

BlueApprovRSM User Guide

Information in this user guide is currently **NOT** applicable to Medicare Advantage or Federal Employee Program[®] (FEP[®]) 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 Oklahoma (BCBSOK) 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[®] 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 BCBSOK-branded [Payer Spaces](#) via Availity Essentials



Step 3



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



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', 'How To' Guide for 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' (containing '123456789'), 'Type' (a dropdown menu with 'EIN' selected), and 'National Provider ID (NPI)' (containing '1234567890'). 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 Oklahoma**

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

*Note: Contact your Availity administrator if **BlueApprovR** is not available in the Applications tab via BCBSOK-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 Oklahoma'. Another callout box labeled '2' points to the 'Applications' tab in the sub-menu, which is selected. Below this, the 'BlueApprovR' option is highlighted with a heart icon and a callout box labeled '2'. The description for BlueApprovR reads: 'Submit Auth & Check Status for Medical/Surgical, Specialty Rx & BH services'. A third callout box labeled '3' points to the 'BlueApprovR' form, which 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

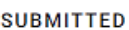



*Use the **Search bar** and **Filter** to identify status of previous submissions that automatically refresh*















NEW REQUEST

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



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.

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



Step 3: Request Submission *(continued)*

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

MEMBER DATA

2 What is the subscriber's 12 character ID?
ABC123456789

SUBSCRIBER	
Name	ID
JOHN DOE	ABC123456789
Group Number	
123456	

BACK NEXT Help

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 question mark 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**

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

BACK NEXT Help



- 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.*
 - *would subject the member to adverse health consequences without the care or treatment that is the subject of the request.*

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**.



- 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

If Clinical Documentation is requested:

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

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

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 Oklahoma

Request Type: Standard

PATIENT AND PROVIDER INFO

<p>PATIENT INFO</p> <p>Name: JOHN DOE</p> <p>Date of birth: 02/01/1969</p> <p>Relationship: Subscriber</p> <p>Sex: M</p>	<p>MEMBER INFO</p> <p>Name: JOHN DOE</p> <p>Member: ABC123456789</p> <p>Group: 123456</p>	<p>ORDERING PHYSICIAN</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>SERVICE PROVIDER</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>ADMINISTRATIVE COMMUNICATIONS CONTACT</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

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 BCBSOK.
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, BCBSOK 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"> - Inpatient Substance Abuse - Inpatient Mental Health - Applied Behavior Analysis, Initial Assessment - Electroconvulsive Therapy - Transcranial Magnetic Stimulation, Repetitive/Deep - Mental Health, Intensive Outpatient Program <ul style="list-style-type: none"> - Substance Abuse, Intensive Outpatient Program - Mental Health, Partial Hospital Program - Substance Abuse, Partial Hospital Program - Mental Health, Residential Treatment Center - Substance Abuse, Residential Treatment Center
Need additional assistance with requesting Behavioral health concurrent review request?	Refer to the BlueApprovR Behavioral Health Concurrent User Guide for detailed instructions.

Have questions or need additional education?

For BlueApprovR education or training, contact the [BCBSOK 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

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