PROVIDER QUICK POINTS
PROVIDER INFORMATION

BlueCross BlueShield Minnesota

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Availity Portal Authorization Frequently Asked Questions

Below is a list of frequently asked questions regarding the use of the Availity Provider Portal at Availity.com for authorization.

Question	Answer
How is an authorization request submitted for a newborn?	Newborns need to be added to the policy before a request can be submitted. Once the newborn is on the policy you will be able to start the authorization. In Step 2, select Medical then **Service Type** of Newborn Care and NICU. This will allow the date range to be entered for the newborn admission.
• Can an authorization be entered for multiple (twins, triplets etc.) birth patients? • How do I submit authorization when members have the same name (i.e. father and son)? • First step is returning error, "Invalid date of birth".	These three questions are resolved with the following answer. In Step 1 of the Authorization process: When entering **Member Information, Relationship to Subscriber** as appropriate (Child, Spouse, Other) The name boxes will appear for Subscriber and Dependent. Enter all name fields to be able to move to next step.
Are retro authorization accepted in Availity?	Yes**.** **Outpatient –** 14 calendar days post service date. **Inpatient –** 5 calendar days post admit date, except for newborns (see newborn question above). **Retro requests need to be received prior to claim.**
How are Authorization requests from Out of state providers handled?	Out of state, non-MN border providers are not required to use Availity. They can fax or call in authorizations. The provider does have the option to use the EPA process to submit MN requests. This will allow them to create, submit, and add **one** attachment (up to 10 MB). They will not have access to full functions of MN Availity Authorization system (i.e. dashboard view & submitting multiple attachments)

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Question	Answer
Why does an authorization not return when an Inquiry is done?	If the authorization is not in the BCBSMN UM system, it will not be returned. Only Authorizations that are Pending, Approved or Denied will return an inquiry request. The provider will need to review their Authorization Dashboard to determine if further action needs to be taken. If the Authorization shows a status of Incomplete, Pending Action or Cancelled then the provider needs to determine what is needed. **Incomplete** requires provider to attach Clinical Documentation. **Pending Action** requires provider to attach additional Clinical Documentation. **Cancelled** requires provider to start a new authorization, if required.
Why is an authorization showing as **Incomplete** on Dashboard?	An **Incomplete** authorization requires the provider to attach Clinical Documentation.
Why is an authorization showing as **Cancelled** on Dashboard?	These are the three reasons for **Cancellations** to appear: 1. The authorization requested needed to be routed to eviCore. (i.e. membership issue, incorrect service type on request) 2. The Service does not require a BCBSMN authorization. Use the new PA Lookup Tool to confirm. 3. The original authorization was denied. Denied authorizations must be appealed.
Is it possible to change the scheduled inpatient admission date on Availity?	Yes. The authorization must be finalized. Call **1-800-528-0934** to speak to a BCBSMN UM representative to change.
The Authorization was faxed or called in; how does the provider see this in Availity?	In Availity, use the Auth/Referral Inquiry option, from the Authorization & Referral Home page. Using the Authorization number received from original request. Example CASE-1234567. The case returns with option to Print, Update, and Pin to Dashboard.
The provider needs to update the discharge date or request concurrent review.	If the original request was called or faxed in, then see above answer to find case and choose update option. If the original request was entered through Availity, then the provider should review their dashboard and choose update option. After choosing update, the provider will be taken to the BCBSMN UM system to choose Update the Discharge date or add necessary information for Concurrent Review.

Question	Answer
Why is there a submission error for a Federal Employee Program (FEP) member?	These are the three reasons for errors to occur: 1. If member's permanent address is not MN but they are receiving services in MN for the first time (needing auth); these will return error after submission (red box). This is because we have not loaded them into our UM system yet. 2. Washington does the membership validation and they occasionally have system down time (more than us), so if they are down then submission in Availity will fail as we do not get a good response from Washington. 3. If Washington goes down during submission process, you would get passed all the entry steps and get error message (red box) when hit submit.
Why am I locked out of a specific authorization after the single sign on to BCBSMN UM system?	These are a couple of reasons why this would occur: 1. Another person is in the authorization. 2. Previously single sign on was not closed appropriately. 3. There are multiple tabs open in the browser that need to be closed. Please allow a full 30 minutes for the system to refresh before attempting to access the authorization again. Close all tabs and clear cache files.
The authorization prompts provider to add clinical documentation but takes the provider to InterQual first. If the provider is unable to complete the survey and only wants to add clinical documentation what is the process?	To bypass InterQual survey, launch InterQual. Click the blue "save" button in top right-hand corner. The system will then take the provider to the BCBSMN UM page to add the needed clinical documentation.

Questions?

If you have questions, please contact provider services at **(651) 662-5200** or **1-800-262-0820**.