

PROVIDER QUICK POINTS

PROVIDER INFORMATION

November 14, 2018

Authorization Create, Inquiry and Update Functions Available on Availity

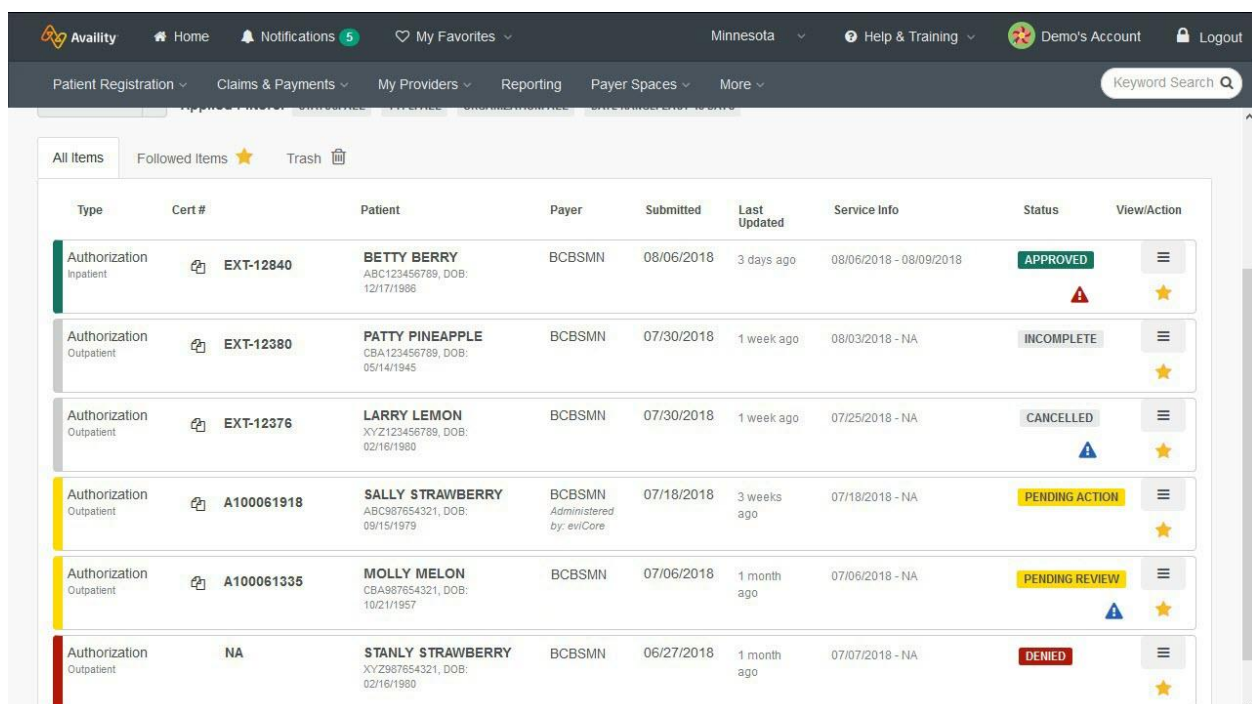
As previously communicated in Provider Bulletin P16-18, effective June 18, 2018, functionality was added to the Availity portal enabling the submission of electronic Prior Authorizations (PA), Precertifications and Preadmission Notifications (PAN) to Blue Cross and Blue Shield of Minnesota (Blue Cross) on Availity.com.
















On **November 12, 2018**, Availity and Blue Cross are adding some additional features to the Auth/Referral Dashboard in Availity.

Alert Flags

Providers will see two new alerts in the Availity Auth/Referral Dashboard. You can see the reason for the alert by hovering over the status of that request.

- **Red Alert Triangle** – This alert will display for approved inpatient admission requests as an indication that a discharge date is needed. Click “Update” in the View/Actions menu to update discharge details.
- **Blue Alert Triangle** – This alert will display whenever there is additional information about the status available. This may include the reason for the determination when the request has been denied, partially approved or cancelled. If you see a blue triangle alert, hover over the status to see more information. You can also click “View Details” in the View/Actions menu for additional information.



Type	Cert #	Patient	Payer	Submitted	Last Updated	Service Info	Status	View/Action
Authorization Inpatient	EXT-12840	BETTY BERRY ABC123456789, DOB: 12/17/1996	BCBSMN	08/06/2018	3 days ago	08/06/2018 - 08/09/2018	APPROVED 	 
Authorization Outpatient	EXT-12380	PATTY PINEAPPLE CBA123456789, DOB: 05/14/1945	BCBSMN	07/30/2018	1 week ago	08/03/2018 - NA	INCOMPLETE	 
Authorization Outpatient	EXT-12376	LARRY LEMON XYZ123456789, DOB: 02/16/1980	BCBSMN	07/30/2018	1 week ago	07/25/2018 - NA	CANCELLED 	 
Authorization Outpatient	A100061918	SALLY STRAWBERRY ABC987654321, DOB: 09/15/1979	BCBSMN <i>Administered by: eviCore</i>	07/18/2018	3 weeks ago	07/18/2018 - NA	PENDING ACTION	 
Authorization Outpatient	A100061335	MOLLY MELON CBA987654321, DOB: 10/21/1957	BCBSMN	07/06/2018	1 month ago	07/06/2018 - NA	PENDING REVIEW 	 
Authorization Outpatient	NA	STANLY STRAWBERRY XYZ987654321, DOB: 02/16/1980	BCBSMN	06/27/2018	1 month ago	07/07/2018 - NA	DENIED	 

QP94-18

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Real-Time Determinations

Blue Cross has updated the authorization process in Availity to include some real-time determinations to assist providers when determining coverage for a requested service or item.

Real-Time Benefit Denials for Not valid and Non-covered Codes (Medicare products only)

Providers are only required to submit PA requests for services listed on the Medicare prior authorization lists found at providers.bluecrossmn.com, but providers can submit Organization Determination requests to verify plan coverage for services that do not require PA. All Organization Determination requests are reviewed for coverage. The plan has 10 business days to review a standard Organization Determination request and 72 hours to review expedited Organization Determination requests.

Starting November 12, 2018, if providers submit codes that are not covered by Medicare or the member's contract, the codes will be **automatically processed** in real-time and a copy of the determination letter will be faxed to the requesting and servicing provider submitted on that request. Providers will also see the status in real-time in Availity after submitting the request.

Note: If any of the codes submitted on the authorization request are valid and may be covered, the entire case will be pended for medical review and will follow normal review timelines.

Real-Time Determinations for Potentially Experimental or Investigative Codes (Commercial products only)

Providers are only required to submit PA requests for services listed on the Commercial Prior Authorization List found at providers.bluecrossmn.com. Currently, requests submitted on Availity for codes that are not on the PA list are cancelled with the reason, "No Prior Authorization Required." Claims for services that do not require PA are processed and paid according to subscriber benefits and Blue Cross medical policy criteria.

Starting November 12, 2018, Blue Cross will provide a preservice medical necessity determination for procedures or items that are potentially experimental or investigative based on Blue Cross medical policy, even if no PA is required. If all codes on the request are considered experimental or investigative and are never covered, requests submitted in Availity will be **automatically processed** according to the corresponding medical policy. Providers will see the determination in real-time in Availity upon submitting the request. Phone, fax and letter communications will also be sent following normal business processes.

Note: If any of the codes submitted on the authorization request are potentially medically necessary based on Blue Cross medical policy, the entire case will be pended for medical review and will follow normal review timelines.