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 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, complete the guided online registration 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.
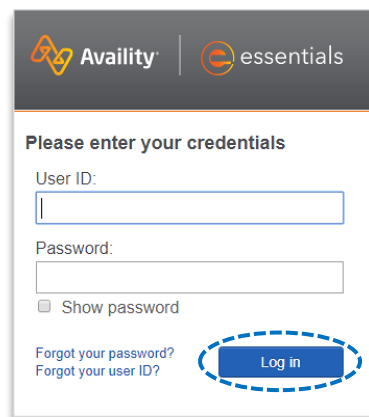
User Guide Contents

Getting Started

▸ Go to Availity

▸ Select **Availity Essentials 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***.
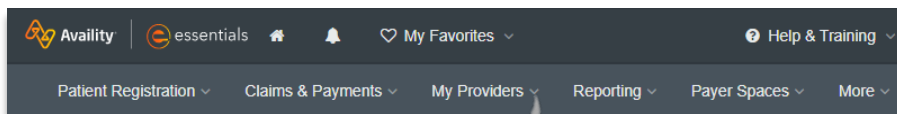
Express Entry Setup

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

→ *Express Entry setup is only available for Administrators and is also found in **My Account Dashboard**.*

▸ Select **Express Entry**

▸ Within Manage Express Entry, expand **Add Provider**

▸ Enter the **Provider's NPI**

▸ Select **Add Provider**
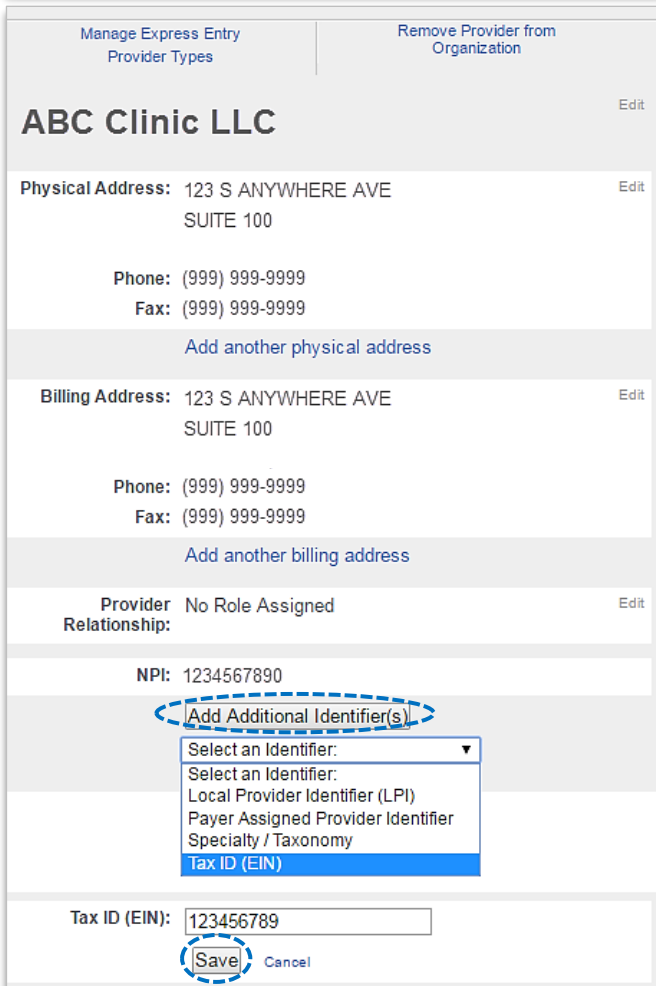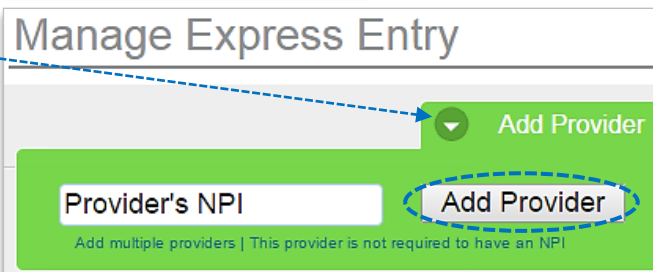
Quick Tips:

→ *Associated information will return based on the NPI added.*

→ *The provider's 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**
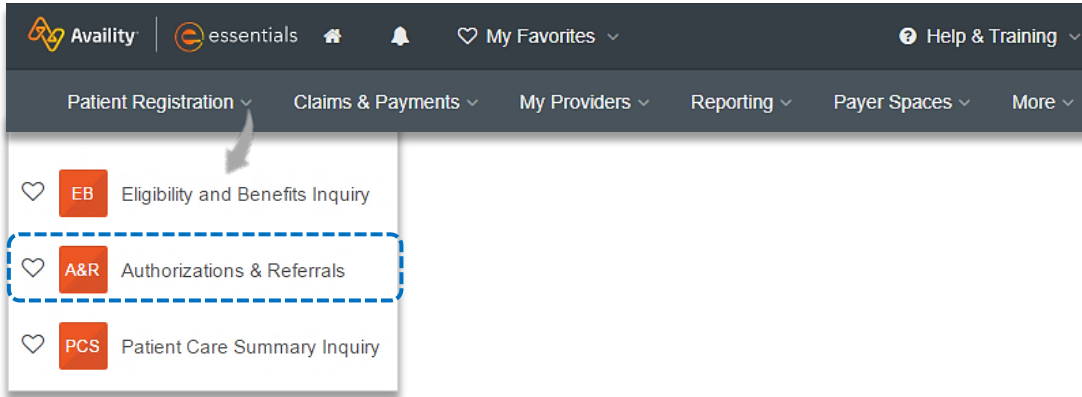
- ▶ Next, choose **Authorization Request**
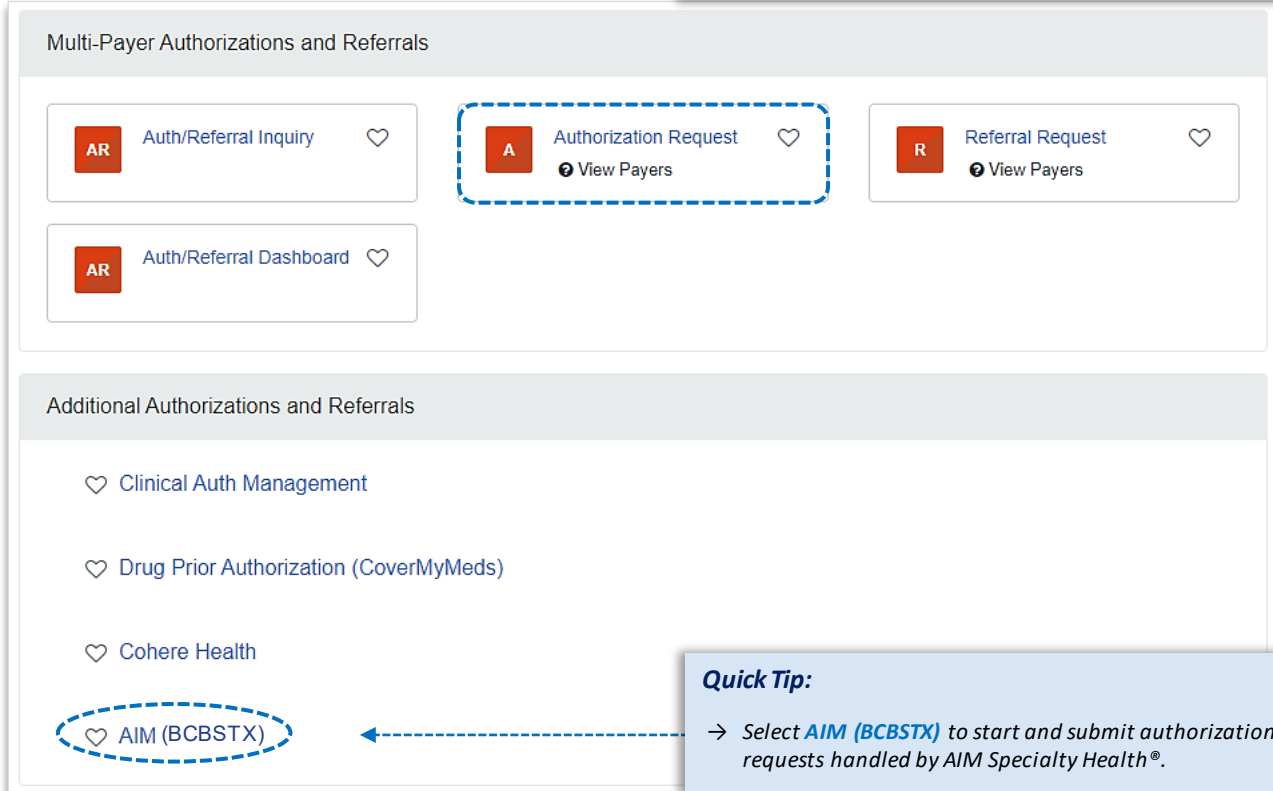
🏠 Back to Home

Payer and Request Type

- ▶ Select **Organization**

- ▶ Select **BCBSTX** Payer option

  - • **BCBSTX** *(use for all BCBSTX members, including Medicare Advantage)*

  - • **BCBSTX Medicaid** *(use for Texas Medicaid members only)*

- ▶ Choose a Request Type:

  - • **Inpatient Authorization**

  - • **Outpatient Authorization**

- ▶ Select **Next**

SELECT A PAYER

Organization

ABC Clinic

Payer ❷

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 and Last Name**

  - • **Patient Date of Birth**

Quick Tip:

→ *Only required fields will display. To view optional fields, select* **Show Optional Fields**.

| 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

☐ SHOW OPTIONAL FIELDS

Member ID ❷

ABC123456789

Relationship To Subscriber ❷

Self

Patient First Name

Jane

Patient Last Name

Doe

Patient Date of Birth

03/30/1984

🏠 Back to Home

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1) Start Authorization *(continued)*

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

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

- **Address**
- **Contact Name**
- **Contact Phone Number**
- **Contact Fax Number**

▶ Select **Next**

> *Quick Tip:*
>
> → *Use **Select a Provider** to quickly populate required provider information. Administrators can refer to [page 2 for Express Entry setup](#) instructions.*

REQUESTING PROVIDER

☐ SHOW OPTIONAL FIELDS

Select a Provider *optional* ❓

| Select Provider ... ▼ |

Provider Type

| Facility ▼ |

Name ❓

| Mountain View Regional Hospital |

NPI ❓

| 1234567890 |

Specialty / Taxonomy ❓

| 2278G1100X – General Care ▼ |

Address Line 1

| 123 Anywhere Street |

City	State	ZIP Code
Longview	Texas ✕ ▼	12345-0000

Contact Name

| Jane Smith |

Contact Phone	Contact Fax
7651112345	7651112222

[Back] [Next]

> *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 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.*

🏠 Back to Home

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 Tip:

→ Add up to 12 **Diagnosis Code(s)** and **Procedure Code(s)** by selecting **Add another diagnosis code** and **Add another procedure code**.

3) Service/Facility Provider Information

▶ Add the following **Service Provider** information:

- **First Name**
- **Last Name**
- **NPI Number**
- **Address**

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

| 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
| JOHN |

Last Name ⓘ
| DOE |

NPI ⓘ
| 1234567890 |

Address Line 1
| 123 ANYWHERE ST |

City
| SAME PLACE |

State
| TEXAS ▾ |

ZIP Code
| 12345 |

▶ 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 ⓘ
| MOUNTAIN VIEW REGIONAL HOSPITAL |

NPI ⓘ
| 1234567890 |

Address Line 1
| 1234 ANYWHERE ST |

City
| SAME PLACE |

State
| TEXAS ▾ |

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 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

Give Feedback | Go to Dashboard | New Request

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

DOE, JANE Patient

| Member ID | Date of Birth | Gender |
| ABC123456789 | 03/30/1984 | Female |

| Transaction Type | Organization | Payer |
| Inpatient Authorization | ABC CLINIC | BCBSTX |

BlueCross BlueShield of Texas

Print

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**.*

Auth/Referral Dashboard

Give Feedback | New Request

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

All Items | Followed Items ⭐ | Drafts | Trash 🗑

BlueCross BlueShield of Texas — **Authorization - Outpatient**

PENDING REVIEW	Certificate #	Patient Information	Service Information	Reason
	U99999AIOV	DOE, JANE	2021-10-26 – 2021-11-02	NA
		BCBS ABC123456789		
		DOB: 03/30/1984		⭐

BlueCross BlueShield of Texas — **Authorization - Inpatient**

APPROVED	Certificate #	Patient Information	Service Information	Reason
	U99999AADF	DOE, JANE	2021-11-01 – 2021-11-30	NA
		BCBS ABC123456789		
		DOB: 03/30/1984		☆

BlueCross BlueShield of Texas — **Authorization - Outpatient**

ERROR	Certificate #	Patient Information	Service Information	Reason
	NA	DOE, JANE	2021-12-10 – 2021-12-24	NA
		BCBS ABC123456789		
		DOB: 03/30/1984		☆

▸ 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

Authorization Information   ✕

DOE, JANE Patient
Member ID   Date of Birth   Gender
ABC123456789   1984-03-30   Female

Transaction Type   Organization   Payer
Inpatient Authorization ABC CLINIC   BCBSTX

BlueCross BlueShield of Texas

Update

Certificate Information

Certification Number   Status
U9999AADF   CERTIFIED IN TOTAL

Service Information

Service Type   Place of Service   Admission - Discharge Date
69 - Maternity   21 - Inpatient Hospital   2021-20-12 – 2021-27-12

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
- **BCBSTX** *(use for all BCBSTX members, including Medicare Advantage)*
- **BCBSTX Medicaid** *(use for Texas Medicaid members only)*

▶ 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.*

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 ❓
```
ABC123456789
```

Relationship to Subscriber ❓
```
Self                                    ✕  ▾
```

Patient Date of Birth
```
03/30/1984                              📅
```

REQUESTING PROVIDER   ☐ SHOW OPTIONAL FIELDS

NPI ❓
```
1234567890
```

SERVICE INFORMATION   ☐ SHOW OPTIONAL FIELDS

From Date
```
12/01/2021                              📅
```

To Date
```
12/31/2021                              📅
```

Authorization or Referral Number *optional*
```

```

Clear   **Submit**

> **Quick Tip:**
>
> → Enter **Service Dates _AND/OR_ Authorization Certification** number to locate the authorization request.

🏠 Back to Home

Submission Tips

Submission tips are listed below to further assist providers with submitting certain requests via the Authorizations tool.

Requested Service	Request Type	Service Type	Place of Treatment
Partial Hospitalization for Behavioral Health and/or Substance Abuse	Outpatient Authorization	MH – Mental Health AI – Substance Abuse	52 – Partial Hospitalization
Home Health Care and Home Infusion Therapy	Outpatient Authorization	42 – Home Health Care	12 – Home **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? Email the Provider Education Consultants.

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