

# MANAGED CARE REFERRALS

Submission through Availity's Authorization & Referrals

Accessed through the Availity Essentials Portal

# REFERRAL SUBMISSION TIPS

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## Helpful hints for submitting referrals:

- Only MN member can be submitted. If member is covered by another state, please contact coverage state for referral submission.
- Must use alpha prefix and 12-digit ID. Example MNA121212121001
- Restricted Recipient Member referrals need to be faxed to the number on the DHS referral form.
- Only the Primary Care Clinic (PCC) can enter referrals on behalf of their patient's. The PCC needs to be entered as the clinic NPI.
- Referred-to Provider needs to be the clinic/facility NPI.
- Referred-to Provider cannot be updated after referral is submitted. A new referral is required.
- Adjustments related to referrals need to be called into Provider or Member services.
- When faxing in referrals, do not send medical records as they are not needed.

## Faxed Referrals are accepted for the following situations:

- Retro referral where the PCC has changed.
- Retro referral when the member's coverage is currently inactive.
- Non-participating providers.
- Out of state providers.
- Referrals to dental providers.
- Referred-to provider is grayed out on results search page.
- Referrals to directory suppressed providers. (Provider not found on MN Provider Directory on website).

*\*\*YOU WILL NEED TO COMPLETE REGISTRATION PRIOR TO ACCESSING THIS INFORMATION. IF YOU HAVE NOT FINISHED THE REGISTRATION PROCESS, COMPLETE THAT FIRST, THEN RETURN TO THIS DOCUMENT.*

# MANAGED CARE REFERRAL – VERIFY IF REFERRAL IS REQUIRED VIA ELIGIBILITY & BENEFITS



If a Primary Care Clinic (PCC) is assigned, a Managed Care Referral is required. The PCC will be listed:

- at the bottom of the Patient Information tab in the Primary Care Provider section
- or
- on the Coverage and Benefits tab under the Health Benefit Plan Coverage section

**Note:** many clinics have multiple NPIs. The PCC NPI listed on the E&B results is the one that needs to be used when entering the referral.

## Primary Care Provider

**Name** Clinic Name  
**Type** Primary Care Provider  
**NPI** 1234567890

123 First St  
Anytown, MN 55111

**Contact Information**  
P: 123-456-7890

**Service Types**  
Health Benefit Plan Coverage

## Health Benefit Plan Coverage - 30

Feedback

**Active Coverage** **Employee and Spouse**

**Insurance Type** Health Maintenance Organization (HMO)  
**Plan / Product** MED/SURG  
◦ FUNDING TYPE = SELF INSURED

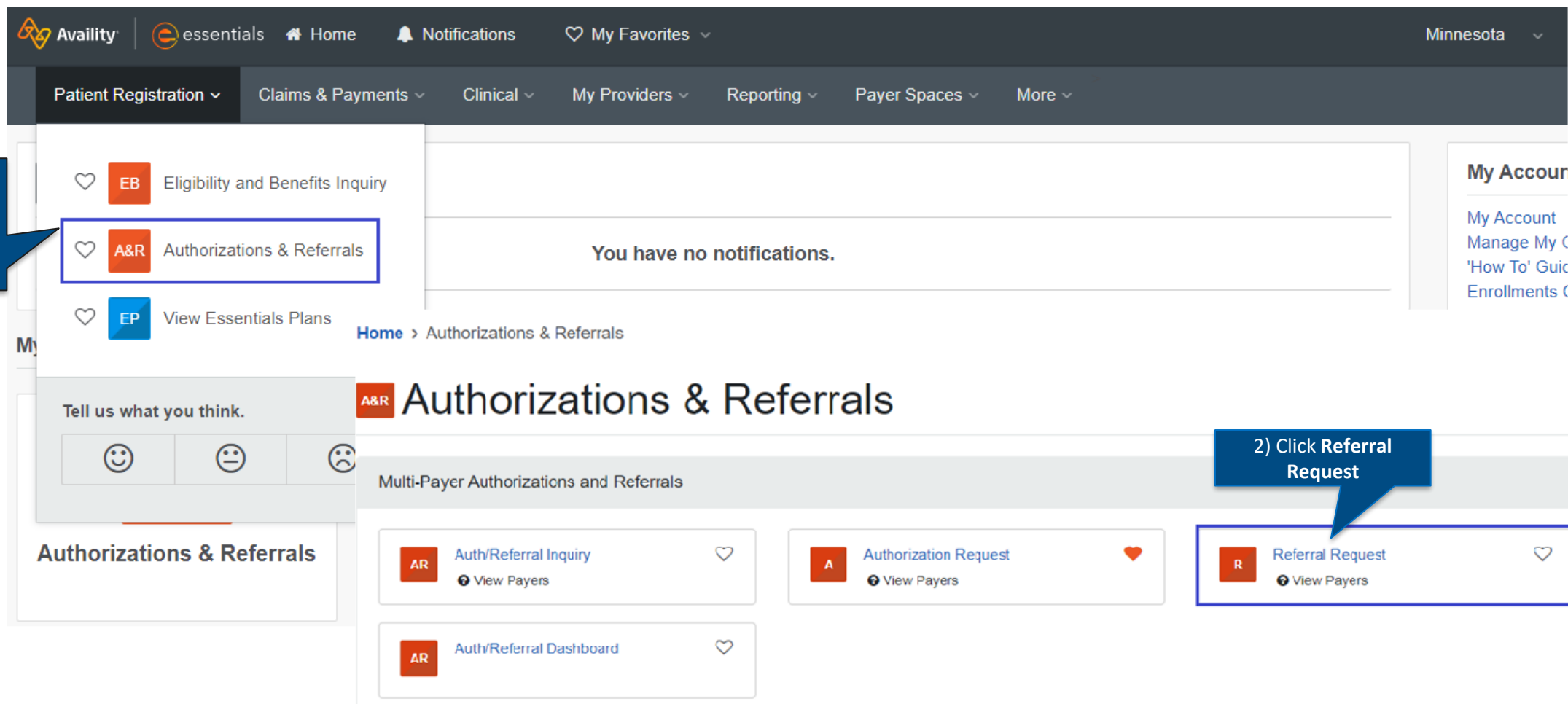
### Contact Information - Health Benefit Plan Coverage

#### Primary Care Provider

**Primary Care Provider**  
**Name** Clinic Name  
**NPI** 1234567890

123 First St  
Anytown, MN 55111  
P 123-456-7890

# MANAGED CARE REFERRAL - SUBMISSION



1) Click Patient Registration then Authorizations & Referrals.


2) Click Referral Request


# MANAGED CARE REFERRAL – SUBMISSION MEMBER INFORMATION

1 Start a Referral      2 Add Service Information      3 Rendering Provider/Facility      4 Review and Submit

<b>Transaction Type</b> Referral	<b>Organization</b> TEST - Demo Org - Provider	<b>Payer</b> BCBSMN	<b>BlueCross BlueShield of Minnesota</b>
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**MEMBER INFORMATION**  SHOW OPTIONAL FIELDS

**Member ID**  The prefix is required. The ID needs to include 12 numeric characters. Example MNA121212121001

**Relationship To Subscriber**  If the relationship is unknown, use Self.

**Patient First Name**

**Patient Last Name**

**Patient Date of Birth**  

**Patient Gender**

# MANAGED CARE REFERRAL – SUBMISSION REQUESTING PROVIDER – PRIMARY CARE CLINIC



REQUESTING PROVIDER  SHOW OPTIONAL FIELDS

Primary Care Clinic (PCC) Name

NPI ⓘ

Back Next

This can be the name of the person entering the referral or the clinic name.

The NPI needs to match the NPI of the Primary Care Clinic assigned to the member.

**Tip:** If you receive the error “not authorized”, refer to the E&B results to verify the assigned PCC’s NPI.

Once all required fields have been entered, click **Next**.

# MANAGED CARE REFERRAL – SUBMISSION SERVICE INFORMATION – REQUIRED FIELDS

a) Referral Type options:

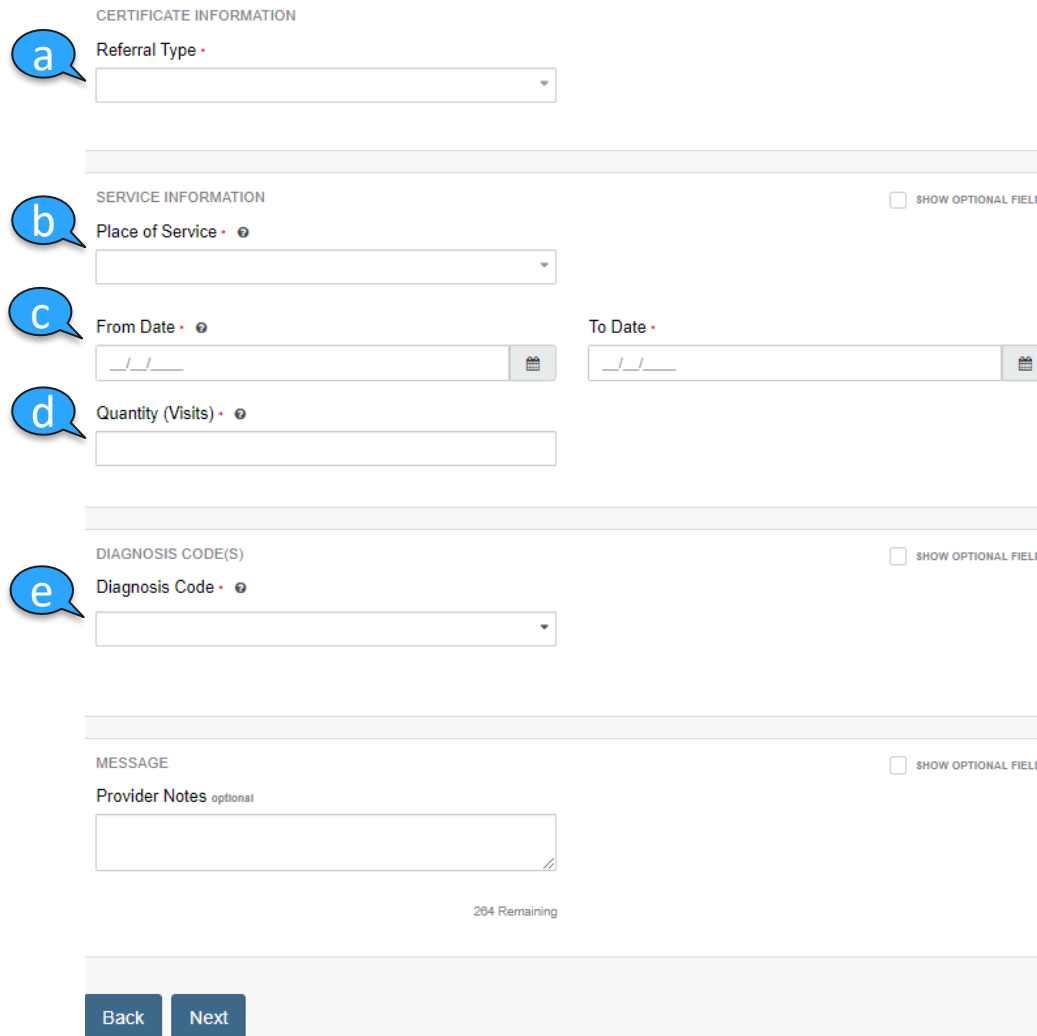
- Emergency Room
- Outpatient Procedure
- Specialist

b) Place of Service – the drop-down list includes all valid place of service options. The most common selection is 11-Office.

c) From Date needs to be 24 months or less than date of entry.

d) Quantity can be between 1-999

e) Diagnosis Code must be ICD-10. The list is searchable by code or description



The screenshot shows a web form for submitting a Managed Care Referral. It is divided into several sections, each with a 'SHOW OPTIONAL FIELDS' checkbox. Callouts a-e point to specific required fields:

- CERTIFICATE INFORMATION**: Callout 'a' points to the 'Referral Type' dropdown menu.
- SERVICE INFORMATION**: Callout 'b' points to the 'Place of Service' dropdown menu. Callout 'c' points to the 'From Date' and 'To Date' date pickers.
- DIAGNOSIS CODE(S)**: Callout 'd' points to the 'Quantity (Visits)' text input field. Callout 'e' points to the 'Diagnosis Code' dropdown menu.
- MESSAGE**: This section contains a 'Provider Notes' text area with a character count of '264 Remaining'.

At the bottom of the form are 'Back' and 'Next' buttons.

# MANAGED CARE REFERRAL – SUBMISSION FIND A PROVIDER (REFERRED-TO PROVIDER)

1 Start a Referral      2 Add Service Information      3 **Rendering Provider/Facility**      4 Review and Submit

**1** Request only Blue Cross participating providers in Minnesota or Minnesota bordering counties when choosing a 'Referred-to-Provider'. Providers outside of that region appear grayed out below and cannot be selected. Use **Manage Care Referral Form** for these Providers.

FIND A PROVIDER

Search by Clinic/Facility NPI  
 Search by Legal Name of Clinic/Facility, Specialty or Condition  
 Both

Search by Clinic/Facility NPI

Search Near:  Search Radius:

**Note:** The screen does not indicate it, but this section is for the Referred-to Provider.

Searching by the NPI is recommended. The NPI needed is at the clinic/facility level

Enter the zip code or city for the clinic/facility's location.

A minimum radius of 10 - 15 miles is recommended.

Once the provider's information is entered, click Find Provider.

**Tip:** If you receive the error "Referrals to the provider you searched for must be requested by faxing the managed Care Referral Form.", retry the provider search with a greater search radius. If you know the provider is Non-Participating, Out of State, or a dentist fax the referral to BCBSMN.

NPIs can be found at <https://npidb.org/npi-lookup>

Search by NPI.



# MANAGED CARE REFERRAL – SUBMISSION FIND A PROVIDER (REFERRED-TO PROVIDER)

1 Start a Referral      2 Add Service Information      3 Rendering Provider/Facility      4 Review and Submit

**Request only Blue Cross participating providers in Minnesota or Minnesota bordering counties when choosing a 'Referred-to-Provider'. Providers outside of that region appear grayed out below and cannot be selected. Use [Manage Care Referral Form](#) for these Providers.**

FIND A PROVIDER

Search by Clinic/Facility NPI  
 Search by Legal Name of Clinic/Facility, Specialty or Condition  
 Both

Search by Legal Name of Clinic/Facility, Specialty or Condition

Example: Pediatrics

Search Near: Enter a city or zip code      Search Radius: Within 100 miles

**Find a Provider**

Enter Manually

Back      Next

This example shows how to search by Legal Name.

Search by Legal Name of Clinic/Facility

# MANAGED CARE REFERRAL – RENDERING PROVIDER SEARCH – LOADING FAILURE ERROR

If 'Loading Failed' error occurs, please clear cache and cookies. Log out of Avality and browser, then restart.

Search by Legal Name of Clinic/Facility, Specialty or Condition  
 Both

Search by Legal Name of Clinic/Facility, Specialty or Condition

Example: Pediatrics

Center of Minnesota

Loading failed

Enter a city or zip code Within 25 miles

Search by Clinic/Facility NPI

Search Near

Enter a city or zip code

55404

Loading failed

Search Radius

Within 25 miles

# MANAGED CARE REFERRAL – SUBMISSION PROVIDER SEARCH RESULTS

1 Start a Referral      2 Add Service Information      3 **Rendering Provider/Facility**      4 Review and Submit

**i** Request only Blue Cross participating providers in Minnesota or Minnesota bordering counties when choosing a 'Referred-to-Provider'. Providers outside of that region appear grayed out below and cannot be selected. Use **Manage Care Referral Form** for these Providers.

CHOOSE A PROVIDER

Facility Name	Identifiers	Address
Jan L Smith	XXXXXXXXXX	1234 Healthy Ave S Suite 2 Minneapolis MN, 55408
Jan L Smith Smith, Jan L., LICSW	XXXXXXXXXX	1234 Healthy Ave S Suite 2 Minneapolis MN, 55408

First « Prev **1** Next » Last

[Search Again](#)

Back Next

Select the needed provider.

**Note:** The individual doctor's names might display beneath the clinic name due to the provider search engine used. The individual doctor does not carry through to the referral; only the clinic/facility name and NPI.

# MANAGED CARE REFERRAL – RENDERING PROVIDER SELECTED



Once the chosen clinic/facility is chosen the selection screen will change to single provider data screen. The clinic/facility and NPI are the only data that will be displayed.

If the Name and NPI are correct, click Next to advance to the last step before submission.

YOUR PROVIDER

Referred to Facility Name	Referred to Facility NPI
<input type="text" value="Clinic"/>	<input type="text" value="1212121212"/>

[🔍 Search Again](#)

# MANAGED CARE REFERRAL – VERIFY ALL DATA ENTERED AND SUBMIT



The final step is to review that all data entered is correctly listed and click Submit. A referral number will be assigned post submission. All referral numbers start AVL.

1 Start a Referral
2 Add Service Information
3 Rendering Provider/Facility
4 Review and Submit

<b>BlueCross BlueShield of Minnesota</b>			
<b>Last, First</b> Patient	<b>Date of Birth</b>	<b>Gender</b>	
<b>Member ID</b> MIN121212121201	1900-01-01	Female	
<b>Relationship to Subscriber</b> Spouse	<b>Subscriber Name</b> Last, Frist		
<b>Eligibility Status</b> Active Coverage	<b>Group Name</b> Blue MN	<b>Plan / Coverage Date</b> 2018-01-01 - 9999-12-31	
<b>Transaction Type</b> Referral	<b>Organization</b> BCBSMN ALL DATA	<b>Payer</b> BCBSMN	

**Member Information** [Back to Step 1](#)

<b>Patient Name</b> Last, First	<b>Patient Date of Birth</b> 1900-01-01	<b>Patient Gender</b> Female
<b>Member ID</b> MIN121212121201	<b>Relationship to Subscriber</b> Spouse	<b>Subscriber Name</b> Last, First
<b>Group ID</b> 12345678	<b>Group Name</b> Blue MN	

**Requesting Provider** [Back to Step 1](#)

<b>Name</b> PCC	<b>NPI</b> 1112223344
<b>Provider Role</b> Facility	<b>Address</b> 879 Main St, Town, ST 55555
<b>Phone</b> (555) 555-5555	<b>Contact Name</b> PCC rep

If any data needs to be corrected, click on the Back to Step arrow of the section that needs corrections.

**Service Information** [Back to Step 2](#)

<b>Place of Service</b> 11 - Office	<b>Service From - To Date</b> 2022-05-01 - 2022-05-31
<b>Quantity</b> 3 Visits	
<b>Diagnosis Code 1</b> R6889 - Other general symptoms and signs	

**Rendering Provider/Facility** [Back to Step 3](#)

<b>Provider</b> Name My Provider	<b>NPI</b> 1164474250
<b>Provider Role</b> Clinic	<b>Address</b> 1234 Main St, Any town, MN 55555

**Provider Notes**

No provider notes found.

**i** Please review and validate your provider addresses before clicking submit.

Back

Submit

# REFERRAL ENTRY ERRORS

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## Member entry page:

Error - Service is temporarily unavailable. Please call 1-800-676-BLUE for review

- ID is missing the Alpha Prefix

Error - You are not authorized to create referrals for this member. Please call 1-800- 262-0820 for assistance.

- PCC NPI entered does not match the NPI on our membership file. Run an E&B to validate current PCC NPI for the member.
- Member's policy does not require referral. Run an E&B to verify there is an assigned PCC. Referrals only required if member has assigned PCC during referred date span.

## Referred to Provider/Facility page:

Error - Search again, validate your "Referred-to Provider" Facility Clinic NPI (do not use individual Physician NPI). Increase Referred-to Provider zip code mile radius. Still need help finding referred to provider? Call 1-800-260-0820.

- Provider is Non-Par (must be faxed in)
- Provider is Out of State (must be faxed in)
- NPI is not in our system (typically non-par or out of state)
- Mile radius is too small or too large, use 10 or 15 miles
- Provider is Directory Suppressed in our system

# 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.