MANAGED CARE REFERRALS

Submission through Availity's Authorization & Referrals

Accessed through the Availity Essentials Portal

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REFERRAL SUBMISSION TIPS

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

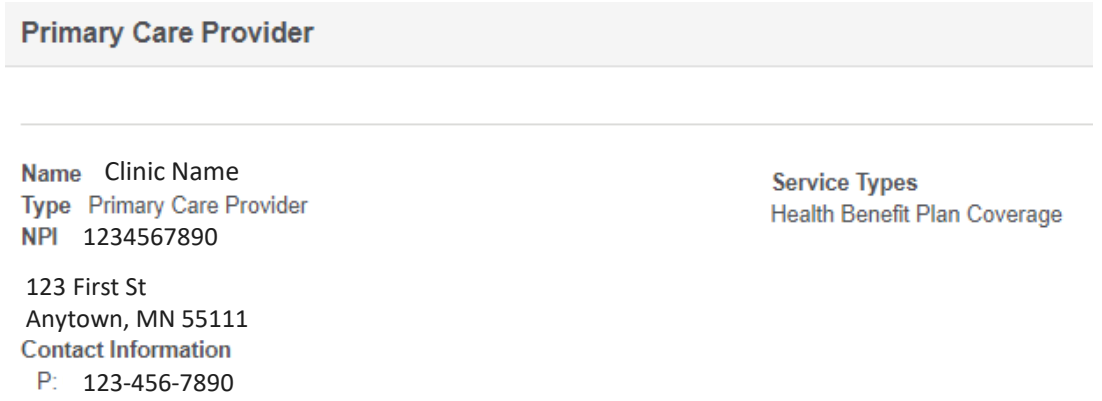
If a Primary Care Clinic (PCC) is assigned, a Managed Care Referral is required. The PCC will be listed:

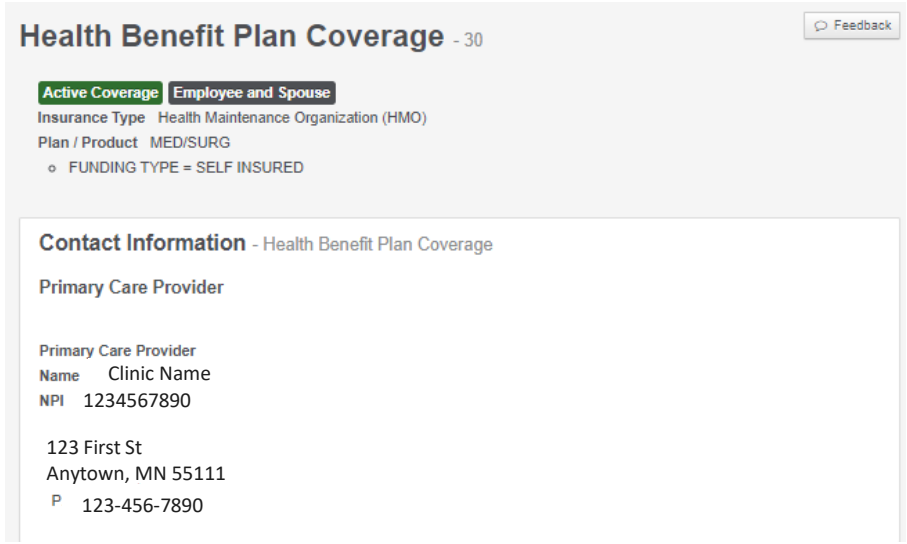
- at the bottom of the Patient Information tab in the Primary Care Provider section

or

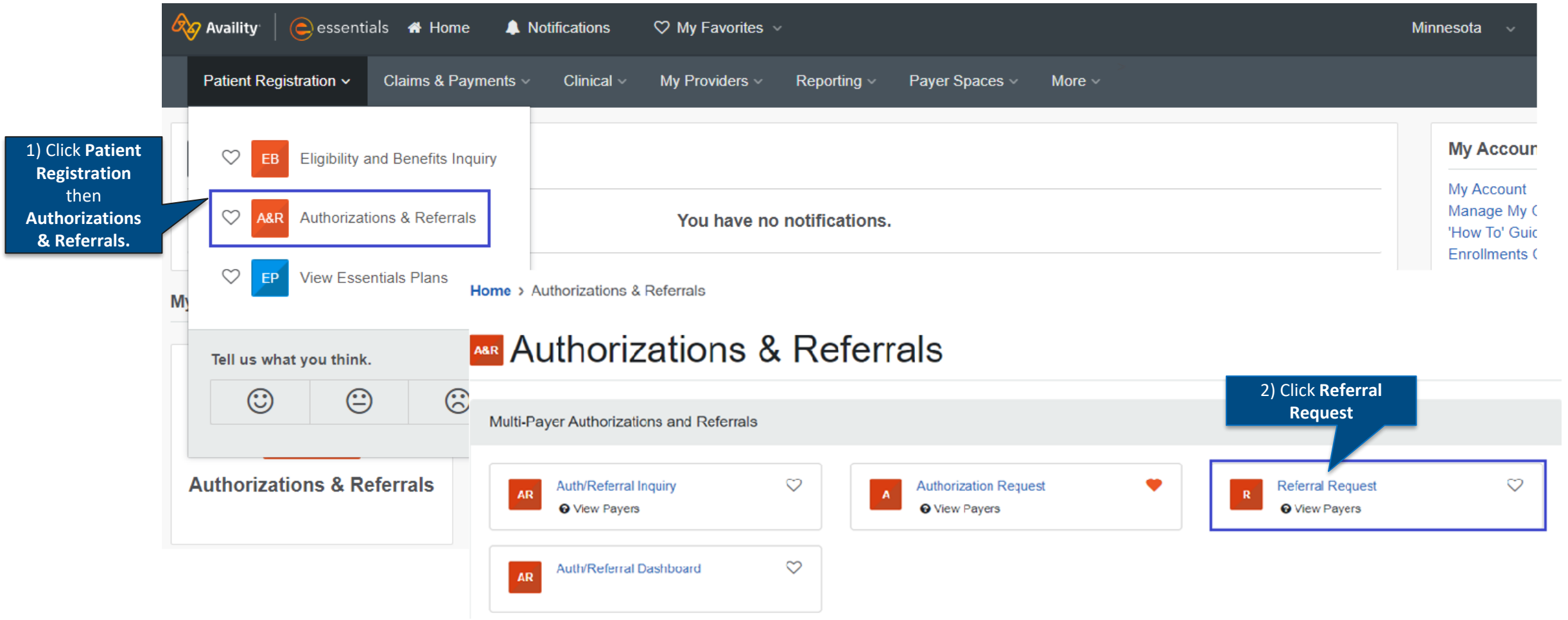
- on the Coverage and Benefits tab under the Health Benefit Plan Coverage section

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.

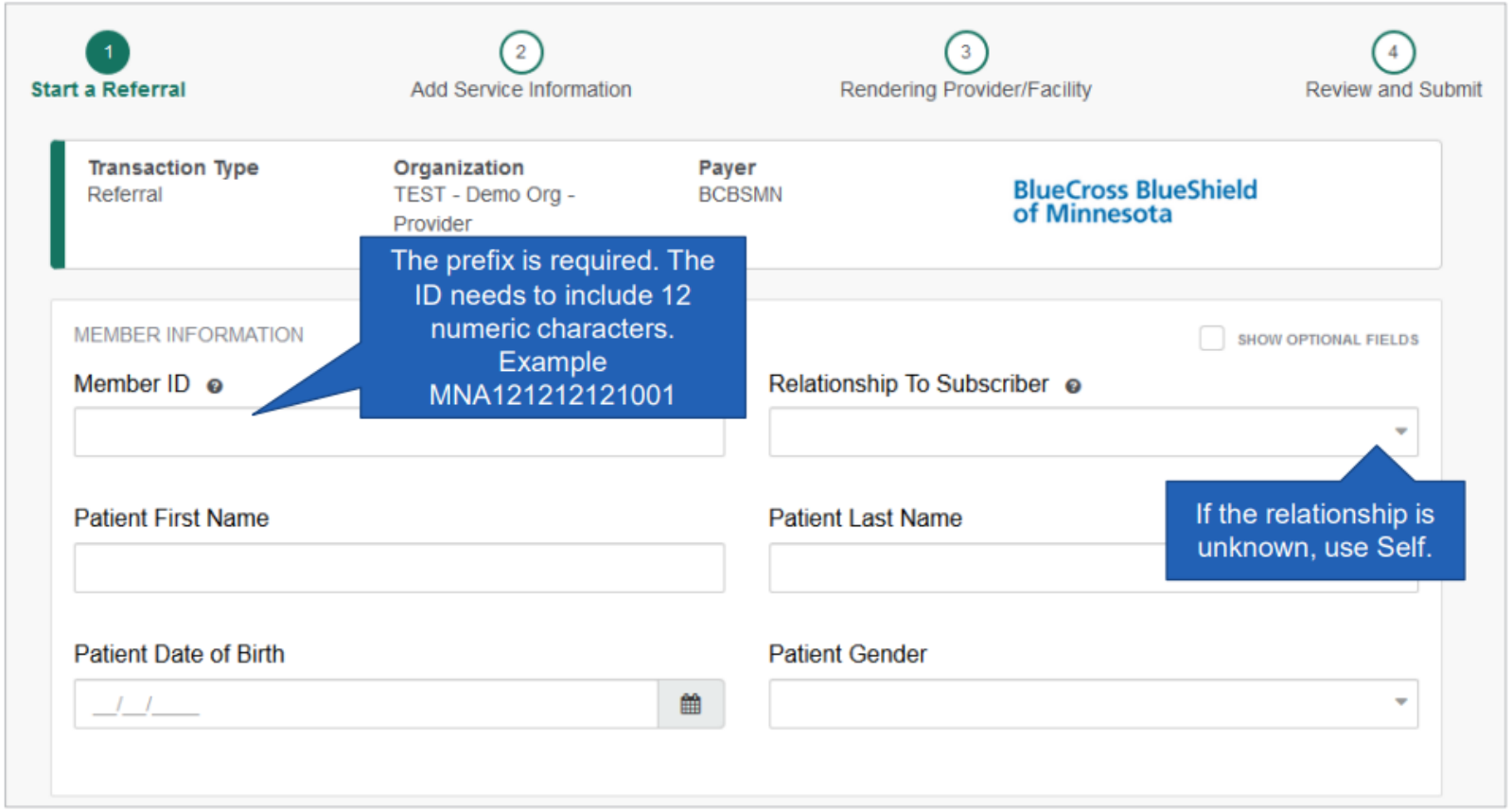




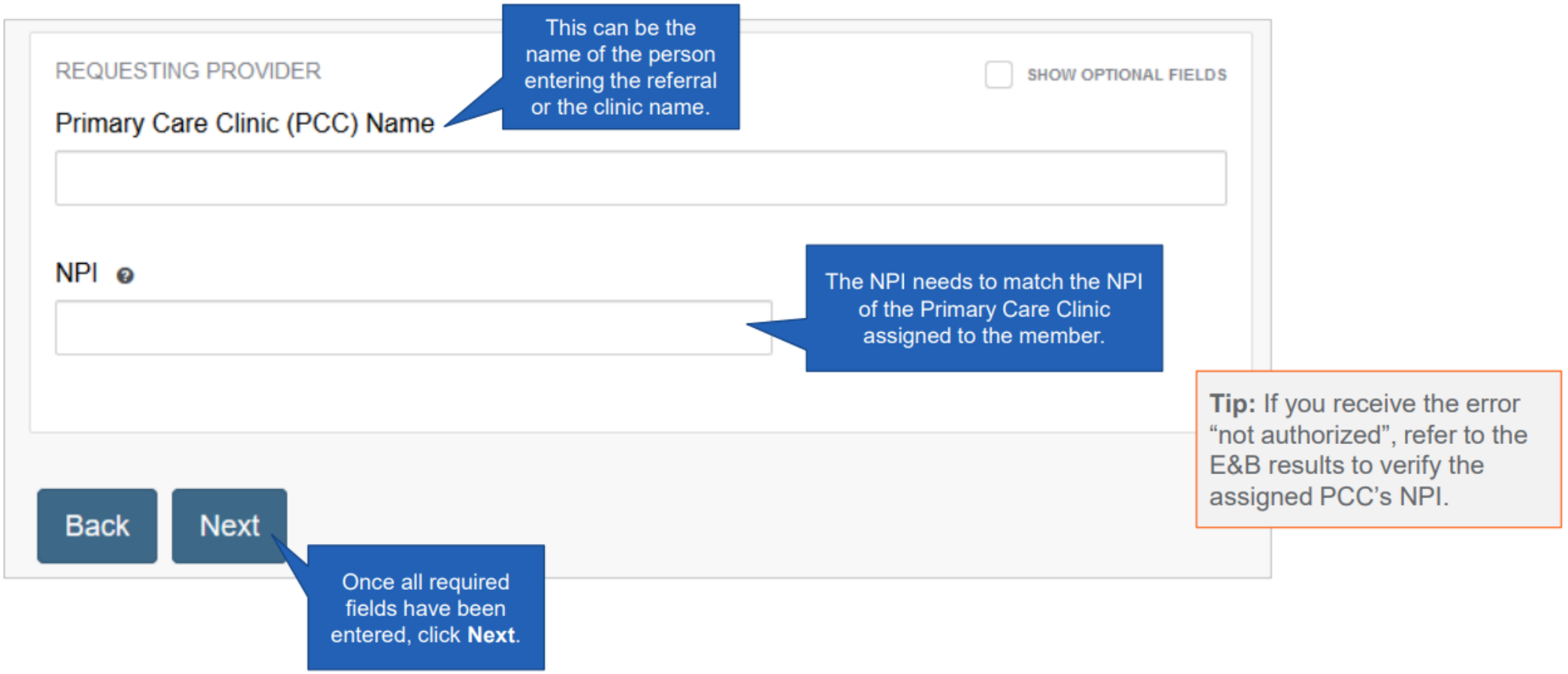
MANAGED CARE REFERRAL - SUBMISSION



MANAGED CARE REFERRAL – SUBMISSION MEMBER INFORMATION



MANAGED CARE REFERRAL – SUBMISSION
REQUESTING PROVIDER – PRIMARY CARE CLINIC



MANAGED CARE REFERRAL – SUBMISSION SERVICE INFORMATION – REQUIRED FIELDS

a) Referral Type options:

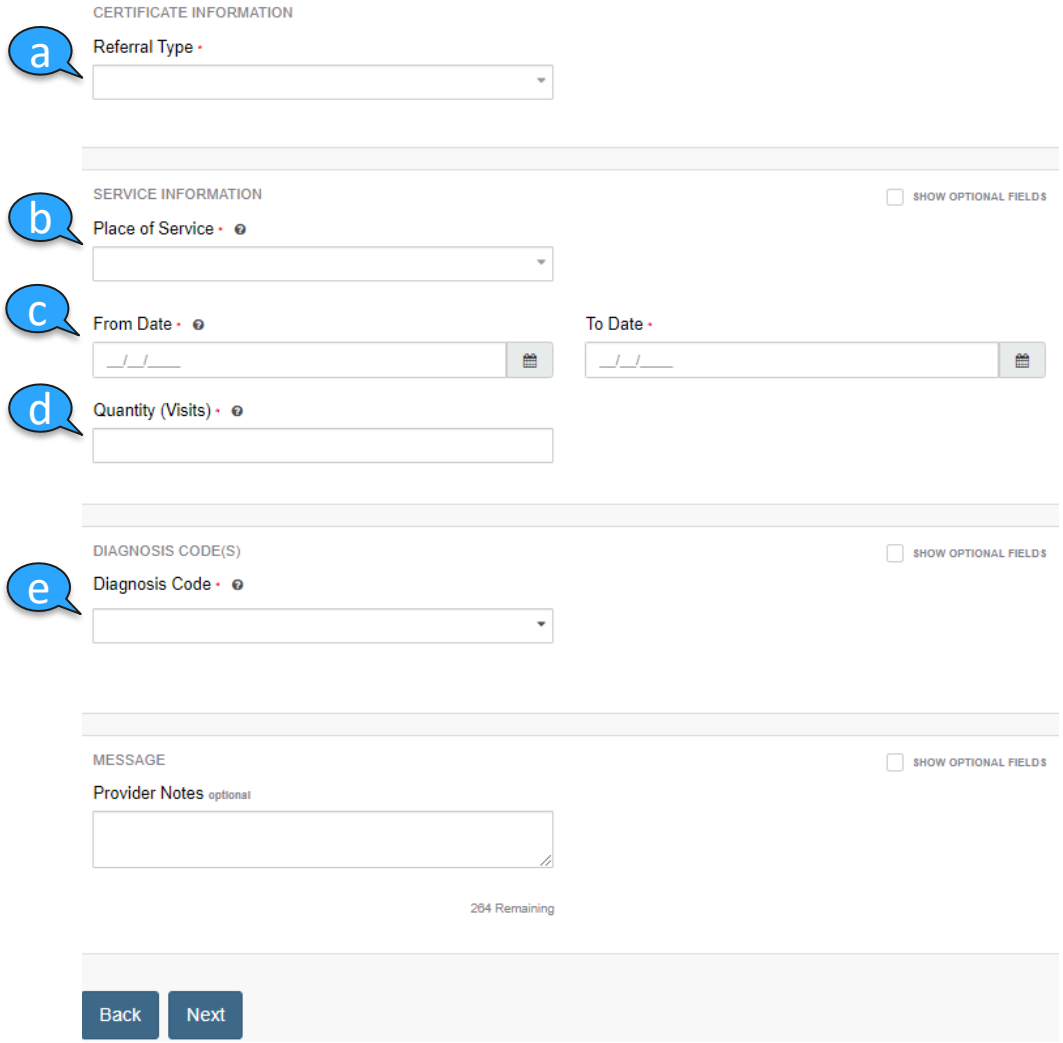
- Emergency Room
- Outpatient Procedure
- Specialist

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

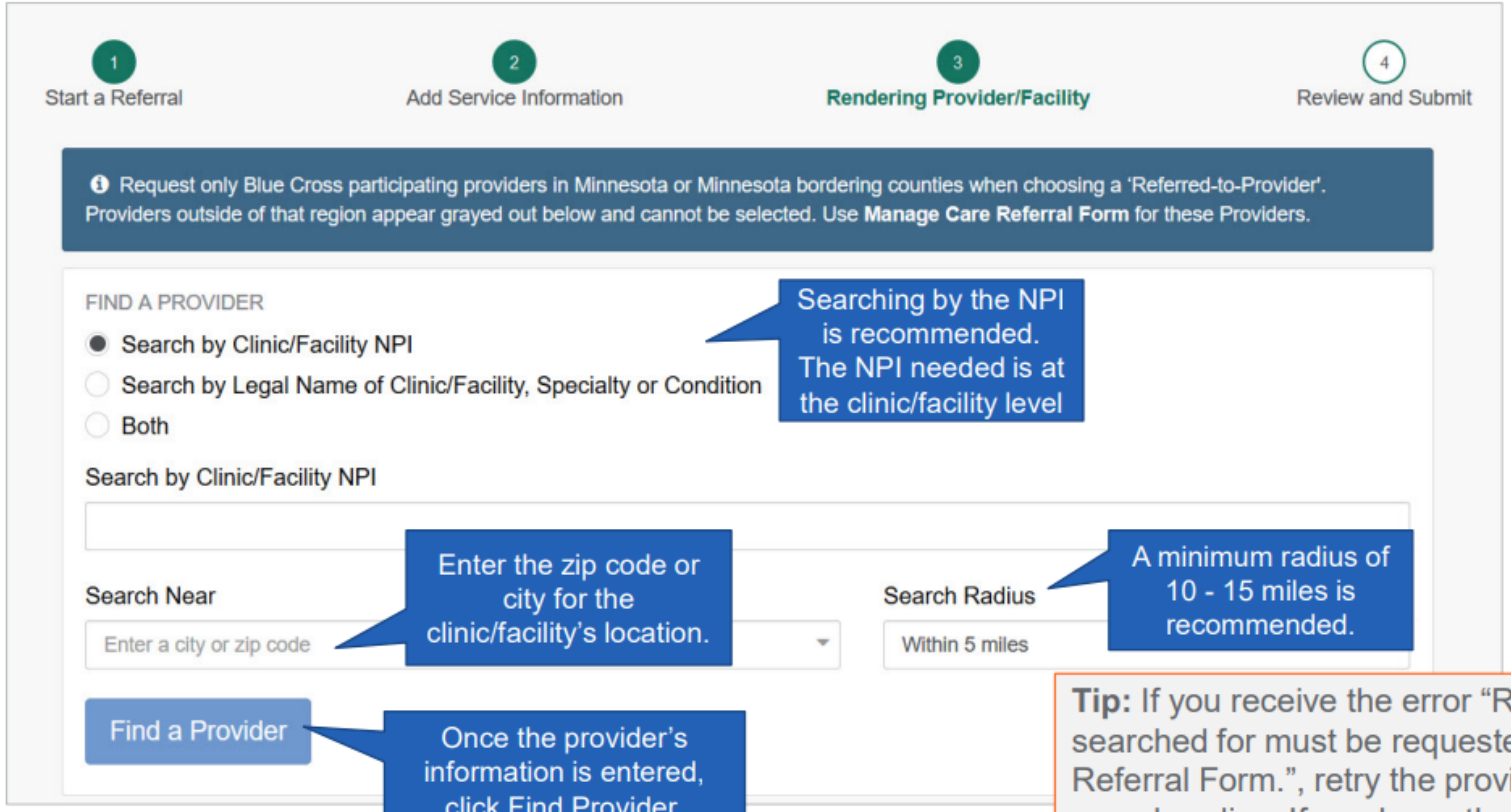
c) From Date needs to be 24 months or less than date of entry.

d) Quantity can between 1-999

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



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



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

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

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.

Search by NPI.

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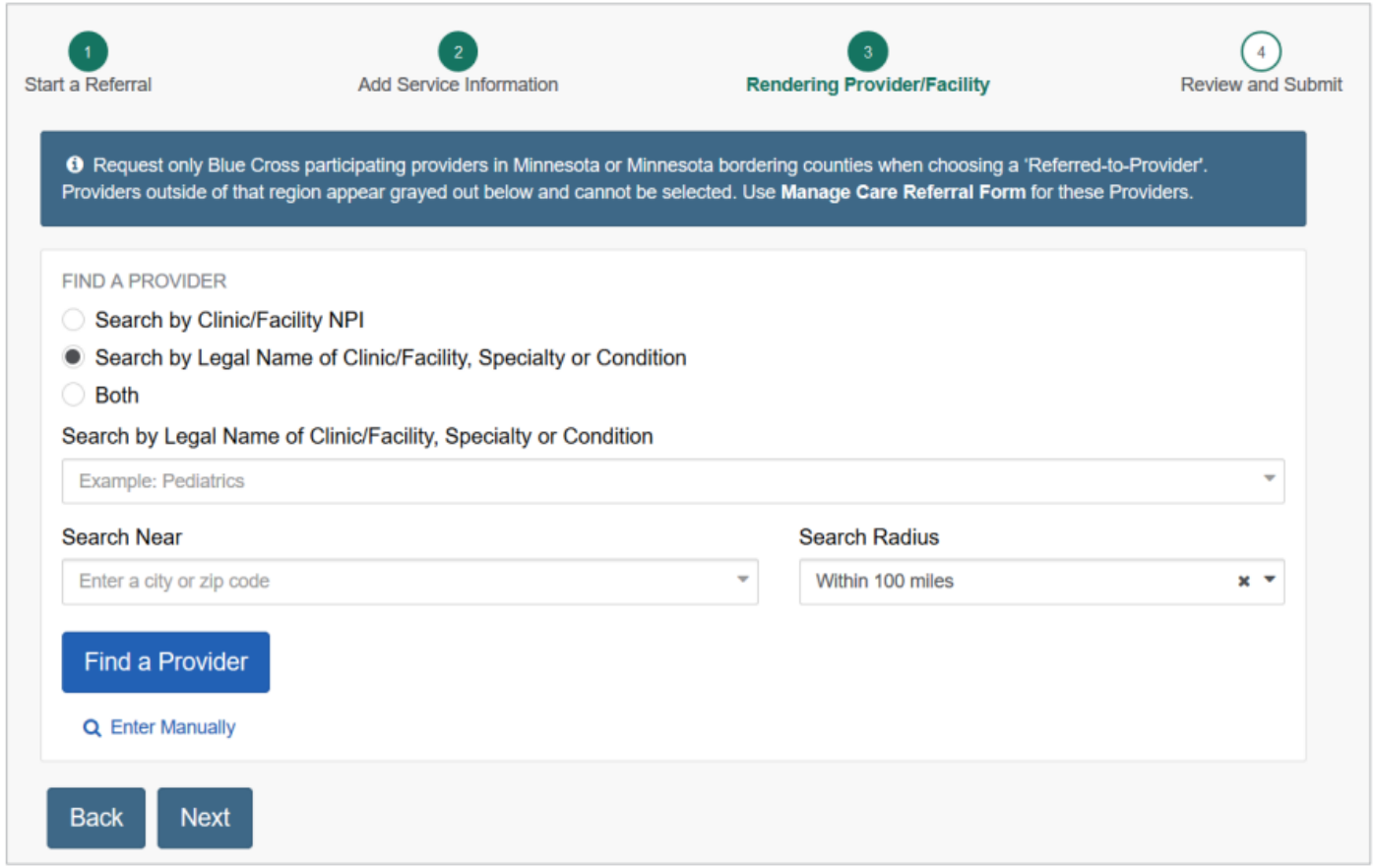
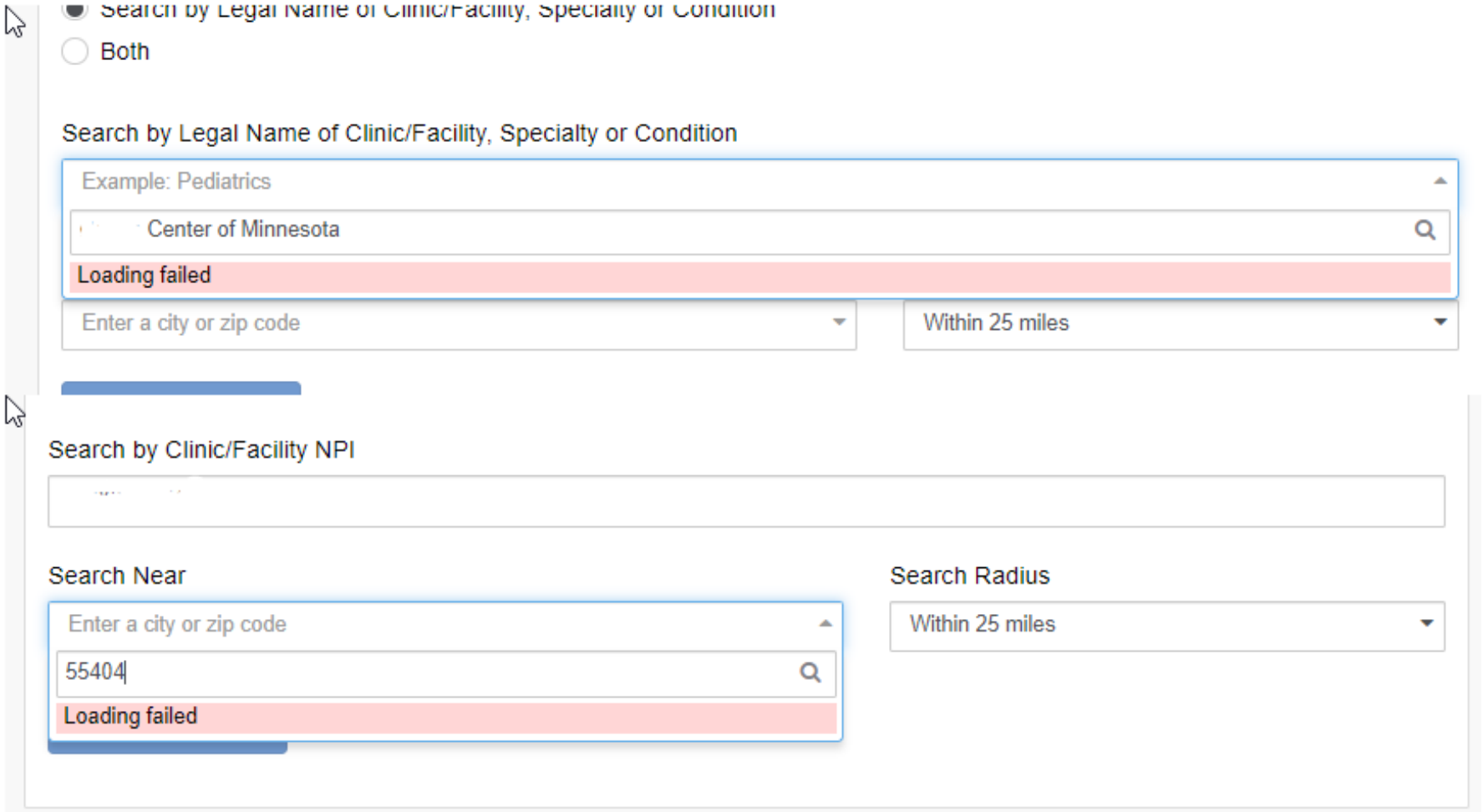


This example shows how to search by Legal Name.

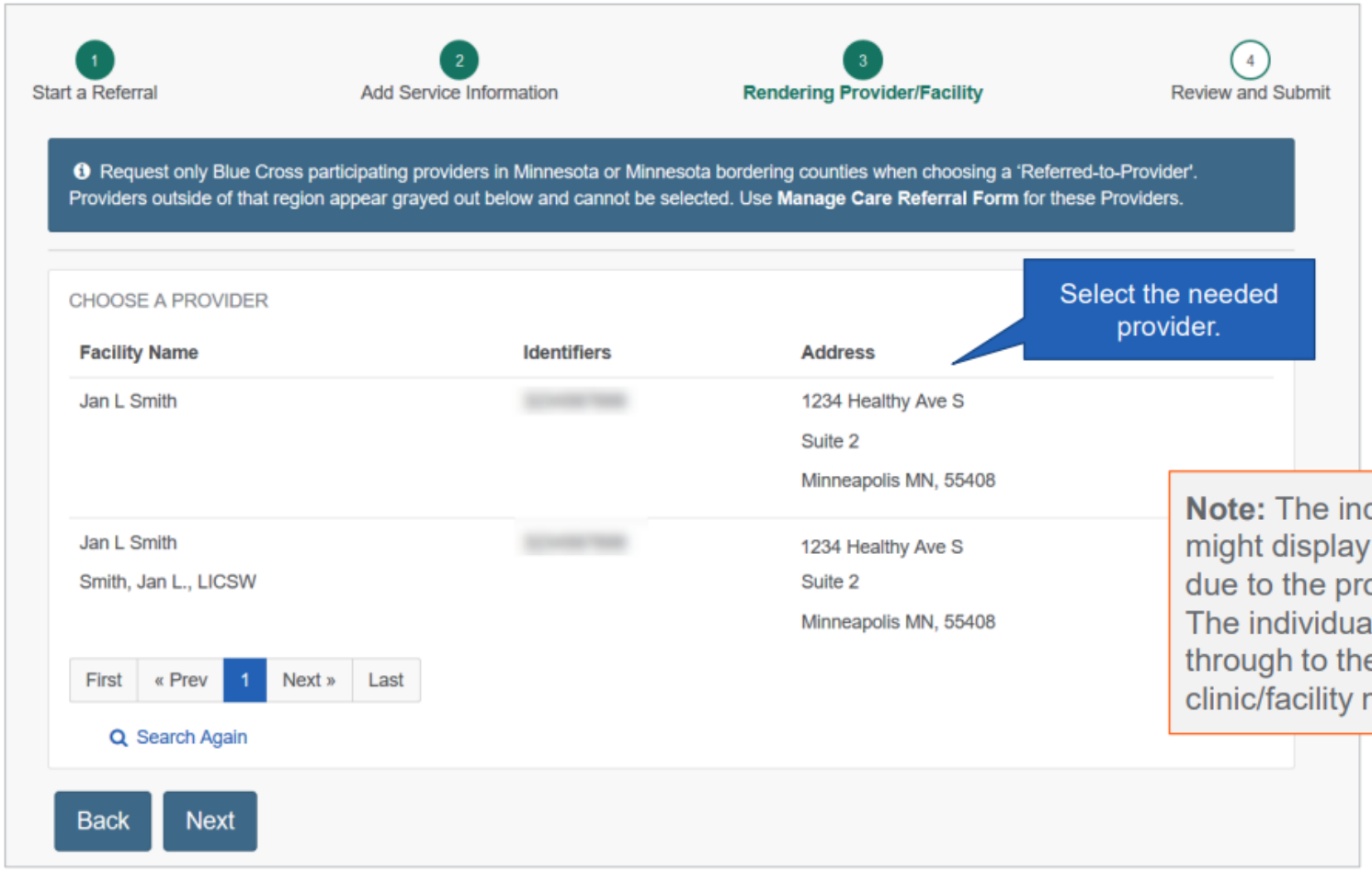
Search by Legal Name of Clinic/Facility

MANAGED CARE REFERRAL – RENDERING PROVIDER SEARCH – LOADING FAILURE ERROR

If ‘Loading Failed’ error occurs, please clear cache and cookies. Log out of Availity and browser, then restart.



MANAGED CARE REFERRAL – SUBMISSION PROVIDER SEARCH RESULTS



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.

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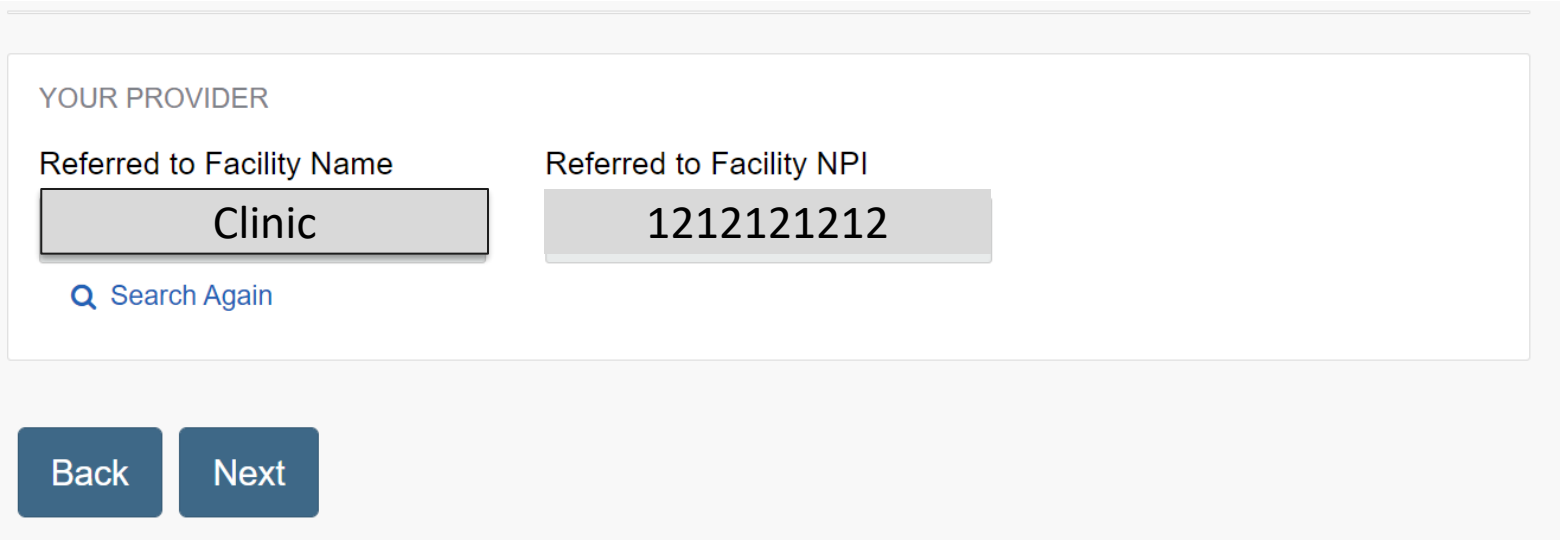
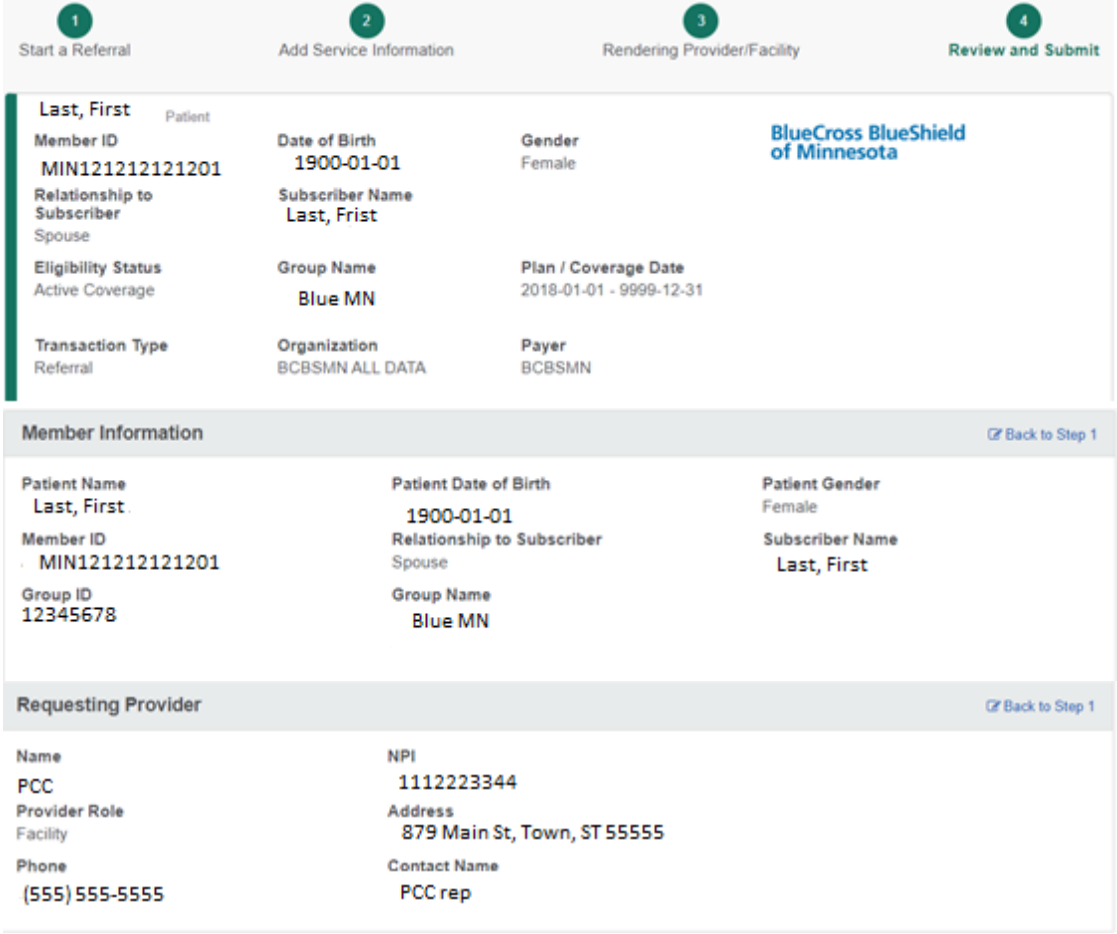
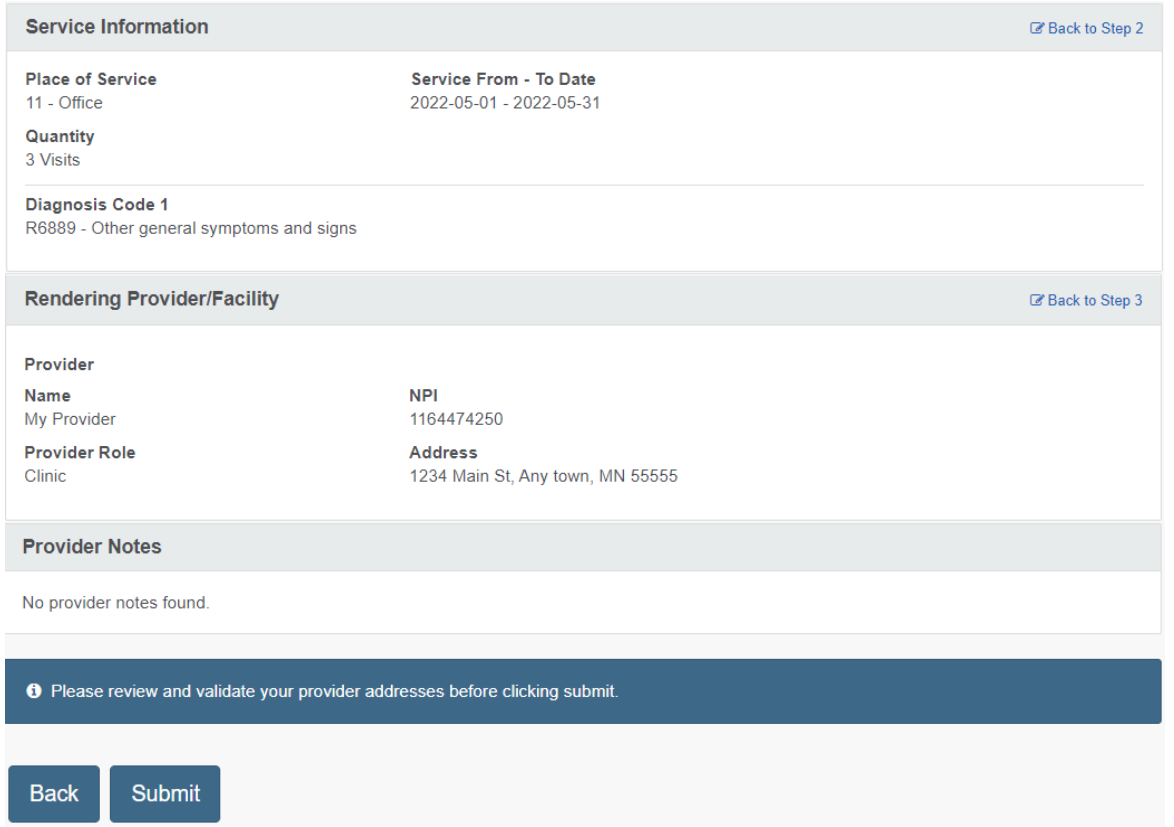


MANAGED CARE REFERRAL – VERIFY ALL DATA ENTERED AND SUBMIT

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.



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



REFERRAL ENTRY ERRORS

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.

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