

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 Montana.

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](#)

Availity Sign In form with fields for User ID and Password, and a Sign In button. A circled '1' is placed to the left of the form.

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

My Account Dashboard menu with options: My Account, Maintain User, Add User, Manage My Organization (circled with a '2'), '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\(s\)](#)

Providers section with a search bar and a 'Manage Providers' button circled with an 'A'.

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

Add Provider form with fields for Tax ID Type (EIN - Employee Identification Number), Tax ID, and National Provider ID (NPI). A circled '3' is next to the form, and a dashed box highlights the input fields.

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 'Patient Registration' dropdown menu, which is open to show three options: 'EB Eligibility and Benefits Inquiry', 'A&R Authorizations & Referrals', and 'PCS Patient Care Summary Inquiry'. The 'A&R Authorizations & Referrals' option is selected. Below this, the 'Authorizations & Referrals' page is displayed. It features a section for 'Multi-Payer Authorizations and Referrals' with three main options: 'Authorization/Referral Inquiry', 'Authorization Request', and 'Referral Request'. A blue dashed box labeled '2' highlights the 'Authorization Request' option. Below this section is another section for 'Additional Authorizations and Referrals' with several vendor links: 'Clinical Auth Management', 'Carelon (BCBSMT)', 'Drug Prior Authorization (CoverMyMeds)', 'Premera Code Check (including Premera and its suite of plans)', 'Cohere Health', and 'eviCore (BlueCross BlueShield of Montana)'. The 'Carelon (BCBSMT)' and 'eviCore (BlueCross BlueShield of Montana)' links are highlighted with blue dashed boxes.



Step 2: Start Authorization

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

Note: *This payer option should be selected for all BCBSMT 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 • •
BCBSMT

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: BCBSMT BlueCross BlueShield of Montana

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**

REQUESTING PROVIDER SHOW OPTIONAL FIELDS

3 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
Montana * ▾

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 BCBSMT 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 Give Feedback Go to Dashboard New Request

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.

Cancel Accept


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 BCBSMT | 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 BCBSMT | 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 BCBSMT | 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. | | |
| Back | Next | |

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

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
Transaction Type: Outpatient Authorization
Gender: NA
Payer: BCBSMT
Organization: ABC Organization

BlueCross BlueShield of Montana

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

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
Transaction Type: Inpatient Authorization
Gender: Female
Payer: BCBSMT
Organization: ABC Organization

BlueCross BlueShield of Montana

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 BCBSMT | |

6 SERVICE PROVIDER Show Optional Fields

Select a Provider optional

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

Rendering Provider Role

Attending Physician

First Name Last Name

NPI

Address Line 1

City State ZIP Code

6 FACILITY Show Optional Fields

Select a Provider optional

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

Rendering Provider Role

Facility

Name

NPI

Address Line 1

City State ZIP Code



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: BCBSMT

BlueCross BlueShield of Montana

Member Information

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

BlueCross BlueShield of Montana

Print

A Certificate Information

| | |
|----------------------------------|-----------------------------------|
| Certification Number: U99999AADF | Status: CERTIFIED IN TOTAL |
|----------------------------------|-----------------------------------|

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

Do, Jane Patient
Member ID: ABC123456789
Date of Birth: 03/30/1974
Gender: Female
Transaction Type: Inpatient Authorization
Organization: ABC CLINIC
Payer: BCBSMT

BlueCross BlueShield of Montana

Print Add Clinical Documents

B Certificate Information

| | |
|------------------------------|-----------------------|
| Reference Number: U99999AABB | Status: PENDED |
|------------------------------|-----------------------|

Message: Please attach supporting documentation for review to complete.

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 BCBSMT 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 | BCBSMT | Authorization Inpatient | 01/16/2024 | |
| Pending Review 7 hours ago | UG99999999 | DOE, JOHN ABC999999999 DOB: 04/11/1979 | BCBSMT | Authorization Outpatient | 01/31/2024 | |
| Error 4 days ago | N/A | DOE, JANE ABC123456789 DOB: 07/13/1963 | BCBSMT | 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

☆

BCBSMT
ABC999999999

Authorization
Inpatient

Certificate Number
UG999999999

📎

Pending Review

Last updated
14 minutes ago

Submitted
02/06/2024

DOE, JANE
DOB: 07/13/1963

☆

BCBSMT
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 BCBSMT |

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

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

1

SELECT A PAYER

Organization
ABC Clinic

Payer
BCBSMT

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: BCBSMT

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 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 [BCBSMT 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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