

INPATIENT ADMISSION SUBMISSION

Submitted through Availity Essentials

Commercial, Medicare, and FEP

AUTHORIZATIONS – INPATIENT ADMISSION

- Inpatient (IP) Admissions are required when a Blue Cross member needs to stay overnight at a facility (e.g., hospital, skilled nursing facility, long-term care facility).
- Inpatient (IP) Admissions need to be submitted no later than 5 calendar days past admit.
- FEP admission submissions are reviewed as a Pre-Certification and require Clinicals at the time of submission.
- An IP Admission submission will not cover the medical necessity requirements any professional services that require review per medical policy, MCG, Medicare LCD/NCD, and/or member's group coverage.
- eviCore Post Acute Care requests must be submitted directly to eviCore via phone or eviCore PAC site.
- For general training assistance with the Authorization application refer to training available in the Availity Learning Center.
- Admit, Discharge, and Concurrent requirements by line of business are available at [bluecrossmn.com](https://www.bluecrossmn.com/providers/provider-toolkit). under the Prior Authorization header. <https://www.bluecrossmn.com/providers/provider-toolkit>

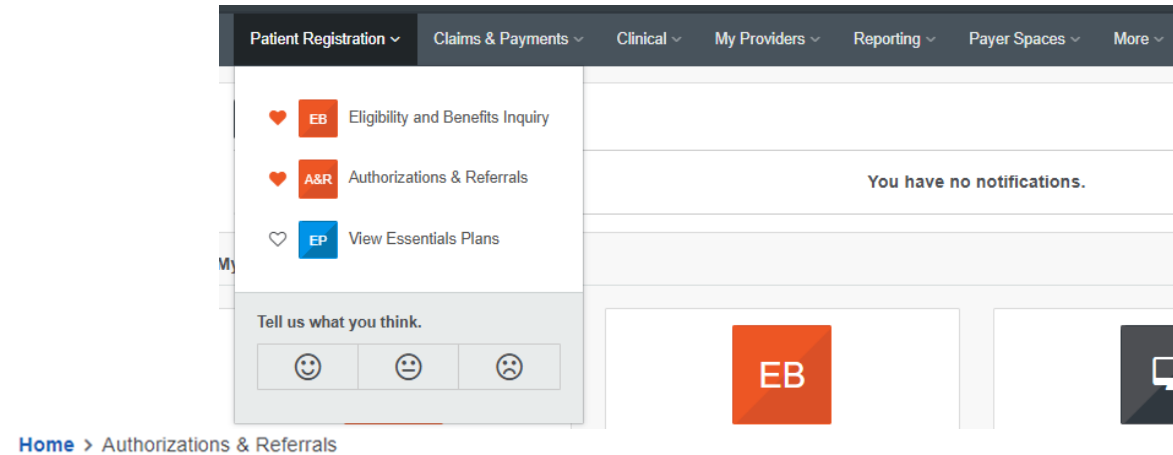
INPATIENT ADMISSION SUBMISSION

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

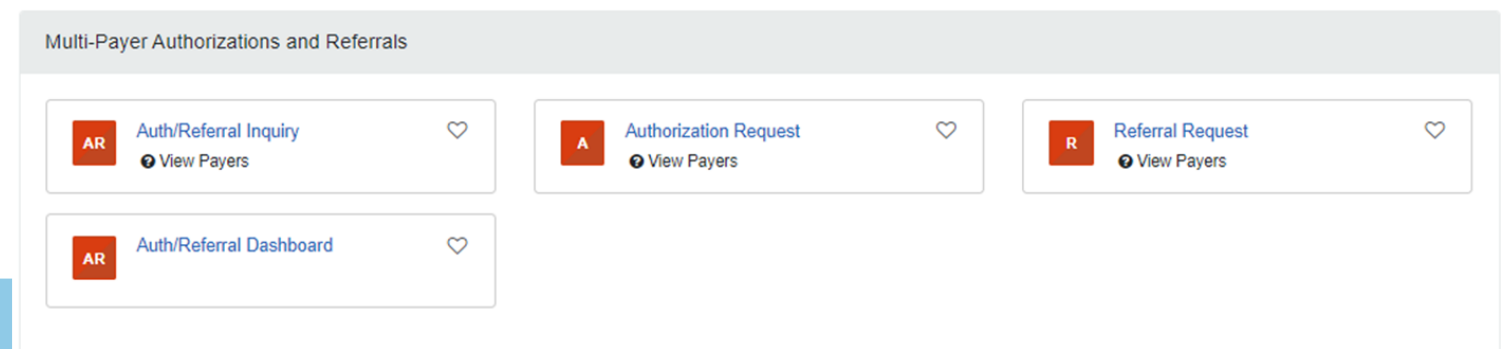
1. Patient Registration
2. Authorizations & Referrals
3. Authorization Request

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.

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.



Authorizations & Referrals



INPATIENT ADMISSION SUBMISSIONS 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

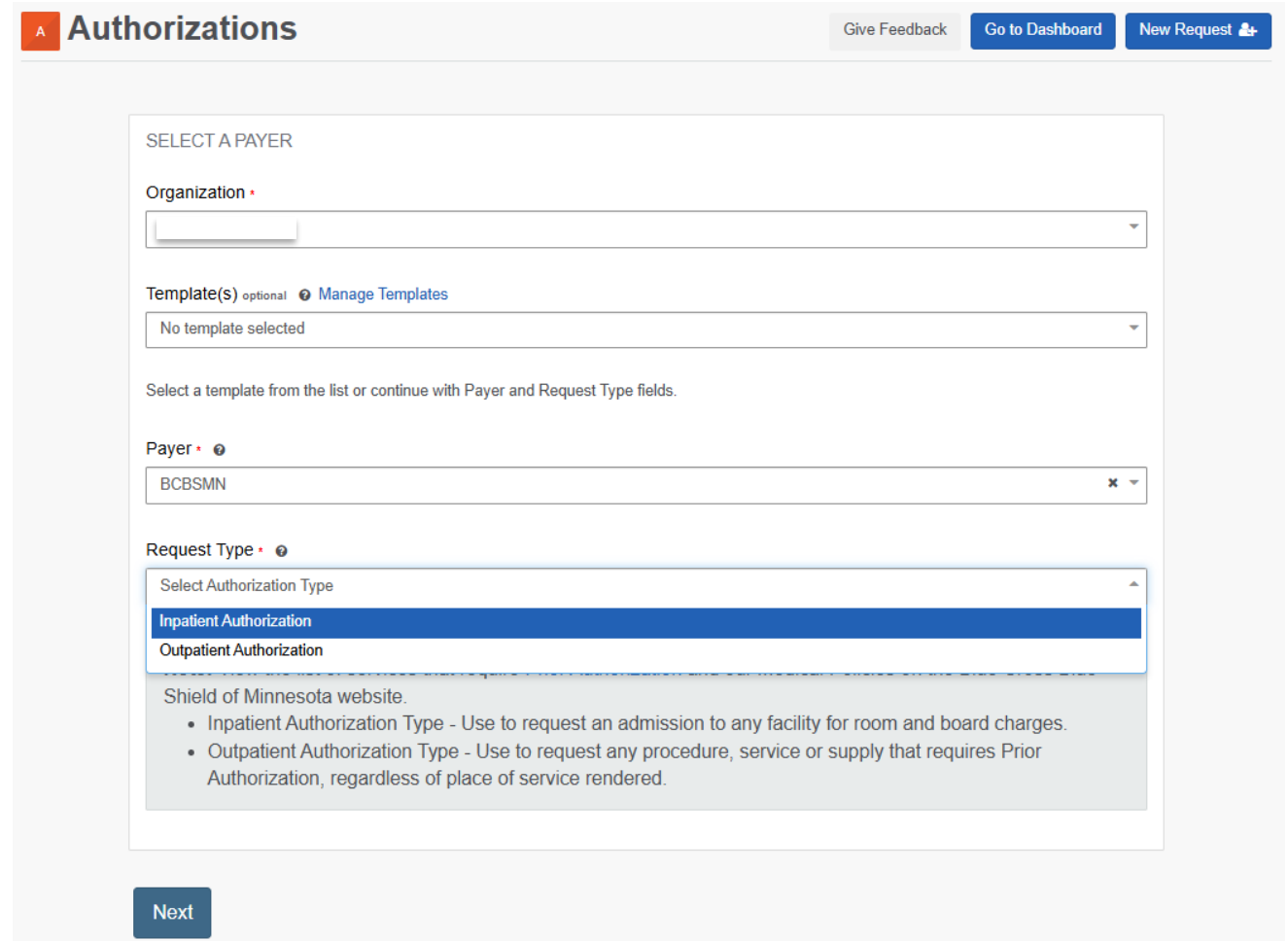


Tip: Contact your organization administrator if you do not have this tool. Click **My Administrators** on your **My Account** Dashboard on the home page to find your administrator's contact information.

INPATIENT ADMISSION

1. If you are connected to multiple organization, select the appropriate organization from the list.
2. Select BCBSMN as the Payer.
3. Select the Authorization Type of Inpatient 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' page. At the top, there's a header with the title 'Authorizations' and three buttons: 'Give Feedback', 'Go to Dashboard', and 'New Request'. Below the header, the form is divided into sections. The first section is 'SELECT A PAYER' with a dropdown menu for 'Organization'. The second section is 'Template(s) optional' with a dropdown menu for 'No template selected' and a link to 'Manage Templates'. Below this is a note: 'Select a template from the list or continue with Payer and Request Type fields.' The third section is 'Payer' with a dropdown menu showing 'BCBSMN'. The fourth section is 'Request Type' with a dropdown menu showing 'Inpatient Authorization' selected. Below the dropdown is a box titled 'Shield of Minnesota website.' containing two bullet points: 'Inpatient Authorization Type - Use to request an admission to any facility for room and board charges.' and 'Outpatient Authorization Type - Use to request any procedure, service or supply that requires Prior Authorization, regardless of place of service rendered.' At the bottom of the form is a 'Next' button.

INPATIENT AUTHORIZATION – START REQUEST

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

1. Service Start Date - enter admit date.
2. Requesting Provider (Individual Practitioner) - enter the NPI and/or First Name and Last Name, then click Search.
 1. Select the appropriate provider from results.
 2. Enter Fax Number.

****If no results returned, click “Show Manual Entry” and enter all required provider data.**
3. Contact Information – fields will auto populate from the submitters Availity Essentials account.
4. 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.
5. The response will return member information with a date and time stamp.
6. Click Continue

Start Request

Dashboard New Request

Requested Services

* Service Start Date

MM/DD/YYYY

Requesting Provider

FIND OR ADD A REQUESTING PROVIDER

NPI

First Name

Last Name

Search

Contact Information

* Contact First Name

* Contact Last Name

* Contact Phone

Rhendy

Tullis

(651) 662-6560

* Email

Rhendy.Tullis+BCBSMN@bluecrossmn.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

Search

Continue →

INPATIENT ADMISSION – START REQUEST EXAMPLE

Start Request

Dashboard New Request

Requested Services

* Service Start Date

01/06/2025

Edit Procedures

Note: Modifying procedures will reset data already entered into this submission.

Requesting Provider

ANDERSON, ANN

1225002744

* 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

(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

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

* Subscriber Member ID

XZL11111111001

* Patient Date of Birth

01/01/1910

Patient Last Name

Patient First Name

Search

Patient Information

Born:

(51 yrs)

Subscriber Member ID	Subscriber Last Name	Subscriber Middle Name	Subscriber First Name
1		M	
Address Line 1	City	State	Zip Code
Patient Date of Birth	Patient Last Name	Patient Middle Name	Patient First Name
01/01/1910		M	
Patient Gender	Relationship to Subscriber		
Male	Self		
Address Line 1	City	State	Zip Code

Eligibility checked: 11/26/2024 - 13:11

Continue →

INPATIENT ADMISSION– REQUEST DETAILS

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

1. Category – Medical or Behavioral Health
2. Service Type – Options depend on Category selected. (see appendix A for list)
3. Place of Service – Options depend on Category and Service Type selected.
4. Level of Service – Standard or Urgent
5. Diagnoses – One diagnosis is required. Total of 10 can be submitted on each request.
6. Rendering Providers & Facilities (Facility is the only option for Inpatient) - enter the NPI and/or Name, then click Search.
 1. Select the appropriate provider from results.
 2. Enter Fax Number.

****If no results returned, click “Show Manual Entry” and manually enter all required provider data.**
7. Additional Information – Provider Notes is optional.
8. Click Continue.

Request Details

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

→ Add Service Information

Service Information

* Category

Select

* Service Type

Select

* Place of Service

Select

* Level Of Service

Standard

Diagnoses

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

NEW DIAGNOSIS

Select A Diagnosis

Start typing a code or keyword

Add Diagnosis +

1 of 10

Rendering Providers & Facilities

Add a combination of up to 1.

ADD A FACILITY

Show Manual Entry

* Provider Type

Facility

NPI

Name

Search

Additional Information

Provider Notes



← Back

Continue →

BCBSMN

Inpatient Authorization

- Start an Authorization
- Add Service Information In Progress
- Add Attachments

Male Born

Member ID

Group Number

INPATIENT ADMISSION– REQUEST DETAILS EXAMPLE

Request Details

[Dashboard](#) [New Request](#)[→ Add Service Information](#)
Service Information

* Category	* Service Type
Medical X	Acute Care Hospital - Medical Emergency or Unp X
* Place of Service	* Level Of Service
21 - Inpatient Hospital X	Standard v

Diagnoses

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

W53.01XA - BITTEN BY MOUSE, INITIAL ENCOUNTER

Primary X

1 of 10

[Add Diagnosis +](#)

The red warning below the provider fax number field will disappear after a fax number is entered.

Additional Information – Provider Notes

This box is optional and should not be used for clinical information. Please include clinical information as well as admit related CPT/HCPSCS codes in required clinical documentation.

Rendering Providers & Facilities

Add a combination of up to 1.

BAYLOR EMERGENCY MEDICAL CENTER
1952732653 facility X v

NPI	Name	Search	
* Provider Type	* NPI		
Facility v	1952732653		
* Name	* Phone	* Fax	
Baylor Emergency Medical Center	(877) 516-0911	(111) 111-1111	
⚠ Enter a valid fax number containing 10 numeric digits including area code.			
* Address Line 1	Address Line 2		
1975 Alpha Dr Ste 100			
* City	* State	* Zip Code	
Rockwall	Texas X	75087-4951	

Additional Information

Provider Notes

Helic

[← Back](#)[Continue →](#)

BCBSMN

Inpatient Authorization

- Start an Authorization
- Add Service Information In Progress
- Add Attachments

Male Born

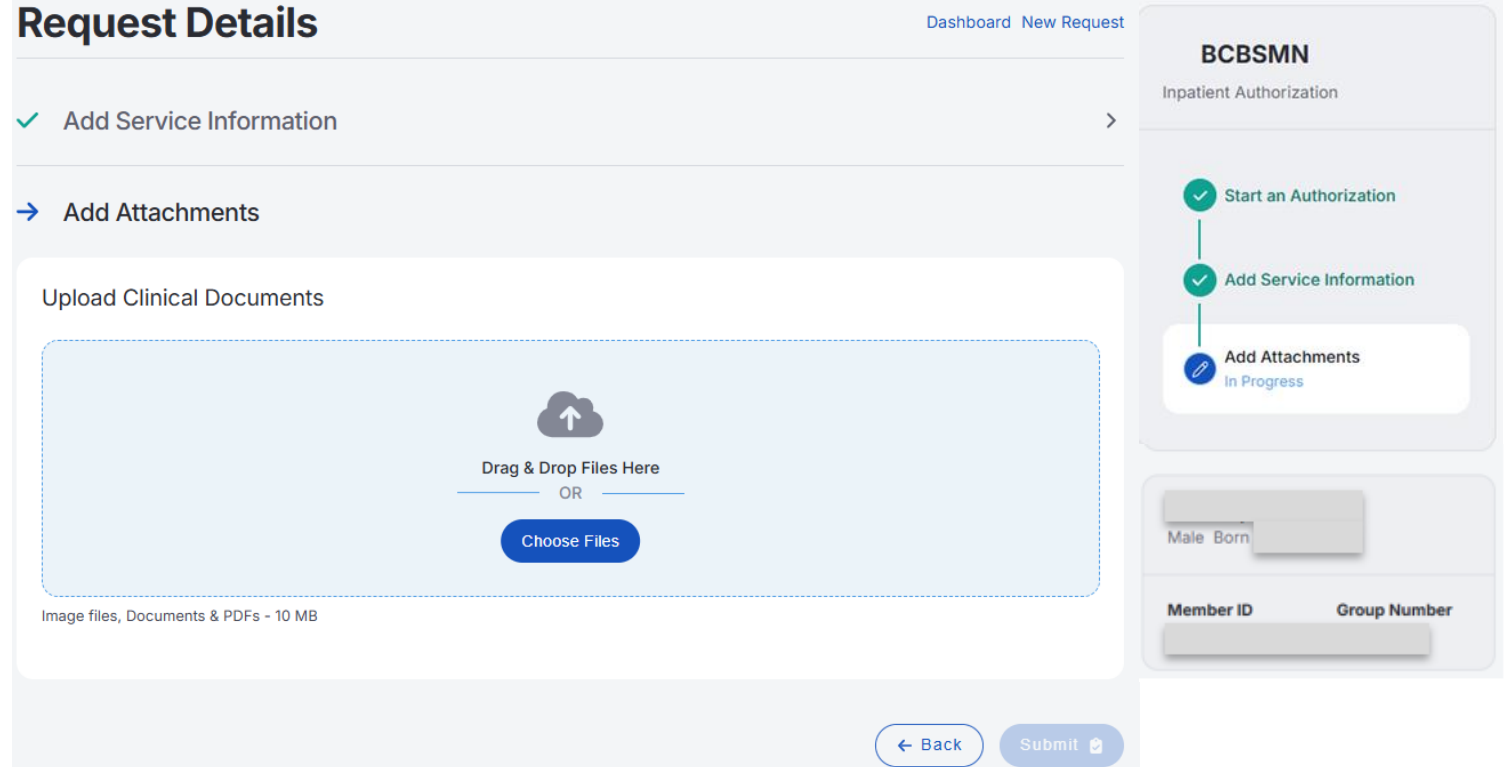
Member ID

Group Number

INPATIENT SUBMISSION – REQUEST DETAILS CONT. – ADDING ATTACHMENTS

Upload Clinical Documents

1. FEP Inpatient Submissions require Clinical as the group requires Pre-certification review.
2. Commercial and Medicare submissions require a minimum of one attachment.
3. Multiple attachments can be added at one time with a total capacity of 100MB.
4. Each attachment can be up to 10MB.
5. Password protected documents are not permitted.
6. Accepted document types: doc, docx, jpeg, xls, xlsx, pdf, tif, and png.
7. File names cannot exceed 100 characters and can only letters, numbers, spaces and the following characters _ ' \$ % & @ ! ~ () ; + # - .
8. Click Submit.



The screenshot shows the 'Request Details' page for an inpatient authorization. The page has a header with 'Request Details' and navigation links for 'Dashboard' and 'New Request'. Below the header, there are two main sections: 'Add Service Information' (marked with a green checkmark) and 'Add Attachments' (marked with a blue arrow). The 'Add Attachments' section is expanded, showing a large blue box with a cloud icon and an upward arrow, labeled 'Drag & Drop Files Here' or 'Choose Files'. Below this box, it says 'Image files, Documents & PDFs - 10 MB'. To the right of the main content area, there is a sidebar with the BCBSMN logo and a progress bar for 'Inpatient Authorization'. The progress bar shows three steps: 'Start an Authorization' (completed with a green checkmark), 'Add Service Information' (completed with a green checkmark), and 'Add Attachments' (in progress with a blue circle and a document icon). Below the progress bar, there are input fields for 'Member ID' and 'Group Number', and a 'Submit' button.

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

✓ Add Service Information >

→ Add Attachments

Upload Clinical Documents

Drag & Drop Files Here
OR
Choose Files

Image files, Documents & PDFs - 10 MB

← Back Submit

BCBSMN
Inpatient Authorization

✓ Start an Authorization


✓ Add Service Information

ⓘ Add Attachments
In Progress

Male Born

Member ID Group Number

INPATIENT SUBMISSION – ATTACHMENT EXAMPLE




Drag & Drop Files Here

OR


Choose Files

Image files, Documents & PDFs - 10 MB



Capture1.PNG

✕



TEST Attachment.pdf

✕


andrew-neel-sZYUKEWsDLA-unsplas

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

✕

← Back

Submit




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

✕




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.

11

✓ **Result**

Status:
Periodic

✓ **Requesting Provider**

Zip Code
55905-0001

Fax
(800) 771-1888

Email
Rhendy.Tullis@BCBSMNbluecrossmn.com

55330-0000

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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

INPATIENT SUBMISSION – ACTIONS FROM DASHBOARD

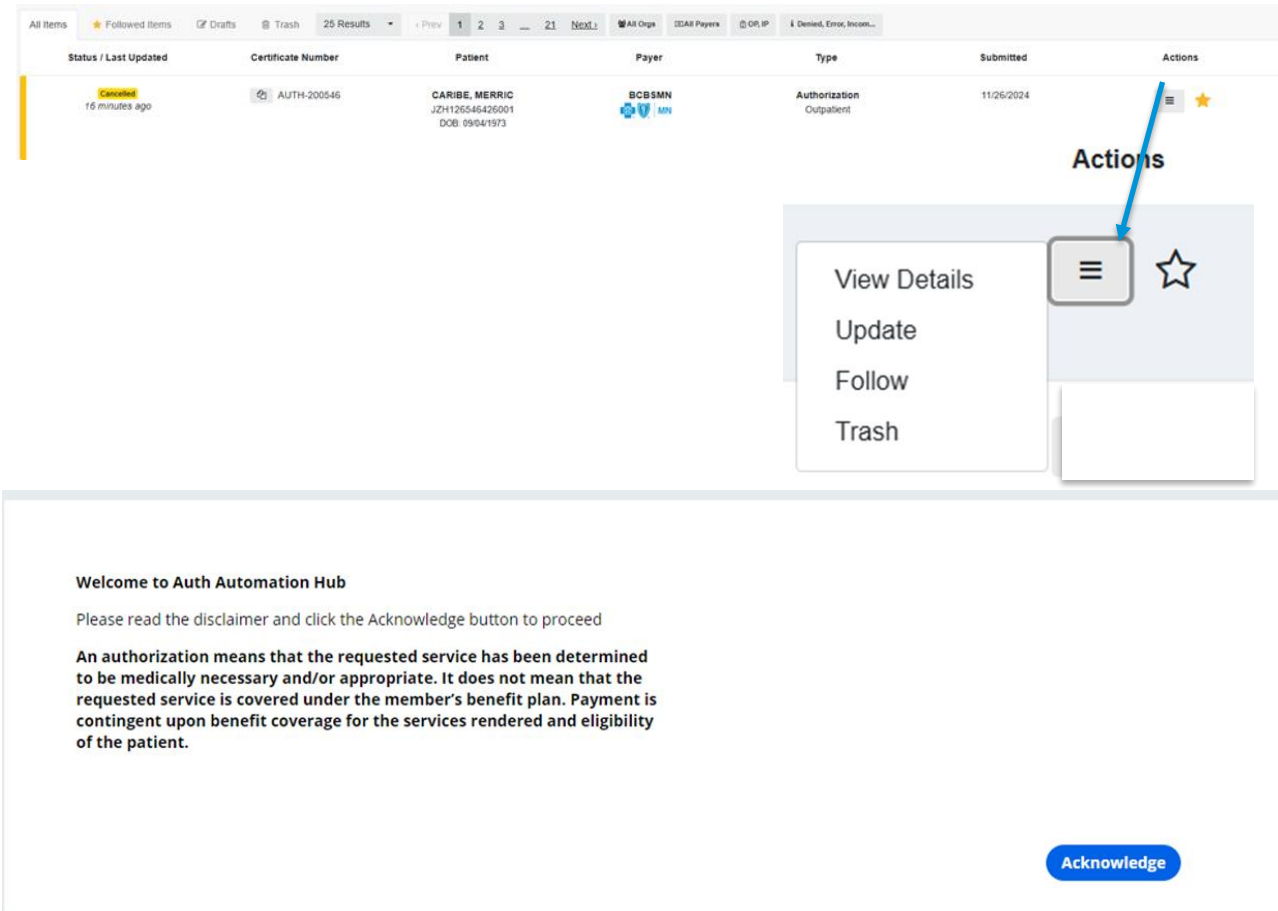
Actions can be taken on the Auth/Referral Dashboard using the 3-line menu.

Available options will depend on the status of the authorization.

Inpatient Authorizations action menu options:

- View Details – similar screen to post submission.
- Update – will SSO into Predictal
 - Add Discharge Date.
 - Change Start Date.
 - Request Concurrent Stay when required.
 - 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 within a new tab.



The screenshot displays the Auth/Referral Dashboard interface. At the top, there are tabs for 'All Items', 'Followed Items', 'Drafts', 'Trash', and '25 Results'. Below these is a table with columns: Status / Last Updated, Certificate Number, Patient, Payer, Type, Submitted, and Actions. A row is highlighted with a yellow bar, showing a 'Cancelled' status, certificate number 'AUTH-200546', patient 'CARIBE, MERRIC', payer 'BCBSMN', type 'Authorization Outpatient', and submitted date '11/26/2024'. The 'Actions' column for this row is expanded, showing a 3-line menu icon and a star icon. The menu options are: View Details, Update, Follow, and Trash. Below the table, there is a section titled 'Welcome to Auth Automation Hub' with a disclaimer and an 'Acknowledge' button.

Status / Last Updated	Certificate Number	Patient	Payer	Type	Submitted	Actions
Cancelled 16 minutes ago	AUTH-200546	CARIBE, MERRIC JZH126546426001 DOB: 09/04/1973	BCBSMN	Authorization Outpatient	11/26/2024	<ul style="list-style-type: none">View DetailsUpdateFollowTrash

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](#)

INPATIENT SUBMISSION – REQUESTING CONCURRENT STAY

Click “Acknowledge” on the screen of the new tab.

Click “Concurrent” to start the request

Fill in all the required fields on the first screen. Click Submit.

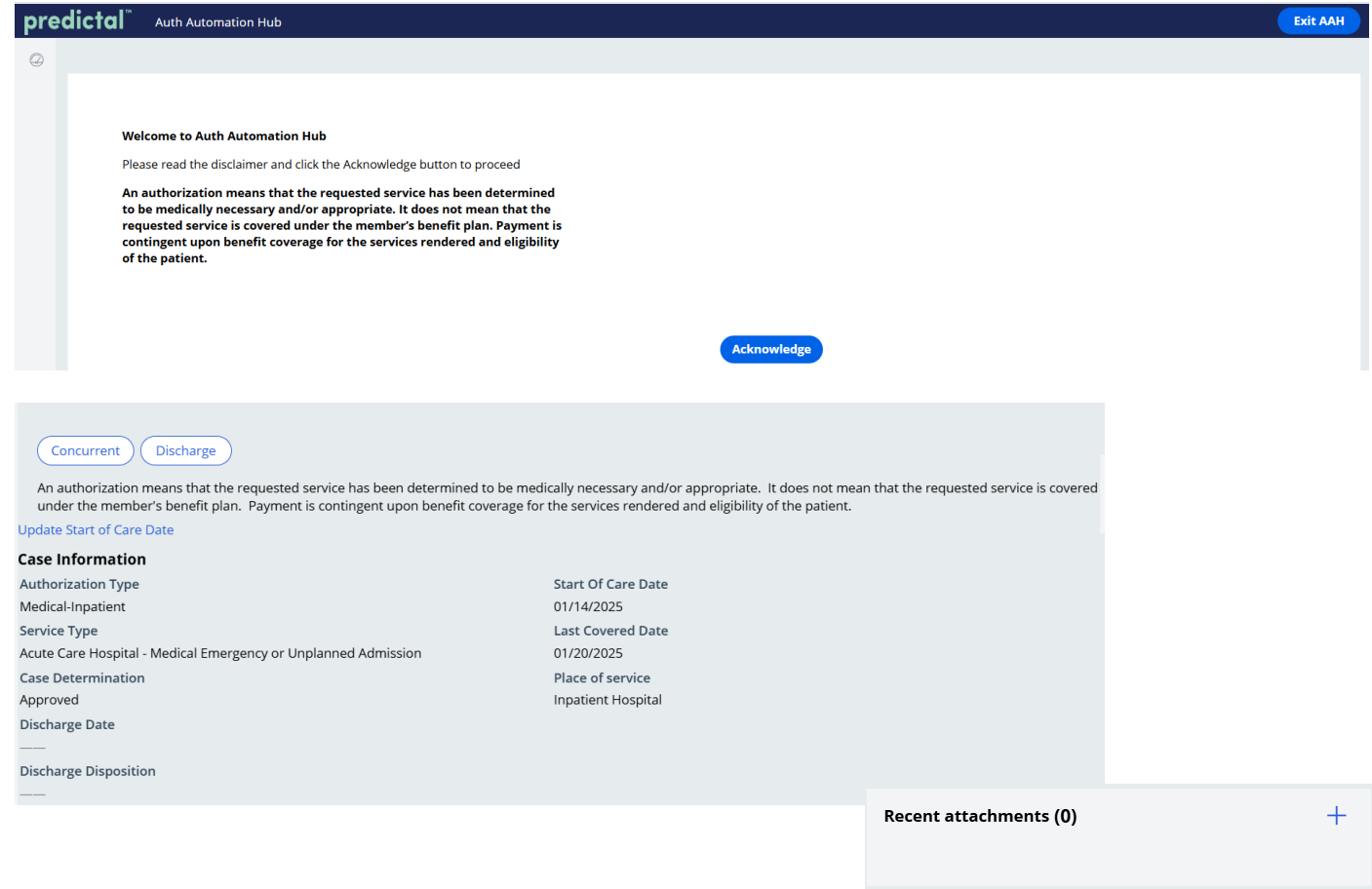
Fill in all the required fields on the second screen. Click Submit.

Clinical documentation is required.

Add attachments. This can be done at any time in the process.

Click Submit on the Confirmation page to submit the request.

Click “Exit AAH” in the top right corner to close out the session.



The screenshot displays the Predictal Auth Automation Hub interface. At the top, there's a header with the Predictal logo, "Auth Automation Hub", and an "Exit AAH" button. The main content area shows a "Welcome to Auth Automation Hub" message, followed by a disclaimer: "Please read the disclaimer and click the Acknowledge button to proceed". Below this, a paragraph states: "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." A blue "Acknowledge" button is positioned at the bottom right of this section.

Below the Acknowledge button, there are two tabs: "Concurrent" (selected) and "Discharge". Under the "Concurrent" tab, the same disclaimer is repeated. Below the disclaimer, there's a link "Update Start of Care Date".

The "Case Information" section is divided into two columns. The left column lists the following fields: Authorization Type (Medical-Inpatient), Service Type (Acute Care Hospital - Medical Emergency or Unplanned Admission), Case Determination (Approved), Discharge Date (empty field), and Discharge Disposition (empty field). The right column lists: Start Of Care Date (01/14/2025), Last Covered Date (01/20/2025), Place of service (Inpatient Hospital), and Inpatient Hospital (empty field).

At the bottom right, there's a box labeled "Recent attachments (0)" with a plus sign icon.

Note: A concurrent can not be requested if the discharge date has been submitted.

APPENDIX A

APPENDIX A – MEDICAL INPATIENT

Place of Service	Service Type
Hospice	Inpatient - Hospice Care
Inpatient Hospital	Acute Care Hospital – Labor and Delivery (C-Section) Acute Care Hospital – Labor and Delivery (Vaginal) Acute Care Hospital – Medical Emergency or Unplanned Admission Acute Care Hospital – Medical or Surgical Planned Admission Acute Care Hospital – Observation Services Detox Hospice – Inpatient Care Inpatient Rehabilitation Long Term Acute Care (LTAC) Newborn Care – Specialty Care and NICU Skilled Nursing Facility
Comprehensive Inpatient Rehabilitation Facility	Inpatient Rehabilitation
Other Place of Service	Acute Care Hospital – Labor and Delivery (C-Section) Acute Care Hospital – Labor and Delivery (Vaginal) Long Term acute Care (LTAC)
Skilled Nursing Facility	Inpatient – Hospice Care Skilled Nursing Facility

APPENDIX A – BEHAVIORAL INPATIENT

Place of Service	Service Type
Inpatient	Acute Care Hospital – Mental Health Admission Acute Care Hospital – Substance Use Disorder Admission Detox
Inpatient Psychiatric Facility	Acute Care Hospital – Mental Health Admission Detox
Other Place of Service	Detox
Psychiatric Residential Treatment Center	Residential Treatment – Mental Health Residential Crisis Center Program Residential Treatment – Eating Disorder Residential Treatment – Psychiatric (PRTF)
Residential Substance abuse Treatment Facility	Residential Treatment - Substance Use Disorder (High Intensity) Residential Treatment - Substance Use Disorder Extended (medium Intensity) Residential Treatment - Substance Use Disorder Halfway House Care (Low Intensity)

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.