

# BlueApprovR<sup>SM</sup> User Guide

*Information in this user guide is currently **NOT** applicable to Medicare Advantage, Texas Medicaid, Federal Employee Program<sup>®</sup> (FEP<sup>®</sup>), Retirement System of Texas (ERS) or Teacher Retirement System's (TRS) members.*

**BlueApprovR** allows providers to submit inpatient and/or outpatient prior authorization and recommended clinical review (RCR) requests for medical/surgical, specialty pharmacy drugs, and behavioral health services for Blue Cross and Blue Shield of Texas (BCBSTX) members.

*BlueApprovR is designed to help simplify the provider submission process by asking for the information to support a medical necessity determination.*

**Not registered with Availity<sup>®</sup> Essentials?**

Complete the online guided registration process today via [Availity](#), at no cost.

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The following instructions show how users' access BlueApprovR 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 [BlueApprovR](#) from BCBSTX-branded [Payer Spaces](#) via Availity Essentials



## Step 3



- > Start [new request](#)
- > Submit the [prior auth](#) and/or [recommended clinical review \(RCR\)](#) request to BCBSTX



## Step 4



- > [Submission Tips, FAQs](#) and [support](#) to assist with submitting requests via BlueApprovR



# Step 1: Availity Login & MMO Setup

**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](#)

The image shows the Availity Sign In page. A blue dashed box with the number '1' highlights the 'Sign In' section, which includes fields for 'User ID' and 'Password', and a 'Sign In' button. Below the fields are links for 'Forgot your user ID?' and 'Forgot your password?'.

**2** Select [Manage My Organization](#) from *My Account Dashboard* on the Availity homepage

The image shows the 'My Account Dashboard' with a list of menu items. A blue dashed box with the number '2' highlights 'Manage My Organization'. Other items include 'My Account', 'Maintain User', 'Add User', 'Dental Providers', 'Enrollments Center', 'Spaces Management Tool', and 'EDI Companion Guide'. A user profile icon is visible on the right.

Within [Manage My Organization](#), select [Add Provider\(s\)](#)

The image shows the 'Providers' search interface. A blue dashed box with the number '2' highlights the 'Add Provider(s)' button. Below it is a search bar with the placeholder text 'Search for a provider by name, taxonomy code, or address...' and a search icon.

**3** Enter the [Provider Tax ID](#) and [NPI numbers](#) and select [Find Provider](#)

The image shows the 'Add Provider' form. A blue dashed box with the number '3' highlights the 'National Provider ID (NPI)' field. The form includes fields for 'Tax ID' (with value 123456789) and 'Type' (with value EIN). A checkbox is present for 'This is an atypical provider...'. A question 'Do you need to add many providers to this organization? Upload up to 500 at once via a spreadsheet upload.' is highlighted with a blue dashed box. At the bottom are 'Cancel' and 'Find Provider' buttons.

### 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 [Manage My Organization User Guide](#) published in the [Provider Tools section](#) of our website.



# Step 2: Access BlueApprovR

- 1 ▶ Select **Payer Spaces** from the navigation menu  
▶ Choose **Blue Cross and Blue Shield of Texas**

- 2 ▶ On the BCBSTX Payer Spaces page, select **Applications**  
▶ Choose **BlueApprovR**

*Note: Contact your Availity administrator if **BlueApprovR** is not available in the Applications tab via BCBSTX-branded Payer Spaces section.*

- 3 ▶ Select your **Organization**  
▶ Choose the **Provider** from the **Select a Provider** drop-down list and select **Submit**  
▶ Users will be redirected to **BlueApprovR**


**Important Note:** Your organization's NPI number must be added to **Manage My Organization** for the provider information to display in the **Select a Provider** drop-down. Availity Administrators and users should refer to page [3](#) for setup instructions.

The screenshot illustrates the user interface for accessing BlueApprovR. At the top, the navigation bar includes 'Availity', 'essentials', 'Notifications', and 'My Favorites'. Below this, a secondary navigation bar contains 'Patient Registration', 'Claims & Payments', 'My Providers', 'Reporting', 'Payer Spaces', and 'More'. A callout box labeled '1' points to the 'Payer Spaces' menu item, which has opened to show 'BlueCross BlueShield of Texas'. From there, a callout box labeled '2' points to the 'Applications' tab, which is highlighted with a dashed blue border. Under 'Applications', the 'BlueApprovR' option is selected, with a callout box labeled '3' pointing to it. The 'BlueApprovR' modal window is shown in the foreground, containing a 'Select an Organization' dropdown menu with 'ABC Organization' selected, a 'Select a Provider' dropdown menu with 'Select...' selected, and two buttons: 'Cancel' and 'Submit'. The 'Submit' button is highlighted with a dashed blue border.




# Step 3: Start Request

## 1 Select New Request



### MY REQUESTS


**BlueCross BlueShield**  
of Texas

Use the **Search bar** and **Filter** to identify status of previous submissions that automatically refresh

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1

NEW REQUEST

SUBMITTED

DRAFTS

View the dashboard of previously **Submitted** request, as well as **Drafts** that have been started but not submitted.

CERT #	PATIENT	SUBMITTED DATE	LAST UPDATED ▼	STATUS	PAYER	SERVICE DATE	TREATMENT LOCATION	CERTIFICATION TYPE
U1111111A	JANE DOE	05/31/2023	05/31/2023	APPROVED	BCBSTX	06/02/2023	Provider Office	Initial
U1111111B	JOHN DOE	05/16/2023	05/16/2023	APPROVED	BCBSTX	05/20/2023	Provider Office	Initial
U1111111C	CALVIN DOE	05/16/2023	05/16/2023	PENDING	BCBSTX	05/16/2023	Provider Office	Initial



Select your **User Profile** to track transaction counts, Ordering Physicians, Rendering Facilities/Physicians/Providers, update your contact information, and personalize the experience.

**Quick Tips:**

- Select **My Requests** to view requests you have submitted.
- Select **All Requests** to view all requests submitted by your organization.



- 2 Enter the BCBSTX **subscriber's 12 character ID**
- Click **Next**

**NEW REQUEST** BlueCross BlueShield of Texas

**MEMBER DATA**

2 What is the subscriber's 12 character ID?

ABC123456789

**SUBSCRIBER**

Name	ID
JOHN DOE	ABC123456789

**Group Number**  
123456

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**Quick Tips:**

- Use the **side bar** to follow progression of the new submission.
- User may also return to a specific step to edit information entered prior to submission.

**Need Help?** Select the question mark icon for additional resources and contact support.

- 3 Select the applicable **Patient Name** from the drop-down list
- Confirm the correct patient has been selected
- Click **Next**

**NEW REQUEST** BlueCross BlueShield of Texas

**MEMBER DATA**

Group Number  
123456

3 Who is the patient?

JANE DOE

JAMES DOE  
DOB: 12/16/2003

JOHN DOE  
DOB: 11/11/2000

JANE DOE  
DOB: 02/01/1969

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- 4 ▶ Select the **Type of Care**
- ▶ Click **Next**

- 5 ▶ Based on the **Type of Care** selected, choose **Standard** or **Urgent** **OR** **Emergency** or **Elective** for services requested
- ▶ Enter the **scheduled/anticipated service** or **admission date**

### Submission Tips:

- An urgent or expedited request may be appropriate when treatment may be delayed due to the below situations:
- *could seriously jeopardize the life and health of the member or the member's ability to regain maximum function.*
  - *would subject the member to severe pain that cannot be adequately managed without the requested care or treatment.*
  - *would subject the member to adverse health consequences without the care or treatment that is the subject of the request.*

*Prior authorization admission date must be no more than 7 days before or 365 days after today's date.  
Recommended Clinical Review (RCR) requests must be for a future date.*

**Important Note:** If an **Inpatient Type of Care** is selected, you will be asked if the request is for **Medical Service** or **Procedure**. If **Medical Service** is selected, enter the diagnosis code. If **Procedure** is selected, enter the service being requested AND diagnosis code.



- 6 Enter the **Service/Procedure** being requested
- Enter the **Primary Diagnosis**, then select **Yes** or **No** to add other diagnosis
- Enter the **Place of Treatment** (if applicable) and click **Next**

- 7 Select the **Ordering Physician** by entering the **provider's name** or **NPI number**
  - Enter the **street address**
  - Select **Yes** if **Servicing/Attending Provider** is the same as the Ordering Physician
  - Select **No** if **Servicing/Attending Provider** is not the same – enter the physician's name or NPI

- If applicable, select the **Rendering Facility** by entering the **provider's name** or **NPI number**
  - Enter the **street address**

When applicable, users will be prompted to answer associated **clinical questions**. However, clinical questions may not apply to all **types of care**.

**NEW REQUEST** BlueCross BlueShield of Texas

**7 LOCATION OF SERVICES**

Who is the ordering physician?

JOHN SMITH

1234567890 - JOHN SMITH  
1234567891 - JOHN SMITH  
1234567892 - JOHN SMITH  
1234567893 - JOHN SMITH  
1234567894 - JOHN SMITH

**ORDERING PHYSICIAN**

<b>Name</b>	<b>Address</b>
JOHN SMITH	123 ANYWHERE ST BEACH CITY, XX. 12345-1234
<b>Phone number</b> (555) 123-1234	<b>Fax number</b> N/A

Is Servicing/Attending Provider the same as Ordering Physician?

YES NO

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- 8 Complete all applicable **clinical review questions** for the service(s) requested

- Enter the **Treatment Plan**
- Select **Yes** to add an additional service OR select **No** if there is no other service needed

### If Clinical Documentation is requested:

- Select **Attach** to upload supporting clinical documents and click **Next**

- 9 Enter the **Administrative Communications Contact Information**
- Select **Preview Request**

*Files cannot exceed 40MB in size. Acceptable file types are PDF (.pdf), TIFF (.tif), and/or JPEG (.jpg).*



# Step 3: Preview and Submit Request

**10** ▶ **Preview** the final request details and click **Submit Request**

**NEW REQUEST** BlueCross BlueShield of Texas

Request Type: Standard

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**PATIENT AND PROVIDER INFO**

<p><b>PATIENT INFO</b></p> <p>Name: JOHN DOE</p> <p>Date of birth: 02/01/1969</p> <p>Relationship: Subscriber</p> <p>Sex: M</p>	<p><b>MEMBER INFO</b></p> <p>Name: JOHN DOE</p> <p>Member: ABC123456789</p> <p>Group: 123456</p>	<p><b>ORDERING PHYSICIAN</b></p> <p>Name: JOHN SMITH</p> <p>NPI: 1234567890</p> <p>Contact phone: (555) 555-5555</p> <p>Address: 9123 ANYWHERE ST, BEACH CITY, XX, 12345-1234</p>
<p><b>SERVICE PROVIDER</b></p> <p>Name: JOHN SMITH</p> <p>NPI: 1234567890</p> <p>Contact phone: (555) 555-5555</p> <p>Address: 9123 ANYWHERE ST, BEACH CITY, XX, 12345-1234</p>	<p><b>ADMINISTRATIVE COMMUNICATIONS CONTACT</b></p> <p>Name: ANYONE</p> <p>Telephone number: (555) 555-5555</p> <p>Fax number: (555) 555-5555</p> <p>Email: anywhere@mail.com</p>	

**REQUEST DETAIL**

Expected Service / Admission Date: 01/06/2024	Place of treatment: Provider Office
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**PRIOR AUTHORIZATION | SERVICE: J0585 - BOTOX (ONABOTULINUMTOXINA)**

Diagnosis: G43.711: CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS

Has the patient been diagnosed with chronic migraine for at least 3 months?  
Yes

Do the migraine headaches last 4 hours a day or longer, for at least 15 days per month?  
Yes

Is the migraine refractory to at least two migraine prophylactic medications from different classes? (e.g., tricyclic antidepressants, anticonvulsants, angiotensin-converting enzyme inhibitors/angiotensin II receptor blockers, beta blockers, or calcium channel blockers)  
Yes

What is the treatment plan? 12 ← **Quick Tip:**  
200.00 units every 3 months within 12 months (4 doses)

→ Select **green arrow** to make specific edits to the information entered in the request prior to submission.

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**ATTACHMENTS**

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Proof read your request. If you need to edit a piece of information, just click on it.

**10** **SUBMIT REQUEST**



# Step 3: Confirmation

- 10 ▶ Receive **Confirmation** for completed requests
- ▶ Select **Print** and/or **Done**

**10** **Request Approved**

This request meets criteria and is eligible for service immediately. You'll receive the approval letter in the mail with additional details.

Patient: **JOHN DOE**

Member ID: **TABC123456789**

Date of Birth: **02/01/1969**

Servicing Provider: **1234567890 - JOHN SMITH**

Service: **J0585 - Botox (onabotulinumtoxinA)**

Status: **APPROVED**

Treatment: **200.00 units every 3 months within 12 months (4 doses)**

Start Date: **01/06/2024**

Cert #: **U11111111A**

**PRINT** **DONE**

**APPROVAL DOES NOT GUARANTEE PAYMENT, To receive benefits, you must be eligible. The terms, rules and limits of your plan will be applied. Benefits will also be based on whether the Provider(s) used for treatment are eligible with the plan's network. For questions or more details, please refer to your benefits information or call Customer Service**

When cases are deemed medically necessary, providers can be granted **approvals**. With BlueApprovR, providers and patients can begin treatment when portal-approved.

In some situations, request may **pend** for further clinical review. You can track the status of the request by using the **My Request tab** in BlueApprovR any time. The submitter will also be notified via **email** when the request status changes.

**10** **Request Complete.**

Cert # U11111111A-2

*This request requires further review.*

You can track the status of the request by logging into this site at any time.

**PRINT** **DONE**

**Quick Tip:**

→ The **Print** option can also be used to save as a **PDF**. To create a **PDF**, simply change the destination from your printer to **"save as a PDF."**



Refer to the [Submission Tips](#) and [Frequency Asked Questions \(FAQs\)](#) listed below to further assist with submissions.

Questions	Answers
Is this used for outpatient radiology testing?	Carelon Medical Benefits Management will continue to support expanded prior authorization requests, where radiology testing and select outpatient procedures will need to be submitted directly to Carelon or eviCore® healthcare. BlueApprovR can, and should, be used for those requests that are reviewed directly by BCBSTX.
What Specialty Pharmacy drugs are in scope?	All clinician administered specialty pharmacy drugs covered under the medical plan that require prior authorization can be submitted through BlueApprovR.
Can an independent speech therapist who provides therapy in the home use this tool?	No, BCBSTX requires a facility or group to be the rendering facility when a request is made for home care treatment.
Behavioral Health authorization requests that may be submitted via BlueApprovR.	<ul style="list-style-type: none"> <li>- Inpatient Substance Abuse</li> <li>- Inpatient Mental Health</li> <li>- Applied Behavior Analysis, Initial Assessment</li> <li>- Electroconvulsive Therapy</li> <li>- Transcranial Magnetic Stimulation, Repetitive/Deep</li> <li>- Mental Health, Intensive Outpatient Program</li> </ul> <ul style="list-style-type: none"> <li>- Substance Abuse, Intensive Outpatient Program</li> <li>- Mental Health, Partial Hospital Program</li> <li>- Substance Abuse, Partial Hospital Program</li> <li>- Mental Health, Residential Treatment Center</li> <li>- Substance Abuse, Residential Treatment Center</li> </ul>
Need additional assistance with requesting Behavioral health concurrent review request?	Refer to the <a href="#">BlueApprovR Behavioral Health Concurrent User Guide</a> for detailed instructions.

**Have questions or need additional education?**

For BlueApprovR education or training, contact the [BCBSTX Provider Education Consultants](#)

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

For BlueApprovR technical assistance, contact the [BlueApprovR Support Team](#)

For technical Availity support, contact Availity Client Services at 800-282-4548

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