IS AUTH REQUIRED TOOL (IAR)

For Outpatient Authorization

Accessed through the Availity Essentials Portal and https://www.bluecrossmn.com/providers

IS AUTH REQUIRED TOOL (IAR)

The Auth Look up tool helps determine if an authorization is required for outpatient services and supplies excluding prescription drugs.

- Use for Blue Cross and Blue Shield of Minnesota (Blue Cross) Commercial and Medicare Advantage members.
  - Federal Employee Program (FEP) and Medicaid groups will return links to the prior authorization (PA) lists on their respective websites.
- System validates if the group number is active for Blue Cross.
  - System cannot validate if the group is valid for a specific member.
  - Run an Eligibility & Benefit transaction to ensure the most current group number is being used.
- Date of Service can be up to 45 days in the future from current date.
  - If the service date changes from the original look-up, a new look-up should be done as prior authorization requirements may have changed.
- Up to 12 procedure codes can be looked up at once.
  - Reference number correlates to the number of codes. For Example, Reference 01 is first code submitted.
  - Codes can be CPT or HCPCS.
  - Applicable Medical Policy links will appear for each code.
  - Authorization requirements will appear for each code.
- 'Authorization Required' response with message 'managed by eviCore'.
  - The message will advise which Service Type to use when submitting the authorization.
  - That Service Type routes the request to eviCore to appropriate review team.
  - If the wrong Service Type is used the authorization response may be incorrect which will result in claim denial for no PA.

IS AUTH REQUIRED TOOL (IAR) – COMMON ERRORS

Error – Group not found, please verify Member group Number and try again.

- Currently all BlueCross group numbers are 8-digits all numeric.
- Tool can only be used for Active BlueCross groups.
  - FEP and Medicaid group numbers will provide appropriate URL to use for authorization requirement determination.

Error – Inactive group number, please verify Member group number and try again.

- The group number used is no long active with BlueCross.
  - Run an Eligibility and Benefits transaction to verify the member's current active group.

Error – Technical issues or Payer unavailable

- There are internal database issues so the response can not be returned to Availity.
  - Contact Provider Services at 1-800-262-0820 or Availity at 1-800-282-4548.

Note – if an active group is used a response will be returned even if the member is not active under that specific group for the Service From Date entered.

IS AUTH REQUIRED TOOL (IAR)

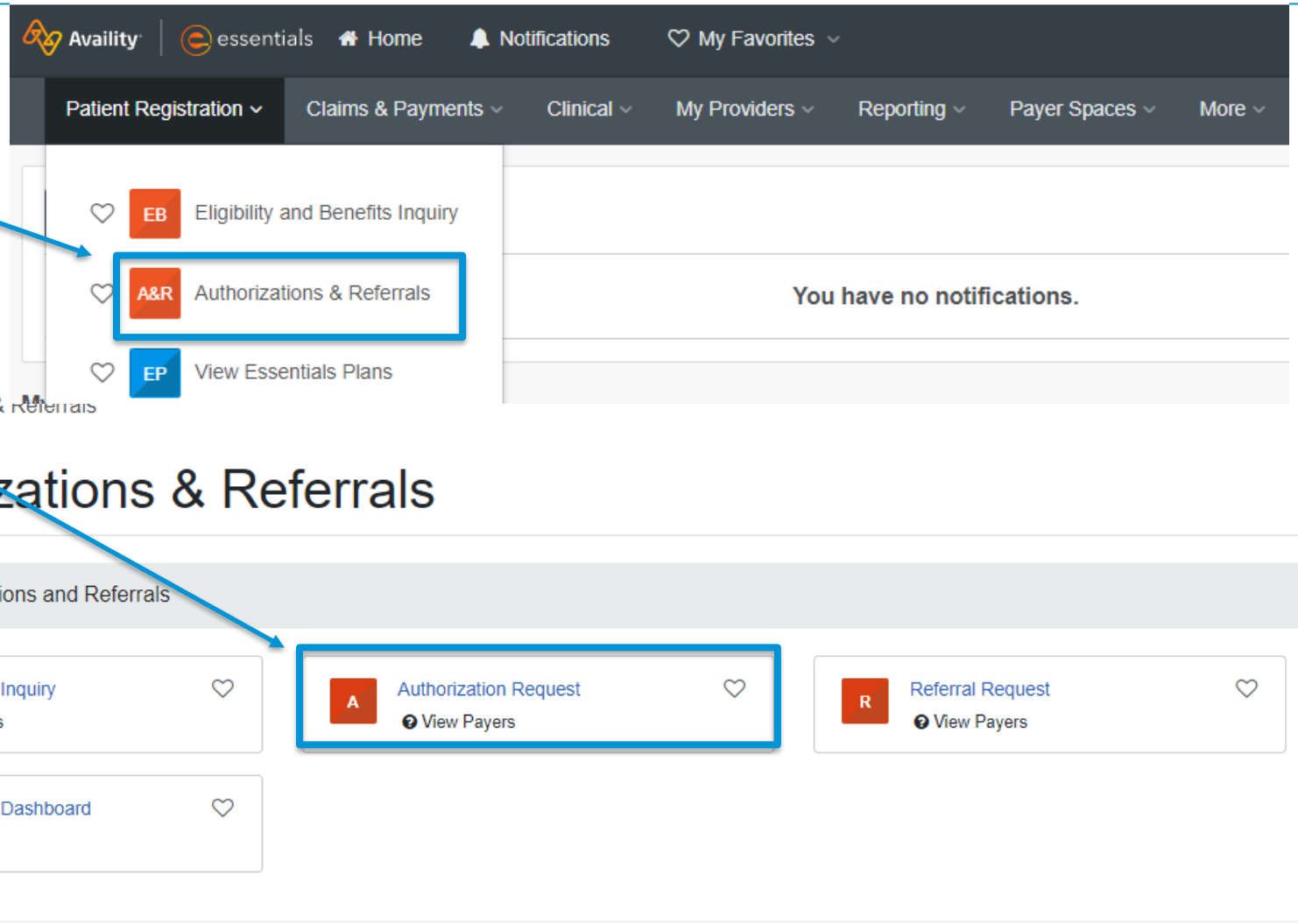
Accessed through the Availity Essentials Portal

IS AUTH REQUIRED TOOL (IAR) - REQUEST

Log into Availity Essentials.
Click Patient Registration from top menu.
Select Authorizations & Referrals.

From the Authorizations & Referrals home page,
Select Authorization Request.

*Authorization & Referral access security required. Contact organization admin to Request required Availity role.

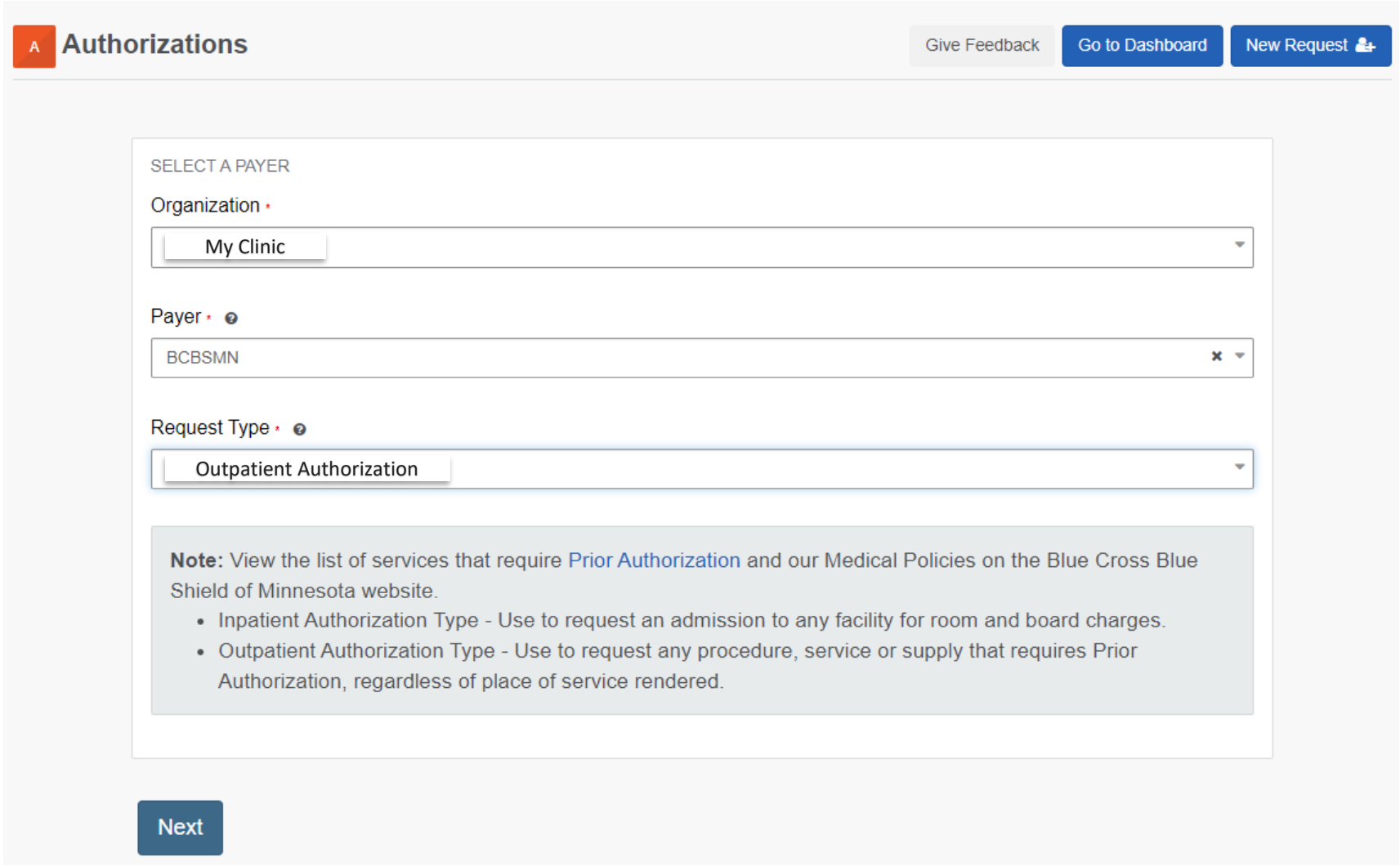


IS AUTH REQUIRED TOOL (IAR) – REQUEST

Organization -
Select appropriate organization assigned.

Payer – Select BCBSMN

Request Type –
Select Outpatient Authorization



IS AUTH REQUIRED TOOL (IAR) – REQUEST

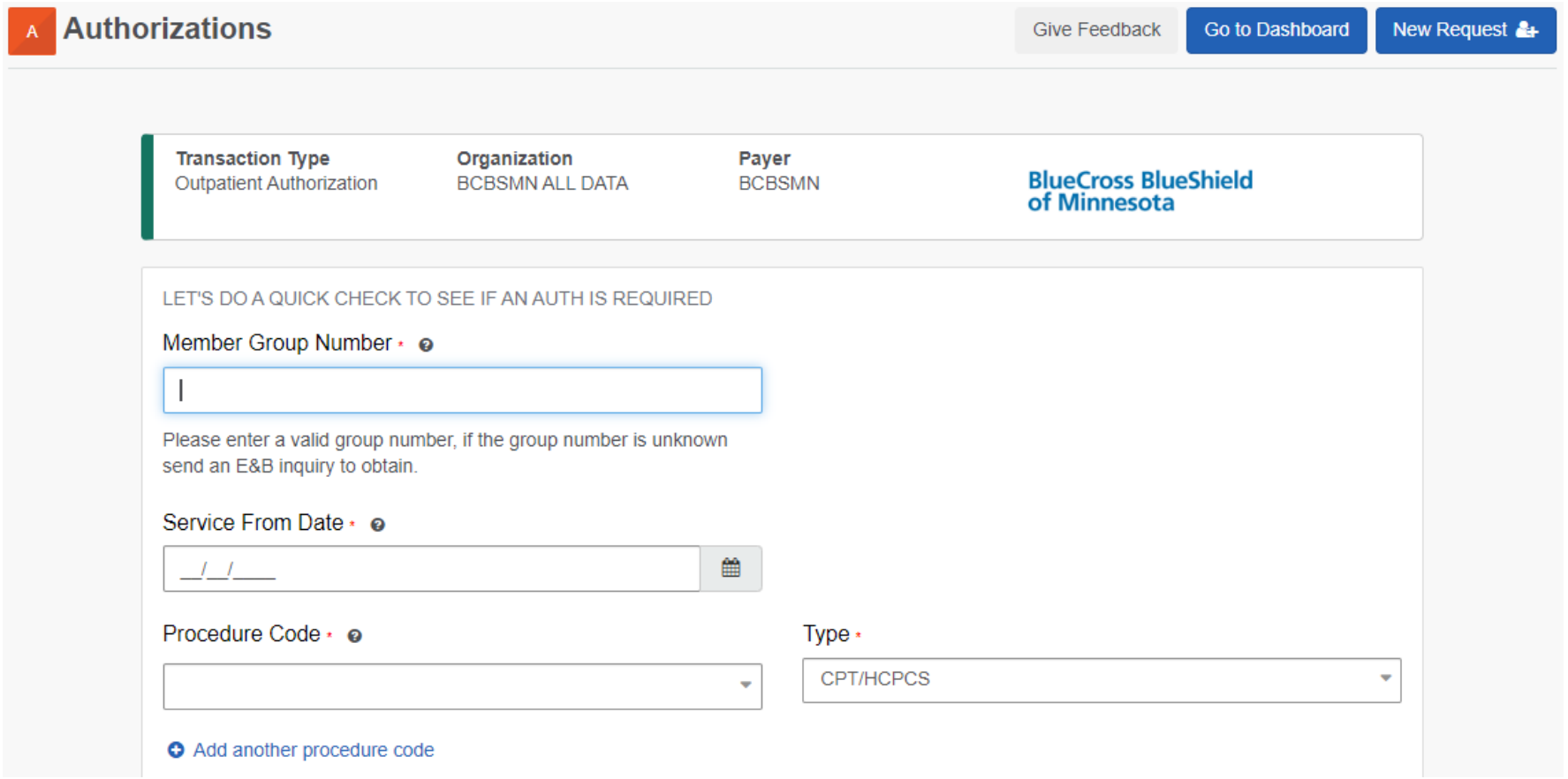
Member Group Number – Verify current active group number via Eligibility & Benefits transaction.

Service From Date – This date should reflect the actual date of anticipated service.

- The date can be in the past however retro authorizations are not permitted.
- The date can be up to 45 days into the future.

Procedure Code – Enter anticipated code. System allows up to 12 codes to be entered on one transaction.

- Each code may have a different response regarding authorization requirements.



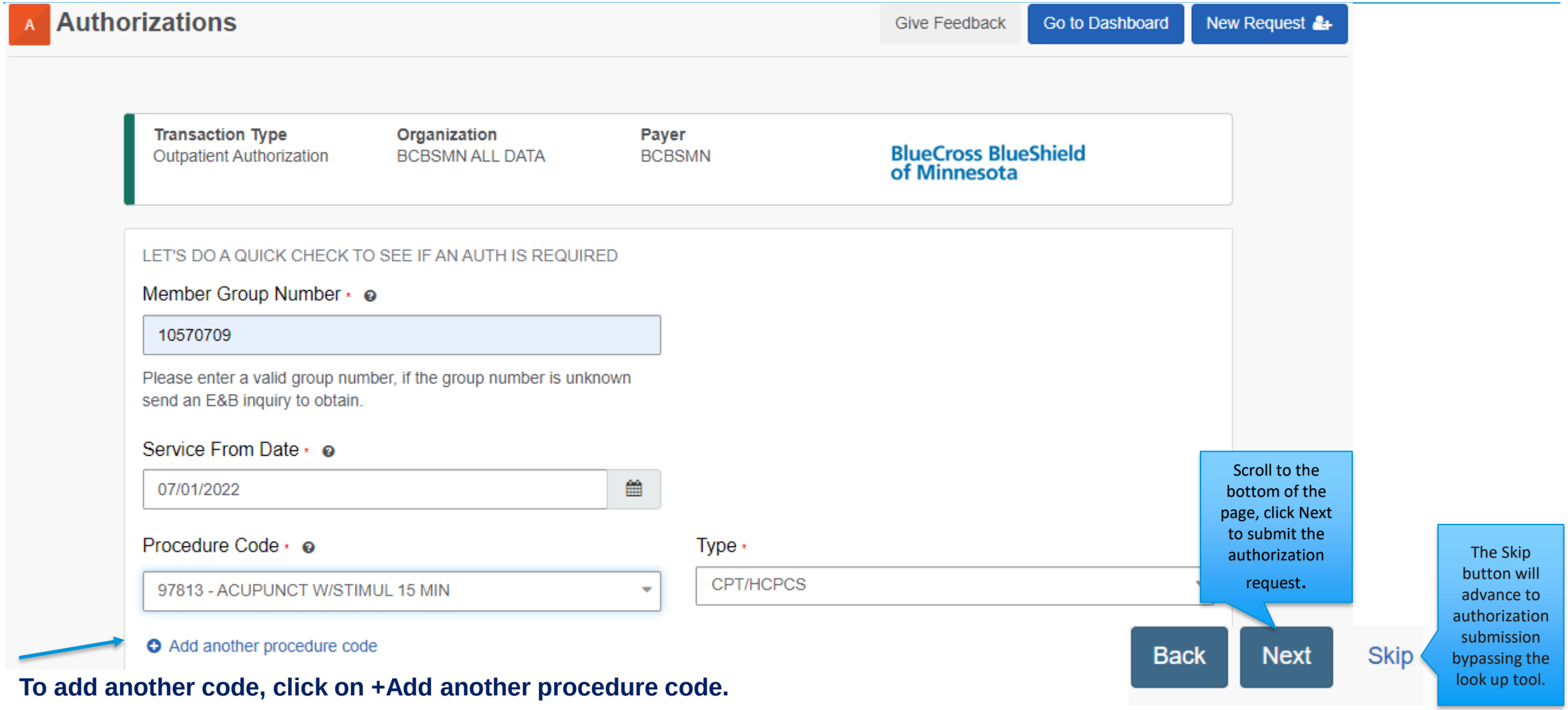
Note: If the service date and or Procedure Code(s) changes, please return and run a new request to validate authorization requirements.

IS AUTH REQUIRED TOOL (IAR) – REQUEST DISCLAIMER

Note: Please view Blue Cross and Blue Shield of Minnesota Medical Policies on the Blue Cross and Blue Shield of Minnesota website.

- This tool can be used to check if a prior authorization is required for health care services covered by Blue Cross and Blue Shield of Minnesota commercial health plans, Medicare Advantage and Platinum Blue. **To submit a prior authorization request for a member of another Blue Cross Blue Shield Plan, please click "Skip" and complete the next screen to be routed to the appropriate Blue Plan.**
- Blue Cross and Blue Shield of Minnesota requires notification/authorization for all inpatient admissions. Participating hospitals, sub-acute and residential care facilities are required to notify the plan when a member is admitted. To submit an authorization request for an inpatient facility admission, please return to the Authorizations screen and select the "Inpatient Authorization" request type.
- This tool does not include formulary or step therapy requirements for prescription drugs covered under the pharmacy benefit.
- Whether or not prior authorization is required, please verify that the health care service is covered by the member's health plan contract benefits. For more information on the member's benefits, please return to the Eligibility and Benefits Inquiry screen.
- Whether or not prior authorization is required, please verify that the provider rendering the service is in the member's health plan network. Not all participating providers are in all networks. Some plans do not cover care from out-of-network providers. Some plans pay less for care from out-of-network providers. When care is received from a provider that is not participating in any Blue Cross and Blue Shield of Minnesota network, the member may be responsible to pay the difference between the plan's allowed amount and the non-participating provider's charges.
- Procedures and service that do not require a prior authorization are still subject to all terms and conditions of the applicable benefit plan, applicable medical policy exclusions and contract limitations that may result in denial of payment.

IS AUTH REQUIRED TOOL (IAR) – REQUEST EXAMPLE



To add another code, click on +Add another procedure code.

IS AUTH REQUIRED TOOL (IAR) – RESPONSE EXAMPLE – MN AUTHORIZATION POLICY

BlueCross BlueShield Minnesota

Member ID Group Number - Member group number entered in request.

Date of Service - Service from date entered on request.

Line of Business – Commercial or Medicare plan type.

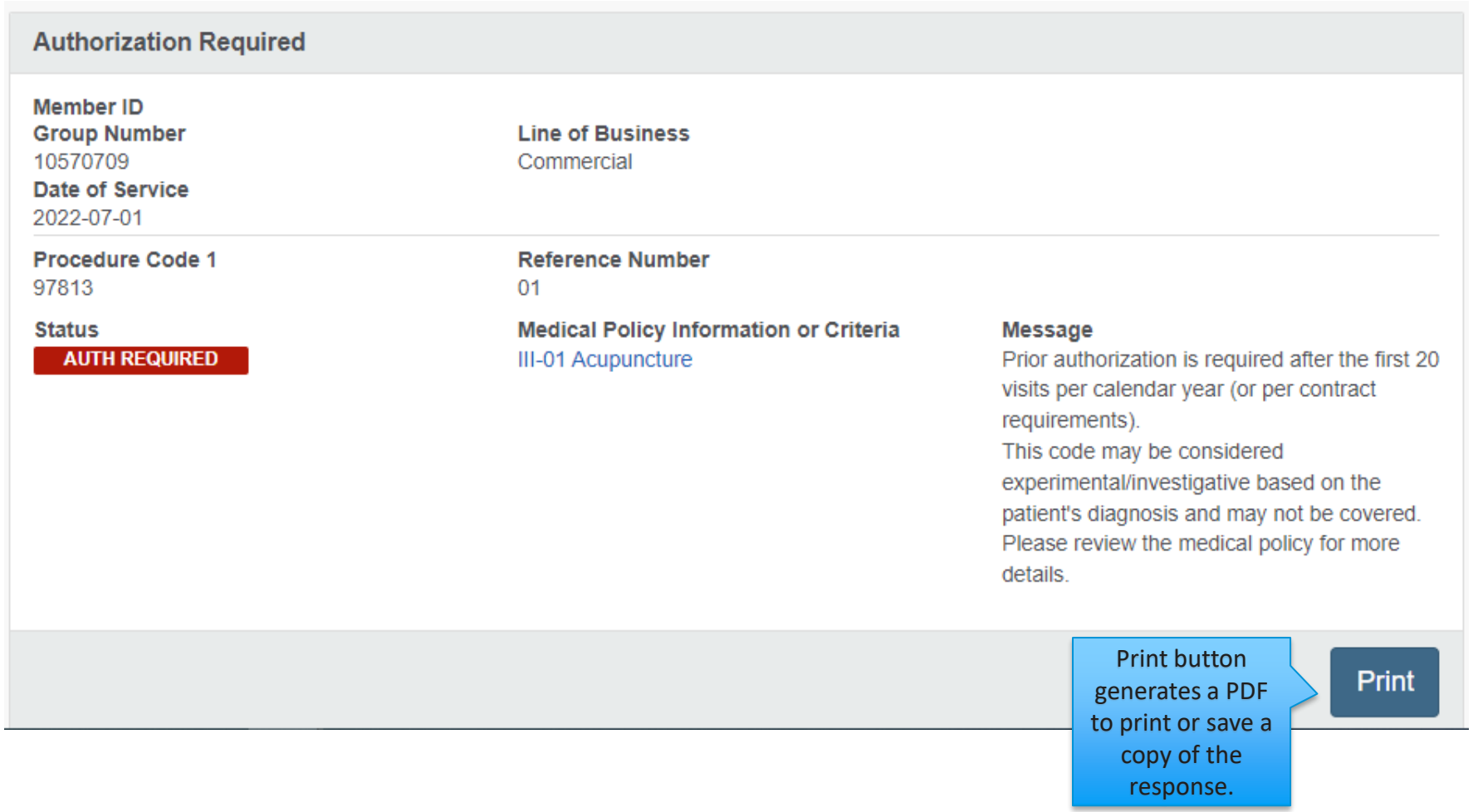
Reference Number – Order number of procedures sent in request.

Procedure Code – Procedure code entered in request.

Status – Response of authorization requirements.

Medical Policy Information or Criteria – Provides link to Medical Policy for reference.

Message – Provides any important details about authorization requirements for the codes(s).



IS AUTH REQUIRED TOOL (IAR) – RESPONSE EXAMPLE – EVICORE AUTHORIZATION POLICY

Member ID Group Number - Member group number entered in request.

Date of Service - Service from date entered on request.

Line of Business – Commercial or Medicare plan type.

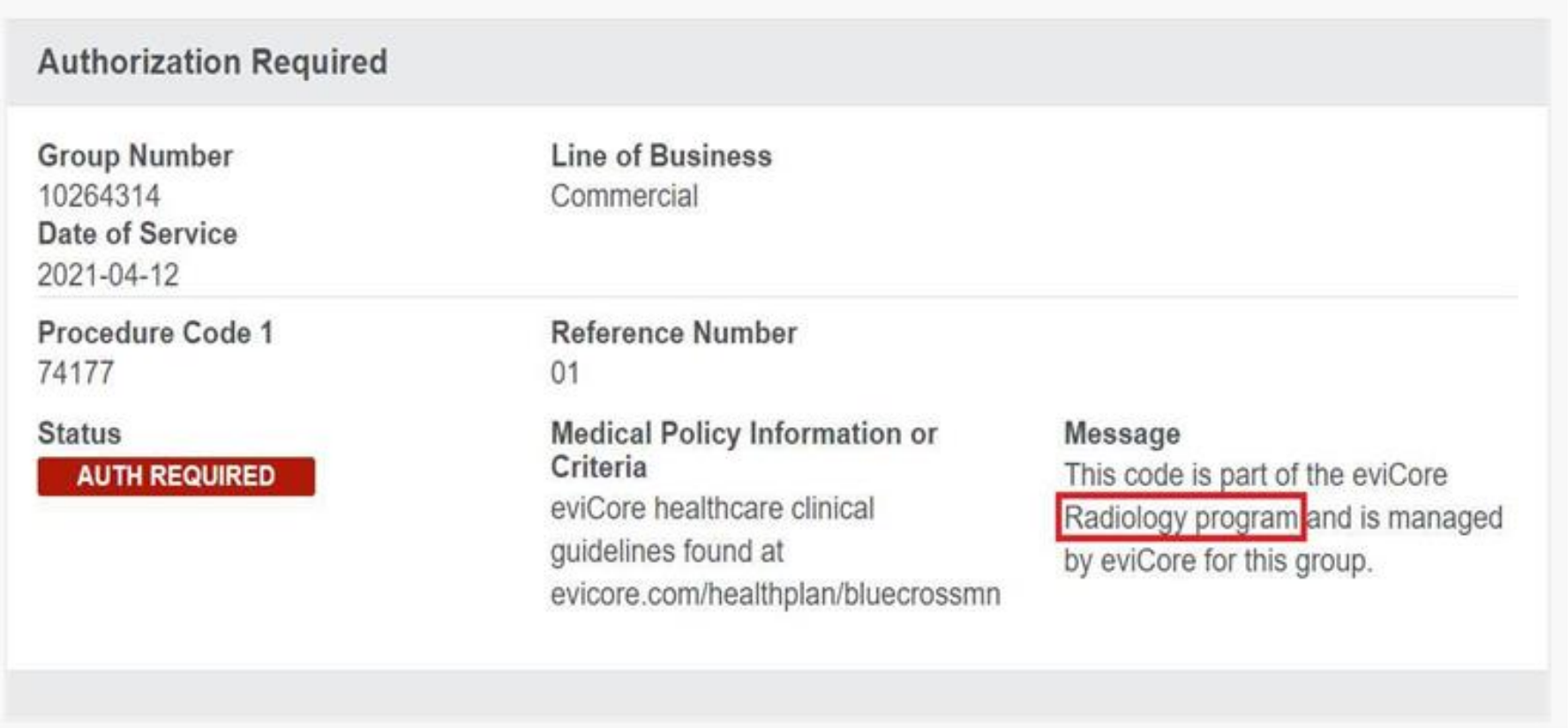
Reference Number – Order number of procedures sent in request.

Procedure Code – Procedure code entered in request.

Status – Response of authorization requirements.

Medical Policy Information or Criteria – Provides link to Medical Policy for reference.

Message – Provides any important details about authorization requirements for the codes(s). For this example, eviCore.com houses the medical policy for code entered.



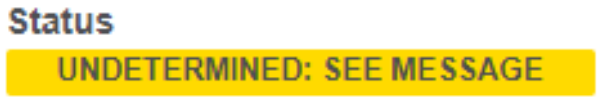
For eviCore delegated review services, the Outpatient Service Type will be indicated in the message. For this example, the Authorization Service Type must be “Radiology” as eviCore conducts the medical necessity review.

IS AUTH REQUIRED TOOL (IAR) – STATUS TYPES

Auth Required – Medical necessity review is required before services can be performed. Clicking the ‘Next’ button will advance page to begin the submission process.

No Auth Required – Medical necessity review is not required based on the data entered in the request.

Undetermined: See Message – This is the response when request is submitted with an FEP or Medicaid group number.



IS AUTH REQUIRED TOOL (IAR) – MESSAGE - EVICORE SERVICE TYPES

When the response indicates that eviCore is the reviewing entity for medical necessity (prior authorization), it is vital to utilize the Service Type indicated in the Message for appropriate authorization routing and review.

Interventional Pain Management (Spine/Joint Injections, Stimulators, Blocks RF Ablation, etc.)	• Use for joint injection procedures, stimulators, blocks, RF ablation, etc. Do not use for injectable drugs (J-, C- or Q- codes).
Spine Surgery	• Use for any spine surgery and procedures.
Surgery – Knee/Hip/Shoulder	• Use for any surgery related to the Knee, Hip or Shoulder joints. • For all other joints, use the service type of **Surgery - Other**.
Sleep Management (including related DME)	• Use this for any test, service, equipment or supplies related to treatment of sleep disorders.
Durable Medical Equipment (DME) or Supplies Purchase (not related to Sleep Management)	• Use this for any DME or supply purchase not related to a sleep disorder diagnosis. For purchase of sleep related DME and supplies, use the **Sleep Management** service type.
Durable Medical Equipment (DME) Rental (not related to Sleep Management)	• Use this for any DME rental not related to a sleep disorder diagnosis. For rental of sleep related DME, use the **Sleep Management** service type.
Cardiac Advance Imaging	• Echo/Echo Stress Testing • Nuclear Stress Tests/MPI • Cardiac MRI • Cardiac PET • CCTAs
Cardiac Catheterization	• Cardiac Catheterization • Cardiac Resynchronization Implantable Devices
Radiation Therapy	• Radiation Therapy
Radiology Advance Imaging	• MRI • MRA • PET • CT • Nuclear Studies
Medical Oncology (Primary and Supportive Cancer Treatment Drugs)	• Use for primary injectable chemotherapy for an oncologic indication and/or supportive medications given with chemotherapy. • For non-cancer diagnosis, use the **Injectable Drug** service type.

IS AUTH REQUIRED TOOL (IAR)

Accessed through https://www.bluecrossmn.com/providers

IS AUTH REQUIRED TOOL (IAR) – REQUEST

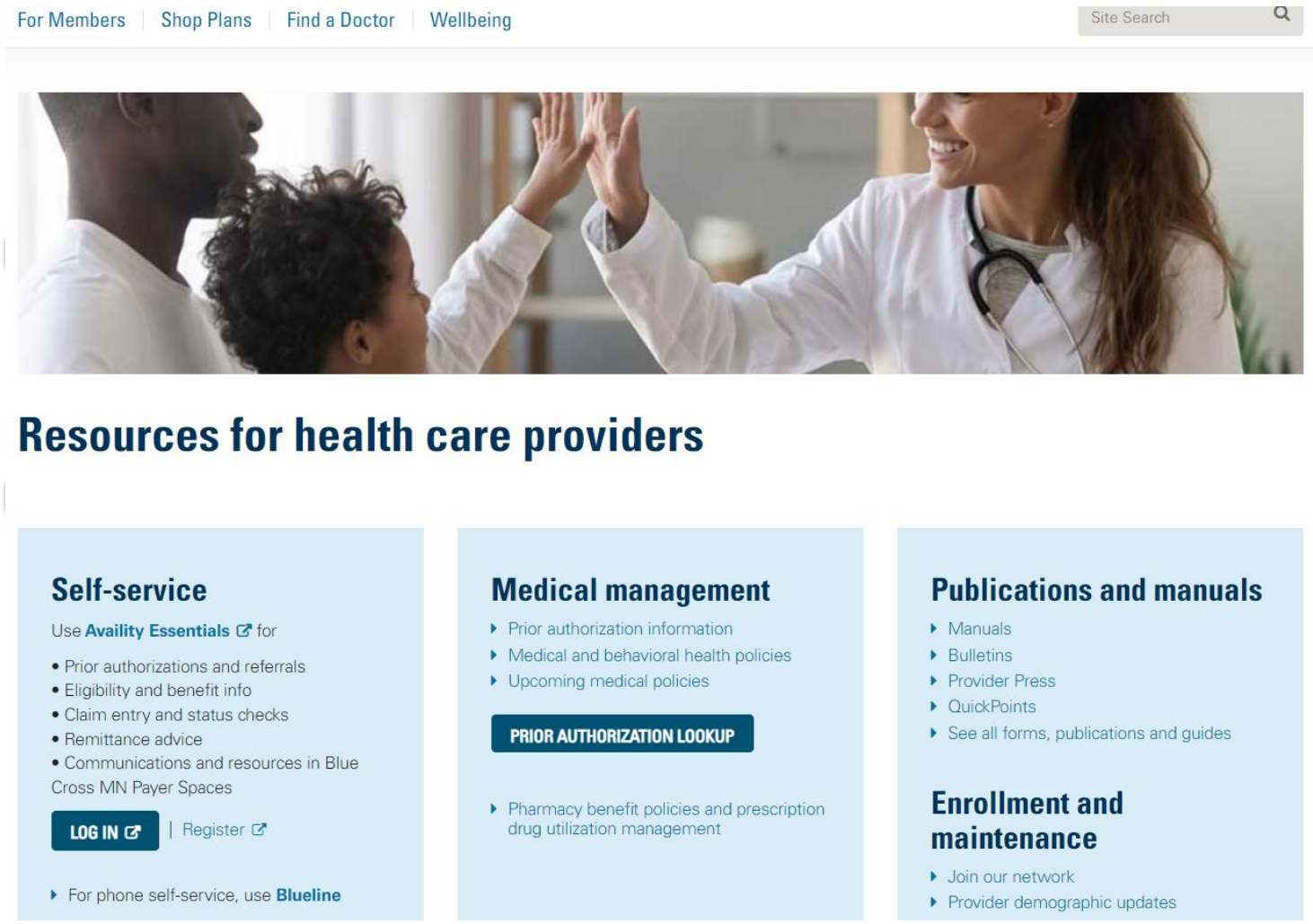
Access bluecrossmn.com directly from browser or through Payer Spaces in Availity Essentials.

The Prior Authorization Lookup tool can be accessed in Provider section on the main screen.

https://www.bluecrossmn.com/providers

https://www.bluecrossmn.com/providers/tools-and-resources/prior-authorization-lookup-tool

The tool can be accessed and used by members and providers.



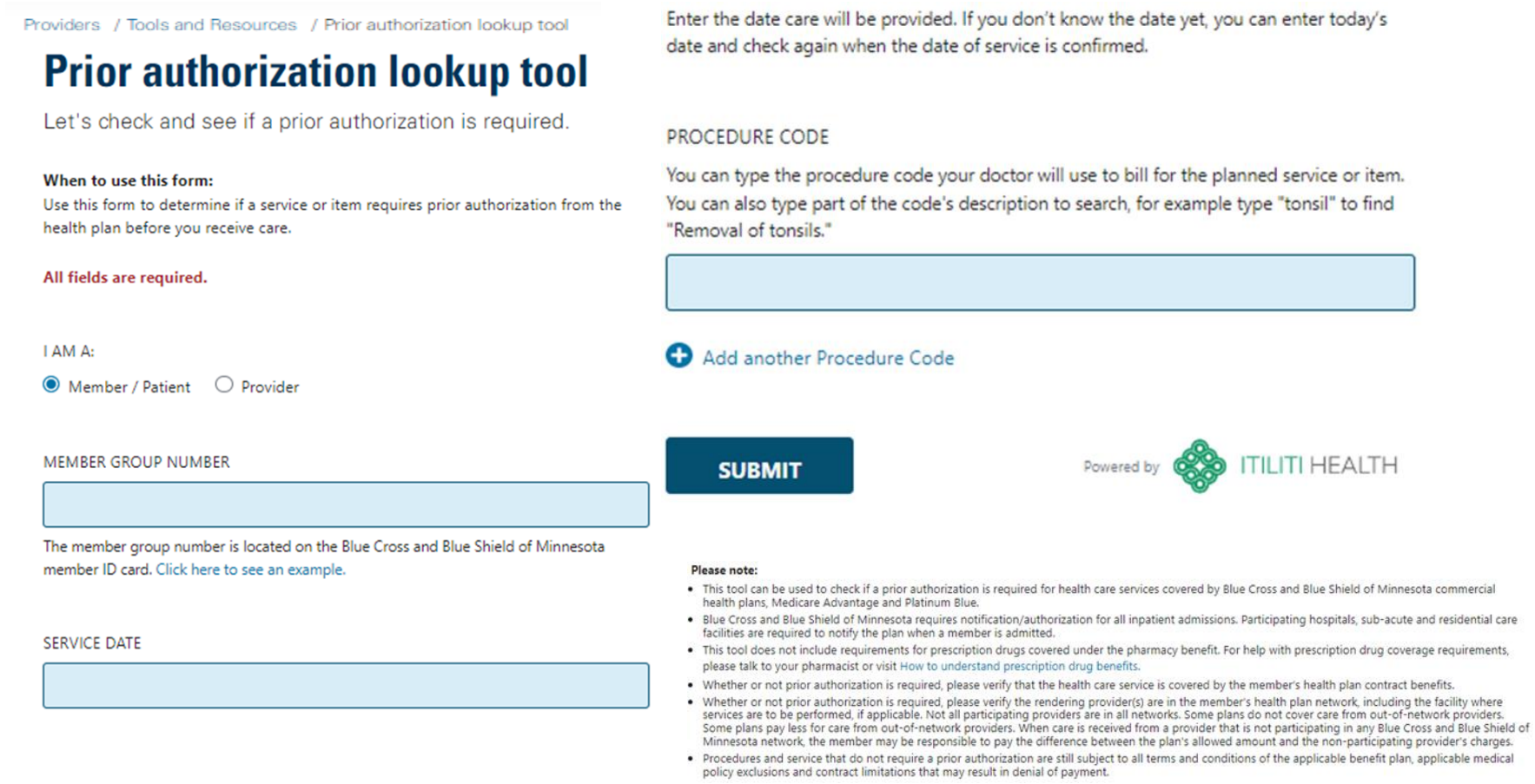
IS AUTH REQUIRED TOOL (IAR) – MEMBER REQUEST

Click radio button for member/patient or provider.

Member/Patient inquiry data:

- Member Group Number
- Service Date
- Procedure Code (up to 12 codes). Enter either the code if known or description which will return matching code options.

Click Submit for response.



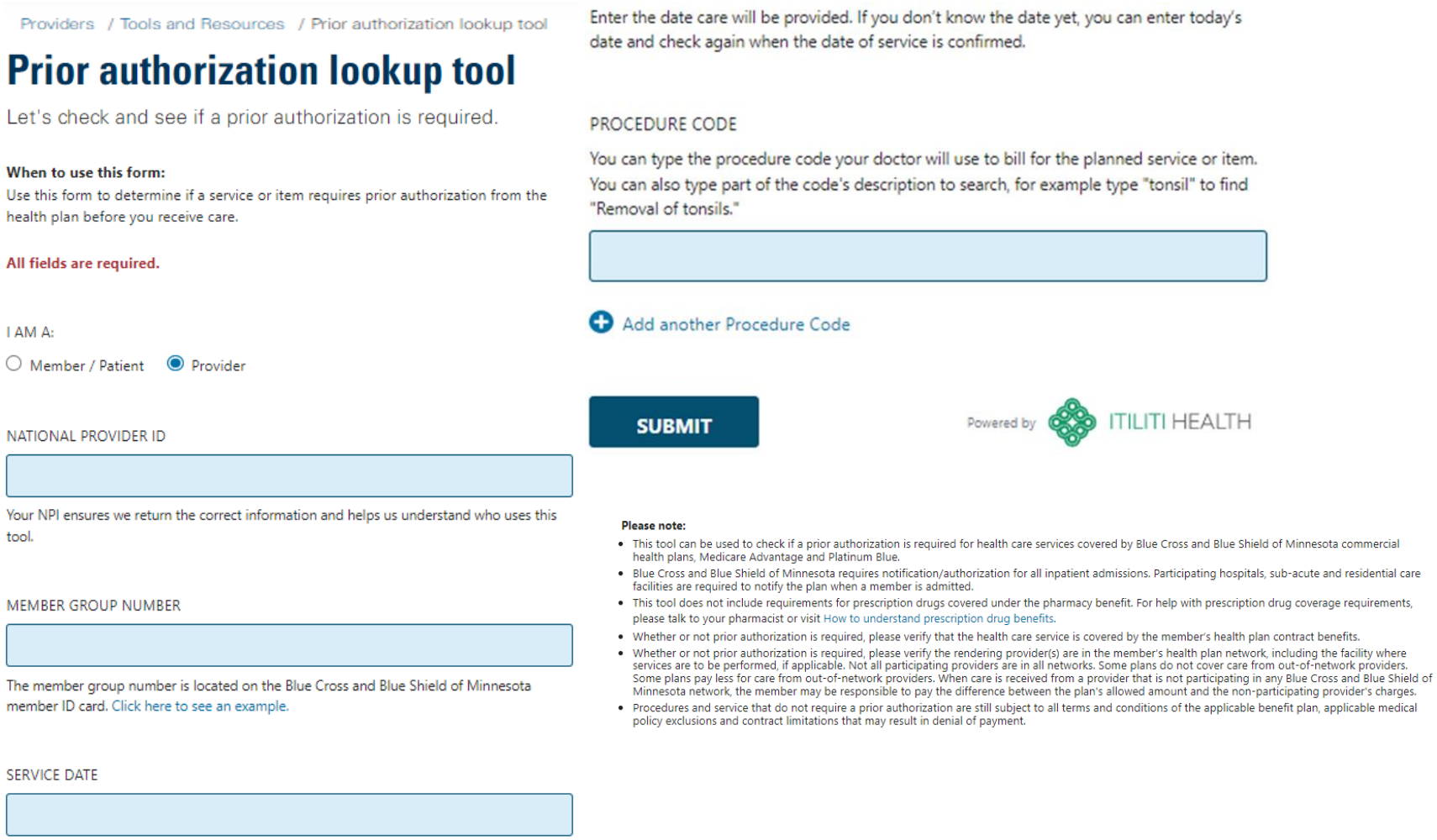
IS AUTH REQUIRED TOOL (IAR) – PROVIDER REQUEST

Click radio button for member/patient or provider.

Provider inquiry data:

- Provider NPI
- Member Group Number
- Service Date
- Procedure Code (up to 12 codes). Enter either the code if known or description which will return matching code options.

Click Submit for response.



IS AUTH REQUIRED TOOL (IAR) – MEMBER/PROVIDER INQUIRY RESPONSE-NO AUTHORIZATION REQUIRED

BlueCross BlueShield Minnesota

The response returns all entered data.

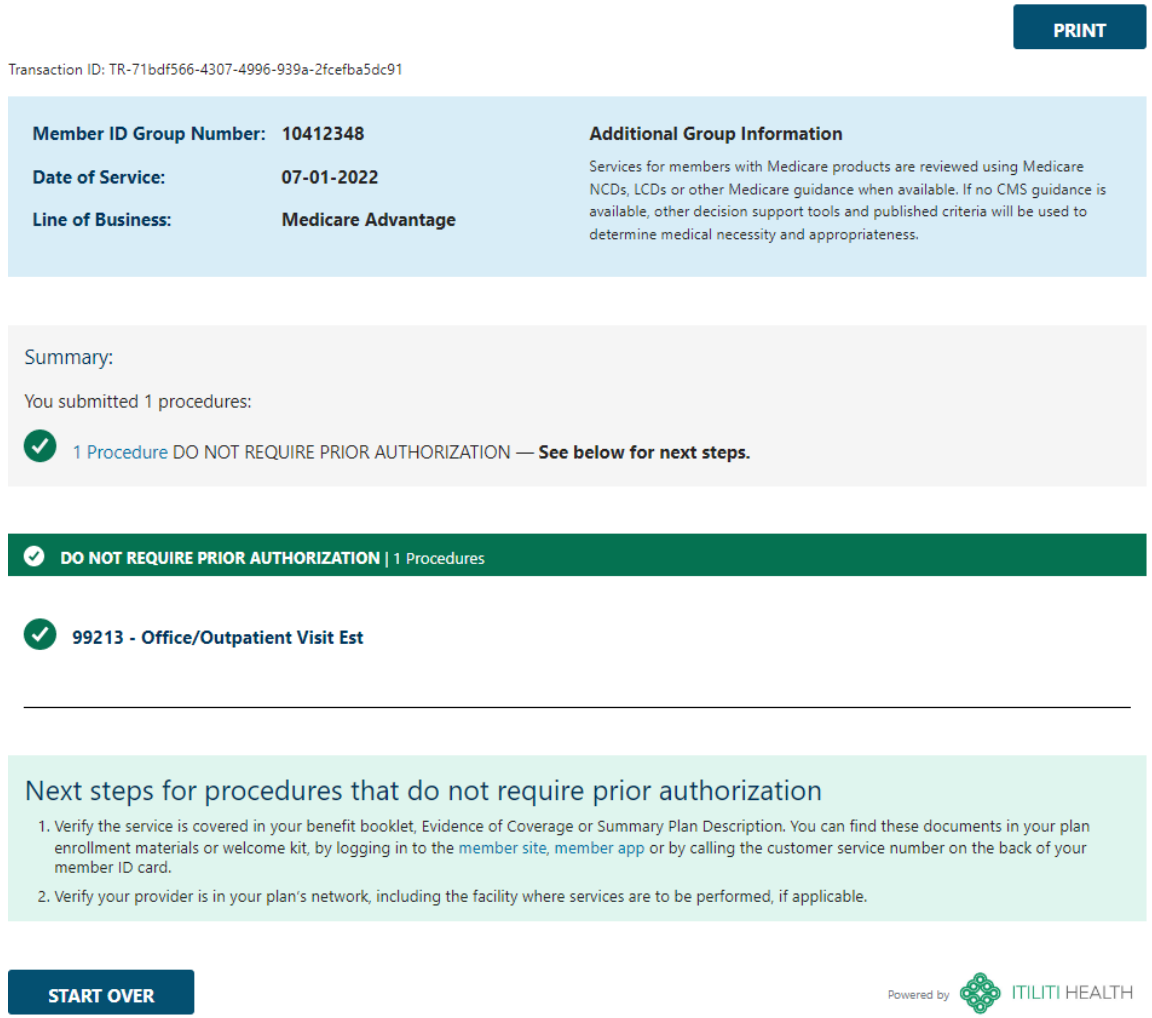
Summary of status:

- Require Prior Authorization
- Do Not Require Authorization

If prior authorization is required, further information is returned.

- Medical Policy
- Steps before seeking care
- Reviewing entity if other than Bluecross

This screen can be printed to save a copy for records.
Or
Click Start Over and begin a new inquiry.



IS AUTH REQUIRED TOOL (IAR) – MEMBER/PROVIDER INQUIRY RESPONSE- AUTHORIZATION REQUIRED

The response returns all entered data.

Summary of status:
- Require Prior Authorization
- Do Not Require Authorization

If prior authorization is required, further information is returned.
- Medical Policy
- Steps before seeking care
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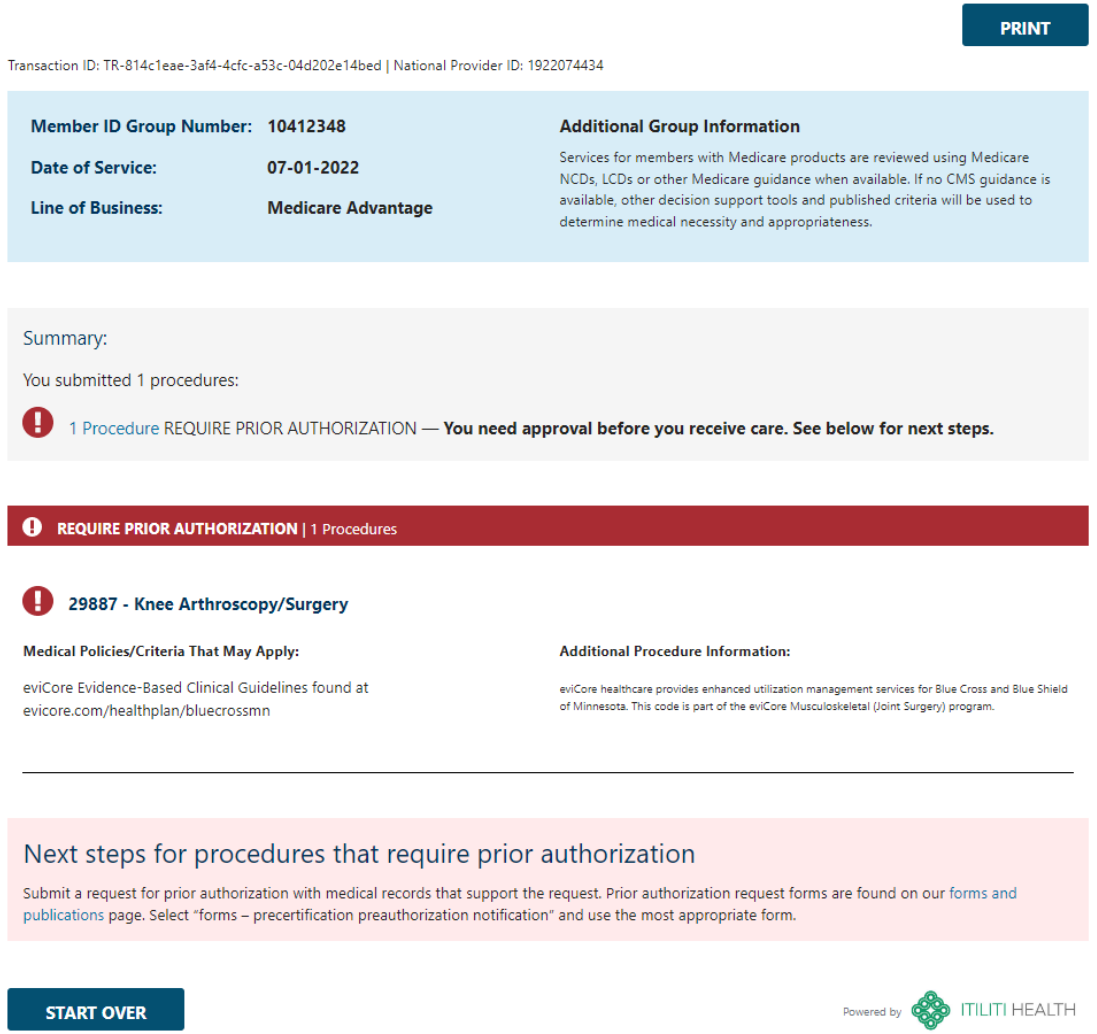

THANK YOU

For technical support contact Availity 1-800-282-4548 or 1-800-AVAILITY. Or select **Help & Training | Availity Support** for additional Availity assistance.