

FEBRUARY 4, 2021

# AUTHORIZATION MANAGER

How to use Blue Cross Blue Shield of Massachusetts' authorization tool

# SPEAKERS



**Steve Spillane**  
Provider Service Leader



**Deb Vona**  
Health and Medical Management  
Senior Director



**Sandy Fonseca**  
Clinical Intake Supervisor

# AGENDA

- Introduction and background
- Provider Central registration requirement
- How to access Authorization Manager
- Navigation tips
- Using forms
- Searching for authorizations & referrals
- How to enter authorization requests
- Resources

**QUESTIONS?  
USE THE Q/A FEATURE**

# AUTHORIZATION MANAGER BACKGROUND

Changes coming in 2021



- On February 15, 2021, we will launch the enhanced Authorization Manager tool.
- Authorization Manager builds on the system Blue Cross Blue Shield of Massachusetts launched in February 2020 for providers caring for our Medicare Advantage members.
- The new Authorization Manager tool allows you to do the following for Blue Cross Blue Shield of Massachusetts members\*:
  - Search member specific authorization requirements by code
  - Submit authorization requests for all lines of business
  - Check on the status of submitted authorizations for **all** of our members for **all** medical and behavioral health services in both inpatient and outpatient settings.
  - View correspondence related to authorizations

\*Blue Cross Blue Shield of Massachusetts members who have selected a Massachusetts primary care provider.

# AUTHORIZATION MANAGER BENEFITS

Authorization Manager, available 24/7, provides an alternative to Online Services allowing you to:

- Electronically submit authorization requests for behavioral health, medical, and surgical services
- View the status of all authorizations and referrals, including requests submitted via:
  - Telephone
  - Fax
  - Online Services
  - Vendors such as AIM Specialty Health for genetic testing, radiology, and sleep studies; WholeHealth Networks [Tivity] for chiropractic service
- Upload additional documentation to support our review
- Search by a provider number to look up multiple patients at the same time

## WHAT'S NOT CHANGING



You'll continue using your current process to submit authorizations for:

- **Medications** covered under the member's pharmacy benefit
- **Oral surgery** services

Some services require an outside vendor such as **AIM or WholeHealth**.

Some mental health authorizations must be done by **Modern Assistance Program** and **HMC Healthworks**.

# REGISTRATION REQUIREMENT

You must be a registered Provider Central user.

Visit Provider Central at **[bluecrossma.com/Provider](https://bluecrossma.com/Provider)** for more information and how to register.

- Click the **Register** button on the home page
- Click **Learn more about Provider Central** for detailed information

The **Learn more about Provider Central** page will tell you about:

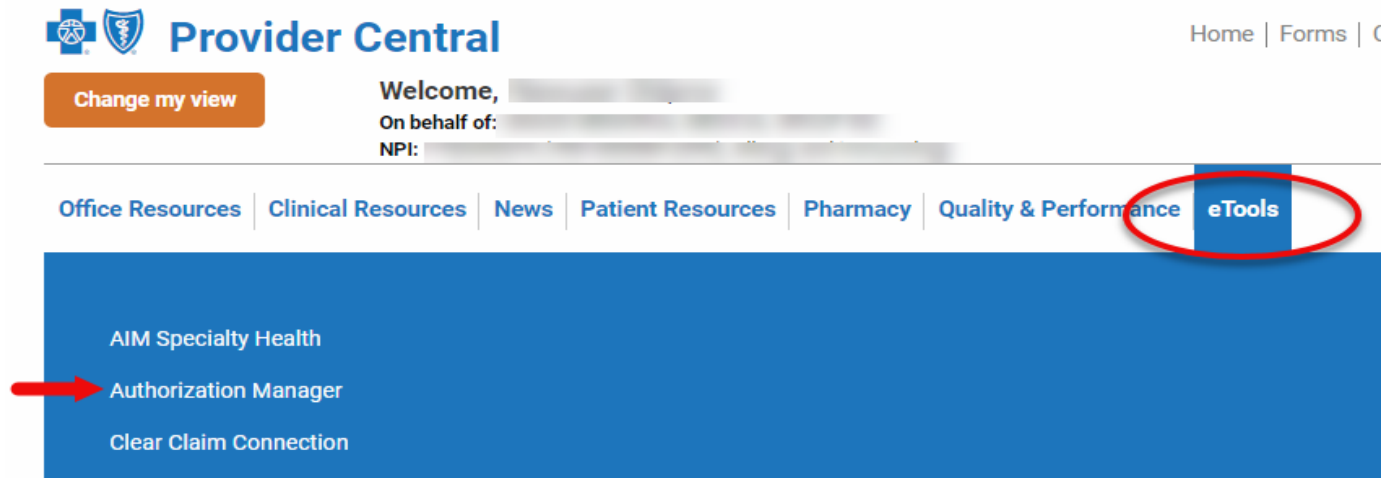
- Who can register
- How to register
- What you get when you register
- Your secure home page
- Helpful tips and resources

See **How do I register** for a link to the **Registration Quick Start Guide**.



## ACCESSING AUTHORIZATION MANAGER

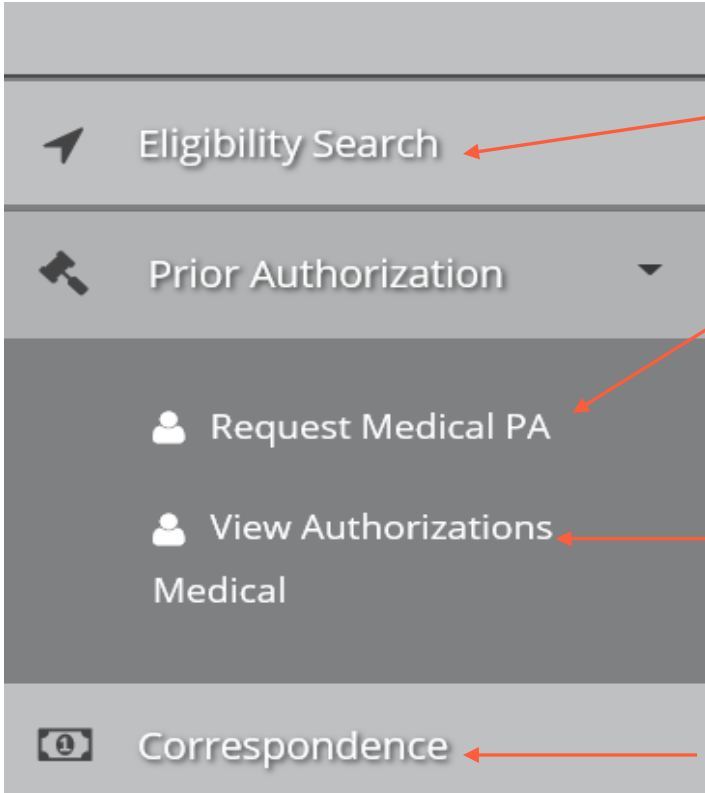
1. Go to Provider Central at **bluecrossma.com/provider**
2. Log in with your username and password.
3. Go to **eTools** and click **Authorization Manager**.



4. Authorization Manager will open, displaying the *Medical Authorizations* screen.

# NAVIGATING FROM THE LEFT PANE

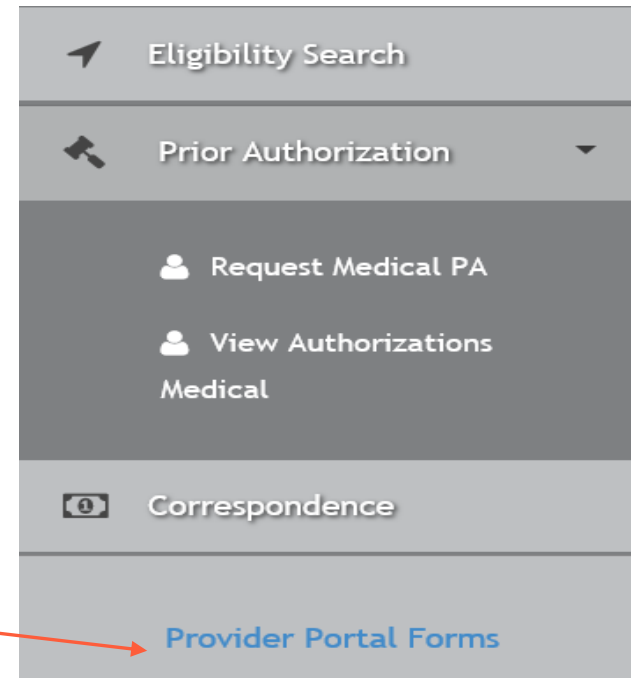
When Authorization Manager opens, the left navigation menu gives you several options:

|  | Select                      | To  |
|--|-----------------------------|---|
|  A screenshot of the left navigation menu in the Authorization Manager application. It shows five main menu items: 'Eligibility Search' with a magnifying glass icon, 'Prior Authorization' with a gavel icon, 'Request Medical PA' with a person icon, 'View Authorizations Medical' with a person icon, and 'Correspondence' with an envelope icon. Red arrows point from the text in the table to the corresponding menu items in the screenshot. | Eligibility Search          | Search for a member. You'll need the member's name, date of birth, and Blue Cross ID number (prefix and suffix not required).   |
|  | Request Medical PA          | Start a new prior authorization request.  |
|  | View Authorizations Medical | View authorizations for the provider who signed in (this is also the default screen that shows when a provider first signs in). |
|  | Correspondence              | View any correspondence created in Authorization Manager that's associated with the provider who signed in.                     |

# FORMS LINK

When you select **Eligibility Search**, **Request Medical PA**, or **Correspondence**, you'll see a link to the Provider Portal Forms.

This takes you to the Provider Central forms page.



When the forms page opens, select **Authorization** for links to forms that may be required with your authorization request.



## WHEN YOU USE FORMS

If you're entering authorizations for *initial* treatment, certain types of care will require you to submit a specific form. If you are submitting a form, you can attach it to your authorization request or fax it separately.

| If you  | Then  |
|---|---|
| Attach the form to your authorization request | <ul style="list-style-type: none"><li>• Make sure you fill out any required fields in the tool.</li><li>• You don't need to complete non-required fields that contain the same information found on the form.</li></ul> |
| Fax the form separately                       | <ul style="list-style-type: none"><li>• You must fill out all fields in the tool, even if they contain the same information found on the form.</li></ul>  |

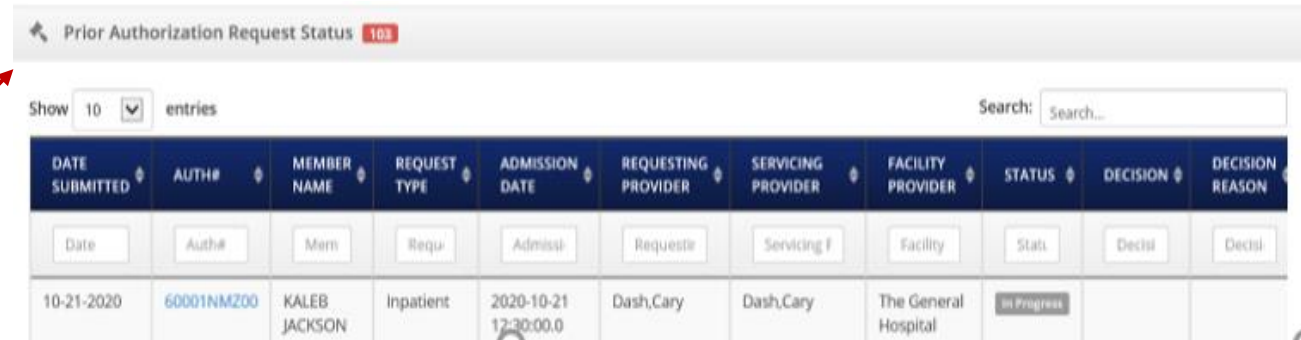
# SEARCHING FOR EXISTING AUTHORIZATIONS AND REFERRALS

## How to search in Authorization Manager

Go to the Medical Authorizations screen.

### Individual providers

- Results will show under Prior Authorization Request Status.



Prior Authorization Request Status 102

Show 10 entries Search: Search...

| DATE SUBMITTED | AUTH#      | MEMBER NAME   | REQUEST TYPE | ADMISSION DATE        | REQUESTING PROVIDER | SERVICING PROVIDER | FACILITY PROVIDER    | STATUS      | DECISION | DECISION REASON |
|----------------|------------|---------------|--------------|-----------------------|---------------------|--------------------|----------------------|-------------|----------|-----------------|
| Date           | Auth#      | Mem           | Requ         | Admissi               | Requeste            | Servicing F        | Facility             | Statu       | Decisi   | Decisi          |
| 10-21-2020     | 60001NM200 | KALEB JACKSON | Inpatient    | 2020-10-21 12:30:00.0 | Dash, Cary          | Dash, Cary         | The General Hospital | In Progress |          |                 |

## Medical Authorizations

### Large group providers

- Select your name from the Requesting Provider dropdown, or
- Search using the Show Search Fields button.

\*Requesting Provider

Show Search Fields

Prior Authorization Request Status 0

# SEARCH RESULTS

Search results list authorizations in columns that can be sorted or filtered.

← Prior Authorization Request Status 103

Show  entries Search:

| DATE SUBMITTED | AUTH#                      | MEMBER NAME  | REQUEST TYPE                | ADMISSION DATE        | REQUESTING PROVIDER | SERVICING PROVIDER  | FACILITY PROVIDER                | STATUS            | DECISION | DECISION REASON         | PAYER           |       |
|----------------|----------------------------|--------------|-----------------------------|-----------------------|---------------------|---------------------|----------------------------------|-------------------|----------|-------------------------|-----------------|-------|
| Date           | Subm                       | Auth#        | Member Nar                  | Request Typ           | Admission Dat       | Requesting Provider | Servicing Provider               | Facility Provider | Statu    | Decisic                 | Decision Reasor | Payer |
| 10-18-2020     | <a href="#">97362B8Q00</a> | IKER THOMSON | Behavioral Health Inpatient | 2020-06-25 00:00:00.0 | Dash,Cary           | Adler,Dale          | Adler,Dale                       | Complete          | Approved | Meets Medicare Criteria | MEDICARE        |       |
| 10-18-2020     | <a href="#">97362B6Y00</a> | IKER THOMSON | Behavioral Health Inpatient | 2020-06-25 00:00:00.0 | Dash,Cary           | Adler,Dale          | Adler,Dale                       | Complete          | Approved | Meets Medicare Criteria | MEDICARE        |       |
| 10-18-2020     | <a href="#">97362B7U00</a> | ISAIAS QUINN | Behavioral Health Inpatient | 2020-06-25 00:00:00.0 | Dash,Cary           | Adler,Dale          | Adler,Dale                       | Complete          | Approved | Meets Medicare Criteria | MEDICARE        |       |
| 10-07-2020     | <a href="#">60001LPN00</a> | AUGUST LEWIS | Behavioral Health Inpatient | 2020-10-07 14:44:26.0 | Dash,Cary           | Dash,Cary           | Stewart,Barbara                  | In Progress       | Approved | Auto Approved           | COMMERCIAL      |       |
| 10-07-2020     | <a href="#">60001LPS00</a> | AUGUST LEWIS | Behavioral Health Inpatient | 2020-10-09 15:09:54.0 | Dash,Cary           | Dash,Cary           | Cogent Healthcare Of Brockton Pc | In Progress       | Approved | Auto Approved           | COMMERCIAL      |       |

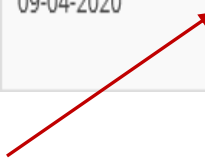
# OPENING AN AUTHORIZATION

Once you find the authorization you are looking for, click on the [blue authorization number](#) to view it.

← Prior Authorization Request Status 103

Show  entries

| DATE SUBMITTED | AUTH#                      | MEMBER NAME  | REQUEST TYPE                | ADMISSION DATE        | REQUESTING PROVIDER | SERVICING PROVIDER | FACILITY PROVIDER    | STATUS      |
|----------------|----------------------------|--------------|-----------------------------|-----------------------|---------------------|--------------------|----------------------|-------------|
| 09-04-2020     | <a href="#">60001HVF00</a> | ANNE CHAPMAN | Behavioral Health Inpatient | 2020-09-20 13:38:00.0 | Dash,Cary           | Testa,Enrique      | Tufts Medical Center | In Progress |



## VIEWING AN AUTHORIZATION

The Member Auth Details screen displays.

Medical Authorization Review

| REVIEW NUMBER | REVISION | REVIEW TYPE           | PRIORITY  | DECISION | REOPEN |
|---------------|----------|-----------------------|-----------|----------|--------|
| 146007670     | 1        | Administrative Review | Expedited |          |        |

Scroll down to view additional details such as:

- Correspondence
- CPT/HCPCS codes
- Diagnosis
- Medical authorization review details
- Notes
- Provider and specialty
- Servicing provider details
- Supporting documents

Click on the Review Number ([shown in blue](#)) to see case details.



# AUTH REVIEW DETAILS

The Auth Review Details page shows the description of the request and what the decision was: approved or denied.

Auth Review Details

## Service Request

| CODE    | DESCRIPTION  | MOD 1 | MOD 2 | FROM         | THRU         | REQUESTED | UNITS | DECISION | DECISION REASON         | APPROVED |
|---------|--|-------|-------|--------------|--------------|-----------|-------|----------|-------------------------|----------|
| 080RXJZ | Alteration of left lower eyelid with synthetic substitute, external approach |       |       | Jun 25, 2020 | Jun 26, 2020 | 1         | Units | Approved | Meets Medicare Criteria | 1        |

Use the Print button to open a printable PDF or go to the left navigational menu and select Correspondence.

## Requesting Provider

| PROVIDER NAME              | SPECIALITY        |
|----------------------------|-------------------|
| Cary Dash- NPI#:1881607513 | Internal Medicine |

Print

# ENTERING AN AUTHORIZATION

# AUTHORIZATION TYPES

There are four types of authorization requests:

| Outpatient  | Inpatient                     |
|---|-------------------------------|
| Service requests (outpatient medical)                         | Inpatient (inpatient medical) |
| Behavioral health service requests (outpatient mental health) | Behavioral health inpatient   |

## AUTHORIZATION REQUESTS HANDLED BY A VENDOR

Some referrals and services need approval by a vendor such as AIM or WholeHealth Networks (Tivity). These cannot be entered in Authorization Manager.

If you enter a procedure code into Authorization Manager that requires review by an outside vendor:

- You will get a message such as “Authorization required – vendor is AIM.”
- You will not be able to proceed with prior authorization.
- You can check the authorization status, but for details and any related correspondence, go to the vendor’s portal.

If you ignore the message, you will get a message: “Cannot create authorization.”

# VENDOR AUTHORIZATIONS



The table below shows how prior authorization is administered for certain services based on the patient's plan type:

|                            | <b>Commercial</b>    | <b>Medicare Advantage</b>       | <b>Federal Employee Program (FEP)</b>    |
|----------------------------|----------------------|---------------------------------|--|
| <b>High-tech radiology</b> | AIM Specialty Health | AIM Specialty Health            | Blue Cross Blue Shield of Massachusetts* |
| <b>Sleep management</b>    | AIM Specialty Health | AIM Specialty Health            | Blue Cross Blue Shield of Massachusetts  |
| <b>Genetic testing</b>     | AIM Specialty Health | No prior authorization required | Blue Cross Blue Shield of Massachusetts  |
| <b>Chiropractic</b>        | WholeHealth Networks | WholeHealth Networks            | Blue Cross Blue Shield of Massachusetts  |

\*Prior authorization is required for the Blue Focus product only

# BEFORE YOU BEGIN

## Important things to know



### 1. Save and complete later not available

When entering an authorization, you cannot save and complete later. **Nothing is saved until you submit.** If there is no activity for 15 minutes, the system will time out and you will lose what you've entered.

### 2. Duplicate requests

If you initiate an authorization and a duplicate exists, you will get an error message: **Duplicate Authorization Case exists. Case number – 123456789.**

### 3. Diagnosis and procedure codes

Make sure you have any required diagnosis and procedure codes handy.

# BEFORE YOU BEGIN, CONTINUED

## Important things to know



### 4. **Supporting documentation**

Have any supporting clinical information for the requested service available so you can upload it to Authorization Manager.

### 5. **Provider name and number**

Know details about the provider you're referring to.

### 6. **Asterisks**

An asterisk beside a field name denotes required information.

# BEFORE YOU BEGIN, CONTINUED

## Important things to know

### 7. Surgical day care

- Check the list of outpatient surgical day care codes found on Online Services before starting an authorization request for outpatient surgical day care.
- As is current today, any surgical day care code on the list **does not require prior authorization if performed in an outpatient setting** unless required by medical policy or SmartSheet.
- If you enter a surgical day care code in Authorization Manager and the code is on the list, you will get a message saying that authorization is not needed for outpatient services but is required for inpatient services.

#### CPT/HCPCS Information

CPT/HCPCS CODE:

63030

Procedure Description:

Laminotomy (hemilaminectomy), with decompression of nerve root(s), including par

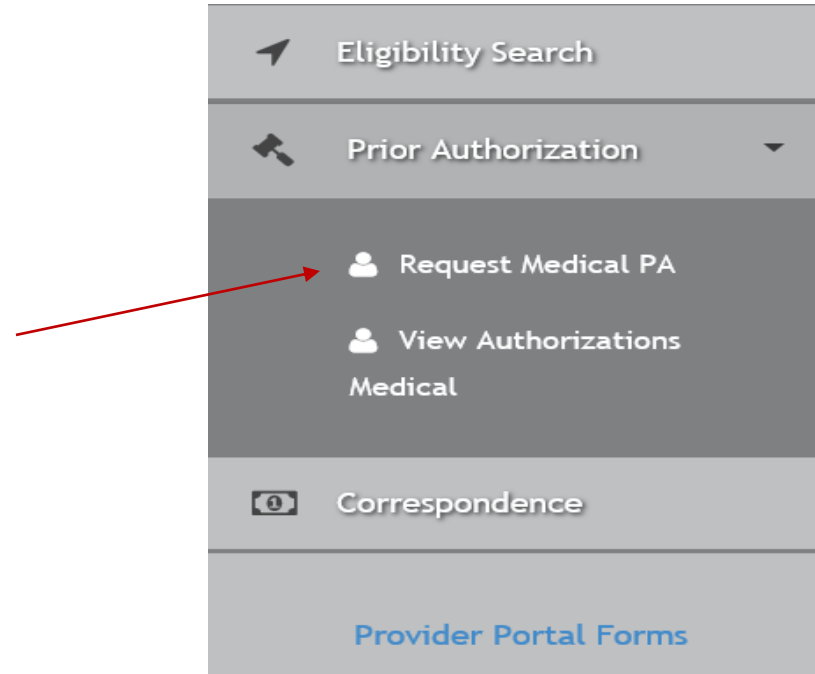
PA Status

No Authorization Required



# REQUEST MEDICAL PRIOR AUTHORIZATION

Click on **Request Medical PA** in the window on the left side of the screen.



The *Request Medical Prior Authorizations* window will display.

# SEARCH FOR THE MEMBER

## How to search in Authorization Manager

Enter your patient's first name, last name, date of birth, and Blue Cross ID number. These **required** fields are indicated with an asterisk.

Click **Search**.

## Request Medical Prior Authorizations

Search for Member

Member First Name \* :

Member Last Name \* :

Member Date of Birth \* :

Member ID \* :

# MEMBER SEARCH RESULTS

When a patient has more than one plan

Click the **Select** button when you find your patient.

| Member Search Results  |            |           |               |           |         |          |                |           |           |                  |            |                      |          |             |
|------------------------|------------|-----------|---------------|-----------|---------|----------|----------------|-----------|-----------|------------------|------------|----------------------|----------|-------------|
| ACTION                 | FIRST NAME | LAST NAME | DATE OF BIRTH | MEMBER ID | ADDRESS | STATUS   | EFFECTIVE DATE | TERM DATE | PLAN CODE | PLAN DESCRIPTION | PCP        | PCP NAME             | IPA CODE | IPA NAME    |
| <a href="#">Select</a> | JOE        | CARDINAL  | 01-01-1987    | 020414143 |         | Eligible | 01-01-2015     |           | 0060      | Blue Choice 2    | 1306951363 | Harrington,Christine | 101      | BIDCO (AQC) |

Date: 10-19-2020

Print

Cancel

If a member has more than one active plan, select the one appropriate for the service and service date.

# CASE WINDOW OPENS

A new window will open with the patient's details. Select **Authorization Urgency** (Standard or Expedited).

## Request Medical Prior Authorizations

**Member Eligible**

|                                     |                                  |  |
|-------------------------------------|----------------------------------|--|
| <b>Name:</b><br>JOE CARDINAL        | <b>Member ID:</b><br>020414143   | <b>Plan Type/Group ID#:</b><br>Blue Choice 2/004056736 |
| <b>Date Of Birth:</b><br>01-01-1987 | <b>LOB:</b><br>POS               |  |
| <b>Address:</b>                     | <b>IPA/MG:</b><br>101            |  |
| <b>Phone:</b><br>000-000-0000       | <b>Effective:</b><br>Jan 1, 2015 | <b>Term:</b>   |
| <b>Special Programs:</b>            |                                  |  |

Select Authorization Urgency  
 Standard  Expedited

## Important

Expedited should be used only when you believe that postponing care could place the patient's life, health, or ability to regain maximum function in serious jeopardy. Please do not select expedited unless the case qualifies as such.

# ENTER DETAILS OF THE REQUEST

Input information by:

- Free format
- Making a choice (yes or no)
- Selecting from a dropdown

Add:

- Contact information
- Request type
- Review type
- Place of service
- Provider information
- Diagnosis and procedure codes

# REVIEW TYPES & REQUEST DATES

Review type will always be **Initial** for outpatient requests.

Request date will generally be today. However, you can request retroactive authorization in some instances.

| For         | You can  |
|-------------|--|
| HMO members | Select a prior date back 90 days   |
| PPO members | Call <b>1-800-327-6716</b> or fax to <b>1-888-282-0780</b> if you need an authorization to begin beyond 90 days. |

# ENTERING DIAGNOSIS & PROCEDURE CODES

- Diagnosis codes are **required** for all requests.
- Procedure codes are **required** for all except inpatient, emergency room, and urgent care requests.

Use the green boxes to add the codes. You can search by code or description.

\*Diagnosis (\*Denotes required field)

ICD - Search Results Add Primary Diagnosis Add Diagnosis

| ACTION | ICD NUMBER | DESCRIPTION | ICD TYPE | PRIMARY DIAGNOSIS |
|--------|------------|-------------|----------|-------------------|
|--------|------------|-------------|----------|-------------------|

\*Procedure (\*Denotes required field)

CPT/HCPCS - Search Results Add Procedure

| ACTION | CPT/HCPCS# | PLANNED PROCEDURE | QUANTITY | UNIT TYPE | FREQUENCY | MODIFIER 1 | MODIFIER 2 | START | END | STATUS | PRIMARY PROCEDURE |
|--------|------------|-------------------|----------|-----------|-----------|------------|------------|-------|-----|--------|-------------------|
|--------|------------|-------------------|----------|-----------|-----------|------------|------------|-------|-----|--------|-------------------|

Cancel

Submit

For homecare, occupational therapy, physical therapy, psychological testing, speech therapy, and wound vac requests, use an initial request code in the first position.

# MORE ABOUT PROCEDURE CODES

Some procedure codes will trigger a request for more information, such as modifiers, quantity, units, and frequency. Enter the requested information and click Submit.

## CPT/HCPCS Information x

CPT/HCPCS CODE:

0067U

Procedure Description:

Oncology (breast), immunohistochemistry, protein expression profiling of 4 biomarkers (matrix metalloproteinase-1 [MMP-1], carcinoembry

PA Status

Authorization Required

Modifier 1 (if applicable):



Modifier 1 Description (if applicable):

Modifier 2 (if applicable):



Modifier 2 Description (if applicable):

\*Quantity:

\*Units:



Frequency



Start Date

10-21-2020

End Date

10-21-2020

Short Description

ONC BRST IMHCHEM PRFL 4 BMRK


Cancel

Submit




## UPLOADING CLINICAL DOCUMENTATION AND NOTES

- If you need to add clinical information related to your request, click **Add Documents**.
- If you want to add a free-formatted note, click **Add Notes**.


Uploaded Documents  [+ Add Documents](#)

| ACTION | DOCUMENT NAME |
|--------|---------------|
|--------|---------------|

Notes

Notes  [+ Add Notes](#)

| ACTION | NOTE TEXT |
|--------|-----------|
|--------|-----------|

 [Submit](#)

## REVIEW AND DO FINAL SUBMISSION

Once you've clicked submit, if any required information is missing, you'll be prompted to add it.

Review your request for accuracy. You can:

- Go back to correct or add additional information.
- Add supporting documentation in various formats.
- Add a free-formatted note.

When you're ready, click **Submit**. At this point, you can no longer edit your request, but you still can attach supporting documentation.

# AUTHORIZATION DISPLAY

The screen will show the status of your request and a reference number.

Member Eligible

|                                     |                                  |  |
|-------------------------------------|----------------------------------|--|
| <b>Name:</b><br>JOE CARDINAL        | <b>Member ID:</b><br>020414143   | <b>Plan Type/Group ID#:</b><br>Blue Choice 2/004056736 |
| <b>Date Of Birth:</b><br>01-01-1987 | <b>LOB:</b><br>POS               |  |
| <b>Address:</b>                     | <b>IPA/MG:</b><br>101            |  |
| <b>Phone:</b><br>000-000-0000       | <b>Effective:</b><br>Jan 1, 2015 | <b>Term:</b>   |
| <b>Special Programs:</b>            |                                  |  |

**Authorization Status:** In Progress

**Reason:** Coordinator Review

**Decision:**

**Reference#:** 60001NNS00

**Procedure Status:** 0067U:Not Decided

Create Auth for same memberCreate Auth for different member

This authorization is not a guarantee of payment. It is the provider's responsibility to check eligibility for each date of service and to follow current payment policies guidelines. Benefits for this service are subject to the provisions of the members plan and his/her eligibility on the dates of service.

You now can create another authorization for the same patient or for a different member.

**QUESTIONS?**

# RESOURCES

- Authorization Manager Guide (go to Provider Central at [bluecrossma.com/provider](https://bluecrossma.com/provider), then to >Clinical Resources>Prior Authorization>Prior Auth Overview and look for the links in the right-hand window)
- Authorization Manager Brainsharks
- Network Management & Credentialing at **1-800-316-BLUE (2583)**