

Quick Reference Guide on Outpatient Prior Auth Submissions

For providers in Delaware, Pennsylvania, and West Virginia

Note: The following data is **test only**. All screenshots below are included in Training Videos on the Provider Resource Center (PRC). Please see direct links to these videos at the bottom of this document.

- Please make all **Sub-Service Type** selections by using the **ADD** button in Predictal.
- Ensure all applicable codes are included on the authorization request before submission.
- If any of the sub-services during the treatment are not listed under the sub-service type, please confirm the procedure code does not require authorization on the Provider Resource Center (PRC).
 - Direct links to PRC region sites are below.
- If two providers are treating the same patient, you will need to submit separate authorization requests.
 - Example: PT and OT are seeing the same patient. You need to submit an authorization for PT, and another authorization for OT. Your authorization should be submitted through Avality – using Predictal/Helion Arc.

*For Outpatient Physical Medicine, Occupational Therapy, and Chiropractic authorizations submitted between **11/4/23 – 07/4/24** that were partially denied for no authorization due to the inability to submit for additional sub-service codes – these will be re-processed correctly for payment. Providers do **NOT** need to take any action.

In Predictal, Select **Medical-Outpatient** under Authorization Type.

The screenshot displays the Predictal Auth Automation Hub interface. At the top, the header reads "predictal™ Auth Automation Hub" with an "Exit AAH" button. Below the header, the "Authorization Request" section shows a table with the following data:

Member Name	Member ID	Date of Birth	Client Name	Plan Type	Case Type	Authorization Type	Service Type
BOE I HEFLEN	1146374850010	04/30/1969	The Acutronic Company Active	Commercial	Prior Authorization	Medical-Outpatient	---

Below the table, a progress bar indicates the current step: "1. Member Search", "2. Authorization Details", "3. Enter Provider", "4. Review Authorization", and "5. Confirmation".

The "Case Information" section includes the following options:

- Authorization Type *
 - Medical-Inpatient
 - Medical-Outpatient
 - Behavioral-Inpatient
 - Behavioral-Outpatient
 - Pharmacy
- Case Type
 - Prior Authorization

The "Request information" section shows the "Start of Care Date *" as 02/07/2024. A blue arrow points to the "Medical-Outpatient" radio button in the "Case Information" section.

On the right side, there is a "Tools" section with a "History" link and a "Recent attachments (0)" section with a plus sign.

Select **Rehabilitation** under Service Type.

predictal™ Auth Automation Hub Exit AAH

Authorization Request

Member Name: BOE I HEFLEN | Member ID: 1146374850010 | Date of Birth: 04/30/1969 | Client Name: The Acutronic Company Active | Plan Type: Commercial | Case Type: Prior Authorization | Authorization Type: Medical-Outpatient | Service Type: —

HEFLEN

> **Group information**

Detail Information

Place of Service * | Service Type *

Diagnosis Information

Code Set Type*	Code*	Description*
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Select all **Sub-service Type** selections by using the **ADD** button in Predictal.

- Please ensure **all applicable codes** are included on this authorization request before submission. If any of the services you will perform during the treatment are not listed, an authorization is not required for those codes.

predictal™ Auth Automation Hub Exit AAH

Authorization Request

Member Name: BOE I HEFLEN | Member ID: 1146374850010 | Date of Birth: 04/30/1969 | Client Name: The Acutronic Company Active | Plan Type: Commercial | Case Type: Prior Authorization | Authorization Type: Medical-Outpatient | Service Type: —

ICD 10 | EARLY CONGENITAL SYPHILITIC RHINITIS [Remove](#)

[Add](#)

Service Information

If any of the services you will perform during treatment are not listed, there is not an authorization for them. Please ensure all applicable codes are included on this authorization request.

Sub-service Type * | Proposed date of service * | Is this a primary service? [Remove](#)

This selection includes the following procedure codes: 98940, 98941, 98942, 98943.

[Add](#)

predictal™ Auth Automation Hub Exit AA

Authorization Request

Member Name: BOE I HEFLEN | Member ID: 1146374850010 | Date of Birth: 04/30/1969 | Client Name: The Acutronic Company Active | Plan Type: Commercial | Case Type: Prior Authorization | Authorization Type: Medical-Outpatient | Service Type: —

Warning: If any of the services you will perform during treatment are not listed, there is not an authorization for them. Please ensure all applicable codes are included on this authorization request.

Sub-service Type *	Proposed date of service *	Is this a primary service?	Remove
Chiropractic	02/07/2024	<input checked="" type="checkbox"/>	Remove
Warning: This selection includes the following procedure codes: 98940, 98941, 98942, 98943.			
Physical Medicine	02/07/2024	<input type="checkbox"/>	Remove
Warning: This selection includes the following procedure codes: 97010, 97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97039, 97110, 97112, 97113, 97116, 97124, 97139, 97140, 97150, 97164, 97750, 97799, 98925, 98926, 98927, 98928, 98929, G0283.			

[Add](#)

predictal™ Auth Automation Hub Exit AAH

Authorization Request

Member Name: BOE I HEFLEN | Member ID: 1146374850010 | Date of Birth: 04/30/1969 | Client Name: The Acutronic Company Active | Plan Type: Commercial | Case Type: Prior Authorization | Authorization Type: Medical-Outpatient | Service Type: —

Warning: This selection includes the following procedure codes: 98940, 98941, 98942, 98943.

Sub-service Type *	Proposed date of service *	Is this a primary service?	Remove
Physical Medicine	02/07/2024	<input type="checkbox"/>	Remove
Warning: This selection includes the following procedure codes: 97010, 97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97039, 97110, 97112, 97113, 97116, 97124, 97139, 97140, 97150, 97164, 97750, 97799, 98925, 98926, 98927, 98928, 98929, G0283.			
Occupational Therapy	02/07/2024	<input type="checkbox"/>	Remove
Warning: This selection includes the following procedure codes: 97129, 97130, 97168, 97530, 97533, 97535, 97537, 97542, 97755, G0515.			

[Add](#)

Additional Educational Materials

Please visit your region's Provider Resource Center (PRC) to view the detailed **training videos, tip sheet, and FAQs**. Select **Care Management Programs** on the left-hand navigation menu and select **Physical Medicine Management**.

- Highmark Blue Cross Blue Shield (DE) <https://hdebcbs.highmarkprc.com/>
- Highmark Blue Cross Blue Shield (PA) <https://hbcbs.highmarkprc.com/>
- Highmark Blue Shield (PA) <https://hbs.highmarkprc.com/>
- Highmark Blue Cross Blue Shield (WV) <https://hwvbcbs.highmarkprc.com/>

Check Status of Authorization

You can check the status of your authorization or submit an authorization within Availity by following these steps:

- Choose your state from the top navigation bar.
- Click Payer Spaces in the lower navigation bar.
- Select the Highmark Payer Spaces for the appropriate health plan.
- Once within the Payer Spaces section, look under Applications and click Predictal.

Predictal Auth Automation Hub

- The left-hand navigation panel includes links to the functions available within Predictal.
- Select Auth Inquiry to check auth status, change/update start of care date, review approval/denial letters, etc.
- Search for the authorization by member, date of service, or request ID.
- View the authorization status by clicking on the authorization number.
- Search for the authorization by member, date of service, or request ID.

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Screen captures are conducted in the staging environment. Data is fabricated. Actual screens may vary.

