

# PROVIDER QUICK POINTS

## PROVIDER INFORMATION



September 25, 2019

### Availity Prior Authorization Submission and Inquiry Tips

This is a reminder that the Availity Prior Authorization Look Up tool (PA Look Up Tool) is only applicable to Blue Cross and Blue Shield of Minnesota (Blue Cross) Commercial and Medicare lines of business. *For subscribers that are enrolled with a Blue Cross and Blue Shield Plan of another state, please check with the subscriber's plan to verify prior authorization guidelines and processes.*

#### In Scope:

- Commercial
- Medicare

#### Out of Scope:

- Federal Employee Program (FEP)
- Minnesota Health Care Programs (MHCP)

### Commercial and Medicare Prior Authorization Submission:

If it is determined that an authorization is required, after using the PA Look-Up Tool, click on “Next Steps.” After clicking “Next Steps”, the provider can begin the submission process for the prior authorization.

The screenshot shows the Availity Prior Authorization tool interface. At the top, there is a navigation bar with 'Home > Authorizations & Referrals > Authorizations'. Below this is a header section with 'Authorizations' and buttons for 'Give Feedback', 'Go to Dashboard', and 'New Request'. The main content area displays a transaction summary for 'Outpatient Authorization' with details for Organization (SCBSMN NON EMPLOYEE ACCESS), Payer (SCBSMN), and BlueCross BlueShield of Minnesota. Transaction ID: 47805659-6911-4068-9679-e803160675c, Customer ID: 314245, Transaction Date: 2019-09-06. A section titled 'Authorization Required' shows Group Number 10105489, Date of Service 2019-09-06, Line of Business COMMERCIAL, and a message: 'This group requires prior authorization for medical nutritional therapies after the first three visits.' It also shows Procedure Code 1 J0490, Reference Number 200120, and a status of 'AUTH REQUIRED'. A red arrow points from the 'AUTH REQUIRED' status to a 'Next Steps' button. Below this is a 'Note' section with several bullet points providing instructions and disclaimers. At the bottom left, there is a 'Back' button.

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## Submitting Availity Prior Authorizations:

The ability to submit prior authorizations on the Availity PA tool can be used by all lines of business.

### In Scope:

- Commercial
- Medicare
- FEP
- MHCP

### Out of Scope:

- All lines of business are in scope

## FEP Prior Authorization Submission:

On the “LET’S DO A QUICK CHECK TO SEE IF AN AUTH IS REQUIRED” screen in the PA Look-Up Tool, click the Skip button. This will bypass the look up tool and allow the Provider to submit the prior authorization for FEP and MHCP Members.

Note: For FEP prior authorization requirements visit [fepblue.org](http://fepblue.org) to view program brochures and forms. PA requirements are found under "How You Get Care" in the plan brochure. To submit a prior authorization for a FEP member, please click Skip.

Home > Authorizations & Referrals > Authorizations

**Authorizations** Give Feedback Go to Dashboard New Request

Transaction Type: Outpatient Authorization  
Organization: BCBSMN NON EMPLOYEE ACCESS  
Payer: BCBSMN  
BlueCross BlueShield of Minnesota

LET'S DO A QUICK CHECK TO SEE IF AN AUTH IS REQUIRED

Member Group Number

Service From Date

Procedure Code  Type: CPT/HCPCS

**Note:** Please view [Blue Cross and Blue Shield of Minnesota Medical Policies](#) on the Blue Cross and Blue Shield of Minnesota website.

- This information only applies to Blue Cross and Blue Shield of Minnesota members with Commercial and Medicare products. To submit a prior authorization request for a member of another Blue Plan, please click Skip to enter information to be routed to the other Plan.
- For FEP member prior authorization requirements visit [fepblue.org](http://fepblue.org) to view program brochures and forms. PA requirements are found under "How You Get Care" in the plan brochure. To submit a prior authorization for a FEP member, please click Skip.
- For Medicaid members, AmeriGroup Partnership Plan, LLC, an independent company, is delegated by Blue Plus to review PA requests. To process your request in Availity for member IDs starting with prefix JTM or LMN, please select BCBSMN Medicaid as the Payer.
- This tool does not include prescription drug formulary information as defined by the member's pharmacy benefit manager (PBM).
- 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. When the member receives services from a nonparticipating provider, he/she may be responsible to pay the difference between the plan's allowed amount and the nonparticipating provider's charges. For more information on the member's benefits, please return to the [Eligibility and Benefits Inquiry](#) screen.
- All inpatient hospital and residential admissions require authorization or notification. To submit an authorization request for an inpatient facility admission, please return to the [Authorizations](#) screen and select Inpatient.

Back Next Skip


## MHCP Prior Authorization Submission:

Amerigroup Health Solutions, a subsidiary of Anthem, is delegated by Blue Plus to review PA requests for MHCP members. MHCP members can be identified by their member ID beginning with prefix JTM or LMN. Providers must select BCBSMN Blue Plus Medicaid (00562) as the Payer and Availity will route the user to Amerigroup's payer space.

### Authorizations

[Learn More >>](#)



\* indicates a required field

 \* Payer: ?  ▼

\* Organization:

### Request Information

\* Member Prefix: ?

\* Service Date: ? From  /  /   To  /  /  

Expected date of service or earliest anticipated date the service will be performed

## Questions?

If you have any questions regarding Commercial or Medicare PA submission, please contact provider services at **(651) 662-5200** or **1-800-262-0820**.

If you have any questions regarding FEP, please contact provider services at **1-800-859-2128**.

If you have any questions regarding MHCP PA submission, please contact provider services at **1-866-518-8448**.