

# PROVIDER QUICK POINTS


## PROVIDER INFORMATION




June 26, 2019

### When the Authorization Tool is Utilized on the Availity Portal

Below is a list of frequently asked questions regarding the use of the authorization tool on the Availity Provider Portal at Availity.com.

Question	Answer
Can I use the authorization tool for a member with coverage through the Federal Employee Program (FEP) or Medicaid?	<p>The authorization tool (IAR) is for Commercial (Fully and Self-Insured) and Medicare Advantage products.</p> <p>For FEP members, use the prior authorization list on the Washington Website. <a href="https://www.fepblue.org/en/benefit-plans/benefit-plans-brochures-and-forms#tab-brochures">https://www.fepblue.org/en/benefit-plans/benefit-plans-brochures-and-forms#tab-brochures</a></p> <p>For Medicaid members, go to the Minnesota Health Care Programs website. <a href="https://www.bluecrossmn.com/providers/migration-minnesota-health-care-programs">https://www.bluecrossmn.com/providers/migration-minnesota-health-care-programs</a></p>
Are there any exceptions when a “No Auth Required” is received?	Yes, there are certain situations where a specific diagnosis or drug requires BCBSMN to present specific notes for authorizations. Please see example below 
How far in advance am I able to verify if an authorization is required?	You can check 45 days in the future from the inquiry date.
What if I do not have a group number?	The group number is listed on the members ID card or you can run an Eligibility and Benefits inquiry to obtain the valid group number.
Do I have to use this tool if I know an authorization is needed?	No, utilize the “Skip” button to move to the first screen of the Authorization to start the process.
Can I use the Prior Authorization (PA) inquiry tool to determine if a PA is required on Non-MN plans?	<p>The IAR is BCBSMN member specific for Commercial (Fully and Self-Insured) and Medicare Advantage products.</p> <p>Utilize the “Skip” button to move to the first screen of the Authorization process.</p>
Should I use this for an Inpatient admission?	No, this is not needed. The IAR tool should be used for the authorization of the actual surgery or service being provided. All inpatient hospital and residential admissions require authorization or notification.
If No Auth is required, does this mean if the service is rendered that it will be covered under the member’s policy?	No, the IAR tool will only provide whether an Authorization is required when medically necessary. If you choose to perform a procedure/service that does not require PA, it is subject to all terms and conditions of the applicable benefit plan, which may include benefit and applicable medical policy exclusions and limitations that result in denial of payment.

Question	Answer
What if I want to check multiple procedure codes in one inquiry?	At this time, each code needs to be checked individually. We are working on adding this feature in the future. Please watch for further communication.
Can I use IAR for services that are reviewed by eviCore?	Yes, all services except for pharmacy drugs.
Do I need to submit an authorization request if the response states 'No auth required'?	No, unless there is an additional message on the far right that indicates to review Medical Policy to determine if an authorization is needed for specific conditions or diagnosis'. Please see example below 
Why does the upper message state that the group is managed by eviCore, but the code entered is not reviewed by eviCore?	The upper message is specific to the group. This is an informational message to indicate there are some services reviewed by eviCore for members in that group. The lower message is information based on the CPT/HCPCS code entered and will indicate if the specific code is reviewed by eviCore and under which eviCore Core Program.

### No Authorization Required

**Group Number**

10051373

**Date of Service**

2019-06-06

**Line of Business**

COMMERCIAL WITH EVICORE

**Message**

This group is managed by eviCore healthcare for the following programs: Medical Oncology, Molecular/Genetic Lab, Musculoskeletal, Radiation Therapy Program, Radiology/Cardiology, Sleep Management

**Procedure Code 1**

J7322 - Hymovis injection 1 mg

**Status**

**NO AUTH REQUIRED**

**Reference Number**

626|5197

**Medical Policy Information or Criteria**

II-29 Intra-Articular Hyaluronan Injections for Osteoarthritis



**Message**

Excluded Medical Drug (Non-Preferred). Preferred drug is Synvisc-One or Synvisc (J7325). PA required for an exception. This code may be considered experimental/investigative based on the patient's diagnosis. Please review the medical policy.

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### Questions?

If you have questions, please contact provider services at (651) 662-5200 or 1-800-262-0820.