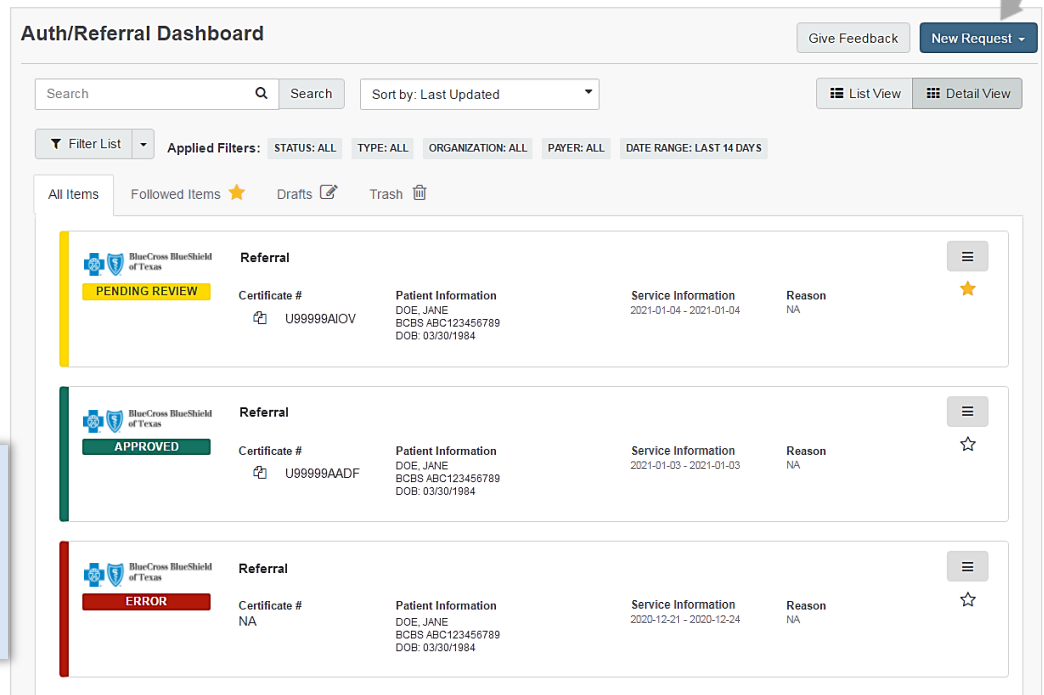
▶ Use the **Dashboard** to complete the following tasks:

- 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 referral details



Auth/Referral Dashboard

Search [] 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

Item	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

Referral Information ✕

Transaction ID: 1234567 Customer ID: 19999 Transaction Date: 2021-01-02

<p>DOE, JANE <small>Patient</small></p> <p>Member ID ABC123456789</p> <p>Transaction Type Referral</p>	<p>Date of Birth 1984-03-30</p> <p>Organization ABC CLINIC</p>	<p>Gender Female</p> <p>Payer BCBSTX</p>
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Update

Certificate Information

<p>Certification Number US999AADF</p>	<p>Status CERTIFIED IN TOTAL</p>
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Service Information

<p>Service Type 3 - Consultation</p>	<p>Place of Service 11 - Office</p>	<p>Service From - To Date 2021-02-01 - 2021-03-31</p>
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- ▶ 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 referral requests previously submitted to BCBSTX
- ▶ Access the **Auth/Referral Inquiry** from the **Authorization & Referral** page
- ▶ Select **Organization**
- ▶ Select **BCBSTX** payer option*
- ▶ Choose **Referral** request type
- ▶ Select **Next**

SELECT A PAYER

Organization
ABC Clinic

Payer ⌵
BCBSTX

Request Type
Referral

Next

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

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.

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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