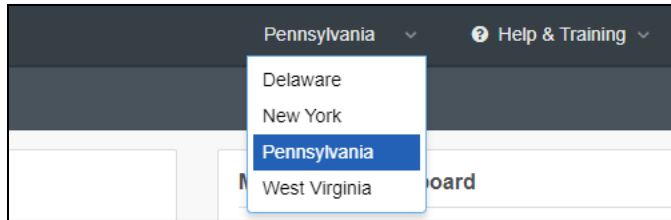
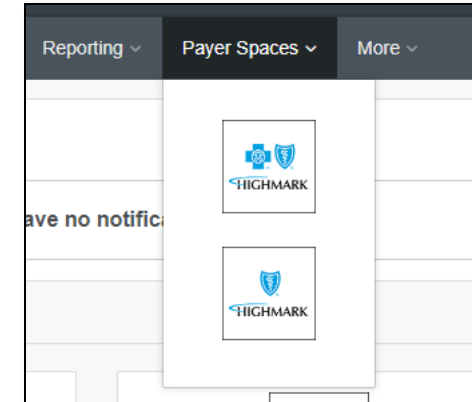


# Availity® Provider Portal Outpatient Authorization Submission

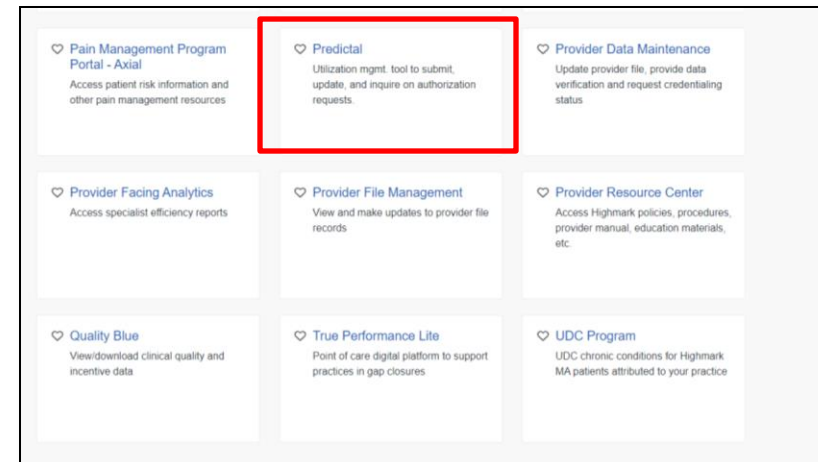
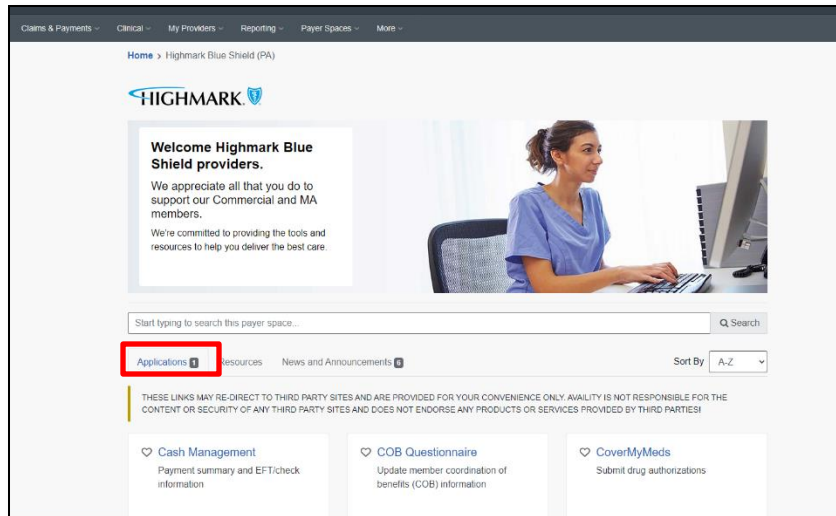
After logging into Availity, first choose the appropriate state for your practice/facility.



Next, select **Payer Spaces** for the appropriate Health Plan.



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

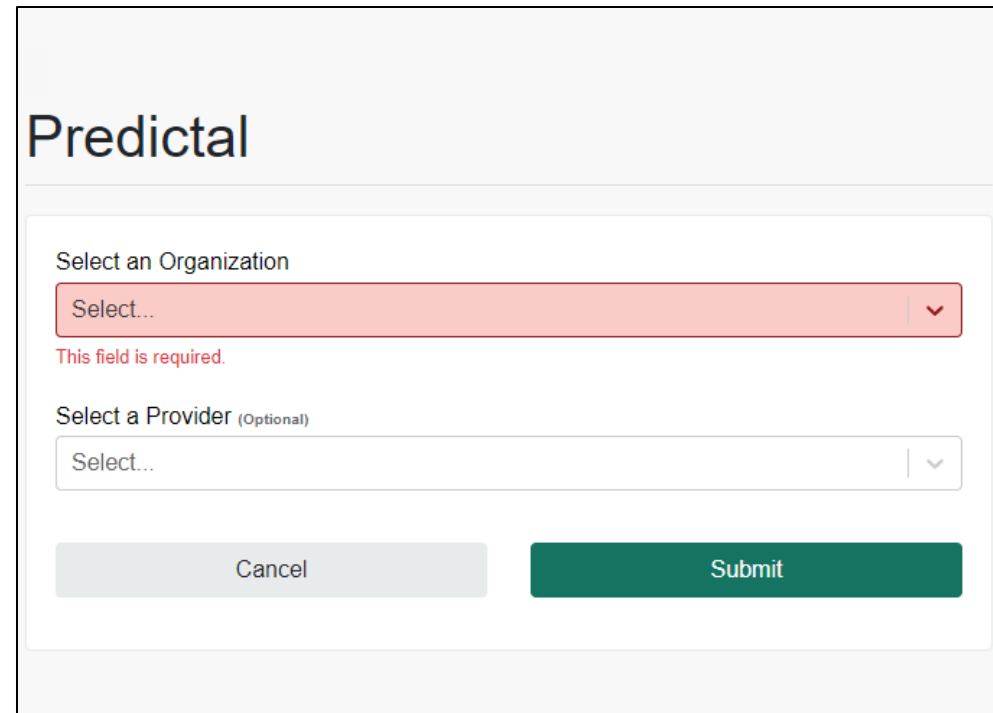


\*Authorization requests for the following outpatient services may be completed within the Predictal Auth Automation Hub:

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

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



Predictal

Select an Organization

Select...

This field is required.

Select a Provider (Optional)

Select...

Cancel Submit

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

You will be taken to the home page of the Auth Automation Hub.

The home screen 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.

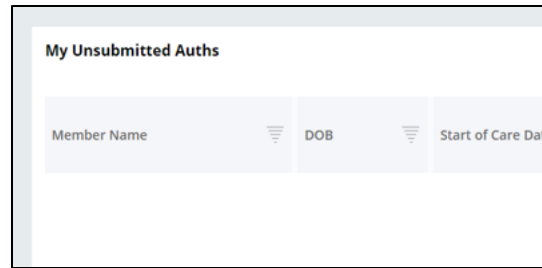
Select **New Auth Submission** to initiate a new request.

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

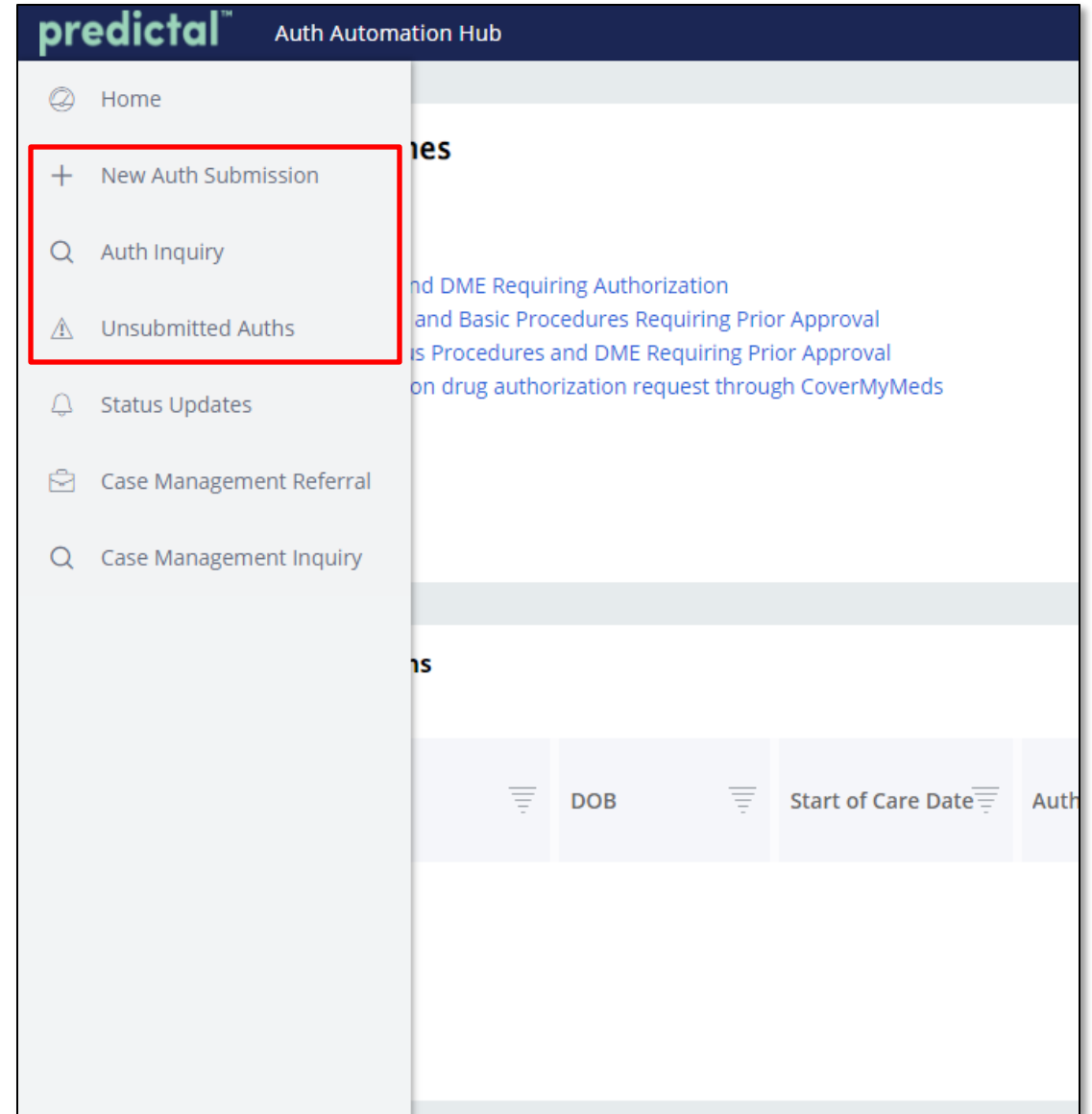
1. Check Authorization Status
2. Change/Update Start of Care Date
3. Review Approval and Denial Letters
4. Discharge Planning
5. Concurrent Review
6. Respond to a Request For Additional Information

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

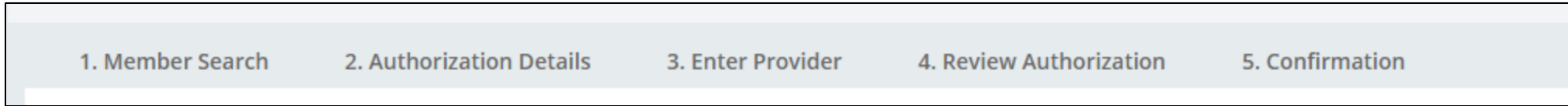
Auth Status

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

Member Name	DOB	Start of Care Date	Auth Status

# New Authorization Submission

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

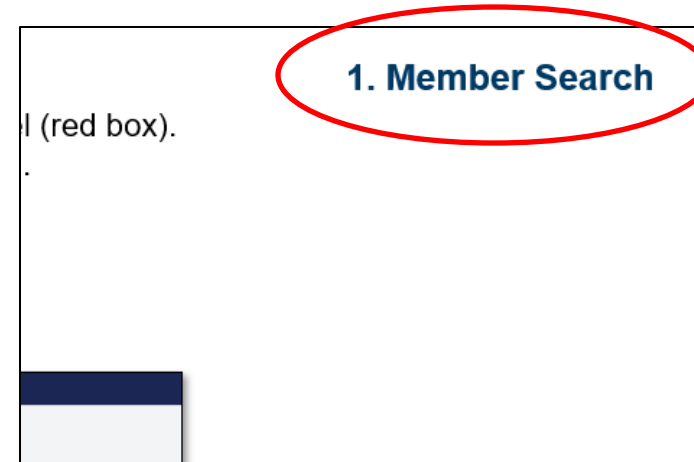


After each step listed in the top menu bar, you will be asked to hit **Submit**. Your authorization will not be submitted to Highmark until the final **Submit** on the Confirmation screen (Step 5 above.)

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.

The screenshot shows the Predictal Auth Automation Hub interface. The main header is 'predictal™ Auth Automation Hub'. The left sidebar has a navigation menu with a red box around the '+' icon. The main content area is titled 'Authorization Request' and has a progress bar with five steps: 1. Member Search, 2. Authorization Details, 3. Enter Provider, 4. Review Authorization, and 5. Confirmation. The 'Ordering/Attending Provider' section has a dropdown menu for 'Select provider \*'. Below it is a search section with a warning icon and text: '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'. The search section has a 'Search For' dropdown set to 'Member', a 'Search for member \*' field with a 'Member ID' dropdown, a 'Start of Care Date \*' field with a date picker set to '11/30/2023', a 'Member UMI \*' field, and a blue 'Search' button. Below the search section is a table with the heading 'Search Result: 4 matches found...'. The table has columns for Member ID, First Name, Last Name, Date of Birth, and Gender. The first row shows a member with a date of birth of 07/20/1985 and gender 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.

Member

Search for member \*      Start of Care Date \*

Member ID       11/30/2023

Member UMI \*

Search Result: 4 matches found...

Member ID	First Name	Last Name	Date of Birth	Gender
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	07/20/1985	FEMALE

UMI	Client Name	Group Name	Group Number	LOB	COB	Start Date	End date	Relationship
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	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**.

**predictal™** Auth Automation Hub

**Authorization Request**

Member Name	Member ID	Date of Birth	Client Name	Plan Type	Case Type	Authorization Type	Service Type
[Redacted]	[Redacted]	1 [Redacted]	[Redacted]	Commercial	Prior Authorization	Medical-Outpatient	---

**Detail Information**

Place of Service \*  Service Type \*

**Diagnosis Information**

Code Set Type *	Code *	Description *	
<input type="text" value="ICD 10"/>	<input type="text" value="Enter Code/Description"/>	---	<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

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.

**Auth Automation Hub**

### Authorization Request

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

**Diagnosis Information**

Code Set Type*	Code*	Description*
ICD 10	I83.	
	<b>I83.209</b>	VARICOSE VEINS OF UNSPECIFIED LOWER EXTREMITY WITH BOTH ULCER OF UNSPECIFIED SITE AND INFLAMMATION
	<b>I83.211</b>	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH BOTH ULCER OF THIGH AND INFLAMMATION
	<b>I83.212</b>	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH BOTH ULCER OF CALF AND INFLAMMATION
	<b>I83.213</b>	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH BOTH ULCER OF ANKLE AND INFLAMMATION
	<b>I83.214</b>	

**Procedure Information**

Code Set Type*	Code*
CPT	Enter Code

**From\***  
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
				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	<a href="#">Remove</a>

[Add](#)

#### Procedure Information

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

From \*  Requested units \*  Unit Type \*  [Remove](#)

## 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

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	Requested units*	Unit Type*	
Select...	Enter Code/Description			Select...	Remove
CPT					
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 the number of procedure codes that can be added.

**predical** Auth Automation Hub

**Authorization Request**

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

**Diagnosis Information**

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

**Procedure Information**

CPT 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: CPT Code: 3647 Description: REPAIR OF ATRIAL SEPTAL DEFECT AND VENTRICULAR SEPTAL DEFECT, WITH DIRECT OR PATCH CLOSURE

From: 11/24/2022

33647 REPAIR OF ATRIAL SEPTAL DEFECT AND VENTRICULAR SEPTAL DEFECT, WITH DIRECT OR PATCH CLOSURE

36470 INJECTION OF SCLEROSANT, SINGLE INCOMPETENT VEIN (OTHER THAN TELANGLIECTASIA)

36471 INJECTION OF SCLEROSANT, MULTIPLE INCOMPETENT VEINS (OTHER THAN TELANGLIECTASIA), 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 (4/3)

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

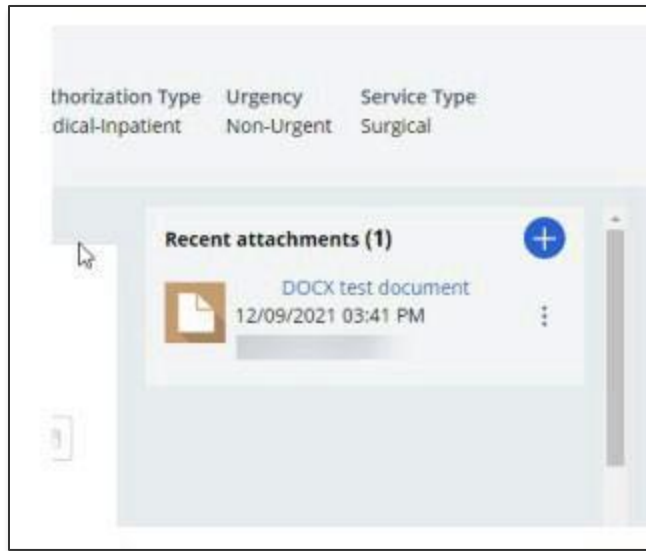
The screenshot shows the 'Authorization Request' form. At the top, there is a header with fields for Member Name, Member ID, Date of Birth, Client Name, Plan Type (Commercial), Case Type (Prior Authorization), Authorization Type (Medical-Outpatient), and Service Type. Below this is a progress bar with 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 '+' icon, an 'Attach File' button, and an 'Attach URL' button.

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. Inside, there is a dashed box with a paperclip icon and the text 'Drag and drop files here'. Below this is an 'OR' label and a 'Select file(s)' button. At the bottom, there are 'Cancel' and 'Attach' buttons. The background shows a blurred view of the authorization form.

The screenshot shows the 'Attach a link' dialog box. It has a title bar with a close button. Inside, there are two input fields: 'Name' and 'URL'. The 'URL' field has a red error message 'Value cannot be blank'. Below the input fields is an 'Attachment Category' dropdown menu. The dropdown is open, showing a list of categories: URL (selected), Select..., DOC, DOCX, JPG, PDF, PNG, PPT, PPTX, TXT, URL, XLS, and XLSX. At the bottom right, there is a 'Submit' button. The background shows a blurred view of the authorization form.





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 \*

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, BlueShield ID 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
--------	----------------------	-----------	----	-------	------------------------------

### 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 \***

Select... ▼

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.

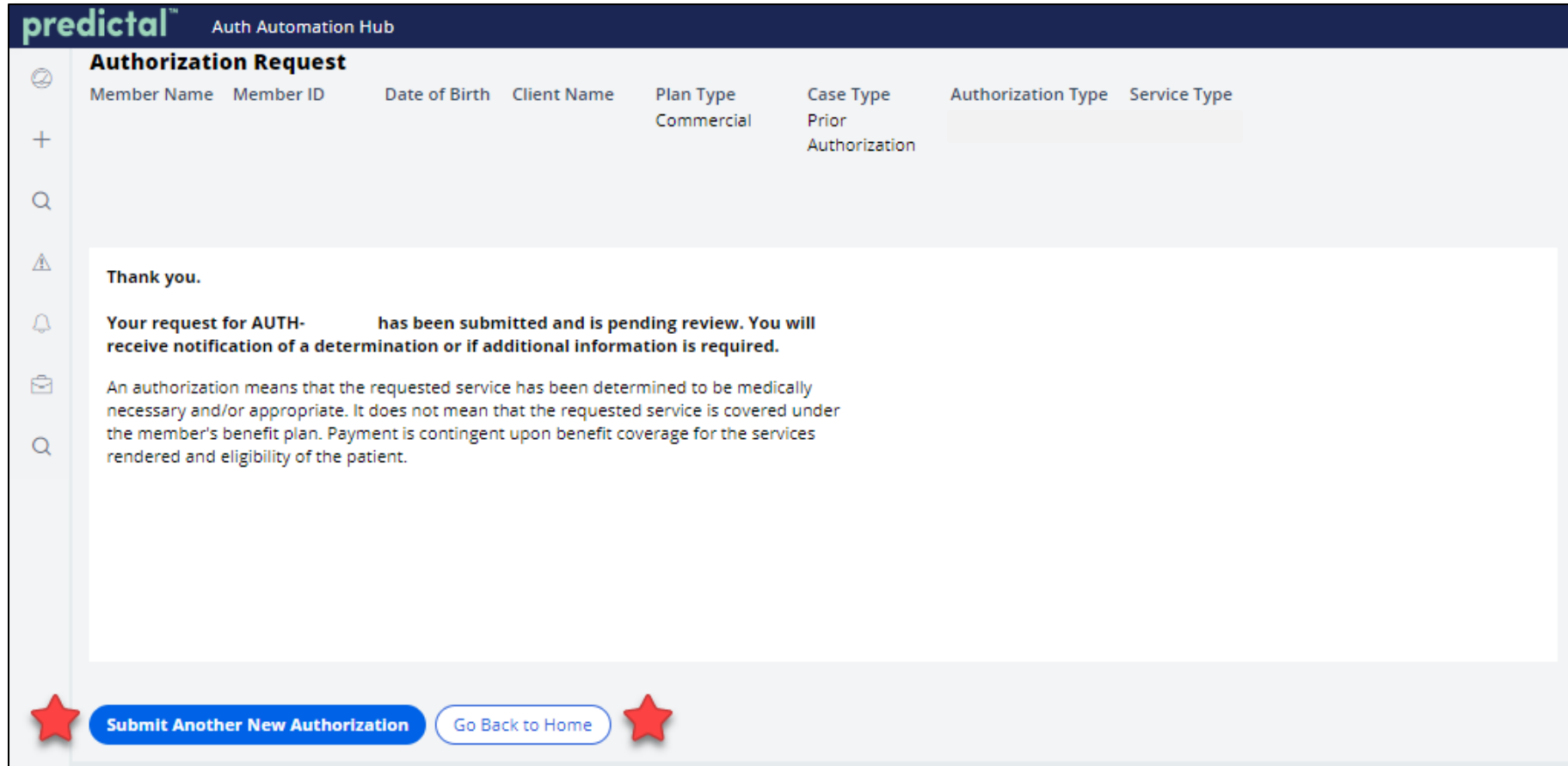
This screenshot shows the 'Review Authorization Details' page. At the top, there is a header 'Authorization Request' and a table with columns: Member Name, Member ID, Date of Birth, Client Name, Plan Type (Commercial), Case Type (Prior Authorization), Authorization Type (Medical-Outpatient), and Service 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 with 'Ordering/Attending Provider' marked as 'SUBMITTED BY THIS PROVIDER'; 'Servicing Facility/Vendor' section with 'Provider ID' and 'Provider Name' fields; and 'Performing Provider' section. At the bottom, there is a 'Back' link and two buttons: 'Save' and 'Submit', both highlighted with red boxes.

## 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 M

### 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.

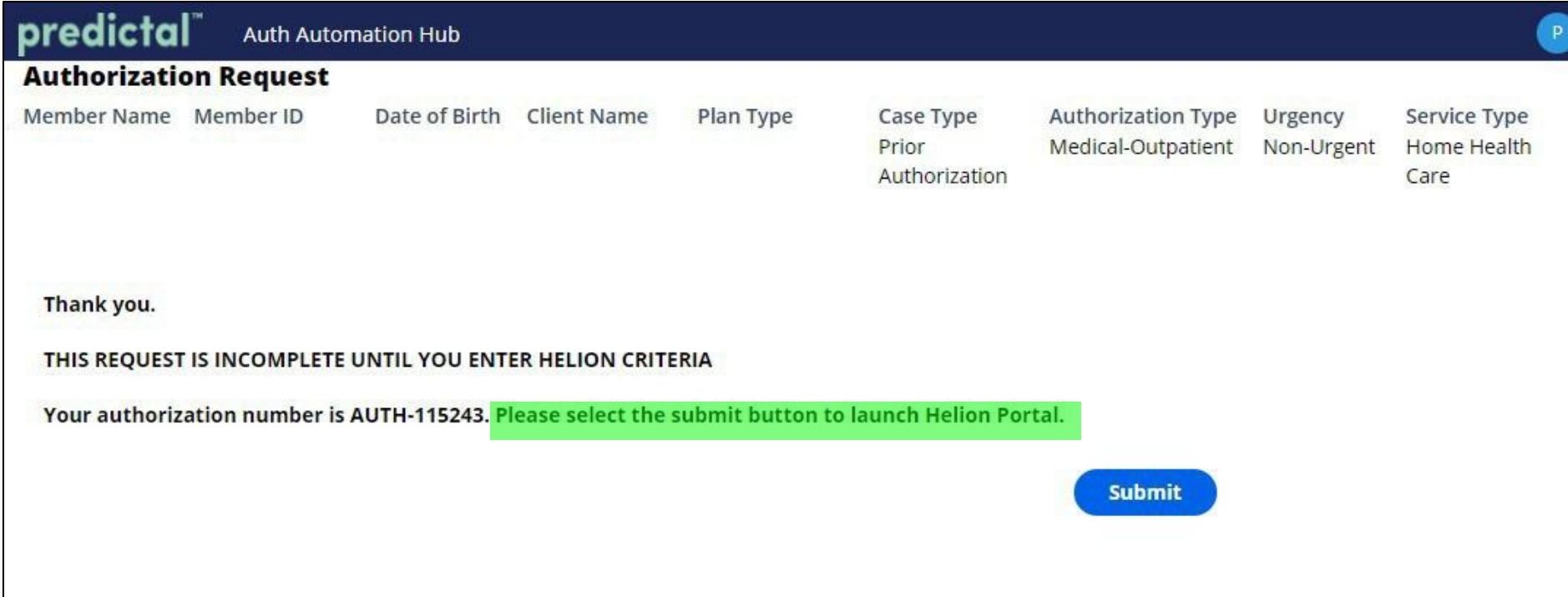
Please logout by clicking your initials in the upper right-hand corner and then close the browser tab to return to NaviNet.

**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 shows the Predictal Auth Automation Hub interface. At the top left is the Predictal logo and "Auth Automation Hub" text. A blue circle with a white 'P' is in the top right corner. Below the header is the title "Authorization Request". 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 green highlighted box contains the text: "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.

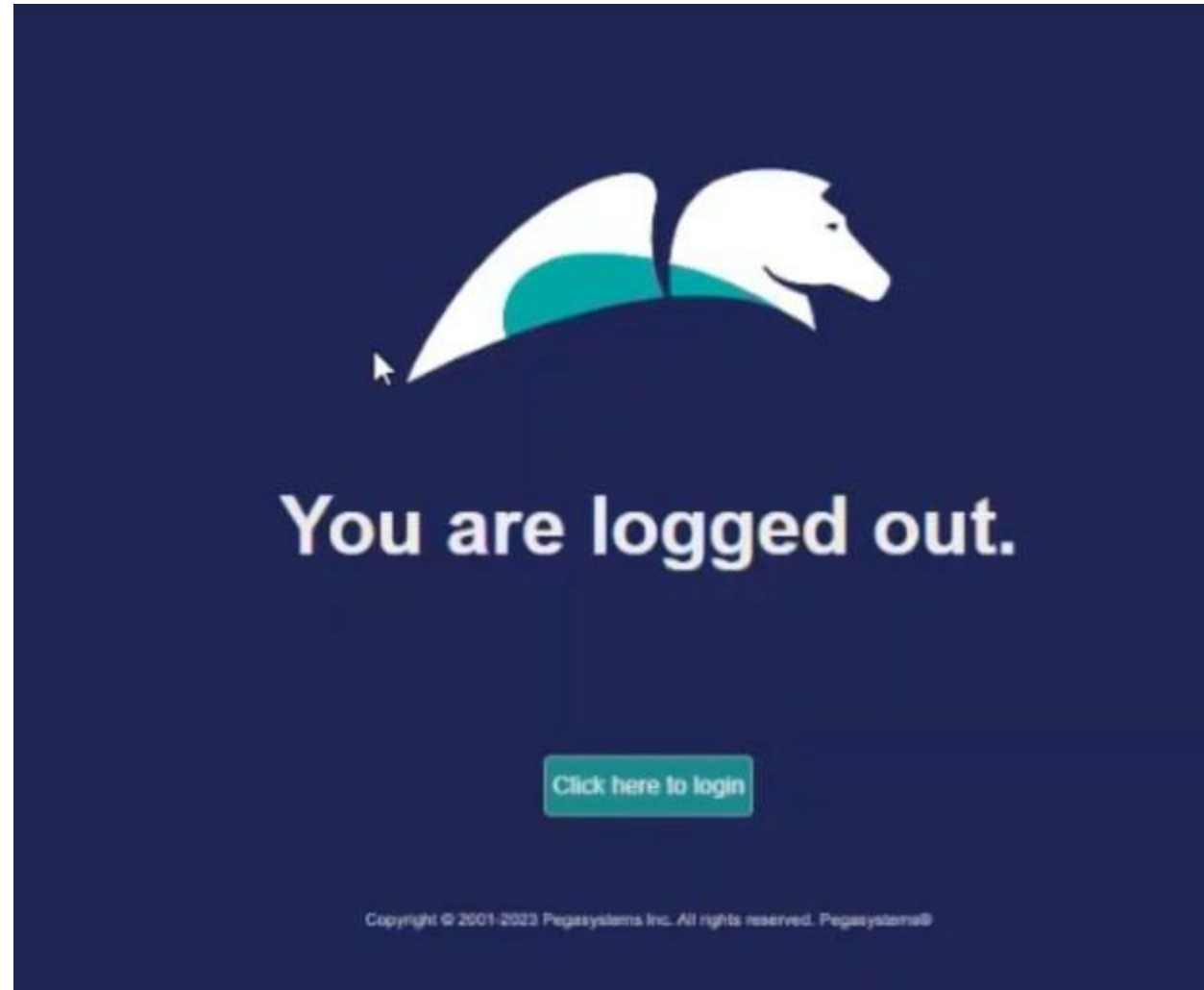
# Helion Arc Authorization Submission

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

Hit **Submit**.

The screenshot shows the 'predical Auth Automation Hub' interface. At the top, there is a header with the 'predical' logo and 'Auth Automation Hub' text. Below the header, the page title is 'Authorization Request'. A table lists various 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 rectangle. Below the message box, there is a section titled 'Review Authorization Details' which includes sub-sections for Case Information, Request Information, Member Information, and Detail Information, each with corresponding data fields.

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 user interface. At the top, a progress bar shows five steps: 1. Documents, 2. Status, 3. Requested Services, 4. Review, and 5. Results. Below this, 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 dialog box titled 'Authorization Request Time Limit' is centered on the screen. The dialog 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 dialog, there is a 'Drop PDF file here, or click to select.' area with a cloud upload icon. Below the dialog, a 'Supporting Documents' section is partially visible. At the bottom of the screen, there are navigation buttons: 'CANCEL', '← BACK', and 'NEXT →'. On the right side, a timer shows '89 min 48 sec Time Limit' and a help icon (question mark).

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

The screenshot displays a multi-step submission process. At the top, a progress bar shows five steps: 1. Documents (active), 2. Status, 3. Requested Services, 4. Review, and 5. Results. Below the progress bar, the 'Plan of Care' section is highlighted. It includes a 'Required' indicator, a text prompt 'Please provide an updated plan of care.', and a 'Maximum file size: 10MB' restriction. A table below shows a file upload area with the text 'no file chosen' and a 'REMOVE' button. At the bottom of the upload area, there is a dashed 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 five steps: Documents, Status, Requested Services, Review, and Results. The 'Requested Services' step is currently active. A disclaimer is visible at the top, stating that approval is based on the information provided and is not a guarantee of payment. Below the disclaimer, a blue note box instructs the user to click the 'Submit to Insurer' button to finalize the request. The 'Requested Services' section shows a green checkmark for 'Skilled Nursing' with 'Approved: 2 visits'. Below this, there is a field for 'Requested visits' with the value '2' entered. At the bottom center, a blue button labeled 'SUBMIT TO INSURER' is highlighted with a hand cursor. In the bottom right corner, there is a timer showing '18 min 26 sec Time Limit' and a help icon.

You will be directed to the Helion Arc dashboard, where you can view all 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 placeholder 'Search by patient name, auth ID, or member ID...'. Below the search bar, the page title 'Active Authorization Requests' is followed by a filter dropdown set to 'ALL STATUSES' and a sort dropdown set to 'SUBMIT DATE: NEWEST'. A descriptive text 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.' Underneath, a section for 'HOME HEALTH' contains a card for a specific request. This card shows a submit date of '10-Feb-2023', an 'Auth ID', and a status of '1 service approved'. A table lists 'Approved Services' with 'Skilled Nursing' having '3' 'Visits Approved'. At the bottom of the card are two buttons: 'VIEW PATIENT' and 'VIEW REQUEST'. A red box highlights a green checkmark icon with an upward-pointing arrow in the top right corner of the card. The footer of the dashboard includes links for 'Privacy Policy' and 'User Agreement', and a help icon (question mark) in the bottom right corner.

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 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 header shows the Auth ID: AUTH-1. Below this, a table lists request details:

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-header: "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 section for **Skilled Nursing** with a **START CONVERSATION** button. A green notification states: "This requested service has been approved. See additional information below." Below this is a table:

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 left contains links for **Privacy Policy** and **User Agreement**. The bottom right shows **Authorization Request Activity** with a help icon.

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	<a href="#">Valid OASIS-E SOC.xml</a>	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 content area is a "SUPPORTING DOCUMENTS" section with a table header:

Name	Date Added
No documents uploaded	

Below this table is a dashed box containing a cloud upload icon and the text: "Drop PDF, DOC, or DOCX file here, or click to select." At the bottom left of the main content area are links for "Privacy Policy" and "User Agreement".

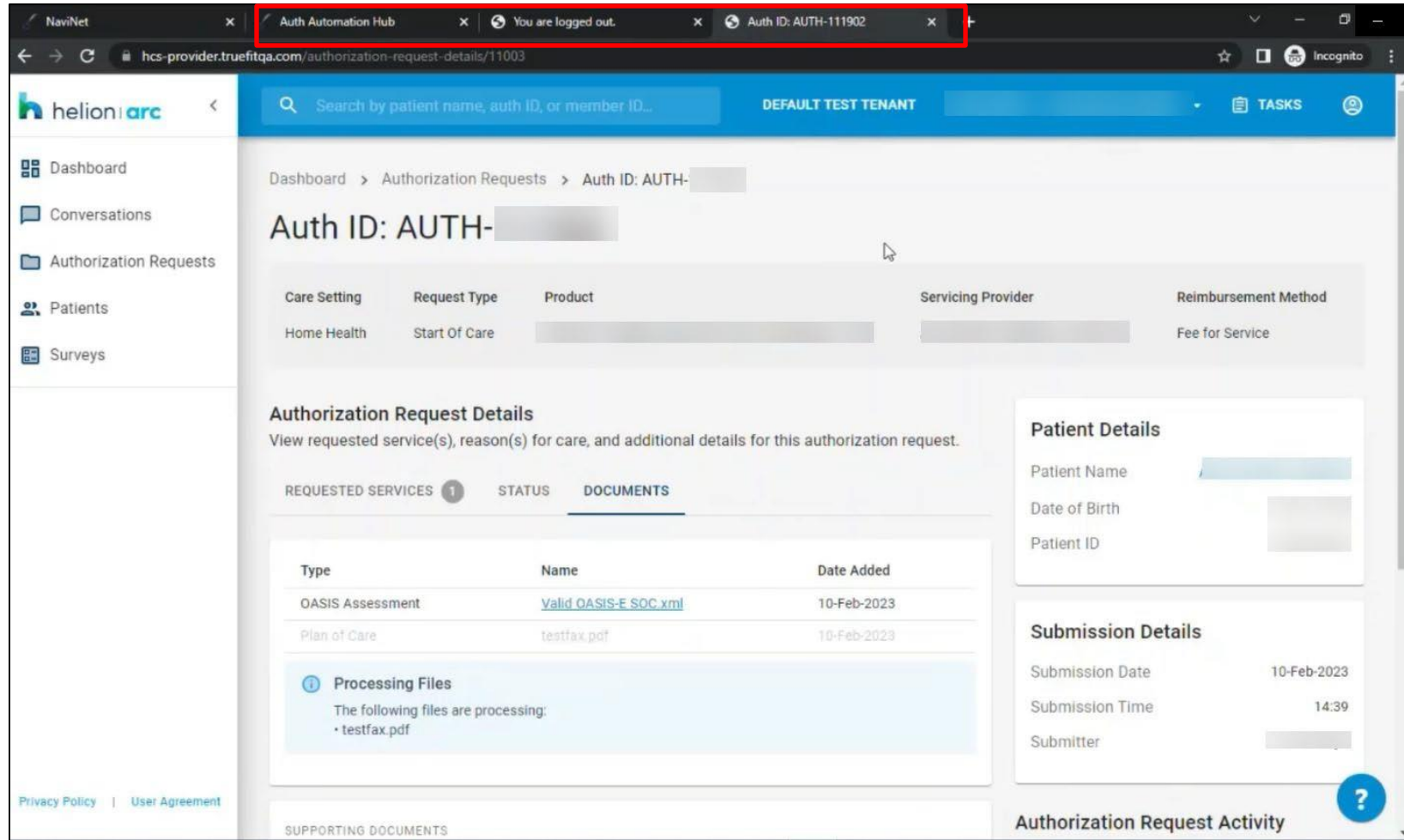
On the right-hand side, there are three panels:

- Patient Details:** Patient Name, Date of Birth, Patient ID.
- Submission Details:** Submission Date (10-Feb-2023), Submission Time (14:39), Submitter.
- Authorization Request Activity:** Stay up to date on status changes specific to this authorization request. The activity list shows:
  - Approved by Insurer (Approved Skilled Nursing)
  - Request Submitted by Provider

At the bottom right of the right-hand panels are two circular buttons: an upward arrow and a question mark.

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

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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



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