

Authorizations User Guide

Check eligibility and benefits online first to determine if the patient's policy requires prior authorization for the service and/or procedure code(s). To learn more about checking eligibility and benefits via Availity, refer to the [Eligibility and Benefits User Guide](#).

Authorizations is an online prior authorization tool in Availity[®] Essentials that allows providers to submit inpatient admissions and select outpatient services handled by Blue Cross and Blue Shield of Illinois.

Using this tool increases administrative efficiencies by permitting users to access and verify status of requests, upload supporting clinical documentation when required, update requests, and obtain printable confirmation for your records.

Not registered with Availity Essentials?

Complete the online guided registration process today via [Availity](#), at no cost.

Feb. 2024



The following instructions show how users' access **Authorizations** via Availity Essentials and how Availity Administrators and/or users will add providers information to your organization's account.

Step 1



- > Login to [Availity Essentials](#)
- > Setup Availity **Manage My Organization (MMO)**

Step 2



- > Access **Authorizations** via Availity Essentials
- > **Start Authorization** request
- > **Add Service** and **Provider Information**

Step 3



- > **Review** and **Submit**
- > **Attach** clinical records *(if applicable)*
- > **View** and **Update**
- > **Auth/Referral Inquiry**

Step 4



- > **Submission Tips, FAQs** and **support** to assist with submitting Authorization requests via Availity Essentials



Step 1: Availity Login & MMO Setup

1 Assigned users can access this tool by following the instructions below:

- ▶ Go to [Availity](#)
- ▶ Select [Availity Essentials Login](#)
- ▶ Enter User ID and Password
- ▶ Select [Log in](#)

1

Availity

Sign In

User ID
Enter your user ID.

Password
Enter your password.

Sign In

Forgot your user ID? Forgot your password?

2 Select [Manage My Organization](#) from *My Account Dashboard* on the Availity homepage

2

My Account Dashboard

- My Account
- Maintain User
- Add User
- Manage My Organization**
- 'How To' Guide for Dental Providers
- Enrollments Center
- Spaces Management Tool
- EDI Companion Guide

A Within [Manage My Organization](#), select [Manage Providers](#), then [Add Provider\(s\)](#)

A

Providers Watch a video **Manage Providers**

Search for a provider by name, taxonomy code, or address..

3 ▶ Select the **Tax ID Type:**

- **EIN** – *Employee Identification Number*
- **SSN** – *Social Security Number*

▶ Enter the **Tax ID** and **NPI number**

▶ Select [Find Provider](#)

3

Add Provider

LET'S FIND YOUR PROVIDER

Fields marked with an asterisk * are required.

* Tax ID Type
EIN - Employee Identification Number

* Tax ID
Enter Tax ID

* National Provider ID (NPI)
Enter NPI

This is an atypical provider and does not provide health care, as defined under HIPAA regulations. (Examples include: taxi services, respite services, home and vehicle modifications for those with disabilities)

Do you need to add many providers to this organization?
Upload up to 500 at once via a spreadsheet upload.

Cancel Find Provider

Quick Tips:

- If you have multiple providers to add to your organization, select **“Upload up to 500 at once via spreadsheet upload.”**
- For more details, refer to the [Manage My Organization User Guide](#) published in the [Provider Tools section](#) of our website.



Step 2: Access Authorizations

- 1 ▶ Select **Patient Registration** from the navigation menu
- ▶ Select **Authorizations & Referrals**

Availity Administrator: Access must first be granted to users by going to *My Account Dashboard* → *Maintain User or Add User* → select roles *Authorization and Referral Inquiry* and *Authorization and Referral Request*.

- 2 ▶ Next, choose **Authorization Request**

Quick Tips:

- Return to this page to access the *Auth/Referral Inquiry*, and *Auth/Referral Dashboard*.
- Select *Carelon* or *eviCore* links to start and submit authorization requests handled by Carelon Medical Benefits Management or eviCore® healthcare vendors.

The screenshot shows the Availity user interface. At the top, the navigation bar includes 'Availity', 'Home', 'Notifications', and 'My Favorites'. Below this, a secondary navigation bar contains 'Patient Registration', 'Claims & Payments', 'My Providers', 'Reporting', 'Payer Spaces', and 'More'. A dropdown menu is open under 'Patient Registration', showing 'Eligibility and Benefits Inquiry', 'A&R Authorizations & Referrals', and 'Patient Care Summary Inquiry'. A blue circle with the number '1' and a dashed blue box highlights the 'A&R Authorizations & Referrals' option. Below this, the 'Authorizations & Referrals' page is displayed. It features a section for 'Multi-Payer Authorizations and Referrals' with three cards: 'Authorization/Referral Inquiry', 'Authorization Request', and 'Referral Request'. A blue circle with the number '2' and a dashed blue box highlights the 'Authorization Request' card. Below this, the 'Additional Authorizations and Referrals' section lists several options: 'Clinical Auth Management', 'Drug Prior Authorization (CoverMyMeds)', 'Cohere Health', 'Carelon (BCBSIL)', 'Premera Code Check (including Premera and its suite of plans)', and 'eviCore (BlueCross BlueShield of Illinois)'. The 'Carelon (BCBSIL)' and 'eviCore (BlueCross BlueShield of Illinois)' options are highlighted with dashed blue boxes.



Step 2: Start Authorization

1 Select **Organization**

- ▶ Select **BCBSIL** Payer option

Note: This payer option should be selected for all BCBSIL members, including Medicare Advantage and Illinois Medicaid members.

- ▶ Choose a Request Type:
 - **Inpatient Authorization**
 - **Outpatient Authorization**

- ▶ Select **Next**

Authorizations Give Feedback Go to Dashboard New Request

1 SELECT A PAYER

Organization •
ABC ORGANIZATION

Template(s) optional • Manage Templates
No template selected

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

Payer • •
BCBSIL

Request Type • •
Select Authorization Type
Inpatient Authorization
Outpatient Authorization

Next

Quick Tip:
→ Choose **Outpatient Authorization** to submit Office, Home and Outpatient services.

2 Enter the following **Patient Information**:

- **Member ID**
- **Relationship to Subscriber**
- **Patient First and Last Name**
- **Patient Date of Birth**

Quick Tip:
→ Only required fields will display. To view optional fields, select **Show Optional Fields**.

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

Transaction Type: Inpatient Authorization | Organization: ABC Organization | Payer: BCBSIL | BlueCross BlueShield of Illinois

2 PATIENT INFORMATION SHOW OPTIONAL FIELDS

Select a Patient •
Q Select...
Search by any combination of patient name (first and last), DOB, or Member ID.

Member ID • •: ABC12345789 | Relationship to Subscriber • •: Self

Patient First Name •: Jane | Patient Last Name •: Doe

Patient Date of Birth •: 03/30/1974



- 3** ▶ Enter the following **Requesting Provider** information:
- **Provider Type**
 - **NPI Number**
 - **Name**
 - **Specialty / Taxonomy**
- ▶ Select **Next**

3

REQUESTING PROVIDER SHOW OPTIONAL FIELDS

Select a Provider optional ⓘ

Select Provider ...

Provider Type

Facility

Name ⓘ

ABC Hospital

NPI ⓘ

1234567890

Specialty / Taxonomy ⓘ

207V00000X – Obstetrics & Gynecology

Address Line 1

123 Anywhere Street

City

Longview

State

Illinois

ZIP Code

12345-0000

Contact Name

Jane Smith

Contact Phone

7651112345

Contact Fax

7651112222

Back Next

Quick Tip:

→ Use **Select a Provider** to quickly populate required provider information. Refer to [Manage My Organization User Guide](#) for additional assistance.

- ▶ **Electronic Provider Access (EPA):**
- **EPA** is a tool that enables providers to initiate online pre-service reviews for out-of-area members and is available to all contracted BCBSIL providers who are registered Availity users.
 - If the member belongs to a different Blues Plan, users will be redirected to the other Plan's pre-service review landing page after **Step 1 (Start an Authorization)** is complete.
 - If the other Blues Plan does not utilize Availity, users will receive a message that you are being redirected to a third-party site.
- ▶ **Continue** by selecting **Accept** *(if applicable)*

Authorizations

Blue Cross Blue Shield Association

You are about to be re-directed to a third-party site away from Availity's secure site, which may require a separate log-in. Availity provides the link to this site for your convenience and reference only. Availity cannot control such sites, does not necessarily endorse and is not responsible for their content, products, or services. You will remain logged in to Availity.

By clicking "Accept" below, you confirm that you acknowledge and accept the foregoing Terms of use.

v7.110.4



- 4 ▶ Select **Check if Authorization is Required** to determine if authorization is required for **outpatient services**

CHECK IF AN AUTHORIZATION IS REQUIRED

Check if Authorization is Required?

- ▶ Enter the following information: →
- Service Type
 - Place of Service
 - Procedure Code(s) and Type
 - From Date and To Date
 - Procedure Quantity
 - Procedure Quantity Type
- ▶ Select **Next**

CHECK IF AN AUTHORIZATION IS REQUIRED

Check if Authorization is Required?

Service Type * x ▾

Place of Service * x ▾

PROCEDURE CODE(S) SHOW OPTIONAL FIELDS

Procedure Code * ▾

Type * ▾

From Date * 📅

To Date * 📅

Procedure Quantity *

Procedure Quantity Type * x ▾

+ Add another procedure code



Results include prior authorization requirements for the entered procedure code(s) – see examples displayed below.

Auth Required

Authorization Required		
Service Type 2 - Surgical	Place of Service 22 - On Campus-Outpatient Hospital	Service From - To Date NA
Procedure Code 1 29914 - HIP ARTHRO W/FEMOROPLASTY	Quantity 1 Units	Procedure From - To Date 2024-02-15 - 2024-02-15
Status AUTH REQUIRED	Message Procedure codes are supported for preauthorization requirement only and are not used for benefit determination	
Vendor Name BCBSIL	Phone (555) 555-5555	
Network Status In Network		

[Back](#) [Next](#)

Undetermined

Authorization - Undetermined		
Service Type 2 - Surgical	Place of Service 22 - On Campus-Outpatient Hospital	Service From - To Date NA
Procedure Code 1 G9354 - 1 or no ct sinus w/in 90d dx	Quantity 1 Units	Procedure From - To Date 2024-02-15 - 2024-02-15
Status UNDETERMINED	Message Procedure codes are supported for preauthorization requirement only and are not used for benefit determination	
Vendor Name BCBSIL	Phone (555) 555-5555	
Network Status In Network		

[Back](#) [Next](#)

No Auth Required

No Authorization Required		
Service Type 2 - Surgical	Place of Service 22 - On Campus-Outpatient Hospital	Service From - To Date NA
Procedure Code 1 67875 - CLOSURE OF EYELID BY SUTURE	Quantity 1 Units	Procedure From - To Date 2024-02-15 - 2024-02-15
Status NO AUTH REQUIRED	Message Procedure codes are supported for preauthorization requirement only and are not used for benefit determination	
Vendor Name BCBSIL	Phone (555) 555-5555	
Network Status In Network		

Info No Authorizations are required for this request. [Click here](#) to return to the portal, or click Next to continue processing this request.

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Auth Required by Vendor (e.g., Carelon Medical Benefits Management)

Authorization Required		
Service Type 2 - Surgical	Place of Service 22 - On Campus-Outpatient Hospital	Service From - To Date NA
Procedure Code 1 75635 - CT ANGIO ABDOMINAL ARTERIES	Quantity 1 Units	Procedure From - To Date 2024-02-15 - 2024-02-15
Status AUTH REQUIRED	Message Procedure codes are supported for preauthorization requirement only and are not used for benefit determination	
Vendor Name Carelon Medical Benefits Management	Phone (555) 555-5555	
Network Status In Network		

[Back](#) [Next](#)

Select one of the following (if applicable):

- [Print](#)
- [Back](#) (go to previous step)
- [Next](#) (continue to next step)



Step 2: Add Service Information

5 ▶ Add Service Information for Outpatient or Inpatient requests:

A Complete the following for Outpatient Services:

- Service Type
- Place of Service
- From and To Date
- Quantity (visits, units, or time frames for the service or therapy requesting)
- Quantity Type
- Level of Service (Elective or Emergency)
- Diagnosis Code(s)
- Procedure Code(s)

▶ Select Next

Start an Authorization Add Service Information Rendering Provider/Facility Review and Submit

DOE, JON Patient
 Member ID: ABC123456789 Date of Birth: 1979-04-11 Gender: NA
 Transaction Type: Outpatient Authorization Organization: ABC Organization Payer: BCBSIL

A SERVICE INFORMATION Show Optional Fields

Service Type: 73 - Diagnostic Medical Place of Service: 22 - On Campus-Outpatient Hospital

From Date: 02/06/2024 To Date: 02/06/2024

Quantity: 1 Quantity Type: Visits

Level Of Service: Elective

DIAGNOSIS CODE(S) SHOW OPTIONAL FIELDS

Diagnosis Code: R100 - Acute abdomen

PROCEDURE CODE(S) SHOW OPTIONAL FIELDS

Procedure Code: 74182 - MRI ABDOMEN W/DYE Type: CPT/HCPCS

From Date: 02/06/2024 To Date: 02/06/2024

Procedure Quantity: 1 Procedure Quantity Type: Units

MESSAGE SHOW OPTIONAL FIELDS

Provider Notes optional

264 Remaining

Back Next

B Complete the following for Inpatient Services:

- Service Type
- Place of Service
- Admission Date
- Admission Type (Elective or Emergency)
- Quantity (Admission days)
- Quantity Type (Days)
- Diagnosis Code(s) (up to 12)
- Procedure Code(s)

▶ Select Next

Start an Authorization Add Service Information Rendering Provider/Facility Review and Submit

DOE, JANE Patient
 Member ID: ABC123456789 Date of Birth: 1983-07-13 Gender: Female
 Transaction Type: Inpatient Authorization Organization: ABC Organization Payer: BCBSIL

B SERVICE INFORMATION SHOW OPTIONAL FIELDS

Service Type: 69 - Maternity Place of Service: 21 - Inpatient Hospital

Admission Date: 02/01/2024

Admission Type: Elective

Quantity: 3 Quantity Type: Days

DIAGNOSIS CODE(S) SHOW OPTIONAL FIELDS

Diagnosis Code: O82 - Encounter for cesarean delivery without indication

PROCEDURE CODE(S) SHOW OPTIONAL FIELDS

Procedure Code: 59510 Type: CPT/HCPCS

MESSAGE SHOW OPTIONAL FIELDS

Provider Notes optional

264 Remaining

Back Next



Step 2: Rendering Provider/Facility Information

6 Add the following **Service Provider** information:

- First Name
- Last Name
- NPI Number
- Address

▶ Add the following **Rendering Provider** information:

- First Name
- Last Name
- NPI Number
- Address

▶ Select **Next**

Quick Tip:

→ As a reminder, use **Select a Provider** to quickly populate required provider information.

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

DOE, JANE Patient
 Member ID: ABC123456789 Date of Birth: 1983-07-13 Gender: Female
 Transaction Type: Inpatient Authorization Organization: ABC Organization Payer: BCBSIL

BlueCross BlueShield of Illinois

6 SERVICE PROVIDER Show Optional Fields

Select a Provider optional

SMITH, JOHN *1234567890* 123 ANYWHERE ST, BEACH CITY, IL 12345

Rendering Provider Role
 Attending Physician

First Name: JOHN Last Name: SMITH

NPI: 1234567890

Address Line 1: 123 ANYWHERE ST.

City: BEACH CITY State: ILLINOIS ZIP Code: 12345-0000

6 FACILITY Show Optional Fields

Select a Provider optional

ABC HOSPITAL *1234567890 * 999 N. ANYWHERE ST, BEACH CITY, IL 12345

Rendering Provider Role
 Facility

Name: ABC HOSPITAL

NPI: 1234567890

Address Line 1: 999 N. ANYWHERE ST.

City: BEACH CITY State: ILLINOIS ZIP Code: 12345-0000

Back **Next**



Step 3: Review, Submit and Submission Response

- 1 ▶ Scroll down the prior authorization request preview screen, review the information entered for accuracy and make any necessary changes prior to submitting the request
- ▶ If the information is correct, select **Submit**

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

DOE, JANE Patient
 Member ID: ABC123456789
 Date of Birth: 1984-03-30
 Gender: Female
 Transaction Type: Inpatient Authorization
 Organization: ABC CLINIC
 Payer: BCBSIL

BlueCross BlueShield of Illinois

Member Information

Patient Name	Patient Date of Birth	Patient Gender
DOE, JANE	1984-03-30	Female
Member ID	Relationship to Subscriber	Subscriber Name
ABC123456789	Self	DOE, JANE

Back **Submit** **1**

[Back to Step 1](#)

Quick Tip:
→ Select **Back to Step** to make changes prior to submitting.

- 2 ▶ **Authorization Responses** will provide the **Certification Number** and the **Status** will display:
 - A** **Certified in Total** (approved)
 - B** **Pended** (for clinical review)

A Authorization Response Give Feedback Go to Dashboard New Request

Transaction ID: 12345678 Customer ID: 111111 Transaction Date: 2024-02-02

DOE, JANE Patient
 Member ID: ABC123456789
 Date of Birth: 03/30/1984
 Gender: Female
 Transaction Type: Inpatient Authorization
 Organization: ABC CLINIC
 Payer: BCBSIL

BlueCross BlueShield of Illinois

Print

A Certificate Information

Certification Number	Status
U99999AADF	CERTIFIED IN TOTAL

Quick Tip:
→ Select **Print** to download the certificate.

- ▶ When request is pended, select **Add Clinical Documentation** to attach supporting documentation to complete the request

B Certificate Information

Reference Number	Status
U99999AABB	PENDED

Message
Please attach supporting documentation for review to complete.

Print **Add Clinical Documents**

Quick Tip:
→ Instructional **messaging** will display for requests that pend and/or requests that cannot be submitted via Availity.

If clinical documentation is required, users may add up to 10 attachments, with total file size of 40MB. Acceptable file types include (.pdf), TIFF (.tif), JPEG (.jpg), or XML (.xml).



Step 3: Dashboard and View Results

3

▶ Access the **Auth/Referral Dashboard** from the top of the **Authorization Response** screen or from the **Authorizations & Referral** page

▶ **Auth/Referral Dashboard** allows users to view requests submitted to BCBSIL via Availity

▶ Use the **Dashboard** to complete the following:

- **Search for Requests** (by Patient Name, Certification Number, Member ID, Requesting Provider NPI)
- **Filter List** (by Status, Transaction Type, Organization, Payer, Date Range)
- **Check Status**
- **View** and/or **Print**

▶ Select the **request card** to view authorization request details

3

Home > Authorizations & Referrals > Auth/Referral Dashboard

AR Authorization/Referral Dashboard

Give Feedback [New Request](#)

Trash All Orgs All Payers OP, IP Denied, Error, Incom...

All Items ★ Followed Items 📄 Drafts 25 Results < Prev 1 2 3 ... 9 Next >

Status / Last Updated	Certificate Number	Patient	Payer	Type	Submitted	Actions
Approved 7 hours ago	UG12345678	DOE, JANE ABC123456789 DOB: 07/13/1963	BCBSIL	Authorization Inpatient	01/16/2024	
Pending Review 7 hours ago	UG99999999	DOE, JOHN ABC999999999 DOB: 04/11/1979	BCBSIL	Authorization Outpatient	01/31/2024	
Error 4 days ago	N/A	DOE, JANE ABC123456789 DOB: 07/13/1963	BCBSIL	Authorization Outpatient	02/01/2024	

Quick Tips:

- Requests submitted in the last **14 days** are displayed first.
- Select **New Request** to start a new Authorization from the **Dashboard**.



Step 3: View and Update Results

4 After selecting the **request card**, the following information displays:

- Patient Information
- Certification Information
- Service Information

Select **Update** to revise applicable requests

If applicable, select **Add Attachments**, to upload supporting clinical documentation

All Items
★ Followed Items
✍ Drafts
🗑 Trash
25 Results
All Orgs
All Payers
OP, IP, REF
All Statuses

Print
Follow
Trash
Return to List

DOE, JON
DOB: 04/11/1979

☆

BCBSIL
ABC999999999

Authorization
Inpatient

Certificate Number
UG999999999

📎

Pending Review

Last updated
14 minutes ago

Submitted
02/06/2024

DOE, JANE
DOB: 07/13/1963

☆

BCBSIL
ABC123456789

Authorization
Inpatient

Certificate Number
UG12345678

📎

Approved

Last updated
22 hours ago

Submitted
02/02/2024

Transaction ID: 12345678
Customer ID: 11111
Transaction Date: 2024-02-06

DOE, JANE Patient

Member ID ABC123456789	Date of Birth 1963-07-13	Gender NA
Transaction Type Inpatient Authorization	Organization ABC Organization	Payer BCBSIL

BlueCross BlueShield of Illinois

Update

Add Attachments

Certificate Information

Certification Number UG12345678	Status CERTIFIED IN TOTAL
---	---

Service Information

Service Type 1 - Medical Care	Place of Service 21 - Inpatient Hospital	Admission - Discharge Date 2024-02-02 – 2024-02-13
Admission Type Elective	Quantity 11 Days	
Diagnosis Code 1 R0600 - Dyspnea unspecified		
Procedure Code 1 (CPT/HCPCS) NOSRVC		

4

Not for Distribution



Step 3: Auth/Referral Inquiry

1 Access the **Auth/Referral Inquiry** from the **Authorization & Referral** page

- ▶ Select **Organization**
- ▶ Select **BCBSIL** Payer option*
- ▶ Choose a **Request Type**:
 - **Inpatient Authorization**
 - **Outpatient Authorization**
- ▶ Select **Next**

*Select this Payer option for all BCBSIL members, including Medicare Advantage and Illinois Medicaid.

1

SELECT A PAYER

Organization
ABC Clinic

Payer
BCBSIL

Request Type
Inpatient Authorization

Next

Auth/Referral Inquiry can be used to view...

- Requests set-up through an outside vendor.
- Requests initiated by phone.
- Requests submitted by a different provider organization.

2 ▶ Enter the **required** information
▶ Select **Submit**

PATIENT INFORMATION

Select a Patient (Enter one or more to search: patient name (first or last), DOB, or Member ID.)

Member ID: ABC123456789 Relationship to Subscriber: Self

Patient Date of Birth: 04/11/1979

REQUESTING PROVIDER

NPI: 1234567890

Contact Name: Jane Smith

Contact Phone: (555) 555-5555 Contact Fax: (555) 555-5555

SERVICE INFORMATION

From Date: 01/30/2024 To Date: 02/06/2024

Authorization or Referral Number optional: UG12345678

Submit

2

Enter **Service Dates** and/or **Authorization Certification** number to locate the authorization request.

3 ▶ View the **response** for the Auth Inquiry
▶ **Print, Update, Edit** and/or **Pin to Dashboard**

Authorization/Referral Inquiry Results

Transaction ID: 12345678 Customer ID: 11111 Transaction Date: 2024-02-06

DOE, JANE Patient

Member ID: ABC123456789	Date of Birth: 1979-04-11	Gender: NA
Relationship to Subscriber: Other Relationship	Subscriber Name: JON DOE	
Transaction Type: Outpatient Authorization	Organization: ABC CLINIC	Payer: BCBSIL

Print Update Edit Inquiry Pin to Dashboard

3

Certificate Information

Certification Number: UG12345678	Status: CERTIFIED IN TOTAL
----------------------------------	-----------------------------------

Service Information

Service Type: AI - Substance Abuse	Place of Service: Outpatient Hospital	Service From - To Date: 2024-01-02 - 2024-02-06
Diagnosis Code 1: F1020 - Alcohol dependence uncomplicated		
Procedure Code 1 (CPT/HCPCS): H0015 - Alcohol and/or drug services	Quantity: 12 Units	
Status: CERTIFIED IN TOTAL		
Procedure Code 2 (CPT/HCPCS): H0015 - Alcohol and/or drug services	Quantity: 12 Units	
Status: CERTIFIED IN TOTAL		

Rendering Providers

Provider 1		
Name: SMITH, JAMES	NPI: 1234567890	
Provider Role: Attending	Address: 999 N ANYWHERE DR. MOUNTAIN VIEW, XX. 12345-0000	
Provider 2		
Name: ABC CLINIC	NPI: 1999999999	
Provider Role: Provider Organization	Address: 123 ANYWHERE DR. MOUNTAIN VIEW, XX. 12345-0000	
Provider 3		
Name: ABC MEMORIAL HOSPITAL	NPI: 1000000000	
Provider Role: Facility	Address: 555 S. ANYWHERE DR. MOUNTAIN VIEW, XX. 12345-0000	



Step 4: Submission Tips & Support

Refer to the **Submission Tips** listed below to further assist with submissions.

Requested Service	Request Type	Service Type	Place of Treatment
Partial Hospitalization for Behavioral Health and/or Substance Abuse	Outpatient Authorization	MH – Mental Health AI – Substance Abuse	52 – Partial Hospitalization
Home Health Care and Home Infusion Therapy	Outpatient Authorization	42 – Home Health Care	12 – Home Note: Ensure the appropriate procedure code(s) for Home Health Care or Home Infusion Therapy are entered on the request.
Skilled Nursing Care	Outpatient Authorization	AG – Skilled Nursing Care	12 – Home
Private Duty Nursing	Outpatient Authorization	74 – Private Duty Nursing	12 – Home
Long Term Acute Care	Inpatient Authorization	54 – Long Term Care	21 – Inpatient Hospital

Have questions or need additional education?

Education or training, contact [BCBSIL Provider Education Consultants](#)

Be sure to include your name, direct contact information & Tax ID and/or billing NPI.

Technical Availity support, contact Availity Client Services at 800-282-4548

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