

# BlueApprovR<sup>SM</sup> User Guide

Information in this user guide is currently **NOT** applicable to Medicare Advantage, Illinois Medicaid, Federal Employee Program<sup>®</sup> (FEP<sup>®</sup>) or Illinois HMO members.

**BlueApprovR** allows providers to submit inpatient and/or outpatient prior authorization and recommended clinical review (RCR) requests for medical/surgical, specialty pharmacy drugs, and behavioral health services for Blue Cross and Blue Shield of Illinois (BCBSIL) members.

*BlueApprovR is designed to help simplify the provider submission process by asking for the information to support a medical necessity determination.*

**Not registered with Availity<sup>®</sup> Essentials?**

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

Jan. 2024



The following instructions show how users' access BlueApprovR 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 [BlueApprovR](#) from BCBSIL-branded [Payer Spaces](#) via Availity Essentials

## Step 3



- > Start [new request](#)
- > Submit the [prior auth](#) and/or [recommended clinical review \(RCR\)](#) request to BCBSIL

## Step 4



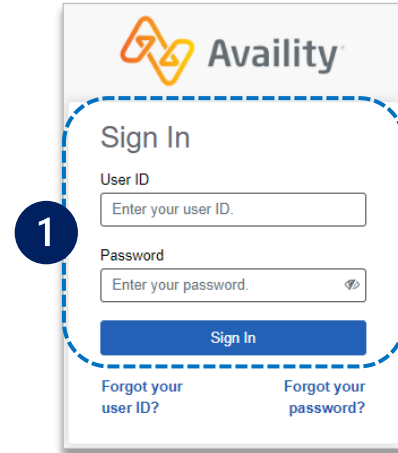
- > [Submission Tips, FAQs](#) and [support](#) to assist with submitting requests via BlueApprovR



# Step 1: Availity Login & MMO Setup

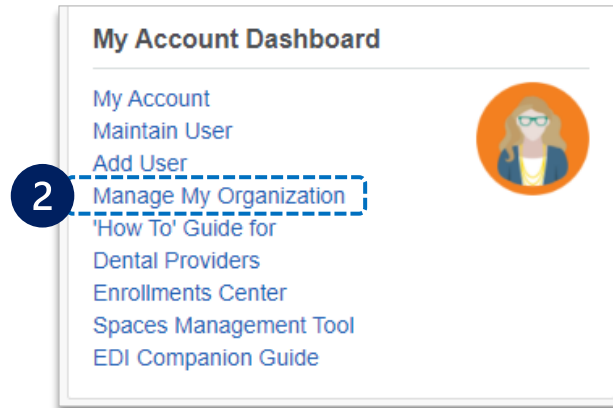
**1** Assigned users can access this tool by following the instructions below:

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



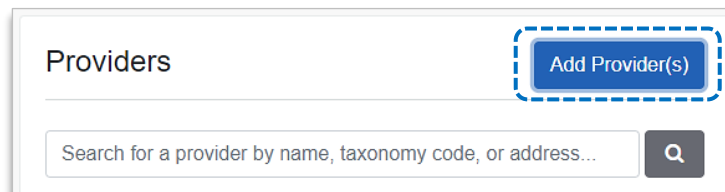
The image shows the Availity Sign In page. A dashed blue box with the number '1' highlights the 'Sign In' section, which includes fields for 'User ID' and 'Password', and a 'Sign In' button. Below the fields are links for 'Forgot your user ID?' and 'Forgot your password?'.

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



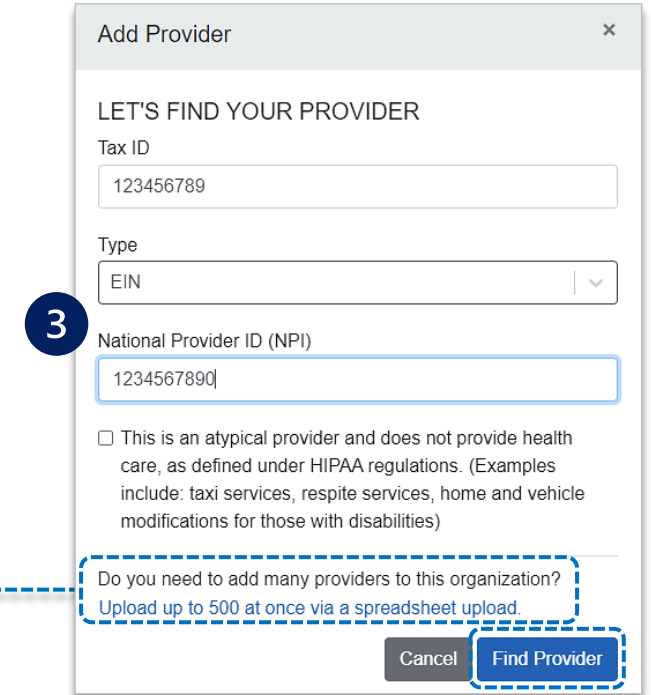
The image shows the 'My Account Dashboard' with a list of menu items. A dashed blue box with the number '2' highlights 'Manage My Organization'. Other items include 'My Account', 'Maintain User', 'Add User', 'Dental Providers', 'Enrollments Center', 'Spaces Management Tool', and 'EDI Companion Guide'.

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



The image shows the 'Providers' search interface. A dashed blue box with the number '2' highlights the 'Add Provider(s)' button. Below it is a search bar with the placeholder text 'Search for a provider by name, taxonomy code, or address...' and a search icon.

**3** Enter the [Provider Tax ID](#) and [NPI numbers](#) and select [Find Provider](#)



The image shows the 'Add Provider' form. A dashed blue box with the number '3' highlights the 'National Provider ID (NPI)' field. The form includes fields for 'Tax ID' (with value 123456789) and 'Type' (with value EIN). There is a checkbox for 'This is an atypical provider...' and a question 'Do you need to add many providers to this organization? Upload up to 500 at once via a spreadsheet upload.' with 'Cancel' and 'Find Provider' buttons.

### 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 BlueApprovR

- 1 ▶ Select **Payer Spaces** from the navigation menu  
▶ Choose **Blue Cross and Blue Shield of Illinois**

- 2 ▶ On the BCBSIL Payer Spaces page, select **Applications**  
▶ Choose **BlueApprovR**

*Note: Contact your Availity administrator if **BlueApprovR** is not available in the Applications tab via BCBSIL-branded Payer Spaces section.*

- 3 ▶ Select your **Organization**  
▶ Choose the **Provider** from the **Select a Provider** drop-down list and select **Submit**  
▶ Users will be redirected to **BlueApprovR**

**Important Note:** Your organization's NPI number must be added to **Manage My Organization** for the provider information to display in the **Select a Provider** drop-down. Availity Administrators and users should refer to page **3** for setup instructions.

The screenshot illustrates the user interface for accessing BlueApprovR. At the top, the navigation bar includes 'Availity', 'essentials', 'Notifications', and 'My Favorites'. Below this, a secondary navigation bar contains 'Patient Registration', 'Claims & Payments', 'My Providers', 'Reporting', 'Payer Spaces', and 'More'. A callout box labeled '1' points to the 'Payer Spaces' menu item, which has opened to show 'BlueCross BlueShield of Illinois'. Another callout box labeled '2' points to the 'Applications' tab in the sub-menu, which is highlighted with a dashed blue box. Below the tabs, the 'BlueApprovR' option is listed with a heart icon and the description 'Submit Auth & Check Status for Medical/Surgical, Specialty Rx & BH services'. A third callout box labeled '3' points to a modal form titled 'BlueApprovR'. This form contains two dropdown menus: 'Select an Organization' (with 'ABC Organization' selected) and 'Select a Provider' (with 'Select...' selected). At the bottom of the form are 'Cancel' and 'Submit' buttons, with the 'Submit' button highlighted by a dashed blue box.



# Step 3: Start Request

## 1 Select New Request

### MY REQUESTS

*Use the **Search bar** and **Filter** to identify status of previous submissions that automatically refresh*

☰

SUBMITTED

DRAFTS

CERT #	PATIENT	SUBMITTED DATE	LAST UPDATED ▼	STATUS	PAYER	SERVICE DATE	TREATMENT LOCATION	CERTIFICATION TYPE
U1111111A	JANE DOE	05/31/2023	05/31/2023	APPROVED	BCBSIL	06/02/2023	Provider Office	Initial
U1111111B	JOHN DOE	05/16/2023	05/16/2023	APPROVED	BCBSIL	05/20/2023	Provider Office	Initial
U1111111C	CALVIN DOE	05/16/2023	05/16/2023	PENDING	BCBSIL	05/16/2023	Provider Office	Initial

*Select your **User Profile** to track transaction counts, Ordering Physicians, Rendering Facilities/Physicians/Providers, update your contact information, and personalize the experience.*

**Quick Tips:**

- Select **My Requests** to view requests you have submitted.
- Select **All Requests** to view all requests submitted by your organization.

*View the dashboard of previously **Submitted** request, as well as **Drafts** that have been started but not submitted.*

**1** NEW REQUEST



# Step 3: Request Submission *(continued)*

- 2 Enter the BCBSIL **subscriber's 12 character ID**
- Click **Next**

**NEW REQUEST** BlueCross BlueShield of Illinois

**MEMBER DATA**

2 What is the subscriber's 12 character ID?

**SUBSCRIBER**

Name	ID
JOHN DOE	ABC123456789

**Group Number**  
123456

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**Quick Tips:**

- Use the **side bar** to follow progression of the new submission.
- User may also return to a specific step to edit information entered prior to submission.

**Need Help?** Select the help icon for additional resources and contact support.

- 3 Select the applicable **Patient Name** from the drop-down list
- Confirm the correct patient has been selected
- Click **Next**

**NEW REQUEST** BlueCross BlueShield of Illinois

**MEMBER DATA**

Group Number  
123456

3 Who is the patient?

JANE DOE

JAMES DOE  
DOB: 12/16/2003

JOHN DOE  
DOB: 11/11/2000

JANE DOE  
DOB: 02/01/1969

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- 4 ▶ Select the **Type of Care**
- ▶ Click **Next**

- 5 ▶ Based on the **Type of Care** selected, choose **Standard** or **Urgent OR Emergency** or **Elective** for services requested
- ▶ Enter the **scheduled/anticipated service** or **admission date**

**Submission Tips:**

An urgent or expedited request may be appropriate when treatment may be delayed due to the below situations:

- *could seriously jeopardize the life and health of the member or the member's ability to regain maximum function.*
- *would subject the member to severe pain that cannot be adequately managed without the requested care or treatment.*

**Important Note:** If an **Inpatient Type of Care** is selected, you will be asked if the request is for **Medical Service** or **Procedure**. If **Medical Service** is selected, enter the diagnosis code. If **Procedure** is selected, enter the service being requested AND diagnosis code.



- 6 Enter the **Service/Procedure** being requested
- Enter the **Primary Diagnosis**, then select **Yes** or **No** to add other diagnosis
- Enter the **Place of Treatment** (if applicable) and click **Next**

- 7 Select the **Ordering Physician** by entering the **provider's name** or **NPI number**
  - Enter the **street address**
  - Select **Yes** if **Servicing/Attending Provider** is the same as the Ordering Physician
  - Select **No** if **Servicing/Attending Provider** is not the same – enter the physician's name or NPI

- If applicable, select the **Rendering Facility** by entering the **provider's name** or **NPI number**
  - Enter the **street address**

When applicable, users will be prompted to answer associated **clinical questions**. However, clinical questions may not apply to all **types of care**.

**NEW REQUEST** BlueCross BlueShield of Illinois

**7 LOCATION OF SERVICES**

Who is the ordering physician?

JOHN SMITH

1234567890 - JOHN SMITH  
1234567891 - JOHN SMITH  
1234567892 - JOHN SMITH  
1234567893 - JOHN SMITH  
1234567894 - JOHN SMITH

**ORDERING PHYSICIAN**

<b>Name</b>	<b>Address</b>
JOHN SMITH	123 ANYWHERE ST BEACH CITY, XX. 12345-1234
<b>Phone number</b> (555) 123-1234	<b>Fax number</b> N/A

Is Servicing/Attending Provider the same as Ordering Physician?

YES NO

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- 8 Complete all applicable **clinical review questions** for the service(s) requested

- Enter the **Treatment Plan**
- Select **Yes** to add an additional service OR select **No** if there is no other service needed

- 9 Enter the **Administrative Communications Contact Information**
- Select **Preview Request**

### If Clinical Documentation is requested:

- Select **Attach** to upload supporting clinical documents and click **Next**

Files cannot exceed 40MB in size. Acceptable file types are PDF (.pdf), TIFF (.tif), and/or JPEG (.jpg).



# Step 3: Preview and Submit Request

**10** ▶ **Preview** the final request details and click **Submit Request**

**NEW REQUEST** BlueCross BlueShield of Illinois

Request Type: Standard

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**PATIENT AND PROVIDER INFO**

<p><b>PATIENT INFO</b></p> <p>Name: JOHN DOE</p> <p>Date of birth: 02/01/1969</p> <p>Relationship: Subscriber</p> <p>Sex: M</p>	<p><b>MEMBER INFO</b></p> <p>Name: JOHN DOE</p> <p>Member: ABC123456789</p> <p>Group: 123456</p>	<p><b>ORDERING PHYSICIAN</b></p> <p>Name: JOHN SMITH</p> <p>NPI: 1234567890</p> <p>Contact phone: (555) 555-5555</p> <p>Address: 9123 ANYWHERE ST, BEACH CITY, XX, 12345-1234</p>
<p><b>SERVICE PROVIDER</b></p> <p>Name: JOHN SMITH</p> <p>NPI: 1234567890</p> <p>Contact phone: (555) 555-5555</p> <p>Address: 9123 ANYWHERE ST, BEACH CITY, XX, 12345-1234</p>	<p><b>ADMINISTRATIVE COMMUNICATIONS CONTACT</b></p> <p>Name: ANYONE</p> <p>Telephone number: (555) 555-5555</p> <p>Fax number: (555) 555-5555</p> <p>Email: anywhere@mail.com</p>	

**REQUEST DETAIL**

Expected Service / Admission Date: 01/06/2024	Place of treatment: Provider Office
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**PRIOR AUTHORIZATION | SERVICE: J0585 - BOTOX (ONABOTULINUMTOXINA)**

Diagnosis: G43.711: CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W STATUS MIGRAINOSUS

Has the patient been diagnosed with chronic migraine for at least 3 months?  
Yes

Do the migraine headaches last 4 hours a day or longer, for at least 15 days per month?  
Yes

Is the migraine refractory to at least two migraine prophylactic medications from different classes? (e.g., tricyclic antidepressants, anticonvulsants, angiotensin-converting enzyme inhibitors/angiotensin II receptor blockers, beta blockers, or calcium channel blockers)  
Yes

What is the treatment plan? 12 ← **Quick Tip:**  
200.00 units every 3 months within 12 months (4 doses)

**ATTACHMENTS**

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Proof read your request. If you need to edit a piece of information, just click on it.

**10** **SUBMIT REQUEST**

**Quick Tip:**

→ Select **green arrow** to make specific edits to the information entered in the request prior to submission.



# Step 3: Confirmation

- 10 ▶ Receive **Confirmation** for completed requests
- ▶ Select **Print** and/or **Done**

**10** **Request Approved**

This request meets criteria and is eligible for service immediately. You'll receive the approval letter in the mail with additional details.

Patient: **JOHN DOE**

Member ID: **TABC123456789**

Date of Birth: **02/01/1969**

Servicing Provider: **1234567890 - JOHN SMITH**

Service: **J0585 - Botox (onabotulinumtoxinA)**

Status: **APPROVED**

Treatment: **200.00 units every 3 months within 12 months (4 doses)**

Start Date: **01/06/2024**

Cert #: **U11111111A**

**PRINT** **DONE**

**APPROVAL DOES NOT GUARANTEE PAYMENT,**  
To receive benefits, you must be eligible. The terms, rules and limits of your plan will be applied. Benefits will also be based on whether the Provider(s) used for treatment are eligible with the plan's network. For questions or more details, please refer to your benefits information or call Customer Service

When cases are deemed medically necessary, providers can be granted **approvals**. With BlueApprovR, providers and patients can begin treatment when portal-approved.

In some situations, request may **pend** for further clinical review. You can track the status of the request by using the **My Request tab** in BlueApprovR any time. The submitter will also be notified via **email** when the request status changes.

**10** **Request Complete.**

Cert # U11111111A-2

*This request requires further review.*

You can track the status of the request by logging into this site at any time.

**PRINT** **DONE**

**Quick Tip:**  
→ The **Print** option can also be used to save as a **PDF**. To create a **PDF**, simply change the destination from your printer to **"save as a PDF."**



Refer to the [Submission Tips](#) and [Frequency Asked Questions \(FAQs\)](#) listed below to further assist with submissions.

Questions	Answers
Is this used for outpatient radiology testing?	Carelon Medical Benefits Management will continue to support expanded prior authorization requests, where radiology testing and select outpatient procedures will need to be submitted directly to Carelon or eviCore® healthcare. BlueApprovR can, and should, be used for those requests that are reviewed directly by BCBSIL.
What Specialty Pharmacy drugs are in scope?	All clinician administered specialty pharmacy drugs covered under the medical plan that require prior authorization can be submitted through BlueApprovR.
Can an independent speech therapist who provides therapy in the home use this tool?	No, BCBSIL requires a facility or group to be the rendering facility when a request is made for home care treatment.
Behavioral Health authorization requests that may be submitted via BlueApprovR.	<ul style="list-style-type: none"> <li>- Inpatient Substance Abuse</li> <li>- Inpatient Mental Health</li> <li>- Applied Behavior Analysis, Initial Assessment</li> <li>- Electroconvulsive Therapy</li> <li>- Transcranial Magnetic Stimulation, Repetitive/Deep</li> <li>- Mental Health, Intensive Outpatient Program</li> </ul> <ul style="list-style-type: none"> <li>- Substance Abuse, Intensive Outpatient Program</li> <li>- Mental Health, Partial Hospital Program</li> <li>- Substance Abuse, Partial Hospital Program</li> <li>- Mental Health, Residential Treatment Center</li> <li>- Substance Abuse, Residential Treatment Center</li> </ul>
Need additional assistance with requesting Behavioral health concurrent review request?	Refer to the <a href="#">BlueApprovR Behavioral Health Concurrent User Guide</a> for detailed instructions.

**Have questions or need additional education?**

For BlueApprovR education or training, contact the [BCBSIL Provider Education Consultants](#)

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

For BlueApprovR technical assistance, contact the [BlueApprovR Support Team](#)

For technical Availity support, contact Availity Client Services at 800-282-4548

*Carelon Medical Benefits Management is an independent company that has contracted with BCBSIL to provide utilization management services for members with coverage through BCBSIL. eviCore is an independent specialty medical benefits management company that provides utilization management services for BCBSIL. eviCore is wholly responsible for its own products and services. BCBSIL makes no endorsement, representations or warranties regarding third party vendors and the products and services they offer. Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSIL. BCBSIL makes no endorsement, representations or warranties regarding third party vendors and the products and services they offer.*

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