

# OUTPATIENT AUTHORIZATION SUBMISSION

Submitted through Availity Essentials

Commercial, Medicare, and FEP

# AUTHORIZATIONS – OUTPATIENT SERVICES AND SUPPLIES

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- Outpatient authorizations are required when medical necessity determination needs to be made based on Blue Cross Medical Policy, Blue Cross MCG guidelines Medicare LCD/NCD, Blue Cross member benefits, and/or the Medical Policy of affiliated review vendors.
- The Outpatient authorization covers professional services and supplies whether done in an outpatient setting or prior to being admitted to a facility for overnight care.
- For general training assistance with the Authorization application refer to training available in the Availity Learning Center.

*\*\*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.*

# OUTPATIENT AUTHORIZATION – IS AUTH REQUIRED? TOOL



The “Is Auth Required?” tool has been built into the Outpatient Authorization Submission process. With this change, the system will verify coverage based on the Service Start Date and use that information to check for authorization requirements. A standalone tool can be accessed on the [bluecrossmn.com](https://www.bluecrossmn.com).

Direct link to the lookup tool is

<https://www.bluecrossmn.com/providers/medical-management/prior-authorization-lookup-tool>

When using this tool, the user is responsible for using the correct group that corresponds to the service date.

I AM A:

☒ Member / Patient ☐ Provider

MEMBER GROUP NUMBER

10277887

The member group number is located on the Blue Cross and Blue Shield of Minnesota member ID card. [Click here to see an example.](#)

SERVICE DATE

12/01/2024

Enter the date care will be provided and check again when needed.

Transaction ID: TR-27a3ce7a-6d2d-4dd6-9616-79a5592c4064

Member ID Group Number: 10277887  
Date of Service: 12-01-2024  
Line of Business: Commercial

PROCEDURE CODE

You can type the procedure code.  
You can also type part of the procedure code.  
"Removal of tonsils."

19318 - BREAST REDUCTION

[+ Add another Procedure](#)

Summary:

You submitted 1 procedures:

**1 Procedure** REQUIRE PRIOR AUTHORIZATION — You need approval before you receive care. See below for next steps.

SUBMIT

**1 REQUIRE PRIOR AUTHORIZATION** | 1 Procedures

**19318 - BREAST REDUCTION**

Medical Policies/Criteria That May Apply:

[IV-123 Gender Affirming Procedures for Gender Dysphoria](#)

[IV-32 Reduction Mammoplasty](#)

Additional Procedure Information:

PA is required except for certain eligible diagnosis related to breast cancer. Please review the medical policy.

# OUTPATIENT AUTHORIZATION – IS AUTH REQUIRED? TOOL EXAMPLE



Member/Provider options are the same with a caveat that the Provider option requires an NPI.

Up to 12 CPT/HCPCS codes can be entered per submission.

The response will return authorization requirements for each code with medical policy links.

The transaction id should be captured for reference.

There is also an option to print the response.

I AM A:

☒ Member / Patient ☐ Provider

MEMBER GROUP NUMBER

10277887

The member group number is located on the Blue Cross and Blue Shield of Minnesota member ID card. [Click here to see an example.](#)

SERVICE DATE

12/01/2024

Enter the date care will be provided. If you don't know the date yet, you can enter today's date and check again when the date of service is confirmed.

PROCEDURE CODE

You can type the procedure code your doctor will use to bill for the planned service or item. You can also type part of the code's description to search, for example type "tonsil" to find "Removal of tonsils."

19318 - BREAST REDUCTION

[+ Add another Procedure Code](#)

SUBMIT

Powered by ITILITI HEALTH

Transaction ID: TR-27a3ce7a-6d2d-4dd6-9616-79a5592c4064

PRINT

Member ID Group Number: 10277887  
Date of Service: 12-01-2024  
Line of Business: Commercial

Summary:

You submitted 1 procedures:

**1 Procedure** REQUIRE PRIOR AUTHORIZATION — You need approval before you receive care. See below for next steps.

**1 REQUIRE PRIOR AUTHORIZATION | 1 Procedures**

**19318 - BREAST REDUCTION**

Medical Policies/Criteria That May Apply:

[IV-123 Gender Affirming Procedures for Gender Dysphoria](#)

[IV-32 Reduction Mammoplasty](#)

Additional Procedure Information:

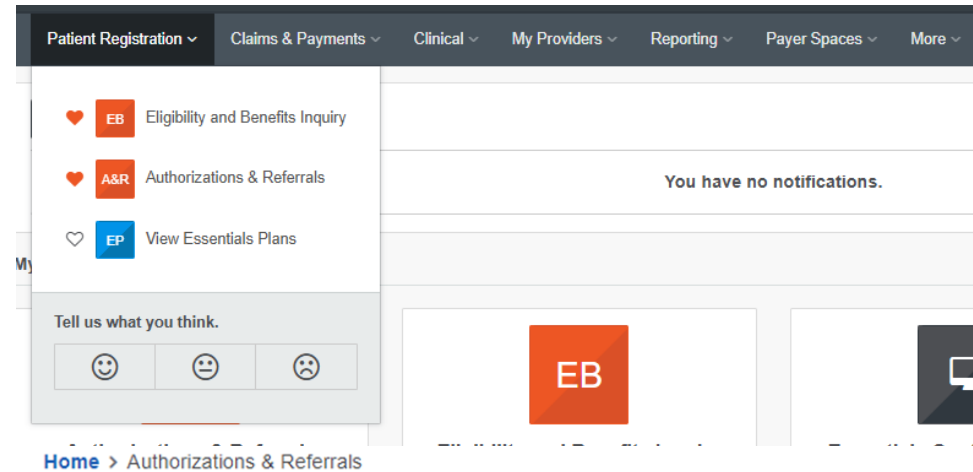
PA is required except for certain eligible diagnosis related to breast cancer. Please review the medical policy.

# OUTPATIENT AUTHORIZATION SUBMISSION

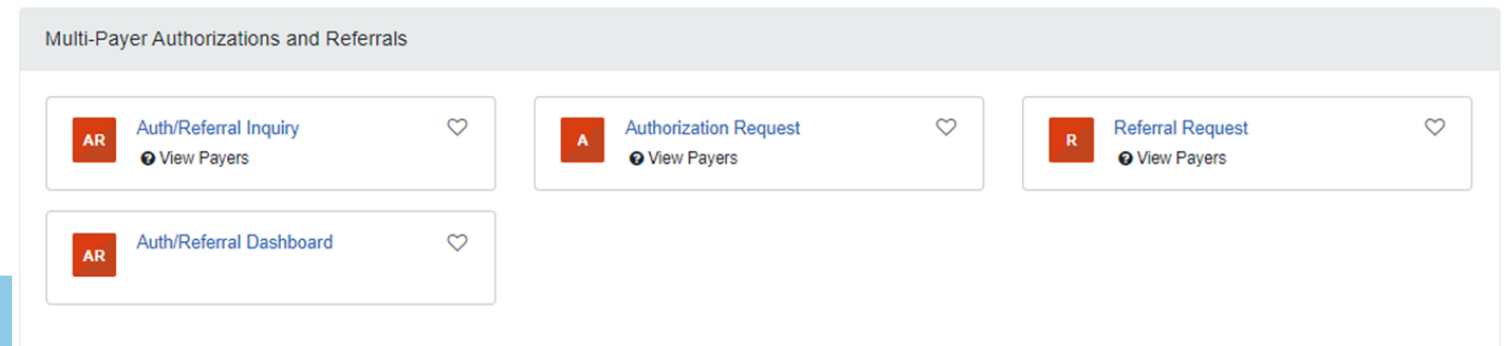
To start the process, go to the navigation bar and select:

1. Patient Registration
2. Authorizations & Referrals
3. Authorization Request

**Tip:** If more information is needed, click **Help & Training | Find Help**. Ask your organization administrator for help if you do not find the application in your menu options.



## A&R Authorizations & Referrals



**Tip:** Contact your organization administrator if you do not have this tool. Click **My Administrators** on your **My Account** Dashboard on the home page to find your administrator's contact information.

# OUTPATIENT AUTHORIZATION SUBMISSION CONT.

Select:

## 3. Authorization Request


[Home](#) > [Authorizations & Referrals](#)

### Authorizations & Referrals

#### Multi-Payer Authorizations and Referrals




Auth/Referral Inquiry

 View Payers




Authorization Request

 View Payers



Referral Request

 View Payers



Auth/Referral Dashboard

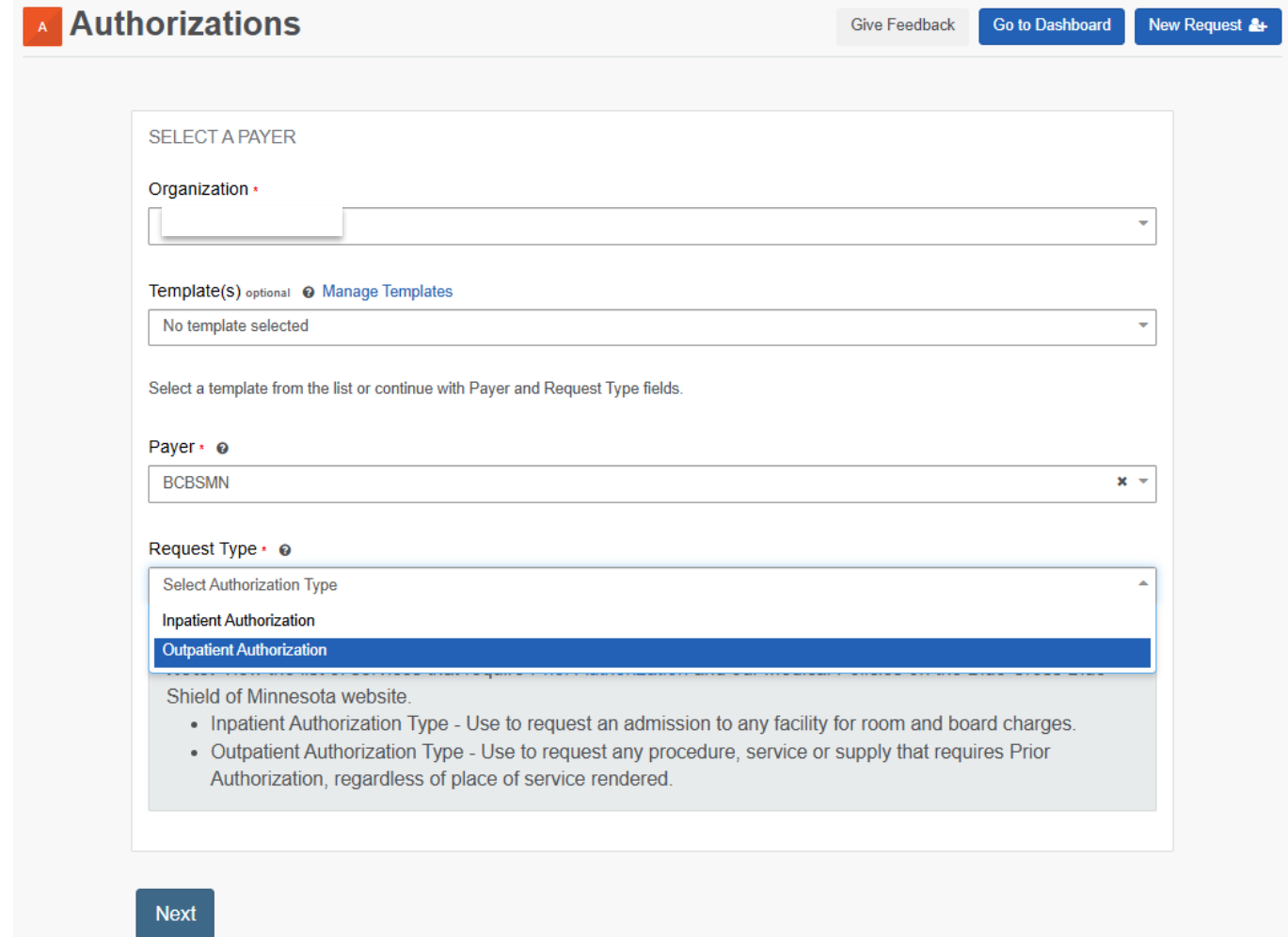


**Tip:** Contact your organization administrator if you do not have this tool. Click **My Administrators** on your **My Account** Dashboard on the home page to find your administrator's contact information.

# OUTPATIENT AUTHORIZATION

1. If you are connected to multiple organizations, select the appropriate organization from the list.
2. Select BCBSMN as the Payer.
3. Select the Authorization Type of Outpatient Authorization.
4. Click **Next**.

**Tip:** From the top right of any page in the authorization process, you can provide feedback on the application, go directly to the Auth/Referral Dashboard, or start a new authorization request.



The screenshot shows the 'Authorizations' web form. At the top right, there are links for 'Give Feedback', 'Go to Dashboard', and 'New Request'. The form contains several dropdown menus: 'SELECT A PAYER' with 'Organization' selected, 'Template(s)' with 'No template selected', 'Payer' with 'BCBSMN' selected, and 'Request Type' with 'Outpatient Authorization' selected. Below the 'Request Type' dropdown, there is a section titled 'Shield of Minnesota website.' with two bullet points explaining the authorization types. At the bottom of the form is a 'Next' button.

**Authorizations** [Give Feedback](#) [Go to Dashboard](#) [New Request](#)

SELECT A PAYER

Organization •

Template(s) optional [Manage Templates](#)

No template selected

Select a template from the list or continue with Payer and Request Type fields.

Payer •

BCBSMN

Request Type •

Select Authorization Type

Inpatient Authorization

**Outpatient Authorization**

Shield of Minnesota website.

- Inpatient Authorization Type - Use to request an admission to any facility for room and board charges.
- Outpatient Authorization Type - Use to request any procedure, service or supply that requires Prior Authorization, regardless of place of service rendered.

**Next**

# OUTPATIENT AUTHORIZATION – START REQUEST

Each data section will allow entry once the prior data field is entered.

The “Is Auth Required” tool is included in the outpatient request. Use a concise Service Start Date to ensure the response is accurate.

1. New Procedure – enter CPT or HCPCS.
  1. Total of 12 codes per authorization.
2. Service Start Date – anticipated start date of service(s).
3. Requesting Provider (Individual Practitioner) - enter the NPI or First Name and Last Name, then click Search.
  1. Select the appropriate provider from the results.
  2. Enter Fax Number (the red notice remains after entering fax number)

\*\*If no results returned, click “Show Manual Entry” and enter all required provider data.

## Start Request

[Dashboard](#) [New Request](#)

### Requested Services

\* Search and add **at least 1** and up to **12 procedures**.

#### NEW PROCEDURE

Select A Procedure

Start typing a code or keyword

Add Procedure +

1 of 12

\* Service Start Date

MM/DD/YYYY

### Requesting Provider


#### FIND OR ADD A REQUESTING PROVIDER

[Show Manual Entry](#)

NPI


First Name

Last Name

 Search

\* Fax

(651) 662-2000

 Enter a valid fax number containing 10 numeric digits including area code.



# OUTPATIENT AUTHORIZATION – START REQUEST

Each data section will allow entry once the prior data field is entered.



1. Contact Information – fields will auto populate from the submitters Availity Essentials account.
2. Patient Information – enter patient’s id with prefix and date of birth. Add first and/or last name to help distinguish between same name or same date of birth family members then click Search.
3. The response will return member information with a date and time stamp.
  1. The Eligibility and Benefit response is run using the Service Start Date at the top of the page to ensure that the correct group is being used for the Is Auth Required inquiry.
4. Click Continue

## Contact Information

* Contact First Name	* Contact Last Name	* Contact Phone
<input type="text" value="Red"/>	<input type="text" value="Yellos"/>	<input type="text" value="(555) 555-5555"/>
* Email		
<input type="text" value="red.yellow@rain.com"/>		

## Patient Information

Search patients within the providers network by name, date of birth, and their Member ID.

* Subscriber Member ID	* Patient Date of Birth	Patient Last Name	Patient First Name	
<input type="text"/>	<input type="text" value="MM/DD/YYYY"/> 	<input type="text"/>	<input type="text"/>	 Search

Continue →

# OUTPATIENT AUTHORIZATION- START REQUEST EXAMPLE



Start Request

Dashboard New Request

Requested Services

\* Search and add at least 1 and up to 12 procedures.

74177 - COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS

Add Procedure +

1 of 12

\* Service Start Date

01/06/2025

Requesting Provider

ANDERSON, ANN  
1225002744

NPI

First Name

Last Name

Search

\* NPI

1225002744

\* First Name

Ann

\* Last Name

Anderson

\* Address Line 1

200 1st St Sw

Address Line 2

\* City

Rochester

\* State

Minnesota

\* Zip Code

55905-0001

\* Phone

(507) 538-3270

\* Fax

555-555-5555

Enter a valid fax number containing 10 numeric digits including area code.

Contact Information

\* Contact First Name

Red

\* Contact Last Name

Yellow

\* Contact Phone

(555) 555-5555

\* Email

red.yellow@rain.com

Patient Information

Born: (40 yrs)

Subscriber Member ID

Subscriber Last Name

Subscriber Middle Name

Subscriber First Name

Address Line 1

City

State

Zip Code

Patient Date of Birth

Patient Last Name

Patient Middle Name

Patient First Name

Patient Gender

Relationship to Subscriber

Self

Address Line 1

City

State

Zip Code

Eligibility checked: 12/06/2024 - 13:12

Continue →

# OUTPATIENT AUTHORIZATION- “NO AUTH REQUIRED” REQUEST DETAILS



The next page shows the results of the Is Auth Required inquiry.

- 1. A transaction id will display for any result of “No Auth Required”.
- 2. “No Auth Required” indicates that the user does not need to proceed. They should click “New Request” to start the process for another patient or click another header to move off this page.
  - 1. Clicking “Back” to start an inquiry for another patient will cause a cache issue and the IAR result will not be accurate.
- 3. The rest of the page is the information entered on the first page.
- 4. To continue submission on a “No Auth Required” response, click Continue.

Request Details

[Dashboard](#) [New Request](#)

→ Is Auth Required Result

✓ Result

Transaction ID:  
0006289f-05fb-7688-0000-2e97c8f0ffc

✓ Requested Services

74177 - Computed tomography, abdomen and pelvis

No Auth Required

No Auth Required

✓ Requesting Provider

NPI 1225002744	First Name Ann	Last Name Anderson	
Address Line 1 200 1st St Sw	City Rochester	State Minnesota	Zip Code 55905-0001
Phone (507) 538-3270	Fax (111) 111-1111		

Contact Information

\* Contact First Name  
Red

\* Contact Last Name  
Yellos

\* Contact Phone  
(555) 555-5555

\* Email  
red.yellow@rain.com

✓ Patient Information

Subscriber Member ID PMU136171800001	Subscriber Last Name BLAKENEY	Subscriber First Name SHEEN	
Address Line 1 1122 WADD ROAD	City OFALLON	State MO	Zip Code 63368-0000
Patient Date of Birth 05/09/1986	Patient Last Name BLAKENEY	Patient First Name SHEEN	Patient Gender Male
Relationship to Subscriber Self			
Address Line 1 1122 WADD ROAD	City OFALLON	State MO	Zip Code 63368-0000

← Back

Continue →

# OUTPATIENT AUTHORIZATION– AUTH REQUIRED MEDICAL POLICY AND MCG

Medical Policy information will be found by clicking the question mark symbol when the response is “Auth Required”

“Auth Required” responses with no ‘?’ will be found using MCG.

1. MCG guidelines can be accessed via Payer Spaces →Resources

19318 - BREAST REDUCTION

Auth Required

74177 - COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS

Auth Required

Procedures Details  
Add details for 3 requested procedures.

IV-123 Gender Affirming Procedures | <https://securecms.bluecrossmnonline.com/content/medpolicy/en/minnesota/core/all/policies/Surgery/IV-123/IV-123-011.html>  
IV-32 Reduction Mammoplasty | <https://securecms.bluecrossmnonline.com/content/medpolicy/en/minnesota/core/all/policies/Surgery/IV-32/IV-32-011.html>

19318 - BREAST REDUCTION

Auth Required

# OUTPATIENT AUTHORIZATION- EXAMPLE OF MULTIPLE CODE RESPONSE



## Request Details

[Dashboard](#) [New Request](#)

→ Is Auth Required Result

### ✓ Result

**Transaction ID:**  
0006289f-8853-b028-0002-  
20733b920dcd

Services for members with Medicare products are reviewed using Medicare NCDs, LCDs or other Medicare guidance when available. If no CMS guidance is available, other decision support tools and published criteria will be used to determine medical necessity and appropriateness.

**Procedures Details**  
Add details for 3 requested procedures.

IV-123 Gender Affirming Procedures | <https://securecms.bluecrossmnonline.com/content/medpolicy/en/minnesota/core/all/policies/Surgery/IV-123/IV-123-011.html>  
IV-32 Reduction Mammoplasty | <https://securecms.bluecrossmnonline.com/content/medpolicy/en/minnesota/core/all/policies/Surgery/IV-32/IV-32-011.html>

19318 - BREAST REDUCTION

Auth Required

## ✓ Requested Services

19318 - Breast reduction

Auth Required

### 1 Auth Required

Medicare NCD, LCD or other Medicare guidance when available | IV-123 Gender Affirming Procedures | <https://securecms.bluecrossmnonline.com/content/medpolicy/en/minnesota/core/all/policies/Surgery/IV-123/IV-123-011.html>

74177 - Computed tomography, abdomen and pelvis

Auth Required

### 1 Auth Required

43290 - Esophagogastroduodenoscopy, flexible, transoral

No Auth Required

### 1 No Auth Required

10 - Arthroplasty, knee, tibial plateau

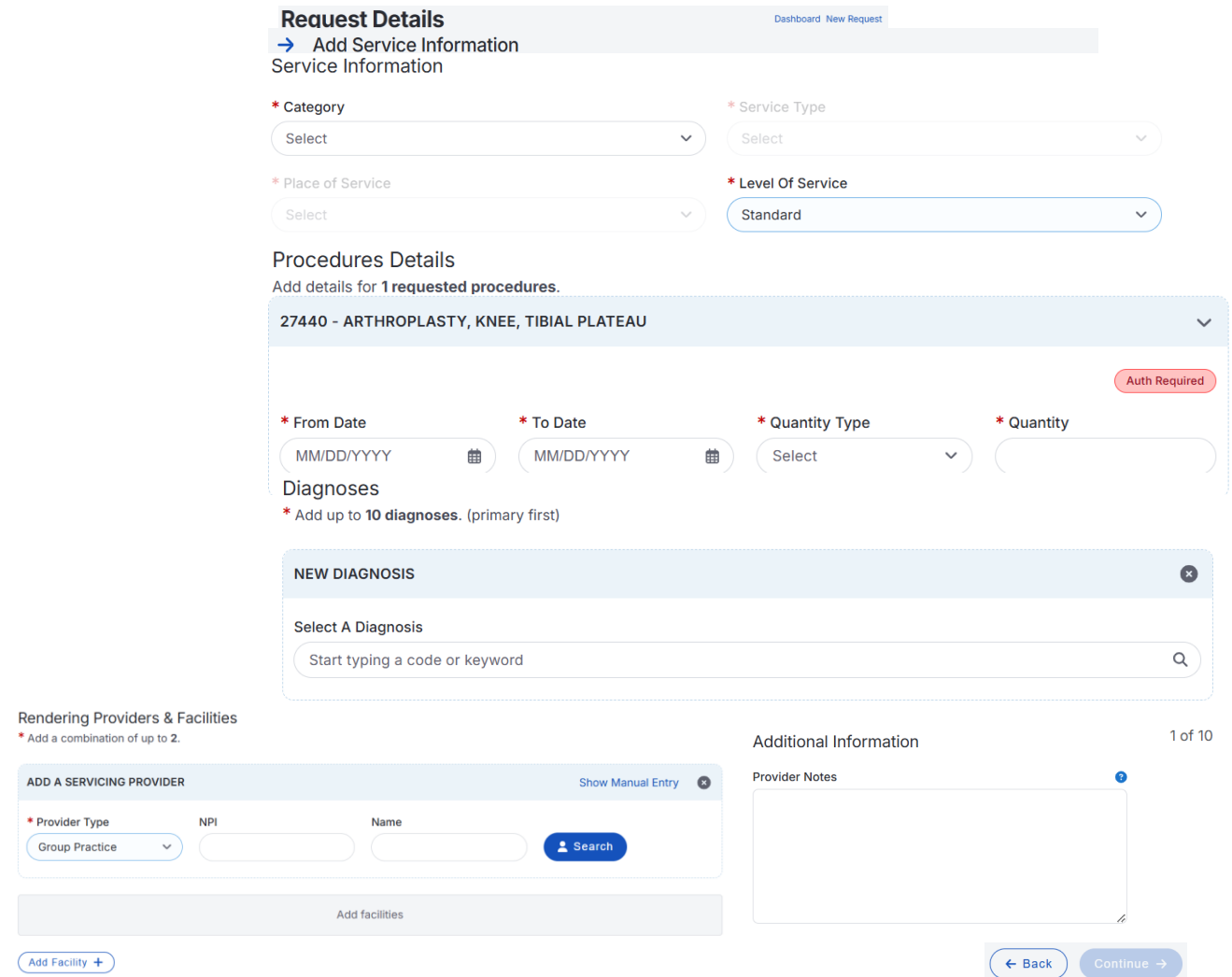
Auth Required

Auth Required

# OUTPATIENT AUTHORIZATION– “AUTH REQUIRED” REQUEST DETAILS

The next page shows the results of the Is Auth Required inquiry.

1. “Auth Required” response will not display a transaction id as that id is incorporated into the authorization submission.
2. Begin to enter Service Information.
3. Category – Medical or Behavioral Health.
4. Service Type – See Appendix A for list
5. Place of Service - See Appendix A for list
6. Level of Service – Standard or Urgent
7. Date span of request
8. Quantity Type
9. Quantity
10. Diagnosis – up to 10 codes
11. Servicing Provider
  1. Group Practice is Clinic/Organization
  2. Provider is Individual Practitioner
12. Facility is optional
13. Click Continue



The screenshot displays the 'Request Details' form for an 'Auth Required' outpatient authorization. The form is divided into several sections: 'Service Information' with dropdowns for Category, Service Type, Place of Service, and Level of Service; 'Procedures Details' for adding details for requested procedures, showing a procedure code '27440 - ARTHROPLASTY, KNEE, TIBIAL PLATEAU' with an 'Auth Required' status; 'Diagnoses' with a search bar for adding up to 10 diagnoses; 'Rendering Providers & Facilities' with a section for adding a servicing provider (Group Practice or Individual Practitioner) and a section for adding facilities; and 'Additional Information' with a text area for provider notes. Navigation buttons for 'Back' and 'Continue' are at the bottom right.

**Request Details** [Dashboard](#) [New Request](#)

→ **Add Service Information**  
Service Information

\* Category  \* Service Type

\* Place of Service  \* Level Of Service

**Procedures Details**  
Add details for 1 requested procedures.

27440 - ARTHROPLASTY, KNEE, TIBIAL PLATEAU Auth Required

\* From Date  \* To Date  \* Quantity Type  \* Quantity

**Diagnoses**  
\* Add up to 10 diagnoses. (primary first)

**NEW DIAGNOSIS** +

Select A Diagnosis  
 Q

**Rendering Providers & Facilities**  
\* Add a combination of up to 2.

**ADD A SERVICING PROVIDER** [Show Manual Entry](#) +

\* Provider Type  NPI  Name  Search

[Add Facility +](#)

**Additional Information** 1 of 10

**Provider Notes** +

[← Back](#) [Continue →](#)

# OUTPATIENT AUTHORIZATION- REQUEST DETAILS



Request Details

[Dashboard](#) [New Request](#)

[→ Add Service Information](#)

Service Information

\* Category

Medical

X

\* Service Type

Surgery

X

\* Place of Service

11 - Office

X

\* Level Of Service

Standard

▼

Procedures Details

Add details for 1 requested procedures.

27440 - ARTHROPLASTY, KNEE, TIBIAL PLATEAU

▼

\* From Date

01/06/2025

📅

\* To Date

03/01/2026

📅

\* Quantity Type

Units

▼

\* Quantity

1

Auth Required

Diagnoses

\* Add up to 10 diagnoses. (primary first)

M17.12 - UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE

Primary

X

Add Diagnosis

+

1 of 10

Rendering Providers & Facilities

\* Add a combination of up to 2.

ANDERSON, ANN

1225002744

Provider

X

▼

NPI

First Name

Last Name

Search

\* Provider Type

Provider

▼

\* NPI

1225002744

\* First Name

Ann

\* Last Name

Anderson

\* Phone

(507) 538-3270

\* Fax

(111) 111-1111

⚠ Enter a valid fax number containing 10 numeric digits including area code.

\* Address Line 1

200 1st St Sw

\* Address Line 2

\* City

Rochester

\* State

Minnesota

X

\* Zip Code

55905-0001

Add facilities

Add Facility

+

Additional Information

Provider Notes

1

Hello

← Back

Continue →

BCBSMN

Outpatient Authorization

✓ Start an Authorization

✎ Add Service Information

In Progress

⊙ Add Attachments

⊙ AuthAI Attestation

Male

Born

Member ID

Group Number

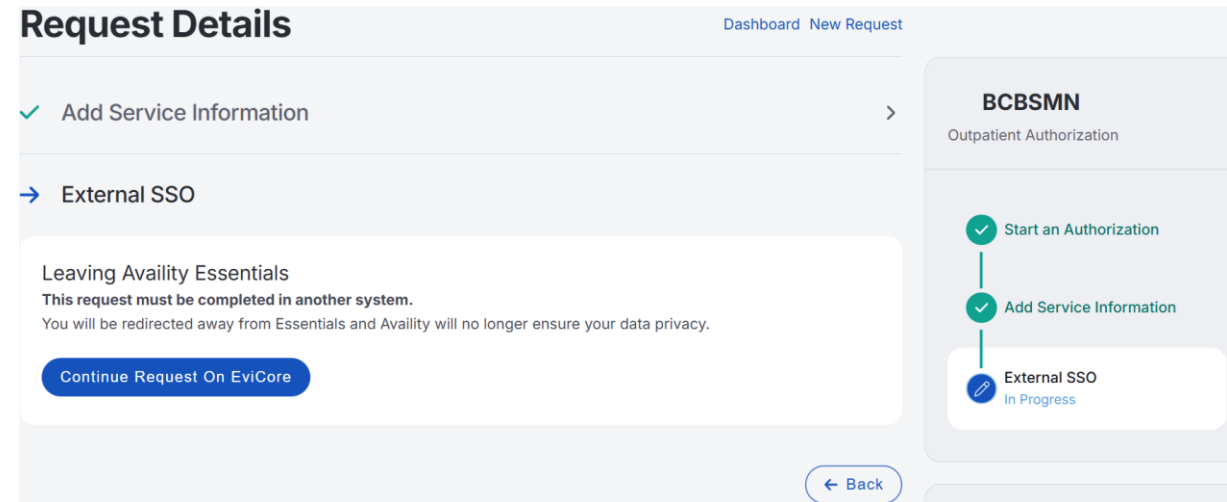
# OUTPATIENT AUTHORIZATION – SINGLE SIGN-ON TO DELEGATED ENTITY REVIEWER

Availity will Single Sign-on any authorizations for reviews that are delegated to eviCore or Prime Therapeutics Management.

These authorization submissions will be completed in the delegated entity's portal.

Status and Determination updates will be sent to the Auth/Referral Dashboard.

eviCore and MPS portal can be accessed directly for authorization submission and status review.



**Request Details** [Dashboard](#) [New Request](#)

✓ Add Service Information >

→ External SSO

Leaving Availity Essentials  
This request must be completed in another system.  
You will be redirected away from Essentials and Availity will no longer ensure your data privacy.

[Continue Request On EviCore](#)

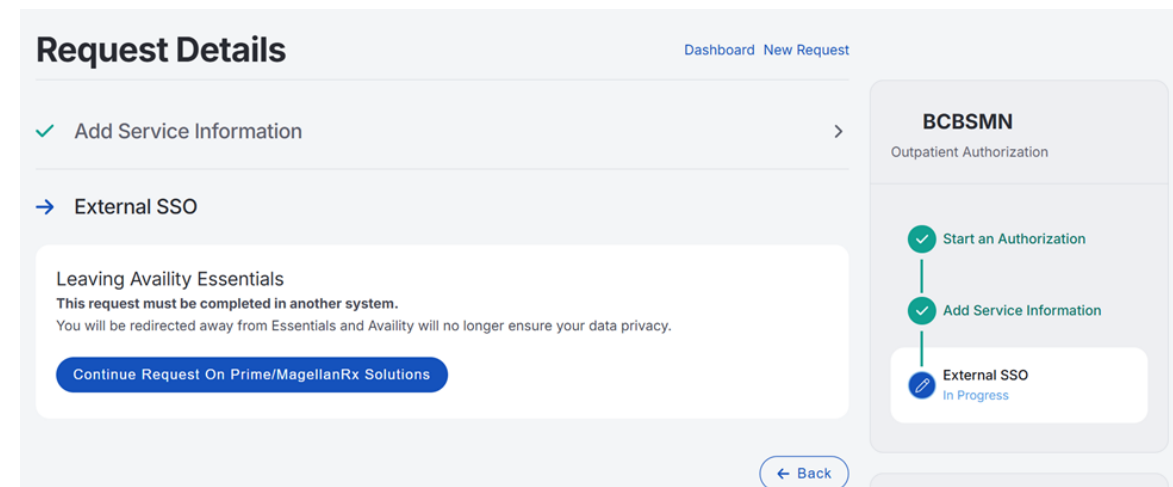
← Back

**BCBSMN**  
Outpatient Authorization

✓ Start an Authorization

✓ Add Service Information

External SSO  
In Progress



**Request Details** [Dashboard](#) [New Request](#)

✓ Add Service Information >

→ External SSO

Leaving Availity Essentials  
This request must be completed in another system.  
You will be redirected away from Essentials and Availity will no longer ensure your data privacy.

[Continue Request On Prime/MagellanRx Solutions](#)

← Back

**BCBSMN**  
Outpatient Authorization

✓ Start an Authorization

✓ Add Service Information

External SSO  
In Progress

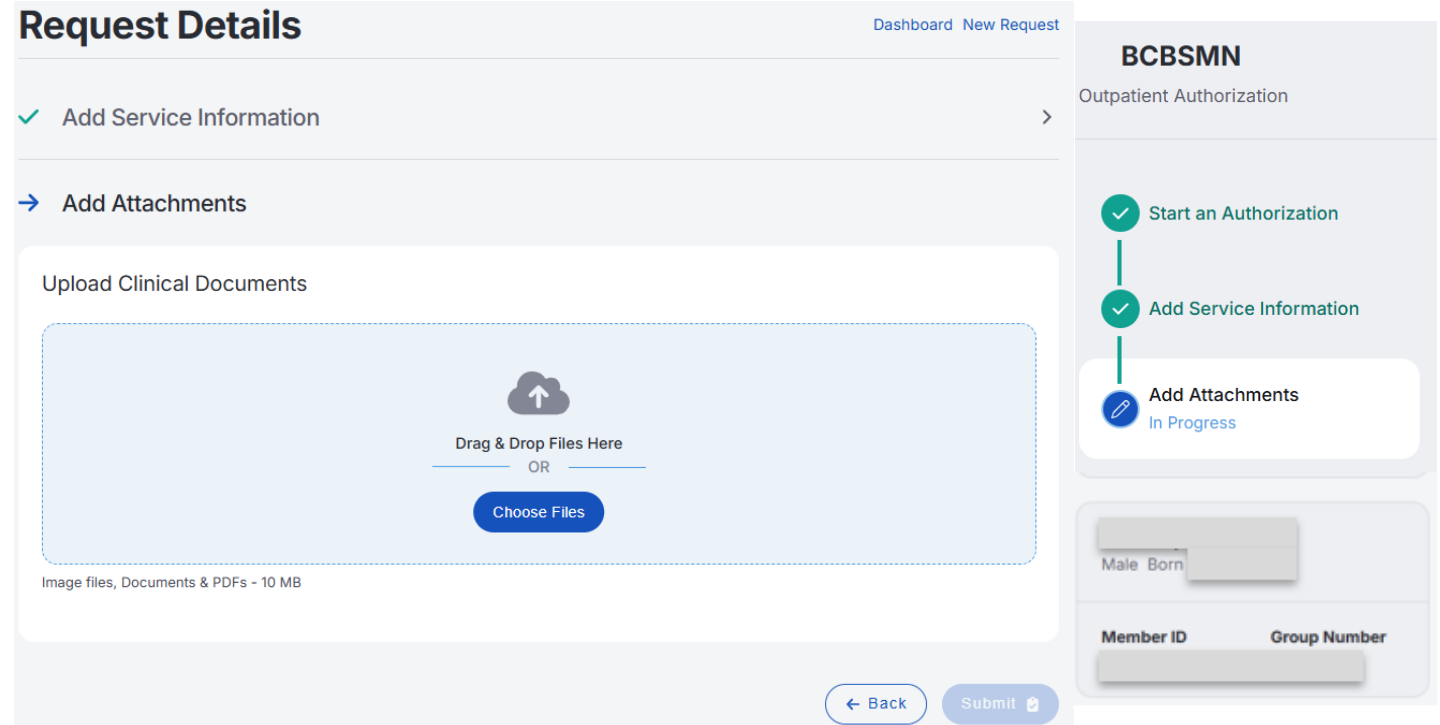


# OUTPATIENT AUTHORIZATION – REQUEST DETAILS

## CONT. – ADDING ATTACHMENTS

### Upload Clinical Documents

1. All submissions require a minimum of one attachment.
  1. Drag and drop from computer
  2. Choose file from computer drive
2. Multiple attachments can be added at one time with a total capacity of 100MB.
3. Each attachment can be up to 10MB.
4. Password protected documents are not permitted.
5. Accepted document types are doc, docx, jpeg, xls, xlsx, pdf, tif, and png.
6. File names cannot exceed 100 characters and can only contain letters, numbers, spaces, and the following special characters \_ ' \$ % & @ ! ~ ( ) ; + # - .
7. Click Submit.



The screenshot shows the 'Request Details' page in the BlueCross BlueShield Minnesota system. The page has a header with 'Request Details' and links for 'Dashboard' and 'New Request'. Below the header, there are three steps: 'Add Service Information' (completed with a green checkmark), 'Add Attachments' (active with a blue arrow), and 'Add Attachments' (in progress with a blue pencil icon). The 'Add Attachments' section contains a large dashed box for uploading clinical documents. Inside the box, there is a cloud icon with an upward arrow, the text 'Drag & Drop Files Here OR', and a 'Choose Files' button. Below the box, it says 'Image files, Documents & PDFs - 10 MB'. At the bottom of the page, there are 'Back' and 'Submit' buttons. On the right side, there is a sidebar with the BCBSMN logo and a progress bar showing the steps: 'Start an Authorization' (completed), 'Add Service Information' (completed), and 'Add Attachments' (in progress). Below the progress bar, there are input fields for 'Member ID' and 'Group Number'.

# OUTPATIENT SUBMISSION – ATTACHMENT EXAMPLE AND ERRORS



Upload Clinical Documents

Drag & Drop Files Here

OR

Choose Files

Image files, Documents & PDFs - 10 MB

Capture1.PNG

TEST Attachment.pdf

andrew-neel-sZYUKEWDLA-unspla

Invalid File Type (Allowed: DOC, DOCX, JPEG, PDF, PNG, TIF, XLS, XLSX)

Back

Submit

Upload Clinical Documents

Drag & Drop Files Here

OR

Choose Files

Image files, Documents & PDFs - 10 MB

SampleJPGImage\_15mbmb.jpeg

The file exceeded the maximum allowed file size of 10 MB or combined total size of 100 MB

Upload Clinical Documents

Drag & Drop Files Here

OR

Choose Files

Image files, Documents & PDFs - 10 MB

testtesttesttes.docx

Upload error

File names must cannot exceed 100 characters and can only contain letters, numbers, spaces, and any of the following special characters: \_.,' \$%&@!~() ; + # -

Confidential and proprietary.

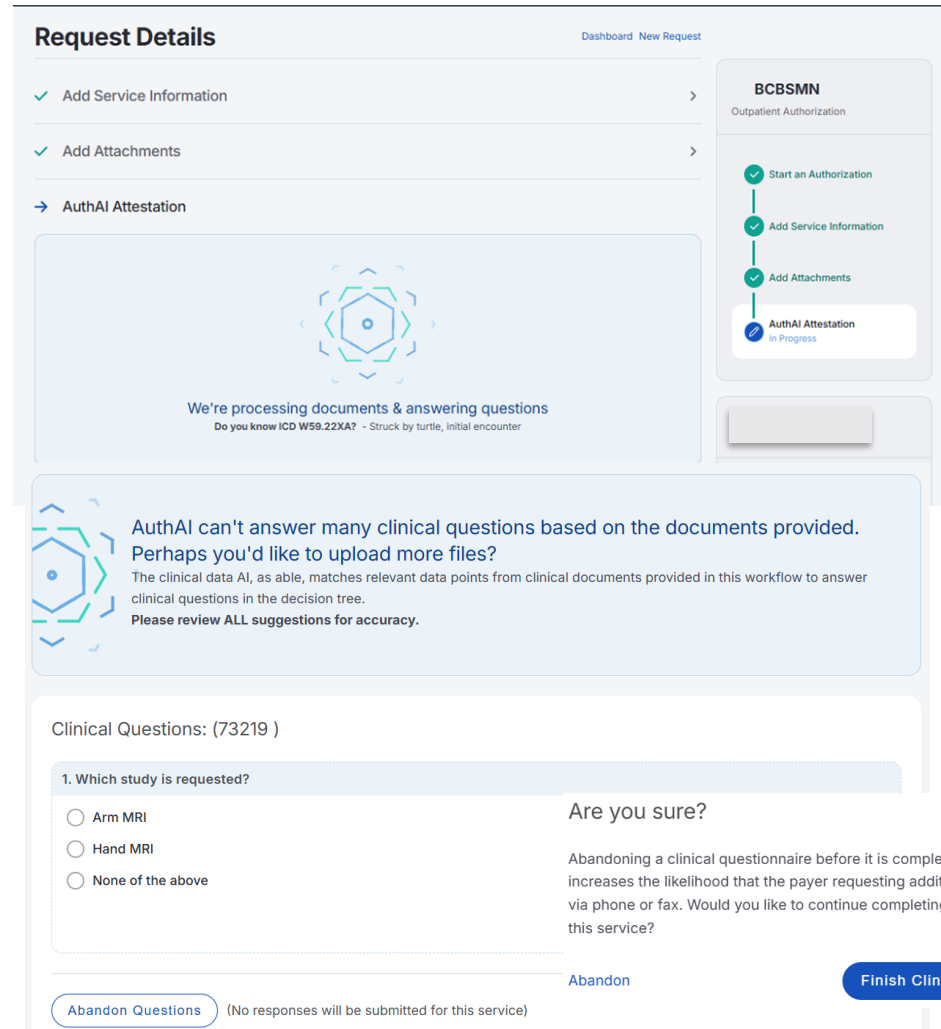
18

# OUTPATIENT AUTHORIZATION – MSK AND RADIOLOGY IMAGING ATTESTATION

## Request Details AuthAI Attestation

1. The system will scan all attached clinical documentation for matching data to the Medical Policy, MCG, and/or Medicare NCD/LCD.
2. After the scan is complete, attestation questions will populate, as well as an option to Abandon questions.
3. Choosing to “Abandon Questions” will result in a potential request for more information and a delay in final determination.
4. If “Abandon Questions” is chosen, a message box will appear to confirm the option chosen.
5. Check the box next to “I agree to the above certifications.”
6. Click Submit.

**\*\*Code, question, and answer are displayed for example purpose only.**



The screenshot displays the 'Request Details' page for 'AuthAI Attestation'. The top navigation bar includes 'Dashboard' and 'New Request'. A progress bar on the right shows the steps: 'Start an Authorization', 'Add Service Information', 'Add Attachments', and 'AuthAI Attestation In Progress'. The main content area features a large blue box with a hexagonal icon and the text: 'We're processing documents & answering questions. Do you know ICD W59.22XA? - Struck by turtle, initial encounter'. Below this is a message box stating: 'AuthAI can't answer many clinical questions based on the documents provided. Perhaps you'd like to upload more files? The clinical data AI, as able, matches relevant data points from clinical documents provided in this workflow to answer clinical questions in the decision tree. Please review ALL suggestions for accuracy.' The 'Clinical Questions: (73219)' section shows a question: '1. Which study is requested?' with radio button options: 'Arm MRI', 'Hand MRI', and 'None of the above'. To the right of the question is a confirmation prompt: 'Are you sure? Abandoning a clinical questionnaire before it is complete greatly increases the likelihood that the payer requesting additional information via phone or fax. Would you like to continue completing questions for this service?'. At the bottom, there are two buttons: 'Abandon Questions' (with a note '(No responses will be submitted for this service)') and 'Finish Clinical Questions'.

# OUTPATIENT AUTHORIZATION – MSK AND CARDIOLOGY/RADIOLOGY IMAGING ATTESTATION

## Request Details AuthAI Attestation

1. Questions will appear as related to policy and response to the previous questions.
2. Click Next after responding to each question until “You have completed all questions for this service. Thank you!” message displays as well as the button “Submit Answers”.
3. Click Submit Answers.
4. Click on the box next to “I agree to the above certifications”.
5. Click Submit.

**\*\*Code, question, and answer are displayed for example purpose only.**

Clinical Questions: (73219 )

1. Which study is requested?

[Modify](#)

- ☐ Arm MRI
- ☐ Hand MRI
- ☒ None of the above



You have completed all questions for this service. Thank you!

[Submit Answers](#)

Clinical Questions: (73219 )



Clinical questions completed.

[Review Answers](#)

This Clinical Form was created based on applicable coverage guidelines. It does not substitute for or constitute medical advice. All medical decisions are solely the responsibility of the patient and physician. I hereby certify that (i) this authorization is being requested by the treating physician/physician representative for this member, (ii) the information contained in and included with this medical determination request is true, accurate and complete to the best of my knowledge and belief, (iii) the member's medical records contain all the appropriate documentation necessary to substantiate this information. I acknowledge that a determination based upon this Clinical Form is not necessarily a guarantee of payment and that payment remains subject to application of the provisions of the member's health benefit plan, including eligibility and plan benefits. Additionally, I further acknowledge and agree that Blue Cross Blue Shield of Minnesota may audit or review the underlying medical records at any time and that failure to comply with such request may be a basis for the denial of a claim associated with such services.

☒ I agree to the above certifications

[← Back](#)

[Submit](#)

# OUTPATIENT AUTHORIZATION– POST SUBMISSION PAGE



Result - The post submission page will return the information entered, the authorization number, and immediate status.

Request Details

Dashboard New Request

Result

Ref: AUTH-203164

Reference Number

Transaction ID:

Status

AUTH-203164

AUTHAI--A6028D4F1D

Pended

Services for members with Medicare products are reviewed using Medicare NCDs, LCDs or other Medicare guidance when available. If no CMS guidance is available, other decision support tools and published criteria will be used to determine medical necessity and appropriateness.

Requesting Provider

NPI

First Name

Last Name

1225002744

Ann

Anderson

Address Line 1

City

State

Zip Code

200 1st St Sw

Rochester

Minnesota

55905-0001

Phone

Fax

(507) 538-3270

(111) 111-1111

Contact Information

\* Contact First Name

\* Contact Last Name

\* Contact Phone

Red

Yellos

(555) 555-5555

\* Email

red.yellow@rain.com

Patient Information

Subscriber Member ID

Subscriber Last Name

Subscriber Middle Name

Subscriber First Name

Address Line 1

City

State

Zip Code

Patient Date of Birth

Patient Last Name

Patient Middle Name

Patient First Name

Patient Gender

Relationship to Subscriber

Address Line 1

City

State

Zip Code

Service Information

Category

Service Type

Place of Service

Level Of Service

Medical

Surgery

Office

Standard

Procedures Details

27440 - Arthroplasty, knee, tibial plateau

In Progress

From Date

To Date

Quantity Type

Quantity

01/06/2025

03/01/2026

Units

1

In Progress

Diagnoses

M17.12 - Unilateral primary osteoarthritis, left knee

Rendering Providers & Facilities

Provider

Provider Type

NPI

First Name

Last Name

Provider

1225002744

Ann

Anderson

Phone

Fax

(507) 538-3270

(111) 111-1111

Address Line 1

City

State

Zip Code

200 1st St Sw

Rochester

Minnesota

55905-0001

Additional Information

Provider Notes

Hello

Upload Clinical Documents

old process pdf.pdf

BCBSMN

Outpatient Authorization

M Born

Member ID

Group Number

# STATUS DESCRIPTIONS OF SUBMITTED AUTHORIZATION REQUESTS

Availity Status Overall	Definition
Pending Review	Case is being reviewed by clinicians
Pending Action	Case requires more information from provider(s)
Cancelled	Auth is not required, or service(s) are not covered due to being experimental/investigative
Approved	Approved (case and all lines)
Modified	Outpatient – check line determinations for status of each service (combination of Approved and Denied)
Denied	Overall case/lines are denied and/or combination of denied and cancelled

# OUTPATIENT SUBMISSION – ACTIONS FROM DASHBOARD

The Auth/Ref Dashboard will show updated status when they occur.

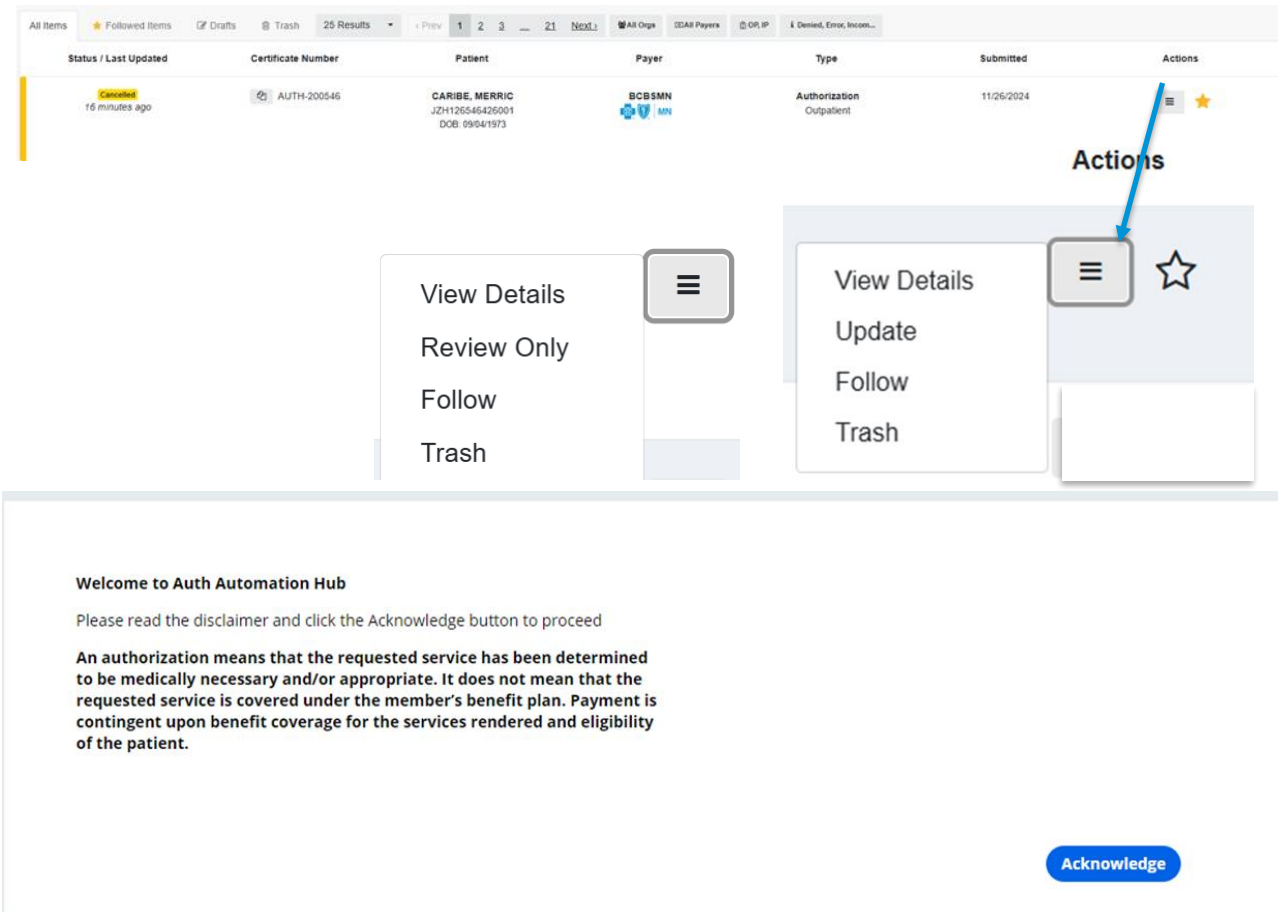
Actions can be taken on the Auth/Referral Dashboard using the 3-line menu.

Available options will depend on the status of the authorization.

Outpatient Authorizations action menu options:

- View Details – similar screen to post submission.
- Review Only – will SSO into Predictal.
  - View determination rationale.
  - Download copy of denial letters.
- Update – will SSO into Predictal
  - Withdraw authorizations in pending status.
  - Add additional clinicals on pending authorizations.

**Note:** Updates will continue to be made in Predictal AAH. Clicking “Update” will single sign on the user into Predictal with a new tab.



The screenshot displays the Auth/Ref Dashboard interface. At the top, there are navigation tabs: All Items, Followed Items, Drafts, Trash, 25 Results, and a pagination control showing 1, 2, 3, and Next. Below these are filters for All Orgs, ID All Payers, OR IP, and Denied, Error, Incom... A table lists authorization items with columns: Status / Last Updated, Certificate Number, Patient, Payer, Type, Submitted, and Actions. One item is highlighted: Status 'Cancelled' (16 minutes ago), Certificate Number 'AUTH-200546', Patient 'CARIBE, MERRIC' (JZH126546426001, DOB: 09/04/1973), Payer 'BCBSMN', Type 'Authorization Outpatient', and Submitted '11/26/2024'. The Actions column for this item shows a 3-line menu icon and a star icon. A blue arrow points to the 3-line menu icon, which has been expanded to show options: View Details, Review Only, Follow, and Trash. Another expanded menu to the right shows options: View Details, Update, Follow, and Trash. Below the table, a section titled 'Welcome to Auth Automation Hub' contains a disclaimer and an 'Acknowledge' button.

Actions

- View Details
- Review Only
- Follow
- Trash

View Details

Update

Follow

Trash

Welcome to Auth Automation Hub

Please read the disclaimer and click the Acknowledge button to proceed

An authorization means that the requested service has been determined to be medically necessary and/or appropriate. It does not mean that the requested service is covered under the member's benefit plan. Payment is contingent upon benefit coverage for the services rendered and eligibility of the patient.

Acknowledge

# APPENDIX A



# APPENDIX A – MEDICAL OUTPATIENT SERVICE TYPES



Place of Service	Service Type
Ambulance – Air or Water	Ambulance – Air
Ambulance – Land	Ambulance – Land
Home	Home Health Extended Hours Skilled nursing (Private Duty Nursing) Hospice – Home, Continuous or Respite Specialty Drugs and Chemotherapy Durable Medical Equipment (DME) or Supplies Home Health Care
Hospice	Hospice – Home, Continuous or Respite
Off Campus-Outpatient Hospital	Imaging/Radiology Dental Other Medical Outpatient Services (Not to be used for drugs/injectables) Outpatient Therapy Specialty Drugs and Chemotherapy Surgery Transplant

# APPENDIX A – MEDICAL OUTPATIENT SERVICE TYPES CONT.

Place of Service	Service Type
Office	<p>Acupuncture  Imaging/Radiology  Chiropractic Spinal Manipulation  Dental  Genomic and Molecular Testing  Other Medical Outpatient Services (Not to be used for drugs/injectables)  Outpatient Therapy  Specialty Drugs and Chemotherapy  Surgery</p>
On Campus-Outpatient Hospital	<p>Imaging/Radiology  Dental  Other Medical Outpatient Services (Not to be used for drugs/injectables)  Outpatient Therapy  Specialty Drugs and Chemotherapy  Surgery  Transplant  Radiation Therapy</p>
Other Place of Service	<p>Acupuncture  Imaging/Radiology  Chiropractic Spinal Manipulation  Dental  Durable Medical Equipment (DME) or Supplies  Genomic and Molecular Testing  Other Medical Outpatient Services (Not to be used for drugs/injectables)  Outpatient Therapy  Specialty Drugs and Chemotherapy  Surgery  Transplant  Travel and Expense</p>

# APPENDIX A – BEHAVIORAL HEALTH OUTPATIENT SERVICE TYPES



Place of Service	Service Type
Home	Early Intensive Behavioral Intervention (EIBI)/Applied Behavioral Analysis (ABA)
Office	Other Behavioral Health Outpatient Services Psychological/Neuropsychological Testing
Other Place of Service	Early Intensive Behavioral Intervention (EIBI)/Applied Behavioral Analysis (ABA) Other Behavioral Health Outpatient Services Psychological/Neuropsychological Testing
Psychiatric Facility-Partial Hospitalization	Other Behavioral Health Outpatient Services Psychological/Neuropsychological Testing

# 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.