

# 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 Oklahoma.

*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](#)

The image shows the Availity Sign In page. A blue dashed circle 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?'. A circled '1' is placed to the left of the form.

**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: 'My Account', 'Maintain User', 'Add User', 'Manage My Organization', 'How To' Guide for Dental Providers, 'Enrollments Center', 'Spaces Management Tool', and 'EDI Companion Guide'. A blue dashed circle highlights 'Manage My Organization', with a circled '2' to its left.

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

The image shows the 'Providers' management interface. It includes a search bar with the text 'Search for a provider by name, taxonomy code, or address..' and a magnifying glass icon. A blue dashed circle highlights the 'Manage Providers' dropdown menu, with a circled 'A' to its left.

- 3**
- ▶ Select the **Tax ID Type:**
    - **EIN** – *Employee Identification Number*
    - **SSN** – *Social Security Number*
  - ▶ Enter the **Tax ID** and **NPI number**
  - ▶ Select [Find Provider](#)

The image shows the 'Add Provider' form. A blue dashed circle highlights the 'LET'S FIND YOUR PROVIDER' section, which includes a dropdown for 'Tax ID Type' (set to 'EIN - Employee Identification Number'), and input fields for '\* Tax ID' and '\* National Provider ID (NPI)'. Below these fields 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. A circled '3' is placed to the left of the form.

**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 web application interface. At the top, there is a navigation bar with the Availity logo and links for Home, Notifications, and My Favorites. Below this is a secondary navigation bar with dropdown menus for Patient Registration, Claims & Payments, My Providers, Reporting, Payer Spaces, and More. A blue dashed box labeled '1' highlights the 'A&R Authorizations & Referrals' option in the Patient Registration dropdown menu. Below the navigation, the main content area is titled 'A&R Authorizations & Referrals'. It contains two sections: 'Multi-Payer Authorizations and Referrals' and 'Additional Authorizations and Referrals'. In the 'Multi-Payer' section, three cards are visible: 'Authorization/Referral Inquiry', 'Authorization Request', and 'Referral Request'. A blue dashed box labeled '2' highlights the 'Authorization Request' card. In the 'Additional' section, there are several vendor links, with 'Carelon (BCBSOK)' and 'eviCore (BlueCross BlueShield of Oklahoma)' highlighted by blue dashed boxes.



# Step 2: Start Authorization

- 1 ▶ Select **Organization**
- ▶ Select **BCBSOK** Payer option
 

**Note:** This payer option should be selected for all BCBSOK members, including Medicare Advantage 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 • •  
BCBSOK

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: BCBSOK    BlueCross BlueShield of Oklahoma

PATIENT INFORMATION  SHOW OPTIONAL FIELDS

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

2 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

OKLAHOMA x

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 BCBSOK 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 \*

Place of Service \*

PROCEDURE CODE(S)  SHOW OPTIONAL FIELDS

Procedure Code \*

Type \*

From Date \*

To Date \*

Procedure Quantity \*

Procedure Quantity Type \*

+ Add another procedure code



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

## Auth Required

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

## Undetermined

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

## No Auth Required

No Authorization Required		
<b>Service Type</b> 2 - Surgical	<b>Place of Service</b> 22 - On Campus-Outpatient Hospital	<b>Service From - To Date</b> NA
<b>Procedure Code 1</b> 67875 - CLOSURE OF EYELID BY SUTURE	<b>Quantity</b> 1 Units	<b>Procedure From - To Date</b> 2024-02-15 - 2024-02-15
<b>Status</b> <b>NO AUTH REQUIRED</b>	<b>Message</b> Procedure codes are supported for preauthorization requirement only and are not used for benefit determination	
<b>Vendor Name</b> BCBSOK	<b>Phone</b> (555) 555-5555	
<b>Network Status</b> <b>In Network</b>		
<b>Info</b> No Authorizations are required for this request. <a href="#">Click here</a> to return to the portal, or click Next to continue processing this request.		
<b>Back</b>	<b>Next</b>	

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

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

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

1 Start an Authorization    2 Add Service Information    3 Rendering Provider/Facility    4 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: BCBSOK

**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/DIYE    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

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: BCBSOK

**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: 55510    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: BCBSOK

**BlueCross BlueShield of Oklahoma**

**6** SERVICE PROVIDER  Show Optional Fields

Select a Provider optional

SMITH, JOHN \*1234567890\* 123 ANYWHERE ST, BEACH CITY, OK. 12345

Rendering Provider Role

Attending Physician

First Name : JOHN    Last Name : SMITH

NPI : 1234567890

Address Line 1 : 123 ANYWHERE ST.

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

**6** FACILITY  Show Optional Fields

Select a Provider optional

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

Rendering Provider Role

Facility

Name

ABC HOSPITAL

NPI

1234567890

Address Line 1

999 N. ANYWHERE ST.

City : BEACH CITY    State : OKLAHOMA    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: BCBSOK

BlueCross BlueShield of Oklahoma

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: BCBSOK

BlueCross BlueShield of Oklahoma

Print

**A** Certificate Information

Certification Number	Status
U99999AADF	<b>CERTIFIED IN TOTAL</b>

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

**B** Certificate Information

Reference Number	Status
U99999AABB	<b>PENDED</b>

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 BCBSOK 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
<span>Approved</span> 7 hours ago	UG12345678	<b>DOE, JANE</b> ABC123456789 DOB: 07/13/1963	BCBSOK	Authorization Inpatient	01/16/2024	
<span>Pending Review</span> 7 hours ago	UG99999999	<b>DOE, JOHN</b> ABC999999999 DOB: 04/11/1979	BCBSOK	Authorization Outpatient	01/31/2024	
<span>Error</span> 4 days ago	N/A	<b>DOE, JANE</b> ABC123456789 DOB: 07/13/1963	BCBSOK	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

☆

**BCBSOK**  
ABC999999999

**Authorization**  
Inpatient

**Certificate Number**  
UG999999999

📎

**Pending Review**

**Last updated**  
14 minutes ago

**Submitted**  
02/06/2024

**DOE, JANE**  
DOB: 07/13/1963

☆

**BCBSOK**  
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

<b>Member ID</b> ABC123456789	<b>Date of Birth</b> 1963-07-13	<b>Gender</b> NA
<b>Transaction Type</b> Inpatient Authorization	<b>Organization</b> ABC Organization	<b>Payer</b> BCBSOK

Update
Add Attachments

**Certificate Information**

<b>Certification Number</b> UG12345678	<b>Status</b> <span style="background-color: #4caf50; color: white; padding: 2px 5px;">CERTIFIED IN TOTAL</span>
---	---

**Service Information**

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

4

Not for Distribution



# Step 3: Auth/Referral Inquiry

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

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

\*Select this Payer option for all BCBSOK members, including Medicare Advantage.

**1**

SELECT A PAYER

Organization  
ABC Clinic

Payer  
BCBSOK

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: BCBSOK

Print Update Edit Inquiry Pin to Dashboard

**3**

Certificate Information

Certification Number: UG12345678 Status: CERTIFIED IN TOTAL

Service Information

Service Type	Place of Service	Service From - To Date
AI - Substance Abuse	22 - On Campus-Outpatient Hospital	2024-01-02 - 2024-02-06

Diagnosis Code 1: F1020 - Alcohol dependence uncomplicated

Procedure Code 1 (CPT/HCPCS)	Quantity
H0015 - Alcohol and/or drug services	12 Units

Status: CERTIFIED IN TOTAL

Procedure Code 2 (CPT/HCPCS)	Quantity
H0015 - Alcohol and/or drug services	12 Units

Status: CERTIFIED IN TOTAL

Rendering Providers

Provider 1	NPI
Name: SMITH, JAMES	1234567890
Provider Role: Attending	Address: 999 N ANYWHERE DR. MOUNTAIN VIEW, XX. 12345-0000

Provider 2	NPI
Name: ABC CLINIC	1999999999
Provider Role: Provider Organization	Address: 123 ANYWHERE DR. MOUNTAIN VIEW, XX. 12345-0000

Provider 3	NPI
Name: ABC MEMORIAL HOSPITAL	1000000000
Provider Role: Facility	Address: 555 S. ANYWHERE DR. MOUNTAIN VIEW, XX. 12345-0000



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 <b>Note:</b> 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 [BCBSOK 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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