

Authorization Submission FAQ

Inpatient and Outpatient authorizations for Commercial/Medicare members start in Availity and routed into the Predictal AAH (Auto Auth Hub) system. Step-by-step process documents are available on BCBSMN Payer Spaces.

Question	Answer
Authorization Support – Availity system	Please contact Availity at 1-800-282-4548
Authorization Support – Predictal AAH system	Please call MN Provider Services at (651) 662-5200 or 1-800-262-0820
Authorization Support – eviCore system	Please call eviCore at 1-888-693-3211
Authorization Support - Other	Please call MN Provider Services at (651) 662-5200 or 1-800-262-0820
What is the process if there is a previous authorization that needs a continued stay request or discharge information added?	The authorization can be accessed on the Availity Dashboard or Auth/Ref Inquiry for six months post go live of the new process. Clicking Update will direct the user to the previous system to make those requests and -updates.
How will an authorization for eviCore be submitted?	The authorization request will be started in Availity, single signed on to Predictal AAH, and then routed to eviCore when appropriate.
What are the timeliness rules for authorization submissions?	<p>There is no change to timeliness submission rules.</p> <ul style="list-style-type: none"> • Inpatient authorizations/notification can be submitted up to 5 calendar days in the past. • Outpatient authorizations can be submitted up to 14 calendar days if the claim has not been submitted. <p>Important – delayed submissions do not guarantee approval or payment.</p>
Will the Is Auth Required tool still available for Outpatient services?	Yes, the Is Auth Required Tool is available both in Availity and on bluecrossmn.com. For most accurate results, please run an Eligibility & Benefits transaction for the correct group corresponding to the start date of care.
What service type should be used for Sleep Management?	Sleep Study – Other Medical Outpatient Services Sleep related DME – Durable Medical Equipment (DME) or Supplies or Medical Outpatient Services
Can one authorization be done for procedure and inpatient admit?	No, there is no change to this requirement. An inpatient authorization will need to be submitted for the hospital stay, and an outpatient authorization for the procedure/services.
How are authorization submission for out of state members handled?	The request will start in Availity and then be routed to the member’s coverage plan for completion.
What is the process to check the status of an authorization?	The Availity Dashboard will house all authorizations submitted by organization. An Auth/Ref Inquiry can be submitted using one of two query types.

	<ul style="list-style-type: none"> • Authorization number • Member id, NPI, To and From Date of Care
Why is the authorization showing as “Pending Action” when Predictal submission stated case is ‘in review’?	<p>Clicking on the authorization will show the authorization is “In Progress”.</p> <p>A change will be deployed the night of 6/26/24 to correct the status mapping for improved accuracy.</p>
Auth Inquiry for eviCore authorizations	<p>eviCore auth status will post to the Auth/Ref Dashboard. At this time Inquiry will not be live functionality. TBD on go live date for Inquiry functionality</p>
Why are attachments required for Medicare Inpatient Notifications?	<p>Predictal AAH requires an attachment/clinical for all submissions.</p> <p>Medicare Inpatient submissions will continue to auto approve as a Notification.</p> <p>Please refer to Provider Bulletin P27-24 for Inpatient Admission, Concurrent Review and Discharge requirements.</p>
What is the process to withdraw a case?	<p>Click Update from Auth/Ref Inquiry or the Dashboard, this will open the authorization in a new tab in Predictal AAH. Click Withdraw, enter comments, and click Withdraw.</p>
Can more than one attachment be added at the time of submission?	<p>Yes, multiple attachments can be added while in Predictal AAH. Up to seven documents can be added to each authorization. Overall size limitation is 40MB for the combination of all attachments.</p>
What are the acceptable document types for attachments/clinical?	<p>File formats accepted: AFP, AVI, BMP, DOC, DOCX, GIF, JPEG, PDF, PNG, PPT, TIF, WAV, WMV, XLS, ZIP, TXT, XLSX, TIFF, CSV</p> <p>Password protected documents will not be accepted.</p> <p>File names must be less than 40 characters.</p>
Can attached files be viewed within Predictal AAH?	<p>Yes, click on the 3-dots next to the file name, and click download.</p>
How is Medicare Org Determination submitted?	<p>Medicare Org Determinations should be submitted the same as an authorization request. Please make a note on the cover sheet of the attachment(s) that the request is for Org Determination.</p>
What is the process if code(s) are to be reviewed by a delegated entity, however the authorization does not route to the reviewing entity?	<p>If the code(s), please contact the delegated entity directly to begin the review process.</p>
What is the process for submitting oncology drugs/injectables?	<p>Select the appropriate Place of Service with Service Type “Specialty Drugs and Chemotherapy”. Enter Oncology Diagnosis as the primary diagnosis.</p>
What is the process for submitting drugs/injectables for non-oncology use?	<p>All authorizations for a drugs/injections needs to be submitted with Service Type “Specialty Drugs and Chemotherapy”. Use non-oncologic diagnosis on the auth request.</p>

Error Resolution - SSO new tab error {"statusCode":500,"error":"Internal Server Error","message":"An internal server error occurred"}	Close new tab and reinitiate from Availity auth page by clicking Next.
Error Resolution – White screen on new tab	Click refresh on browser
Error Resolution – Error 403: SRVE0295E: Error reported: 403. This is time out error.	Click X on box and log out of Predictal AAH with Exit button in top right corner. Reinitiate authorization request from Availity as needed.
What about auth requests for overages? Such as supplies? Would that be accepted via fax as well?	We do not prior authorization for overages. All authorization requests need to be submitted electronically.
Does this include FEP program? I thought the documents indicated FEP was included but it sounded like this may just be for BCBS MN and BCBS MN Medicare Advantage Plans?	Yes, FEP is included. As of go-live 6/18/24, FEP ID and group are not populating in Predictal so the authorization cannot be submitted. Please fax all FEP authorization requests to 651-662-2810 using the Pre-Authorization form and attaching clinicals.
If we manually enter a provider will the system save the information?	No, manually entered or manual updates will only save for the case being entered.
Does this pertain to prescription medications, eg: Ozempic	No, this process is for medical drugs only. Prescription medications go through PBM.
For DME ex cpap & supplies we usually submit those on evicore portal. Are we still submitting those on Evicore or now using Availity?	These will continue to go through eviCore.
if I enter a 6-month time span will I receive approval for 6 months?	Depends on the request and medical necessity determination.
Is there a file size limit when adding attachments?	40MB per attachment. Multiple attachments can be added at the same time.
For 2 panel surgeries can we add 2 providers	No, please submit the authorization request using the primary surgeon's information.
How do you add a provider's address when it's not listed in the dropdown amongst the other addresses?	Select one of the address lines and then click Edit to make the corrections. This change will only hold for the authorization being submitted.
Why do we have to attach something that will auto approve? That requires additional time and steps when it already meets requirements, when submitting hundreds of PA requests daily this will delay patient care.	MN Utilization Management is making this consistent will all lines of business and authorization types. Other than Inpatient Notification, if the services/supplies do not require authorizations then they do not need to be submitted.
why do you do the pa on both Availity and Predictal page?	The entry in Availity is only to validate the member and requesting/ordering provider are active/eligible. All other entry is completed in Predictal and eviCore (when applicable).
Do all BCBS go through this correct? Even Arkansas?	All BCBS will start in Availity and then be routed to the appropriate page for submission.

What if the doctor is not in Availity? I notice a lot of Arizona doctors are not in Availity. can we still manually enter?	Yes, if a provider is not returned by NPI search or Name search, then they can be manually entered.
What is the time frame for submitting authorization post inpatient admission?	Five calendar days from admit.
Will we get routed to Evicore to answer the questions?	Yes, if the request requires review by eviCore then Predictal will route the request to eviCore for submission.
DME CPAPS for evicore plans, if submitting through Availity, will it route to evicore or Predictal?	It will route to Predictal and then eviCore.
Do we need to use the Indicate Location of clinical information area?	No, this field is not required.
When does this go live again?	Monday, June 17, 2024, at 9 pm CT
How do I submit a BCBS MN Inpatient Mental Health Inpatient Hospitalization Authorization Request?	Start the request in Availity and once routed to Predictal, select Behavioral – Inpatient as the request type.
Does this replace submitting directly to Evicore via Evicore website?	It does not.
Will our current existing provider list transfer to the Predictal system? or do we need to add our providers once we go live?	Current process provider repository and Predictal provider repository are the same.
Why would we not use invoke criteria?	MCG – invoke criteria has not been implemented at this time.
Will you have to re-enter all the information again in Evicore? So, for High end imaging we can go through Predictal or evicore?	Any information that transfers from Availity to eviCore will now transfer from Predictal to eviCore.
So, any BCBS ID number can be done here, even the out of state and it will just direct us to the correct place? We won't have to look up what state or where the prefix is from?	Yes, this is correct.
What if a waiver case manager submits the request on behalf of a home care agency since the agency is not allowed to make the request themselves?	These can be submitted as they were previously. No change.
This isn't changing the use of EAP for IP notifications, correct?	Correct. No changes to EAP IP notifications.
To confirm.... Botox itself being injected for Migraines, Hyperhidrosis etc. would go through Evicore. Injection code itself does not require a prior auth as before.	Botox for oncology will go through eviCore. Botox for any other use will go through Predictal for MN review. Please ensure to use the primary dx on the submission.
Medicare, you said if it will auto auth don't submit unless it is a Medicare replacement?	Medicare IP notifications need to be submitted. At least one document needs to be added to the request.
Are we able to submit an inpatient code to be reviewed for prior approval and the inpatient notification be done at a later date when admitted?	Any service done that lead to a patient having a hospital stay needs to be submitted as an Outpatient authorization, and the admit request can be submitted later.

Will out of state BCBS such as Highmark that currently use Predictal start to appear on the Dashboard after submission?	No, their authorization requests will only display on the Highmark Availity Dashboard.
Is this an out of state plan, or is this the new process for a BCBS MN plan?	This is the new BCBSMN Utilization Review platform.
If we start an authorization and it gets approved, but something changes on it. How do we make those changes?	A new authorization will need to be submitted.
So just to clarify, we can completely ignore Availity all together for the auth request and JUST use evicore?	This action is not being encouraged or discouraged at this time. This is the user's choice. Please note that the eviCore authorization will not be available in Availity if started directly in eviCore.
What if they are inpatient because they are having surgery with a cpt code? Do we enter as inpatient w/o cpt code or outpatient with CPT code or do we have to do both?	The Inpatient request would only be for the hospital stay and should not include the procedure code. The Outpatient CPT will need to be submitted is it requires an authorization.
are you able to edit approved cases or do you have to restart authorizations if there are any changes that need to be made after the case has been approved?	A new authorization will need to be submitted.
Can I ask a question? Why is it called Evicore, but I am only seeing Predictal?	Predictal is the new system for MN authorizations and eviCore is continuing the submission for specific programs.
When we submit an Inpatient auth, and it says it was approved, will this need additional clinicals attached to the case?	No, unless the case needs to be continued for concurrent and concurrents are required for the line of business.
If concurrent clinicals are required and there is no update button where would UM fax the clinical to?	There is an Update option from Availity Auth/Ref Dashboard that will route to Predictal to submit the additional information and clinicals for concurrent.
What if the location changes? Can we update that.	Location changes cannot be updated. A new authorization will need to be submitted.
What if the place of services changes, who do you call?	A new authorization will need to be submitted.
So, if CPT code changes last minute, we would have to start a whole new auth request and can't change with a rep?	No, a new authorization would be required.
Sorry if OP auth and approved and location then changes can we update that?	Location changes cannot be updated. A new authorization will need to be submitted.
Is Bplus staying with Availity for processing authorization requests?	Blue Plus Medicaid submission process is not changing.
When the page comes up that says it is approved, does it give a date range it is approved for?	Yes, the date range will be provided for the approval.
I see for INPT admissions that it will require a D/C summary once patient discharges. Do we need to add that to Predictal?	Yes, click Update from the Availity Auth/Ref Dashboard to be taken into Predictal to add the information.
If auth tool states auth required thru Evicore it will then route us directly to Evicore as it is today?	Correct.

When we call provider services, we are unable to get to anybody in prior auth, it just tells us to go to Availity, Is there a work around for that?	Please use the contact information at the top of this FAQ.
So, for INPT medical and mental health admissions, these are automatically approved and no clinicals and D/C summary are needed?	At least one document is required to be attached for all submissions. The document can be as simple as the patient's name and dob for IP notifications that auto approve.
Does the OOS Router work for Alpha-Numeric Prefixes?	Yes.
Will any auths that we have started and are currently pending need to be restarted so they are being done through Predictal, or will they still be valid once approved after this new process is in place? So, all current authorizations that we currently have approved, this will still remain valid right after Predictal takes place?	No, existing approved, denied, pending or cancelled authorizations prior to the submission change do not need to be re-entered.
Which drugs will go thru Predictal, i.e. like chemo/medical injectable?	All Medical drugs will be submitted through Predictal.
Is PowerPoint saved somewhere so we can follow with during this training?	The submission power point will be added to the training video, available in Payer Spaces, and on the BCBSMN Provider Website-Provider toolkit.
If using Botox during on campus hospital setting, we will still be able to use specialty drug/chemo option?	Yes, Service Type Specialty Drug and Chemotherapy needs to be used for ALL medical drug submissions.
Is this for only Medicare plans or does this pertain also to MSHO plans? Is this process the same for pre-determinations/pre-certifications?	MSHO plans will follow the Blue Plus Medicaid submission process. Yes.
Can other people within the facility view your auth? do you still view in Availity?	Anyone in the same Organization in Availity can view the authorization via the Auth/Ref Dashboard.
If we have 2 performing providers that need to be submitted on an auth so they both get paid, would we be submitting the form vs using Predictal?	Only the primary performing provider needs to be listed on the authorization request. If the secondary provider is conducting a different service at the same time that will require an additional submission if the service requires authorization.
AUTH-XXXXX is what goes on the claim form?	Predictal authorization numbers will all start as AUTH-. Prior authorization submission auths started with ETXT.
Does this process apply to BCBS FEP plans as well?	Yes. This process applies to all FEP patients receiving services in MN.
Will the IP PAN stay pending then until discharge? Will we get an auto approval like we do now?	The system will return auto approval for Inpatient Notifications for 7 calendar days.
Is BCBS MN the only insurance using this program?	BCBSND, BCBSWY, and Highmark Health Plan all use the Predictal AAH UM system, and the process would be similar.
Will this be the same process if a different state is selected on Availity? or is this only for Minnesota?	All authorization requests will start in Availity and out of state members will be routed to their plan for submission and/or direct on submission processes.

Our notifications are done in one dept and then clinicals are sent from a different dept. Is the clinical dept going to have to enter in the information in Predictal before uploading the clinical?	For IP notifications, please add one document with minimal information. An attachment is required, however full clinicals are not required.
Go over again if you are obtaining an auth for dates 7/1/24- 8/1/24 you will need to redo them? did I hear that correctly?	No, previous authorization that were pending or determined still valid.
Can the extension feature be used by anyone or just the original submitter?	The extension feature can be used by anyone in the same organization or that has been given access to submitted.
Can the Extension option be used after the claim is submitted and we've received a denial? Ex: pt has test done 2 days prior to the eff date of the auth.	No, the extension option is only for specific authorizations that are approved.
If you would need to speak with someone about the auth is there a phone# to call to reach a live person?	Please contact Provider Services.
If we get a notice that NO Pa is required so we still must use the "next" button to submit, or will that initial no pa required be valid?	If the response of No Auth required is provided by the Is Auth Required tool, then "next" does not need to be clicked to submit the authorization. Please keep in mind that it is imperative to use the correct group number for the patient and date of service otherwise the 'no auth required' response by be invalid.
Will we still be using the dashboard for PA pending reviews and follow up's?	Yes.
If I'm not sure I have the current grp# will Availity return the response with the correct one?	Please submit an Eligibility and Benefit transaction to obtain the accurate group number. The correct group number will be pulled for the patient during the authorization submission process.
If additional info is required after submission, will we "see" the request for additional info or will there be a call?	Both
Would this feature also work if the item is over the insurance quantity limit?	The authorization will not edit or cancel review for quantity limitations.
Will it send you a reminder before it times out?	Availity does set a reminder prior to time out. Predictal does not.
How far into this are you still able to change the setting from inpatient to outpatient or vice versa if needed?	A new authorization would need to be submitted.
Do we know how far out we are able to change the IP/Outpatient status? If the auth is still pending.	The IP/OP status can not be changed after submission. A new request would need to be submitted.
When authorization is for DME. we ca list the DME company as the Performing Provide correct.	If the DME company is a participating provider.
So, if approved with the provider only. ANY facility will get paid?	This is not a change in process. For the OP authorization will need to be requested for the services/supplies to be completed. Payment will depend on member's benefits.

If auth is required and we didn't upload records, is there a spot to do so after the fact like you can with Availity?	Records are required at the time of submission. Additional records can be added after, however there needs to be something added for the authorization to be built and valid.
Does this process for requesting authorization apply if we are submitting after the procedure has been performed? (aka. retro-authorization request)	Yes, only within the defined retro authorization guidelines. Retro authorization submission guidelines have not changed.
I might have missed this, but will we still be able to update the discharge information via Availity?	Yes, click Update for the Auth from the Auth/Ref Dashboard. This will SSO out to Predictal to add the Discharge information.
What options are we choosing in that recent search for oos plans or fep plans? how do we know what to choose in those drop downs for each plan?	Select Organization and Payer BCBSMN in Availity. The system will route the request based on the prefix.
Do we have to get all the way through the auth submission before being directed to EviCore?	Yes, as the information entered in Predictal will indicate whether the authorization needs to be routed to eviCore or stay with MN.
are we able to add additional clinicals after original submission while the case is still pending?	Yes, click Update for the Auth from the Auth/Ref Dashboard. This will SSO out to Predictal to add additional attachments.
If we are not able to submit clinicals at the time the auth is entered will there be a fax number to send them later? Sometimes we run out of time at the EOD or similar type situations where we need to come back to the auth to keep working on it.	No, the authorization can not be submitted without an attachment. The determination clock starts once the authorization is submitted. It is best to submit the request completely.
For SNF inpatients, will Availity just take us to Predictal to submit concurrents? Or we need to get clinicals from an outside provider.	Yes, click Update for the Auth from the Auth/Ref Dashboard. This will SSO out to Predictal to add the Concurrent information. At least one attachment will need to be added at the time of submission. If more documents need to be added later, please make a note of that in the authorization comment box.
Will a denial letter be available?	Letters will not be viewable in Predictal or in Availity at this time.
There are MANY times the system is "down" and we're unable to attach clinicals... what happens in those situations?	This is a different attachment process. There should be minimal to no issues. If issues occurring for adding attachments, please call Provider Service.
Do we have to wait until Availity is "up" to be able to submit requests if Availity is "down" and we're not able to upload documents?	Documents do not get loaded into Availity. If Availity is down for more than 60 mins, then please fax in the authorization requests to 651-662-2810.