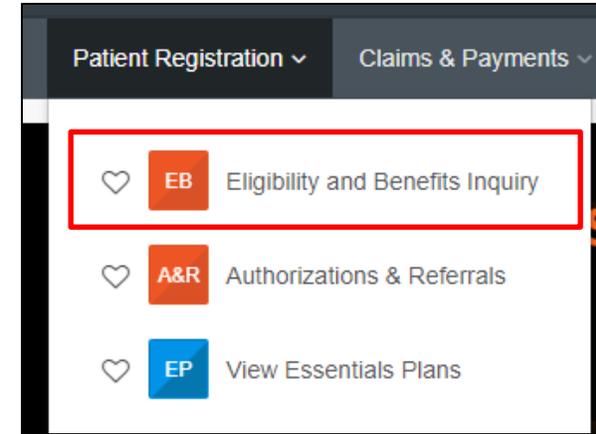


Availity® Provider Portal Outpatient Authorization Submission

Prior to submitting a prior authorization request, you should first check the member's Eligibility and Benefits, including authorization requirements. It is the provider's responsibility to confirm that the member's benefit plan provides the appropriate benefits for the anticipated date of service.

To do so in Avality, go to **Patient Registration** in the menu bar and click on **Eligibility & Benefits Inquiry**.

Complete the form, including Provider, Member and Service Information.

A screenshot of the 'Eligibility & Benefits' form in the Avality system. The form has a header with an 'EB' icon and a 'Feedback' button. A yellow warning banner at the top reads: 'To search for out of area members, use the Single Patient Search tab. Enter the facility or group NPI instead of the individual provider NPI.' Below the banner, a note states: 'Fields marked with an asterisk * are required.' The form contains two required dropdown menus: '* Organization' (set to 'Highmark PA Provider Test') and '* Payer' (set to 'HIGHMARK BLUE SHIELD'). Below these is a section titled 'Provider Information' with a 'Clear Section' link. It contains a 'Provider' dropdown menu and a search prompt: 'Search for a provider by name, NPI, tax ID, taxonomy code, or address'.

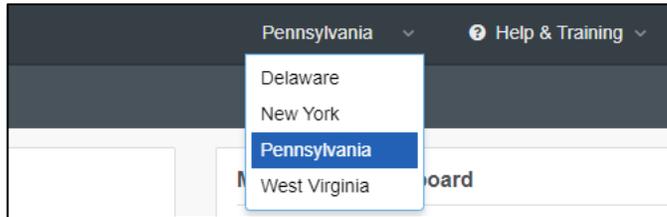
*Verifying Eligibility and Benefits prior to submitting a prior authorization request and/or submitting a claim can:

- 1) Help you avoid submitting unnecessary prior authorization requests
- 2) Confirm patient copays and/or coinsurance
- 3) Minimize claims rejections

Submitting the Prior Authorization Request

In Availity Essentials, there are two paths for prior authorization submission.

After logging into Availity, first choose the appropriate state for your practice/facility.



Next, choose your authorization path:

Path 1 Predictal via Payer Spaces	Path 2 Authorizations & Referrals
--	--

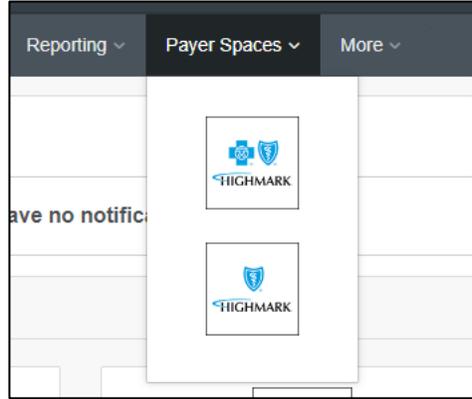
Authorization Status / Authorization Inquiry:
Only Available via Path 1:
Predictal via Payer Spaces

Exception 1:
Retail Pharmacy Authorization Submissions
Can ONLY Use Path 1

Exception 2:
Out of Area (OOA) Member Authorization Submissions
Can ONLY Use Path 2

Path 1

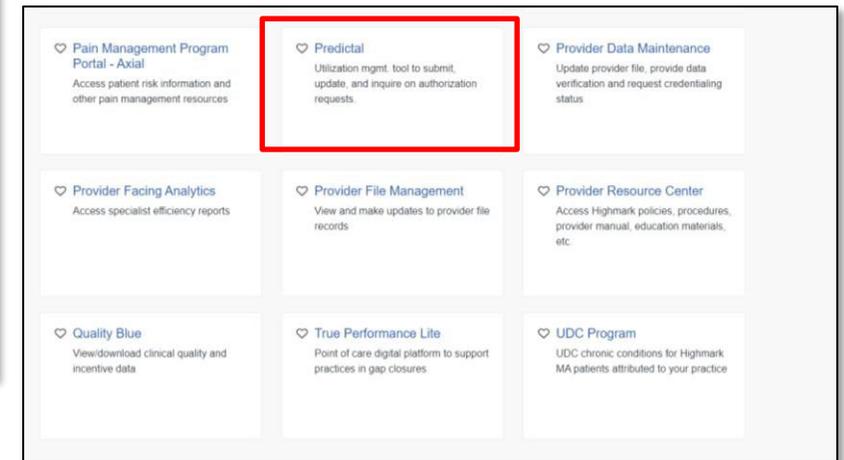
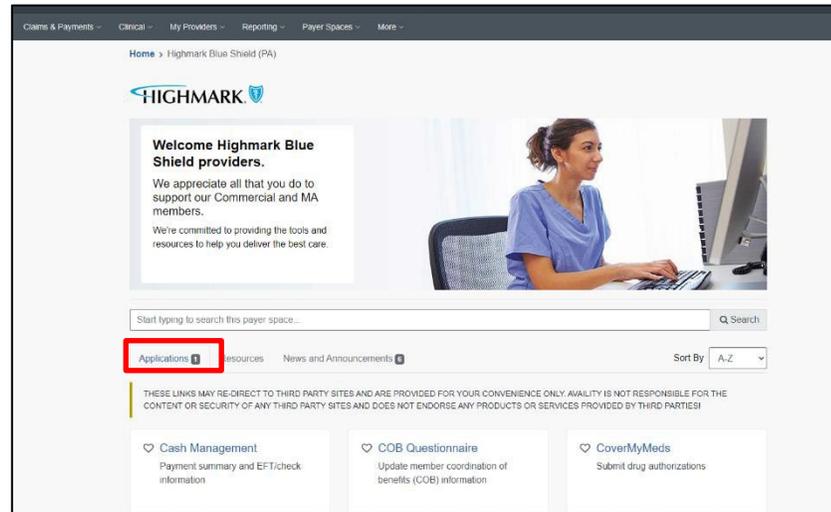
To access Highmark's Payer Spaces in Availity Essentials, click on **Payer Spaces** from the top menu and choose the appropriate Health Plan.



***For prior authorization requests for Retail Pharmacy, you must use this path for submission.**

***To check Authorization Status and/or submit an Authorization Inquiry, you must use this path to access Predictal via Payer Spaces.**

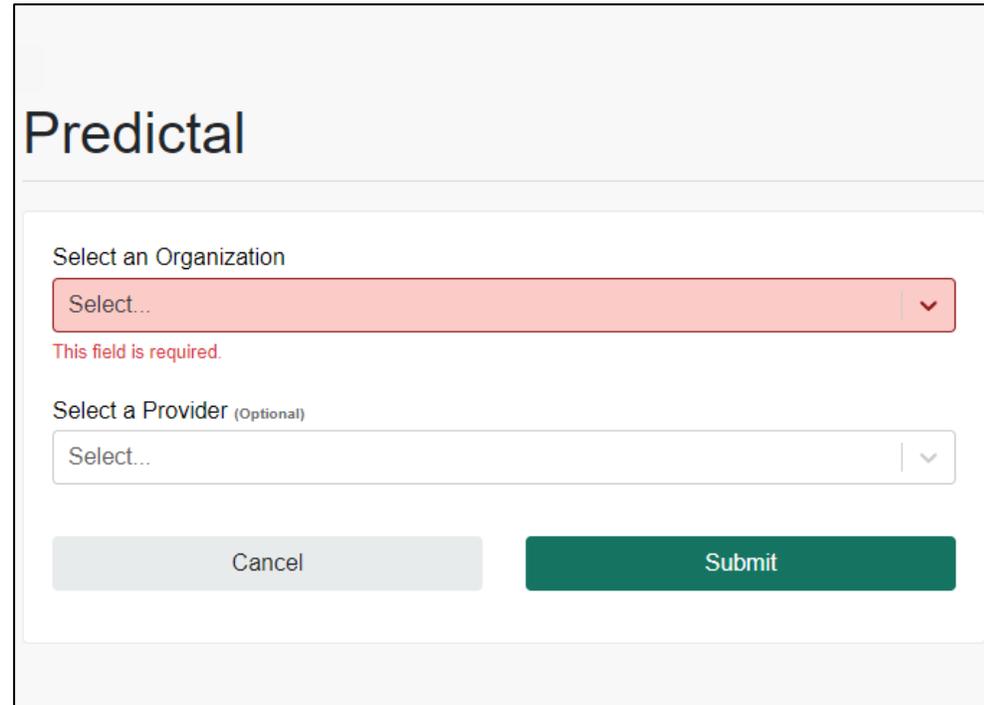
Within **Payer Spaces**, look under **Applications** and select **Predictal**.



Path 1

Once you've selected Predictal, you will need to choose your **Organization**.

- Select a **Provider** (optional)
- Click **Submit** to get to a new tab.



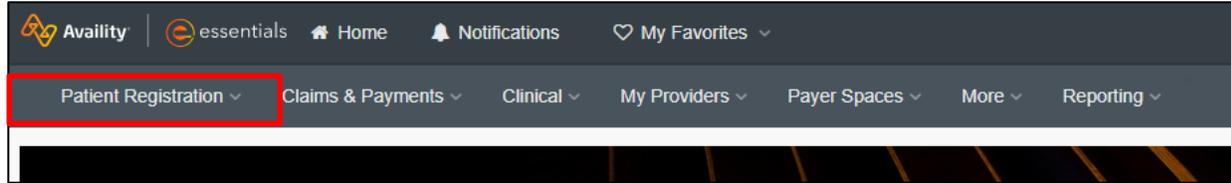
The screenshot shows a web form titled "Predictal". It contains two dropdown menus. The first is labeled "Select an Organization" and has a red border with a "Select..." placeholder and a downward arrow. Below it is a red error message: "This field is required." The second dropdown is labeled "Select a Provider (Optional)" and has a "Select..." placeholder and a downward arrow. At the bottom of the form are two buttons: "Cancel" (light gray) and "Submit" (dark green).

That will take you into the Predictal Authorization Automation Hub to complete your prior authorization request.

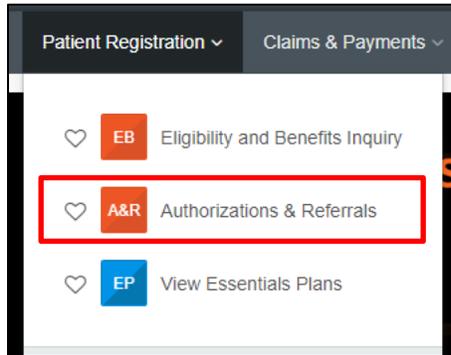
Path 2

To access Authorization & Referrals, first click on Patient Registration in the top menu.

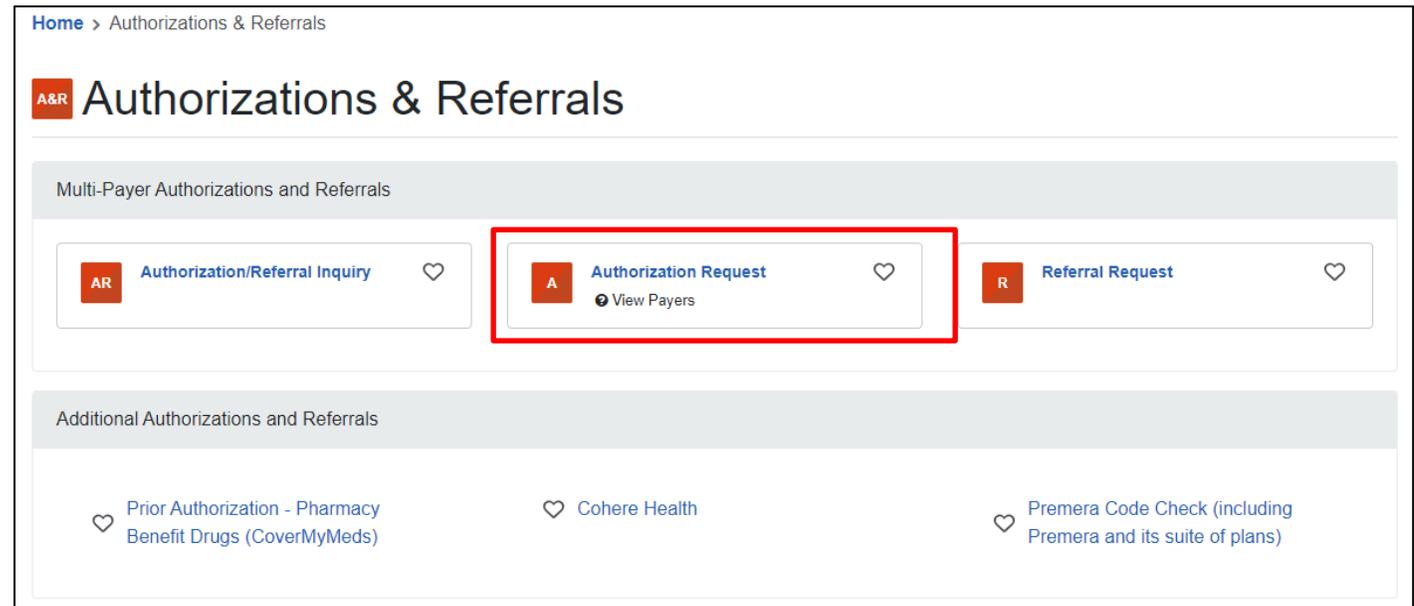
***For prior authorization requests for Out of Area members, you must use this path for submission.**



Then choose Authorizations & Referrals.



And select Authorization Request.



Path 2

Once you've selected Authorization Request, you will fill out the form with the appropriate information.

Additional fields will appear as you begin to complete the online form.

Home > Authorizations & Referrals > Authorizations Need help? Watch a demo about Authorizations and Referrals.

Authorizations Give Feedback New Request

SELECT A PAYER

Organization •
Highmark

Template(s) optional • Manage Templates
No template selected

Select a template from the list or continue with Payer and Request Type fields.

Payer •
Select a Payer

Request Type •
Select Authorization Type

Next

v7.403.3

Predictal Auth Automation Hub

Authorization requests for the following outpatient services may be completed within the Predictal Auth Automation Hub, which is accessible via Payer Spaces:

Outpatient – Planned Medical
Outpatient – Planned Surgical
Outpatient – Speech Therapy
Outpatient – CORF – Physical Therapy
Outpatient – CORF – Occupational
Therapy Home Health Care
Hospice Pharmacy

Outpatient – Large Joint Procedures
Outpatient – Spine Surgery Procedures
Outpatient – Pain Management Procedures
Outpatient – Medical Drug and Chemotherapy
Advanced and Cardiac Imaging – Request
Radiation Therapy – All Services
Lab Management – Genetic Testing

***Note: Workflows for the services listed above may not be accessible for providers in all Highmark regions.**

The Predictal home page has links to the Prior Authorization List, Cover My Meds submission, and a view into authorizations that have not been completed.

Highmark Welcomes

Helpful Links

- List of Procedures and DME Requiring Authorization
- List of FEP Standard and Basic Procedures Requiring Prior Approval
- List of FEP Blue Focus Procedures and DME Requiring Prior Approval
- Request a prescription drug authorization request through CoverMyMeds

Information you will need to submit an authorization:

- Member Demographics
- Procedure/Service Details
- Diagnosis Details
- Provider Details
- Clinical Criteria

New Auth Submission

My Unsubmitted Auths

Member Name	DOB	Start of Care Date	Authorization Type	Service Type	Last updated by	Actions
 No Items						

The left side navigation panel includes links to the functions available within Predictal.

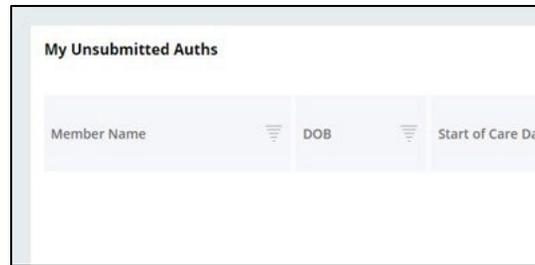
Select **New Auth Submission** to initiate a new request.

Select **Auth Inquiry** to do any of the following:

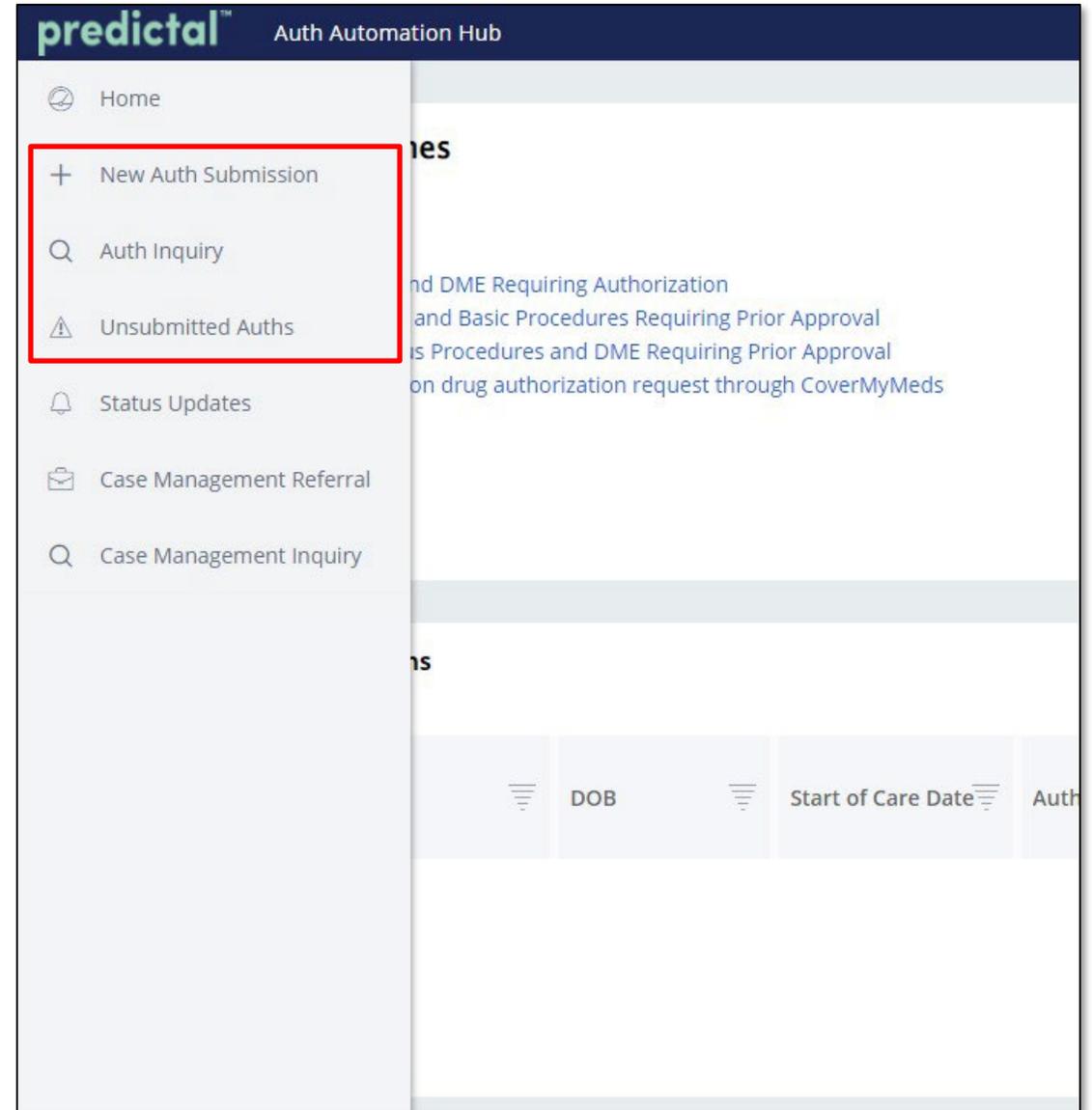
1. Check Authorization Status
2. Change/Update Start of Care Date
3. Review Approval and Denial Letters
4. Discharge Planning
5. Concurrent Review
6. Respond to a Request For Additional Information

Select **Unsubmitted Auths** to view an authorization request that was started but not yet submitted.

You can also view your **Unsubmitted Auths** on the Predictal homepage.



My Unsubmitted Auths		
Member Name	DOB	Start of Care Date



predictal™ Auth Automation Hub

- Home
- New Auth Submission**
- Auth Inquiry
- Unsubmitted Auths**
- Status Updates
- Case Management Referral
- Case Management Inquiry

Auth Automation Hub

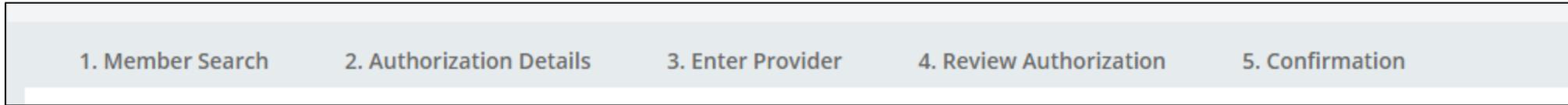
and DME Requiring Authorization
and Basic Procedures Requiring Prior Approval
is Procedures and DME Requiring Prior Approval
on drug authorization request through CoverMyMeds

Auth Automation Hub

	DOB	Start of Care Date	Auth

New Authorization Submission via Predictal

The top menu bar in the Predictal Auth Automation Hub will walk you through the steps of the electronic authorization submission process.

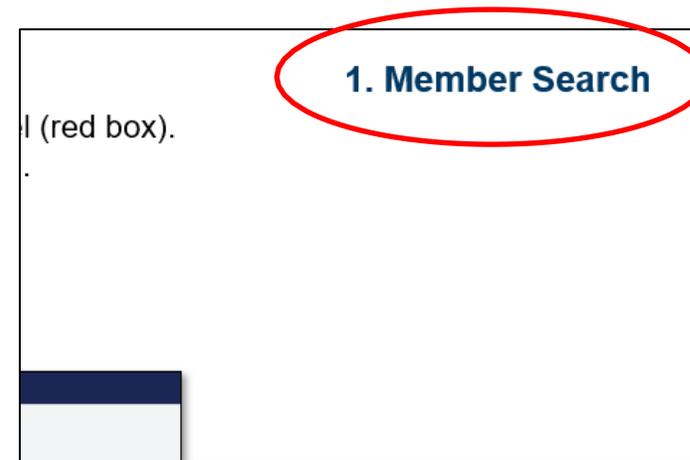


After each step listed in the top menu bar, you will be asked to hit **Submit**. Your authorization will not be submitted to Highmark until the final **Submit** on the Confirmation screen (Step 5 above.)

Throughout the authorization process, you will have the opportunity to **Save** your work without submitting. Hitting **Save** at the bottom of the screen will move the authorization request into your **Unsubmitted Auths** queue.

There is also a **Back** button that will allow users to go back and make any corrections to information that is incorrect.

In the upper right-hand corner of the following slides, we've noted where you are in the submission process.



1. Member Search

For a new Authorization Request:

1. Select **New Auth Request** from the left side navigation panel (red box).
2. Select the **Ordering/Attending Provider** from the dropdown.

Search the Member ID.

Fill in the Start of Care Date.

Select Search.

predictal™ Auth Automation Hub

Authorization Request

Member Name Member ID Date of Birth Client Name Plan Type Case Type Authorization Type Service Type

1. Member Search 2. Authorization Details 3. Enter Provider 4. Review Authorization 5. Confirmation

Ordering/Attending Provider
Select provider *

To select a member, click on the search results table to expand the desired member. Then, highlight the correct Group Number/LOB row to select and continue

Search
Search For
 Member

Search for member * Start of Care Date *
Member ID 11/30/2023

Member UMI * **Search**

Search Result: 4 matches found...

Member ID	First Name	Last Name	Date of Birth	Gender
			07/20/1985	FEMALE

1. Member Search

When results return, to select the appropriate member, you will need to complete the following steps to select the specific member.

- Click on the **widget** to highlight the **member** and open the **additional information** about the member.
- Click on the **member** you wish to submit an authorization to highlight the row.

Doing this will select the member on the policy that the authorization will be submitted for.

You can then select **Submit** to move to the next step.

The screenshot displays a web interface for member search. At the top, there is a radio button labeled "Member" which is selected. Below this are two search filters: "Search for member *" with a dropdown menu showing "Member ID" and "Start of Care Date *" with a date input field showing "11/30/2023". There is also a "Member UMI *" input field and a blue "Search" button. Below the search filters, it says "Search Result: 4 matches found...". The results are shown in a table with two sections. The first section has columns: Member ID, First Name, Last Name, Date of Birth, and Gender. The second section has columns: UMI, Client Name, Group Name, Group Number, LOB, COB, Start Date, End date, and Relationship. Two red arrows point to the first row of the first table and the first row of the second table.

Member ID	First Name	Last Name	Date of Birth	Gender
[REDACTED]	[REDACTED]	[REDACTED]	07/20/1985	FEMALE

UMI	Client Name	Group Name	Group Number	LOB	COB	Start Date	End date	Relationship
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	PPO		01/01/2021		EMPLOYEE

2. Authorization Details

After you have completed the member information, can you move on to the following steps:

3. Select the Authorization Type
4. Select the Place of Service
5. Select the Service Type

predictal™ Auth Automation Hub

Authorization Request

Member Name	Member ID	Date of Birth	Client Name	Plan Type	Case Type	Authorization Type	Service Type
				Commercial	Prior Authorization	Medical-Outpatient	---

1. Member Search 2. Authorization Details 3. Enter Provider 4. Review Authorization 5. Confirmation

Case Information

Authorization Type * 

Medical-Inpatient

Medical-Outpatient

Behavioral-Inpatient

Behavioral-Outpatient

Pharmacy

Case Type

Prior Authorization

Request Information

Start of Care Date *

10/31/2023

Member Information

First Name

Select...

- Ambulance - Ambulance - Air or Water
- Ambulance - Land
- Ambulatory Surgical Center
- Birthing Center
- Comprehensive Outpatient Rehabilitation Facility
- Home
- Independent Clinic
- Independent Laboratory
- Office
- Outpatient Hospital
- Professional Ambulatory Infusion Suite
- Outpatient Hospital 

Select...

- Anesthesia
- Cardiac Rehabilitation
- Consultation
- Diagnostic Lab
- Diagnostic Medical
- Diagnostic X-Ray
- Dialysis
- Durable Medical Equipment
- Infertility
- Infusion Therapy
- Inhalation Therapy
- Injectable Drug
- In-vitro Fertilization
- Maternity
- Medical Care
- Medically Related Transportation
- MRI/CAT Scan
- Oral Surgery
- Pharmacy

Select... 

2. Authorization Details

As you scroll down on the page, you will complete the **Diagnosis Information** and **Procedure Information**.

The screenshot displays the Predictal Auth Automation Hub interface. At the top, the header reads "predictal™ Auth Automation Hub". Below this is the "Authorization Request" section, which includes a table with the following fields: Member Name, Member ID, Date of Birth, Client Name, Plan Type (Commercial), Case Type (Prior Authorization), Authorization Type (Medical-Outpatient), and Service Type. Below the table is the "Detail Information" section, containing "Place of Service" (Office) and "Service Type" (Medical Care). The "Diagnosis Information" section is circled in red and contains a table with columns for Code Set Type (ICD 10), Code, and Description, with an "Add" button below. The "Procedure Information" section is also circled in red and contains a table with columns for Code Set Type (Select...), Code, and Description, and a row for "From" (12/4/2023), "Requested units", and "Unit Type" (Select...), with an "Add" button below.

2. Authorization Details

In the **Diagnosis Information** section – entering a partial diagnosis code or description will populate a list of codes for you to select from. You must include the **decimal point** when entering your **diagnosis** code.

The screenshot displays the 'dictal Auth Automation Hub' interface. At the top, the title 'Authorization Request' is visible. Below it, a table lists member and case details:

Member Name	Member ID	Date of Birth	Client Name	Plan Type	Case Type	Authorization Type	Service Type
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	Prior Authorization	Medical-Outpatient	Medical Care

The 'Diagnosis Information' section is active, showing a search for 'I83.'. A dropdown menu is open, listing the following codes and descriptions:

- I83.209**: VARICOSE VEINS OF UNSPECIFIED LOWER EXTREMITY WITH BOTH ULCER OF UNSPECIFIED SITE AND INFLAMMATION
- I83.211**: VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH BOTH ULCER OF THIGH AND INFLAMMATION
- I83.212**: VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH BOTH ULCER OF CALF AND INFLAMMATION
- I83.213**: VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH BOTH ULCER OF ANKLE AND INFLAMMATION
- I83.214**: VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH BOTH ULCER OF ANKLE AND INFLAMMATION

Below the dropdown, the 'Procedure Information' section is partially visible, showing a 'Code Set Type' dropdown set to 'CPT' and a 'Code' input field with the text 'Enter Co...'. A 'From' date field is also present, showing '12/4/2023'.

2. Authorization Details

If you have entered an incorrect code, you can click the **Remove** link to delete that diagnosis from the request. Select the **Add** link to add additional diagnosis codes.

NOTE: eviCore managed authorizations will only allow one diagnosis code to be added.

Authorization Request

Member Name	Member ID	Date of Birth	Client Name	Plan Type	Case Type	Authorization Type	Service Type
[Redacted]	[Redacted]	[Redacted]	[Redacted]	Commercial	Prior Authorization	Medical-Outpatient	---

Place of Service * Service Type *

Diagnosis Information

Code Set Type *	Code *	Description *	
<input type="text" value="ICD 10"/>	<input type="text" value="I83.001"/>	VARICOSE VEINS OF UNSPECIFIED LOWER EXTREMITY WITH BOTH ULCER OF UNSPECIFIED SITE AND INFLAMMATION	<input type="button" value="Remove"/>

Procedure Information

Code Set Type *	Code *	Description *
<input type="text" value="Select..."/>	<input type="text" value="Enter Code/Description"/>	---

From * Requested units * Unit Type *

2. Authorization Details

When entering the **Procedure** information, you **must** select the appropriate **Code Set Type**. If this is not selected, your procedure code will not be found.

NOTE: When entering an eviCore or Helion managed authorization, you will not be asked for the procedure code until later in the workflow.

predictal Auth Automation Hub

Authorization Request

Member Name Member ID Date of Birth Client Name Plan Type Case Type Authorization Type Urgency Service Type
Prior Authorization Medical-Outpatient Non-Urgent Medical Care

Code Set Type*	Code*	Description*	
ICD-10	B42.82	SPOROTRICHOSIS ARTHRITIS	Remove

Add

Procedure Information

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Code Set Type*	Code*	Description	Requested units*	Unit Type*	
Select...	Enter Code/Description				
CPT				Select...	Remove
HCPCS					

Add

Indicate Location of Clinical Information

Add

Submitter Contact Information

Note: A **CPT** Code is a 5-digit numeric code.

A **HCPCS** is a 5-digit code that begins with an alphanumeric value.

Once you have selected the **Code Set Type**, enter a partial procedure code or description to see a list of codes you can select.

Next, complete the remaining required fields.

Like the **Diagnosis** section, you can select **Remove** if you have entered something incorrectly. Click **Add** if you need to authorize more than one procedure code.

Note: There is no limit to the number of procedure codes that can be added.

predical Auth Automation Hub

Authorization Request

Member Name	Member ID	Date of Birth	Client Name	Plan Type	Case Type	Authorization Type	Urgency	Service Type
					Prior Authorization	Medical-Outpatient	Non-Urgent	Medical Care

Diagnosis Information

Code Set Type	Code	Description	
ICD 10	B42.82	SPOROTRICHOSIS ARTHRITIS	Remove

Add

Procedure Information

CPT/HCPCS Disclaimer: Current Procedural Terminology (CPT®) is copyright 2021 American Medical Association. All Rights Reserved. No fee schedules, basic units, relative values, or related listings are included in CPT. The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS restrictions apply to government use. Current Dental Terminology © American Dental Association. All rights reserved. Service provider acknowledges that the information being provided is based on data currently available. Processing of all claims is subject to medical policy, a determination of the member's benefit program and eligibility at the time of service.

Code Set Type	Code	Description
CPT	3647	

From * 33647
11/24/2022 REPAIR OF ATRIAL SEPTAL DEFECT AND VENTRICULAR SEPTAL DEFECT, WITH DIRECT OR PATCH CLOSURE

Add

Indicate Locat

Add

36470	INJECTION OF SCLEROSANT, SINGLE INCOMPETENT VEIN (OTHER THAN TELANGLIOECTASIA)
36471	INJECTION OF SCLEROSANT, MULTIPLE INCOMPETENT VEINS (OTHER THAN TELANGLIOECTASIA) SAME LEG
36473	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS MECHANOCHEMICAL, FIRST VEIN TREATED
36474	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS MECHANOCHEMICAL, SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION TO C00)
36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS RADIOFREQUENCY, FIRST VEIN TREATED
36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS RADIOFREQUENCY, SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION TO C00)
36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS LASER, FIRST VEIN TREATED
36479	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS LASER, SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION TO C00)

Remaining: 234 (100)

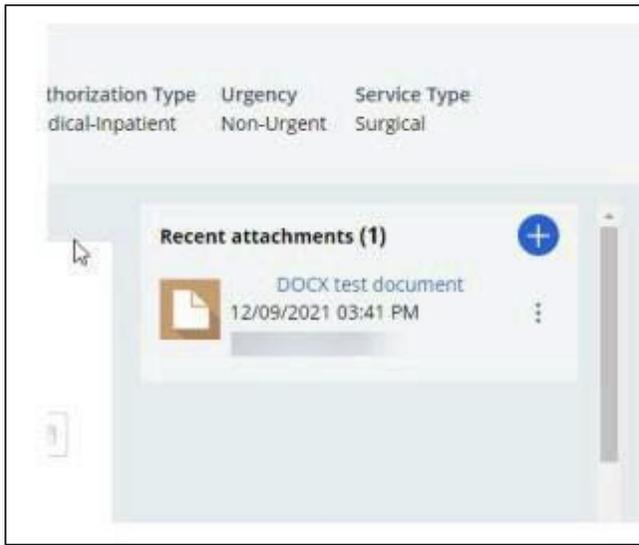
The **Recent Attachments** section will allow you to send attachments with an authorization by clicking on the **+** icon.

The screenshot shows the 'Authorization Request' form. At the top, there is a header with fields for Member Name, Member ID, Date of Birth, Client Name, Plan Type (Commercial), Case Type (Prior Authorization), Authorization Type (Medical-Outpatient), and Service Type. Below this is a progress bar with five steps: 1. Member Search, 2. Authorization Details (current), 3. Enter Provider, 4. Review Authorization, and 5. Confirmation. The main content area is divided into 'Case Information' and 'Request information'. 'Case Information' includes radio buttons for Authorization Type: Medical-Inpatient, Medical-Outpatient (selected), Behavioral-Inpatient, Behavioral-Outpatient, and Pharmacy. 'Request information' includes a 'Start of Care Date' field with the value 12/04/2023. On the right side, there is a 'Tools' section with a 'History' link and a 'Recent attachments (0)' section. The 'Recent attachments (0)' section is highlighted with a red box and contains a plus icon (+) and two buttons: 'Attach File' and 'Attach URL'.

You can also attach a file or a URL in the **Recent Attachments** section.

The screenshot shows the 'Attach file(s)' dialog box. It has a title bar with a close button (X). The main area contains a dashed box with a paperclip icon and the text 'Drag and drop files here'. Below this is the text 'OR' and a blue button labeled 'Select file(s)'. At the bottom, there are three buttons: 'Cancel', 'Attach', and a 'Service type' dropdown menu set to 'Surgical'.

The screenshot shows the 'Attach a link' dialog box. It has a title bar with a close button (X). The form includes a 'Name' field with a red asterisk and a red error message 'Value cannot be blank'. Below it is a 'URL' field with a red asterisk. There is an 'Attachment Category' dropdown menu with 'URL' selected and a list of other categories: Select..., DOC, DOCX, JPG, PDF, PNG, PPT, PPTX, TXT, URL, XLS, and XLSX. A blue 'Submit' button is located at the bottom right.



When a document has been attached in the **Recent Attachment** section, you should complete the **Indicate Locations of Clinical Information** section to provide additional information about the attachment such as:

- The type of attachment
- Select the attachment being referenced.
- Enter any comments that will assist those reviewing the attachment in finding necessary information.
 - For example – Clinical notes found on page 3 of attachment

2. Authorization Details

Completing the **Caller Information** section by:

- Noting any additional clinical information (there is a 225-character limit)
- If information isn't added in an attachment, include the necessary clinical information here
- If the clinical information is added as an attachment, please note that here (this is a mandatory field)

NOTE: The phone number field format is (XXX) XXX-XXXX. However, if you enter only the numeric portion, it will automatically format.

When all fields are complete, click **Submit**.

Authorization Request

Member Name	Member ID	Date of Birth	Client Name	Plan Type	Case Type	Authorization Type	Service Type
				Commercial	Prior Authorization	Medical-Outpatient	---

Indicate Location of Clinical Information
[Add](#)

Submitter Contact Information

Contact Name *	Phone Number *	Ext.
<input type="text"/>	<input type="text" value="###) ###-####"/>	<input type="text"/>

Please enter any additional information *

 If clinical documentation is not added as an attachment, please include the relevant clinical documentation here.
If clinical documentation is added as an attachment, please indicate so here.

Remaining: 8000 characters

[Back](#) [Save](#) [Submit](#)

The **Provider Details** page, will automatically populate with the Ordering/Attending Practitioner that was selected previously. Select **Search** to choose the ordering/attending providers location.

Here you will find the **Copy As Servicing Facility/Vendor/ Copy As Performing Provider** link that will allow you to copy the **Ordering/Attending Practitioner** information into the **Servicing Facility/Vendor** or **Performing Provider** information.

predictal™ Auth Automation Hub

Authorization Request

Member Name	Member ID	Date of Birth	Client Name	Plan Type Commercial	Case Type Prior Authorization	Authorization Type Medical-Outpatient	Urgency Non-Urgent	Service Type Medical Care
-------------	-----------	---------------	-------------	-------------------------	----------------------------------	--	-----------------------	------------------------------

1. Authorization Details 2. Enter Provider 3. Review Authorization 4. Confirmation

Recent attachments (0)

To select a provider, click on the search results table to expand the facility/vendor and then highlight the correct address to select.

Provider Details

Ordering/Attending Practitioner

1 match found

Practice Group NPI	Practice Group Name	Practitioner NPI	Practitioner Name	Practitioner City	Prac. State	Prac. Zip Code
XXXXXXXXXX	Family Practice	XXXXXXXXXX	Dr Smith	City	PA	15212

[Copy as Servicing Facility/Vendor](#) [Copy as Performing Provider](#)

Servicing Facility/Vendor

Search for

If you do not use the copy links, you can:

Search for the **Servicing Facility/Vendor** by:

- Provider ID(using NPI or BlueShield ID)
- Name (Facility/Vendor)

This is a **mandatory** field.

Authorization Request

Member Name	Member ID	Date of Birth	Client Name	Plan Type	Case Type	Authorization Type	Service Type
				Commercial	Prior Authorization	Medical-Outpatient	Medical Care

Servicing Facility/Vendor

Search for

Facility / Vendor

Search by

Provider ID Name

Search for

NPI or BSID

NPI or BSID

Search for the **Performing Provider** by:
Practitioner using:

3. Enter Provider

- Provider ID(using NPI or BlueShield ID)
 - Name
- (or) Practice Group using:
- Provider ID (using NPI, BlueShieldID or Tax ID)
 - Name

This is a **mandatory** field.

Authorization Request

Member Name	Member ID	Date of Birth	Client Name	Plan Type	Case Type	Authorization Type	Service Type
				Commercial	Prior Authorization	Medical-Outpatient	Medical Care

Performing Provider

Search for

Practitioner Practice Group

Search by

Provider ID Name

NPI or BSID

Authorization Request Submitted By *

Select... ▾

3. Enter Provider

When results return, to select the appropriate facility/vendor, you will need to complete the following steps to select the specific facility/vendor.

- Click on the **widget** to highlight the **facility/vendor** and open the **additional information** about the facility/vendor.
- Click on the **address line** to highlight the address.

Doing this will select the facility/vendor that will be submitted with the auth request.

You can then move on to the next field.

Note: You will need to repeat these same steps for **Performing Provider**.

Authorization Request

Member Name	Member ID	Date of Birth	Client Name	Plan Type	Case Type	Authorization Type	Service Type
				Commercial	Prior Authorization	Medical-Outpatient	Medical Care

Facility / Vendor NPI	Facility / Vendor Name	Facility / Vendor Address	Facility / Vendor City	State	Zip code
	NON PA PHARMACY	HIGHMARK BLUE SHIELD	CAMP HILL	PA	17011

Addresses

Tax ID	BSID
*****4723	000204107

Address type	Facility / Vendor Address	Facility / Vendor City	State	Zip code	Contact Details
Main	HIGHMARK BLUE SHIELD	CAMP HILL	PA	17011	Phone (717) 999-9999 Primary

Vendor	HIGHMARK BLUE SHIELD	CAMP HILL	PA	17011	Phone (717) 999-9999 Primary
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3. Enter Provider

Select the provider who is requesting the authorization in the **Authorization Request Submitted By** drop down.

Click **Submit** when all information has been completed.

Authorization Request

Member Name	Member ID	Date of Birth	Client Name	Plan Type	Case Type	Authorization Type	Service Type
				Commercial	Prior Authorization	Medical-Outpatient	Medical Care

Performing Provider

Search for

Practitioner Practice Group

Search by

Provider ID Name

NPI or BSID

Authorization Request Submitted By *

Value cannot be blank

4. Review Authorization

After submitting the **Provider Details**, users will be taken to the **Review Authorization Details** page to review all information submitted to this point.

Scrolling to the bottom will allow users to **Submit**. This is the **final submission** which will send your authorization request for review.

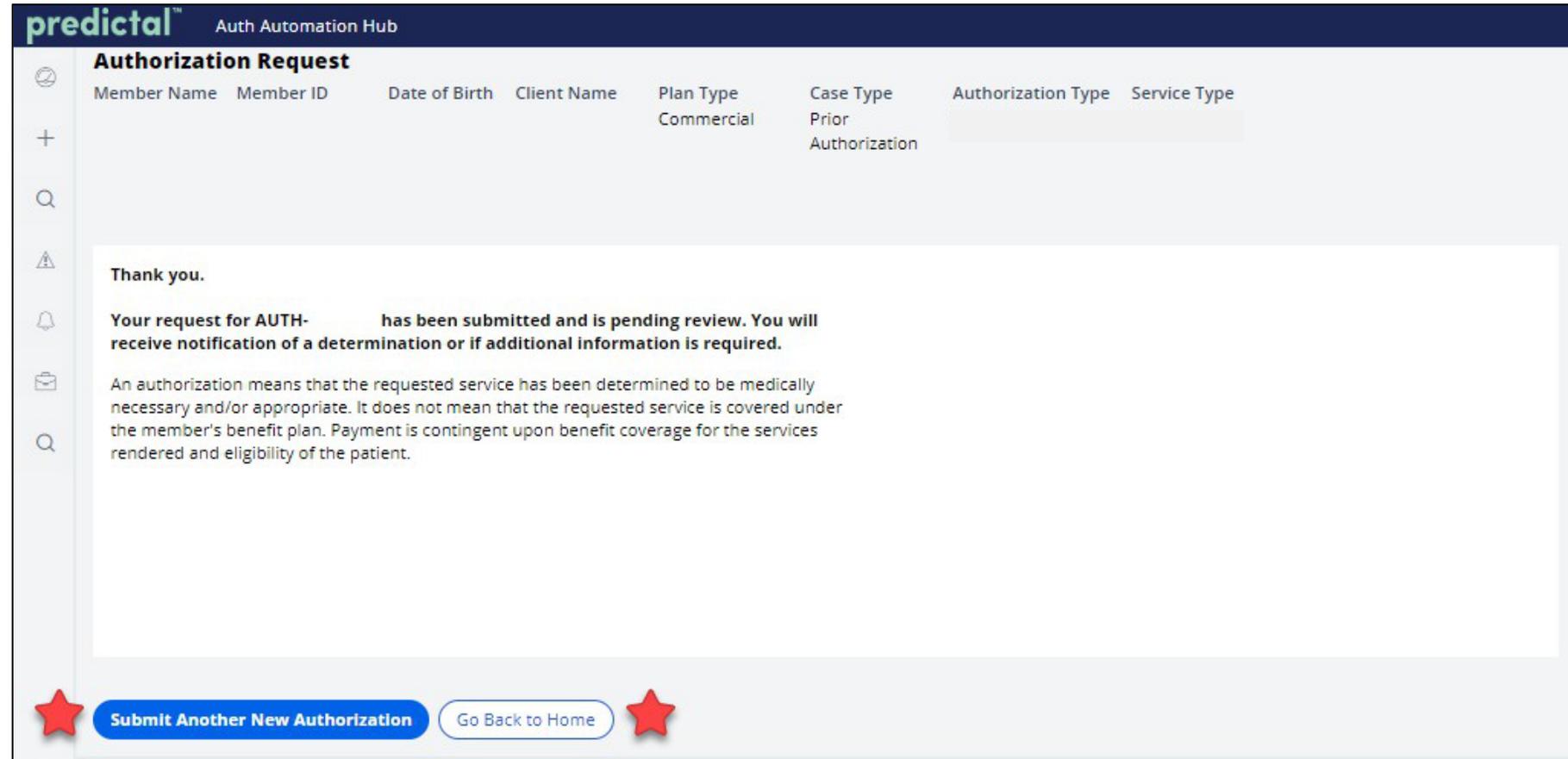
This screenshot shows the 'Review Authorization Details' page. At the top, there is a header 'Authorization Request' and a table with columns: Member Name, Member ID, Date of Birth, Client Name, Plan Type (Commercial), Case Type (Prior Authorization), Authorization Type (Medical-Outpatient), and Service Type (Medical Care). Below the header is a progress bar with five steps: 1. Member Search, 2. Authorization Details, 3. Enter Provider, 4. Review Authorization (current step), and 5. Confirmation. A warning message states: 'Review the information you've entered. You can use the Back button to make corrections. When you are ready, click the Submit button to finalize your request.' The main content area is divided into sections: 'Case Information' (Authorization Type: Medical-Outpatient, Case Type: Prior Authorization), 'Request information' (Start of Care Date: 12/04/2023), and 'Member Information' (First Name, Last Name, Member ID). A 'Tools' sidebar on the right includes a 'History' link and a 'Recent attachments (0)' section with a plus sign.

This screenshot shows the 'Provider Details' page. The header 'Authorization Request' and the top table are identical to the previous screenshot. The main content area includes: 'Elizabeth Moyer' with phone number '(717) 557-2228 ext.'; 'Provider Details' section; 'Ordering/Attending Provider' with a 'SUBMITTED BY THIS PROVIDER' badge and input fields for 'Provider ID' and 'Provider Name'; 'Servicing Facility/Vendor' with input fields for 'Provider ID' and 'Provider Name'; and 'Performing Provider' section. At the bottom, there is a 'Back' link and two buttons: 'Save' and 'Submit'.

5. Confirmation

When the authorization is submitted, a confirmation will be displayed on the page with the **Authorization Number**.

From here, you can select to submit another **Authorization Request**, or return to the Predictal home screen.



The screenshot displays the Predictal Auth Automation Hub interface. At the top, the Predictal logo and "Auth Automation Hub" are visible. Below this is a section titled "Authorization Request" which contains a table with the following columns: Member Name, Member ID, Date of Birth, Client Name, Plan Type, Case Type, Authorization Type, and Service Type. The table shows a single entry with Plan Type "Commercial" and Case Type "Prior Authorization".

Below the table, a confirmation message is displayed:

Thank you.

Your request for AUTH- [redacted] has been submitted and is pending review. You will receive notification of a determination or if additional information is required.

An authorization means that the requested service has been determined to be medically necessary and/or appropriate. It does not mean that the requested service is covered under the member's benefit plan. Payment is contingent upon benefit coverage for the services rendered and eligibility of the patient.

At the bottom of the interface, there are two buttons: "Submit Another New Authorization" (highlighted with a red star) and "Go Back to Home" (highlighted with a red star).

The screen below will be displayed when an authorization is auto-approved.

predictal Auth Automation Hub

Authorization Request

Member Name	Member ID	Date of Birth	Client Name	Plan Type	Case Type	Authorization Type	Urgency	Service Type
					Prior Authorization	Medical-Outpatient	Non-Urgent	Medical Care

Thank you.

Your request for AUTH-88318 has been submitted. The following procedures are approved due to the reasons given below based on member's group information benefits and service type.

Procedure code	Description	Determination	Reason
01999	UNLISTED ANESTHESIA PROCEDURE(S)	Approved	Medical Necessity

An authorization means that the requested service has been determined to be medically necessary and/or appropriate. It does not mean that the requested service is covered under the member's benefit plan. Payment is contingent upon benefit coverage for the services rendered and eligibility of the patient.

Please logout by clicking your initials in the upper right-hand corner and then close the browser tab to return to NaviNet.

Please note: When submitting an **eviCore-Managed Authorization**, be sure to click **Submit** to launch to the eviCore portal.

The screenshot displays the Predictal Auth Automation Hub interface. At the top, the Predictal logo and 'Auth Automation Hub' are visible. Below this is a section titled 'Authorization Request' with a table of fields: Member Name, Member ID, Date of Birth, Client Name, Plan Type, Case Type (Prior Authorization), Authorization Type (Medical-Outpatient), Urgency (Non-Urgent), and Service Type (Diagnostic Medical). A red-bordered box highlights a confirmation message: 'Thank you. Your authorization number is AUTH-88313. Please select the submit button to launch eviCore Portal.' A blue 'Submit' button is located to the right of this message. Below the confirmation box, there are sections for 'Review Authorization Details', 'Case Information' (showing Authorization Type: Medical-Outpatient and Urgency: Non-Urgent), and 'Request Information' (showing Start of Care Date). A 'Recent attachments (0)' section is also visible on the right side.

Please note: When submitting Home Health/Hospice, or certain outpatient therapy requests, be sure to click **Submit** to launch to the Helion Portal.

Additional information Helion Arc begins on the next page of this guide.

The screenshot displays the Predictal Auth Automation Hub interface. At the top, the Predictal logo and 'Auth Automation Hub' are visible. Below this, the title 'Authorization Request' is shown. A table lists the request details:

Member Name	Member ID	Date of Birth	Client Name	Plan Type	Case Type	Authorization Type	Urgency	Service Type
					Prior Authorization	Medical-Outpatient	Non-Urgent	Home Health Care

Below the table, the text reads: 'Thank you.' followed by 'THIS REQUEST IS INCOMPLETE UNTIL YOU ENTER HELION CRITERIA'. A message states: 'Your authorization number is AUTH-115243. Please select the submit button to launch Helion Portal.' A blue 'Submit' button is located at the bottom right of the form area.

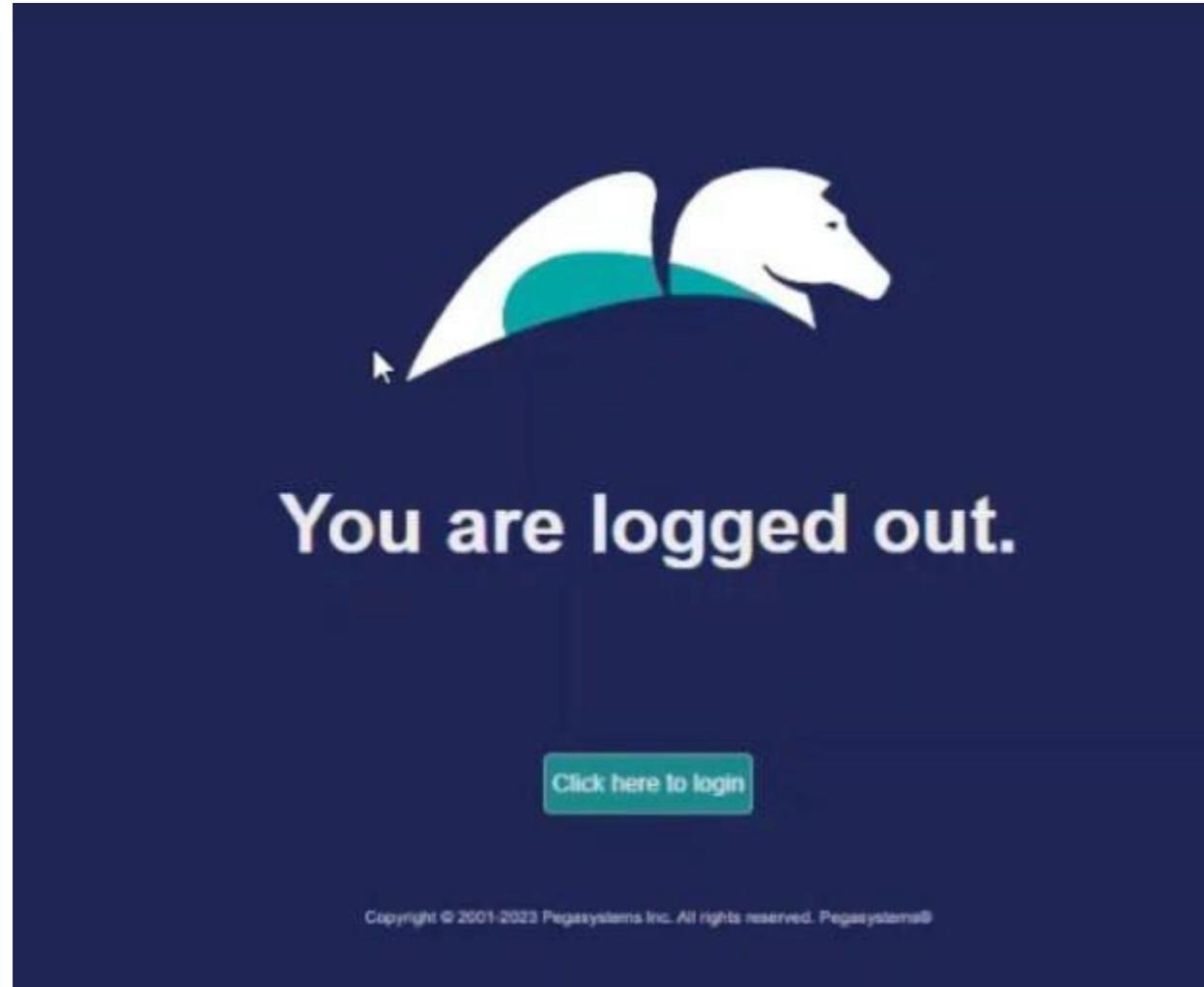
Helion Arc Authorization Submission

You will get a notification that the request is incomplete until Helion criteria is entered.

Hit **Submit**.

The screenshot shows the Predictal Auth Automation Hub interface. At the top, there is a header with the Predictal logo and 'Auth Automation Hub'. Below this is a section titled 'Authorization Request' with a table of fields: Member Name, Member ID, Date of Birth, Client Name, Plan Type (Commercial), Case Type (Prior Authorization), Authorization Type (Medical-Outpatient), Urgency (Non-Urgent), and Service Type (Home Health Care). A message box contains the text: 'Thank you. THIS REQUEST IS INCOMPLETE UNTIL YOU ENTER HELION CRITERIA. Your authorization number is AUTH-111902. Please select the submit button to launch Helion Portal.' A blue 'Submit' button is highlighted with a red border. Below the message box is a section titled 'Review Authorization Details' with sub-sections: Case Information (Authorization Type, Urgency: Non-Urgent), Request Information (Start of Care Date: 02/08/2023), Member Information (First Name, Last Name, Member ID), Group Information, and Detail Information (Place of Service: Home, Service Type: Home Health Care).

You will be automatically logged out of the Predictal Auth Automation Hub and taken directly to Helion Arc.



Once in Helion Arc, you will receive a message regarding the **Authorization Request Time Limit**, which indicates you have 90 minutes to complete and submit the authorization.

Click **Continue**.

(Content may differ between requested services.)

The screenshot displays the Helion Arc submission interface. At the top, a progress bar shows five steps: 1. Documents, 2. Status, 3. Requested Services, 4. Review, and 5. Results. Below the progress bar, a table lists patient information:

Patient Name	Date of Birth	Patient ID	Auth ID	Request Type	Method
Miller, Emma	09-Jan-1948	--	20231129150600	Initial	Fee for Service

Below the table, a 'Documents' section is visible. A modal window titled 'Authorization Request Time Limit' is overlaid on the page. The modal contains the following text:

90-minute time limit

Please be aware, you have 90 minutes to complete and submit this authorization request. If more time is needed you may cancel the request and start over when you have dedicated time.

Don't show again. **CONTINUE**

At the bottom of the interface, there are navigation buttons: CANCEL, ← BACK, and NEXT →. A timer in the bottom right corner shows '89 min 48 sec Time Limit' with a question mark icon.

You can upload your **Plan of Care**. This can be uploaded as a PDF file.

The screenshot displays a multi-step submission process. A progress bar at the top shows five steps: 1. Documents (active), 2. Status, 3. Requested Services, 4. Review, and 5. Results. The main content area is titled 'Plan of Care' and includes a red 'Required' indicator. Below the title, it instructs the user to 'Please provide an updated plan of care.' and specifies a 'Maximum file size: 10MB'. A table with two columns, 'Filename' and 'Actions', is shown. The 'Filename' column contains the text 'no file chosen', and the 'Actions' column contains a trash icon and the text 'REMOVE'. Below the table is a dashed rectangular box containing a cloud icon with an upward arrow and the text 'Drop PDF file here, or click to select.'

This is a review screen. You can edit any information using the **Edit** button located in each section. If all information looks correct, hit **Submit**.

Documents Status Requested Services **Review** Results

Patient Name Date of Birth Patient ID Auth ID Request Type Method
Start Of Care Fee for Service

Review

Note: After submitting to see Results you will NOT be able to make edits to this request.

Documents ✓ 3 of 3 Required Items Complete **EDIT**

Assessment ✓ ^

OASIS XML File
Filename
Valid OASIS-E SOC.xml

Supplementary Assessment Items ✓ ^

CANCEL ← BACK **SUBMIT**

22 min 33 sec
Time Limit ?

The request will be “Approved” or “Pended.”

If the authorization does **not** meet medical necessity through Helion Arc, it will be pended to a clinician at the Health Plan for review. You will be notified of the final determination via the provider portal.

Click “Submit to Insurer.”

The screenshot displays a web interface for submitting an authorization request. At the top, a progress bar shows four steps: Documents (checked), Disclaimer (checked), Requested Services (checked), and Results (5). A disclaimer text is visible, stating that approval is not a guarantee of payment and is based on the information provided. Below the disclaimer, a blue note box instructs the user to click the "Submit to Insurer" button. The "Requested Services" section shows "Skilled Nursing" with a green checkmark and "Approved: 2 visits". A field for "Requested visits" contains the number "2". At the bottom center, a blue button labeled "SUBMIT TO INSURER" is highlighted with a black box and a hand cursor. In the bottom right corner, there is a timer showing "18 min 26 sec Time Limit" and a help icon (question mark).

You will be directed to the Helion Arc dashboard, where you can view active authorization requests. Clicking the arrow will open the patient and request information.

The screenshot displays the Helion Arc dashboard interface. On the left is a navigation sidebar with options: Dashboard, Conversations, Authorization Requests, Patients, and Surveys. The main content area is titled 'Dashboard' and features a search bar at the top with the text 'Search by patient name, auth ID, or member ID...'. Below the search bar, the page is titled 'Active Authorization Requests' with a notification badge '1'. It includes filters for 'ALL STATUSES' and 'Sorted by... SUBMIT DATE: NEWEST'. A descriptive sentence states: 'Active Authorization Requests includes any authorization request that has one or more pended services or is within a payment period that has not ended.' Under the 'HOME HEALTH' category, a card displays a request for '10-Feb-2023' with a green checkmark icon and an upward arrow. The card lists 'Submit Date' as '10-Feb-2023' and 'Auth ID' as a redacted field. A green bar indicates '1 service approved'. Below this, a table shows 'Approved Services' and 'Visits Approved':

Approved Services	Visits Approved
Skilled Nursing	3

At the bottom of the card are two buttons: 'VIEW PATIENT' and 'VIEW REQUEST'. The footer contains 'Privacy Policy | User Agreement' and a help icon.

Clicking on either **View Patient** or **View Request** will open the **Authorization Request Details**.

You can see the Auth number at the top, as well as the Requested Services, Status, and any Documentation that has been uploaded.

The screenshot displays the Helion Arc interface for an Authorization Request. The breadcrumb trail is: Dashboard > Authorization Requests > Auth ID: AUTH-1. The main heading is 'Auth ID: AUTH-1'. Below this, a table provides summary information:

Care Setting	Request Type	Product	Servicing Provider	Reimbursement Method
Home Health	Start Of Care			Fee for Service

The 'Authorization Request Details' section includes a sub-heading and a description: 'View requested service(s), reason(s) for care, and additional details for this authorization request.' Below this are three tabs: **REQUESTED SERVICES** (with a '1' notification), STATUS, and DOCUMENTS. The 'REQUESTED SERVICES' tab is active, showing a 'Skilled Nursing' service with a 'START CONVERSATION' button. A green notification states: 'This requested service has been approved. See additional information below.' A table below provides service details:

Visits Approved	Visits Requested	Last Covered Date	Proposed Date of Service
3	3	05-Apr-2023	08-Feb-2023

Other sections visible include 'Patient Details' (Patient Name, Date of Birth, Patient ID), 'Submission Details' (Submission Date: 10-Feb-2023, Submission Time: 14:39, Submitter), and 'Reasons For Care' (Ongoing Assessment Needs). The bottom of the page includes 'Privacy Policy' and 'User Agreement' links.

The panels on the right-hand side of the screen show you Patient Details, Submission Details, and an audit history under 'Authorization Request Activity'

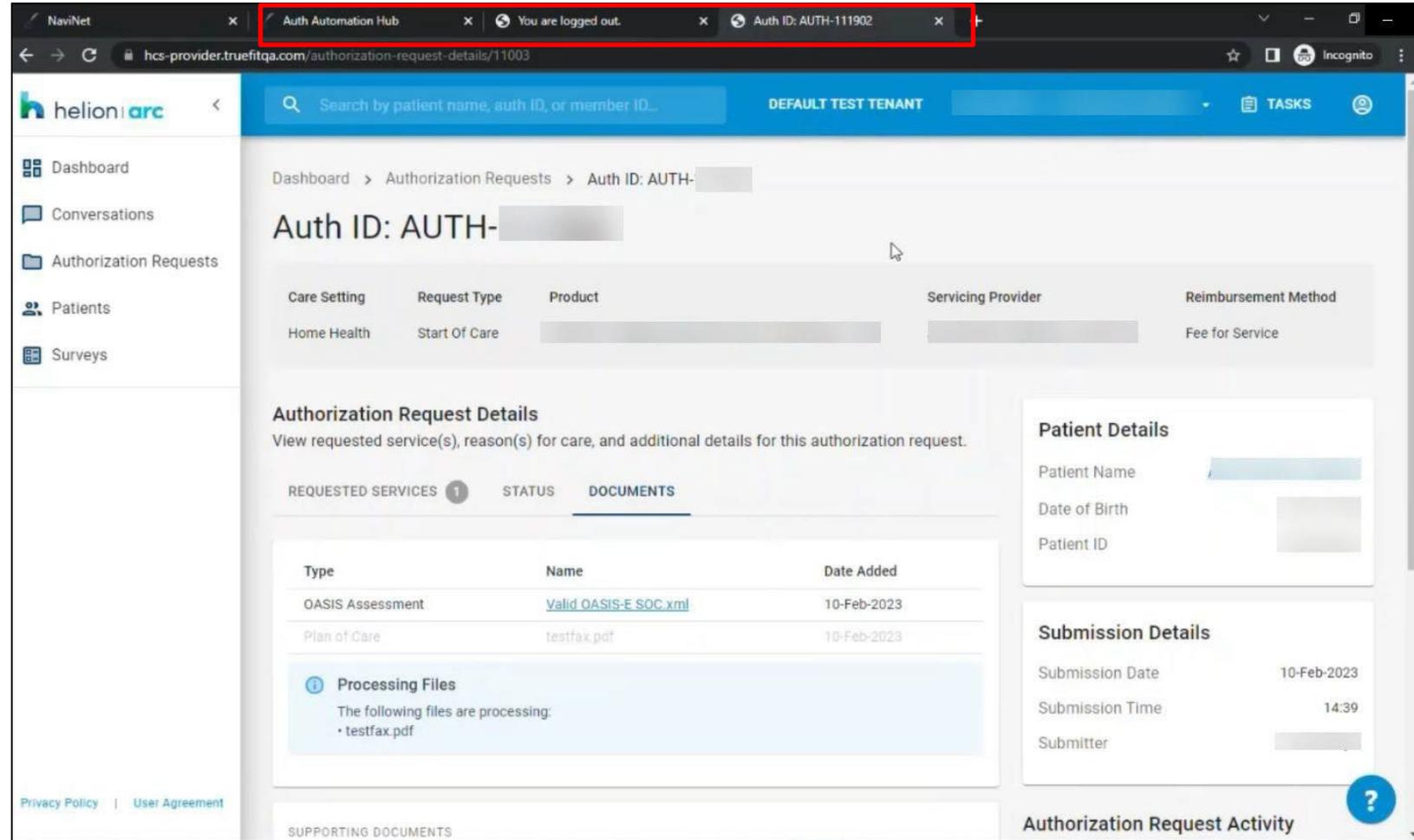
The screenshot displays the Helion Arc web application interface. On the left is a navigation sidebar with options: Dashboard, Conversations, Authorization Requests, Patients, and Surveys. The main content area is titled 'View requested service(s), reason(s) for care, and additional details for this authorization request.' It features three tabs: REQUESTED SERVICES (with a notification badge), STATUS, and DOCUMENTS. The DOCUMENTS tab is active, showing a table with the following data:

Type	Name	Date Added
OASIS Assessment	Valid OASIS-E SOC.xml	10-Feb-2023
Plan of Care	testfax.pdf	10-Feb-2023

Below the table is a 'Processing Files' section with an information icon and the text: 'The following files are processing: • testfax.pdf'. At the bottom of the main area is a 'SUPPORTING DOCUMENTS' section with a table header (Name, Date Added) and the message 'No documents uploaded'. Below this is a dashed box containing a cloud upload icon and the text 'Drop PDF, DOC, or DOCX file here, or click to select.' The right-hand side of the screen contains three panels: 'Patient Details' (with fields for Patient Name, Date of Birth, and Patient ID), 'Submission Details' (with fields for Submission Date: 10-Feb-2023, Submission Time: 14:39, and Submitter), and 'Authorization Request Activity' (with a status update: 'Approved by Insurer Approved Skilled Nursing' and 'Request Submitted by Provider'). At the bottom right of the activity panel are two circular buttons: an upward arrow and a question mark. The top of the interface includes a search bar, the text 'DEFAULT TEST TENANT', and a 'TASKS' button.

This completes the submission process for a request through Helion Arc.

You can now close out of any browser tabs as needed using the 'X' on each tab.



Availity Provider Portal - Predictal Authorization Inquiry

To update the Start of Care Date after the authorization is submitted:

1. Go to **Auth Inquiry**
2. Click the **Update Start of Care Date** hyperlink.
3. Click the calendar in the **Edit Information** field, select the appropriate Start of Care Date, and click **UPDATE**. **IMPORTANT:** This date must be within 7 days prior to the original Start of Care Date that was selected or within 30 days in the future of the original Start of Care Date.
4. **Save your changes.**

Step 1

predictal Auth Automation Hub

Authorization Detail: AUTH-100112

Concurrent Discharge Respond to Request for Additional Information

An authorization means that the requested service has been determined to be medically necessary and/or appropriate. It does not mean that the requested service is covered under the member's benefit plan. Payment is contingent upon benefit coverage for the services rendered and eligibility of the patient.

[Update Start of Care Date](#)

Case Information

Authorization Type	Behavioral-Inpatient	Start Of Care Date	01/11/2023
Service Type	Psychiatric	Last Covered Date	01/12/2023
Case Determination	Approved	Place of service	Psychiatric Facility
Discharge Date			

Step 2

predictal Auth Automation Hub

Authorization Detail: AUTH-100112

Concurrent Discharge Respond to Request for Additional Information

An authorization means that the requested service has been determined to be medically necessary and/or appropriate. It does not mean that the requested service is covered under the member's benefit plan. Payment is contingent upon benefit coverage for the services rendered and eligibility of the patient.

[Update Start of Care Date](#)

Edit Information

Start of Care Date

01/11/2023

Cancel Update

Psychiatric Facility

Step 3

predictal Auth Automation Hub

From	Through	Determined Days	Determination	Determination Reason	Level of Care
1/25/23	1/26/23	2	Approved	Administrative Approval	

Request Information

Comments Notes

No items

Communication

Letter Code	Mail Status	Create date	Sent Date	Letter Link	Status
F_PREC	Queued	01/11/23 03:21 AM			Resolved-Queued

Exit Save changes

The following entities, which serve the noted regions, are independent licensees of the Blue Cross Blue Shield Association:

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