PROVIDER QUICK POINTS PROVIDER INFORMATION



December 9, 2020

Provider Portal Authorization Tool Enhancements

On December 12, 2020, the following enhancements are being added to the Availity® Provider Portal Authorization Tool to help determine if an authorization is required.

Group number validation An error message will display if the group number you are using is invalid or

is not active for the date of service. It is still necessary to run an Eligibility & Benefits transaction for the patient before starting an authorization request to

ensure that the correct and current group number is used.

Medical policy link When the procedure code used is found within a Blue Cross and Blue Shield

of Minnesota and Blue Plus (Blue Cross) Medical Policy, a link directly to that policy will display within the response. Click the link to view the Medical

Policy coverage criteria that apply*.

This tool is available for commercial and Medicare products managed by Blue Cross. These features are not available for Medicaid products that are managed by Amerigroup (Families and Children, MinnesotaCare, MSC+ and MSHO).

To access the Authorizations tool and check if authorization is required:

- 1. Log in at Availity.com
- 2. Select Patient Registration | Authorizations & Referrals | Authorizations
- 3. Select Payer: **BCBSMN**, your organization and Transaction Type: **Outpatient**

Training Opportunities:

Providers can access the Blue Cross Authorization training demo and common question training guides from the Availity portal:

- 1. Click Help & Training | Get Trained (Availity Learning Center (ALC) opens a new tab)
- 2. Go to the very top of the ALC screen, search with the keyword "BCBSMN"
- 3. Click on the training document you want to access or click on the course title you want to enroll in and
- 4. Click Enroll in the top right corner and confirm that you want to enroll
- 5. Click Start to view the training

Questions?

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

*Remember: Medical policies in no way imply that members should not receive specific services based on the provider's recommendation. These policies govern coverage and not clinical practices. Providers are responsible for medical advice and treatment of patients. Members with specific health care needs should consult an appropriate health care professional.