

# Guide to submitting outpatient authorizations

The authorization creation workflow involves the following high-level tasks:

1. Start an authorization request.
2. Complete the SP authorization prescreen.
3. Complete the Authorization Details section of the request.
4. Review services and modify them as needed, then submit the authorization.



 **LOGIN:** You must be a registered Availity user to access and utilize Authorizations. If you are not yet registered with Availity, complete the guided online registration at [Availity](#).

 Remember to check eligibility and benefits online first to determine if the member policy requires prior authorization for the service and/or procedure code(s).

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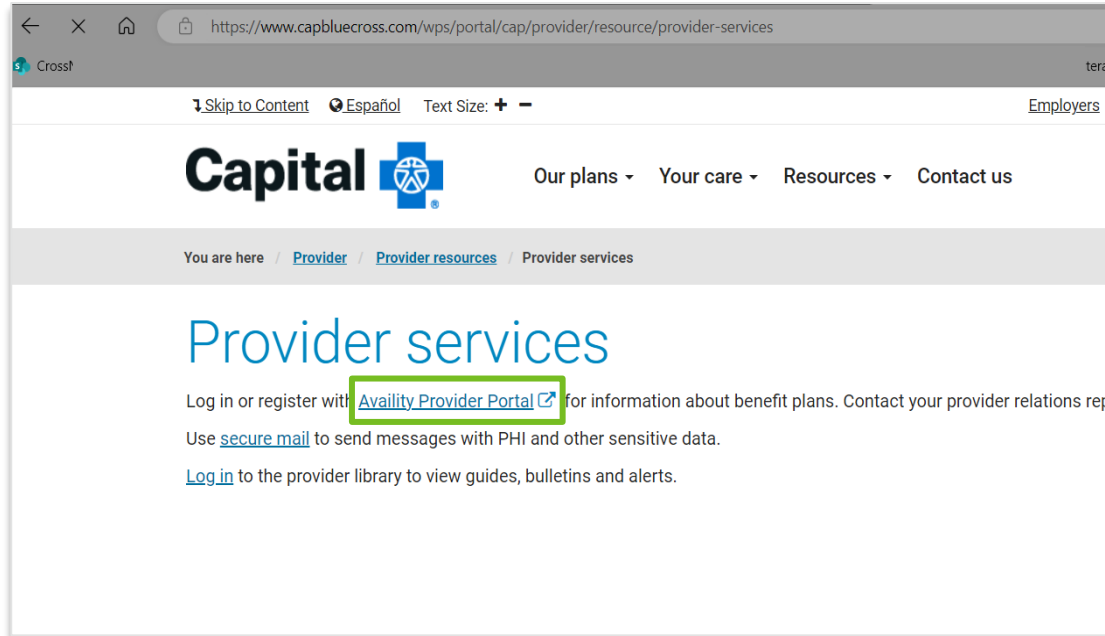


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## Access and login

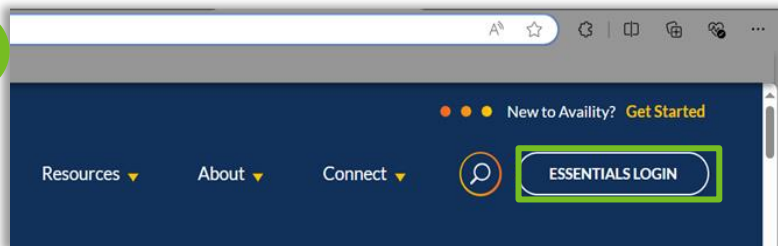
- Log in by going directly to [Availity.com](#), or from the Capital Blue Cross provider services page.
- On the provider services page, locate the link for Availity provider portal, and click to open.



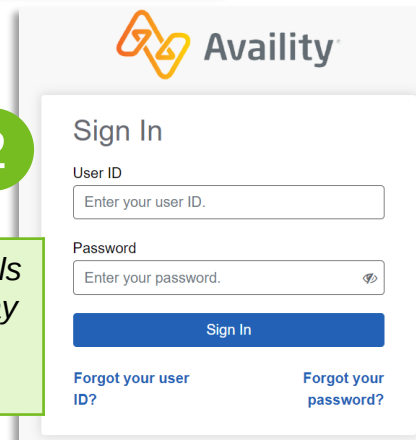


- Click **Essentials Login**, to open the **Sign In** page.
- Enter your Availity username, and password.
- Click **Sign In** to access your account.

1



2

A screenshot of the Availity 'Sign In' page. The page has a white background with the Availity logo at the top. Below the logo, the title 'Sign In' is displayed. There are two input fields: 'User ID' with the placeholder text 'Enter your user ID.' and 'Password' with the placeholder text 'Enter your password.' and a toggle icon. Below the input fields is a blue 'Sign In' button. At the bottom, there are two links: 'Forgot your user ID?' and 'Forgot your password?'.

Availity

### Sign In

User ID  
Enter your user ID.

Password  
Enter your password.

Sign In

[Forgot your user ID?](#) [Forgot your password?](#)

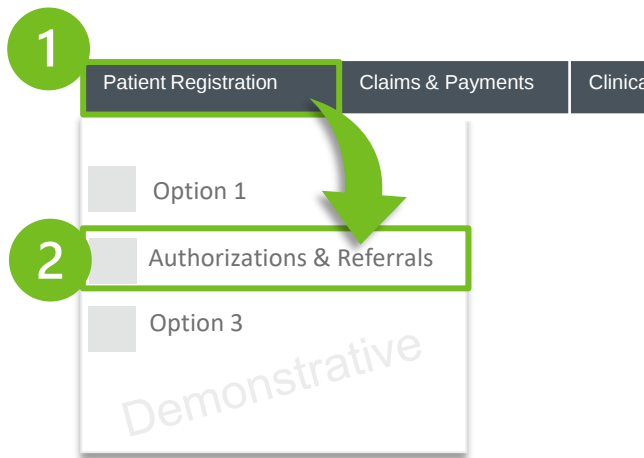
*Your Availity account and login credentials belong only to you. Sharing accounts may violate HIPAA regulations regarding data privacy.*



## Access Authorizations & Referrals dashboard

Access Authorization & Referrals from the navigation menu.

- Click **Patient Registration** from the navigation menu.
- Select **Authorizations & Referrals** from the dropdown menu.





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- Select **Capital Blue Cross** as payer from the payer options displayed, and click **NEXT**.

[Home](#) > Authorizations & Referrals

## Authorizations & Referrals



[Authorization Request](#)

Demonstrative



- Select the appropriate information from the dropdown menus, then click **NEXT**.
  - Organization = **Capital Blue Cross Provider**.
  - Payer = **Capital Blue Cross**.
  - Request Type = **Outpatient Authorization**.

[Home](#) > Authorizations & Referrals > Authorizations

Organization

1

Capital Blue Cross Provider

Payer

2

Capital Blue Cross

Request Type

3

Outpatient Authorization

Next

Demonstrative



- At the Authorizations disclaimer screen, click **Capital Blue Cross Pre-Authorization** to open the TruCare dashboard.

As the requesting provider, I agree to notify my patient, the Capital Blue Cross Member, of the outcome of this authorization request.

The approval is based on the medical necessity and is not a guarantee of payment. Payment is based on the eligibility and benefits at the time of service. By utilizing this system, you are agreeing to this disclaimer and the notification of the outcome of the authorization request to the member. If you are a Skilled Nursing Facility, Home Health Agency, or CORF, you are responsible for delivering the NOMNC no later than two (2) days before covered services end. Please fax all signed NOMNCs to 1-800-216-9740 upon discharging member from services.

You are about to be re-directed to a third-party site away from Availity's secure site, which may require a separate log-in. Availity provides the link to this site for your convenience and reference only. Availity cannot control such sites, does not necessarily endorse and is not responsible for their content, products, or services. You will remain logged in to Availity.

By clicking Capital Blue Cross Pre-Authorization you agree to the above.

 Capital Blue Cross Pre-Authorization

v7.821.11

*If TruCare does not open, try enabling your browser pop-ups.*


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## Member search

*In the TruCare dashboard, you can view authorizations linked to your user account in summary tables on the dashboard. In the summary tables, you can view information on all the authorizations linked to your user account for any or all members. You can search for a member to work on member-specific tasks, such as viewing member authorization requests or creating a new authorization request for a member.*

- Enter the **MEMBER ID**.
- Enter the start date for the search or use the date picker.
- Click **FILTER**.

TruCare<sup>®</sup> ProAuth

PROVIDER FILTER (0/4637) User Name Help About

Dashboard

CREATE INPATIENT AUTHORIZATION CREATE SERVICE/PROCEDURE AUTHORIZATION

Member Search

Filter By ⓘ

Member ID

Authorization Number

Date of Service From Date

Date of Service To Date

Inpatient Service Types

Service/Procedure Service Types

☐ Include Closed ☐ Requested By Me

**FILTER** **RESET**

Inpatient Authorizations Summary

EXTEND VIEW AUTH DETAILS ATTACHMENTS

| Member Name      | Authorization # | Determination Stat... | From Date | To Date | Servicing Facility | Diagnosis Code | State |
|------------------|-----------------|-----------------------|-----------|---------|--------------------|----------------|-------|
| No records found |                 |                       |           |         |                    |                |       |

Service / Procedure Authorizations Summary

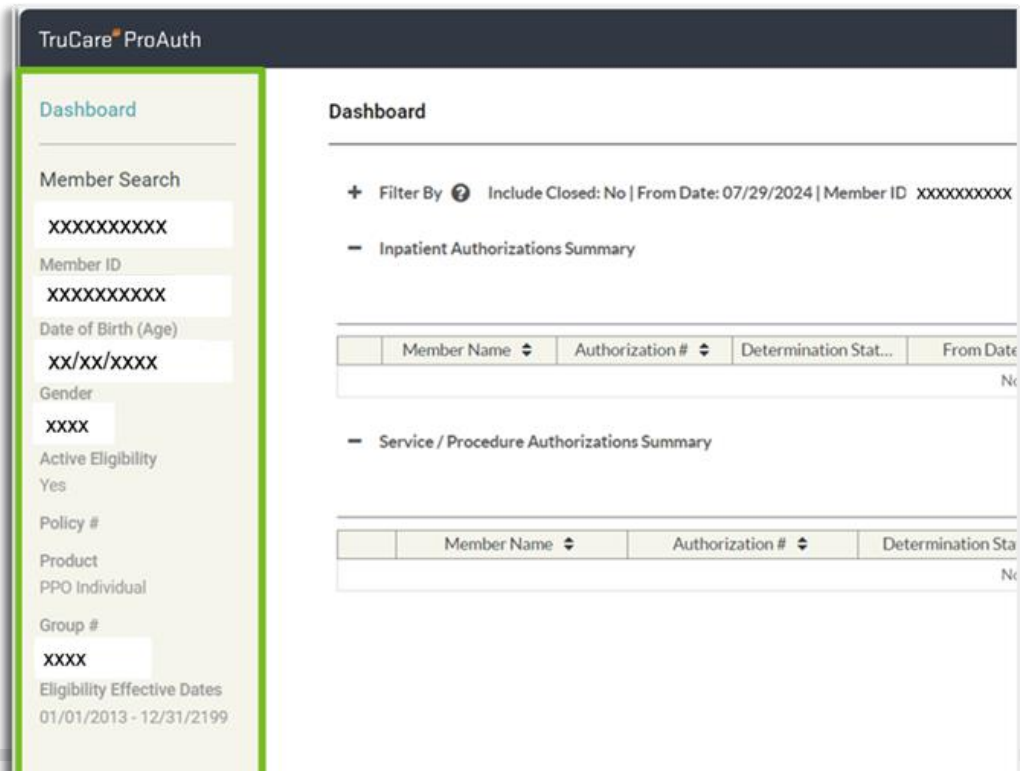
ADD/EXTEND SERVICE VIEW AUTH DETAILS

| Member Name | Authorization # | Determination Status | Start Date | End Date | State |
|-------------|-----------------|----------------------|------------|----------|-------|
|-------------|-----------------|----------------------|------------|----------|-------|



## Member details

- The member information will populate on the left side of the ProAuth dashboard.
- If the member shows active eligibility, you may proceed with the authorization request.



**TruCare ProAuth**

**Dashboard**

**Member Search**

XXXXXXXXXX

Member ID  
XXXXXXXXXX

Date of Birth (Age)  
xx/xx/xxxx

Gender  
XXXX

Active Eligibility  
Yes

Policy #

Product  
PPO Individual

Group #  
XXXX

Eligibility Effective Dates  
01/01/2013 - 12/31/2199

**Dashboard**

+ Filter By ⓘ Include Closed: No | From Date: 07/29/2024 | Member ID XXXXXXXXXX

- Inpatient Authorizations Summary

| Member Name | Authorization # | Determination Stat... | From Date |
|-------------|-----------------|-----------------------|-----------|
|             |                 |                       | No        |

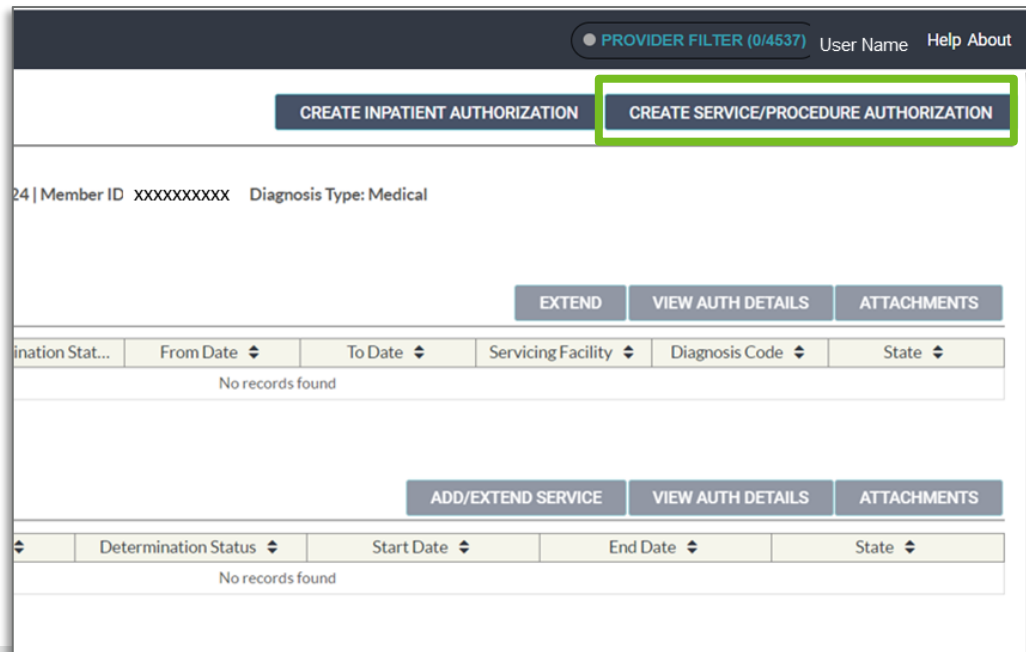
- Service / Procedure Authorizations Summary

| Member Name | Authorization # | Determination Sta |
|-------------|-----------------|-------------------|
|             |                 | No                |



## Create service/ procedure authorization

Click **CREATE SERVICE/PROCEDURE AUTHORIZATION** to open the prescreen page for validating if an authorization is required.



The screenshot shows the Capital One authorization system interface. At the top, there is a dark header bar with a "PROVIDER FILTER (0/4537)" button, "User Name", and "Help About" links. Below this, there are two main buttons: "CREATE INPATIENT AUTHORIZATION" and "CREATE SERVICE/PROCEDURE AUTHORIZATION". The latter button is highlighted with a green box. Below these buttons, there is a section for "24 | Member ID xxxxxxxxxx | Diagnosis Type: Medical". This section contains three buttons: "EXTEND", "VIEW AUTH DETAILS", and "ATTACHMENTS". Below these buttons is a table with columns: "Ination Stat...", "From Date", "To Date", "Servicing Facility", "Diagnosis Code", and "State". The table is currently empty, displaying "No records found". Below the table, there are three more buttons: "ADD/EXTEND SERVICE", "VIEW AUTH DETAILS", and "ATTACHMENTS". At the bottom, there is another table with columns: "Determination Status", "Start Date", "End Date", and "State". This table is also empty, displaying "No records found".



## Prescreen details

*In the first part of the authorization request process, you provide prescreen information.*

- Provide the required prescreen information on this page denoted by asterisks (\*), then click **NEXT**.
- **Service Type.**
- **Place of Service.**
- **Primary Diagnosis.\***
- **Primary Procedure Code.\***
- **Requested Units.**
- **Unit Type.**
- **Start and End Date.**
- **Member's Applied Eligibility.**

The screenshot shows the 'Create Service/Procedure Authorization' form with a progress bar at the top indicating four steps: Prescreen (active), Authorization Details, Services, and Confirmation. The Prescreen section contains the following fields:

- \* Service Type:** A dropdown menu.
- \* Place of Service:** A dropdown menu.
- \* Primary Diagnosis:** A text input field with a search icon. Below it, a label 'Search by Diagnosis name' is visible. To the right, there is a search box with the text '(OR) Search by Code' and a 'SEARCH' button.
- \* Primary Procedure Code:** A text input field with a search icon. Below it, a label 'Search by Procedure name' is visible. To the right, there is a search box with the text '(OR) Search by Code' and a 'SEARCH' button.
- \* Requested Units:** A text input field containing the value '1'.
- \* Unit Type:** A dropdown menu with the selected value 'Units (15-minute increments)'.
- \* Start Date:** A date input field with a calendar icon. The format 'MM/DD/YYYY' is shown below the field.
- \* End Date:** A date input field with a calendar icon. The format 'MM/DD/YYYY' is shown below the field.
- \* Member's Applied Eligibility:** A dropdown menu with the selected value 'None Available'.

At the bottom of the form, there are two buttons: 'NEXT' and 'CANCEL'.

- Diagnosis and procedure code, can be searched by name or by specific code.
- You must click **SEARCH** to the field entries to be populated.



## Specify Servicing Provider

- Enter a **Servicing Provider** by name or **Provider NPI**.
- Click **NEXT**.
- If a one-to-one match is not found, please select the provider from the displayed list.

Prescreen Authorization Details Services Confirmation

POST-TRAUMATIC STRESS DISORDER, ACUTE  
Search by Diagnosis name

F43.11  
(OR) Search by Code

ICD10 CLEAR

\* Primary Procedure Code  
Search by Procedure Name

CPT CLEAR

\* Requested Units  
1

\* Unit Type  
Days

\* Start Date  
08/05/2024  
MM/DD/YYYY

\* End Date  
MM/DD/YYYY

\* Member's Applied Eligibility  
PPO Individual

\* Servicing Provider  
Search by Provider name

(OR) Search by Provider NPI

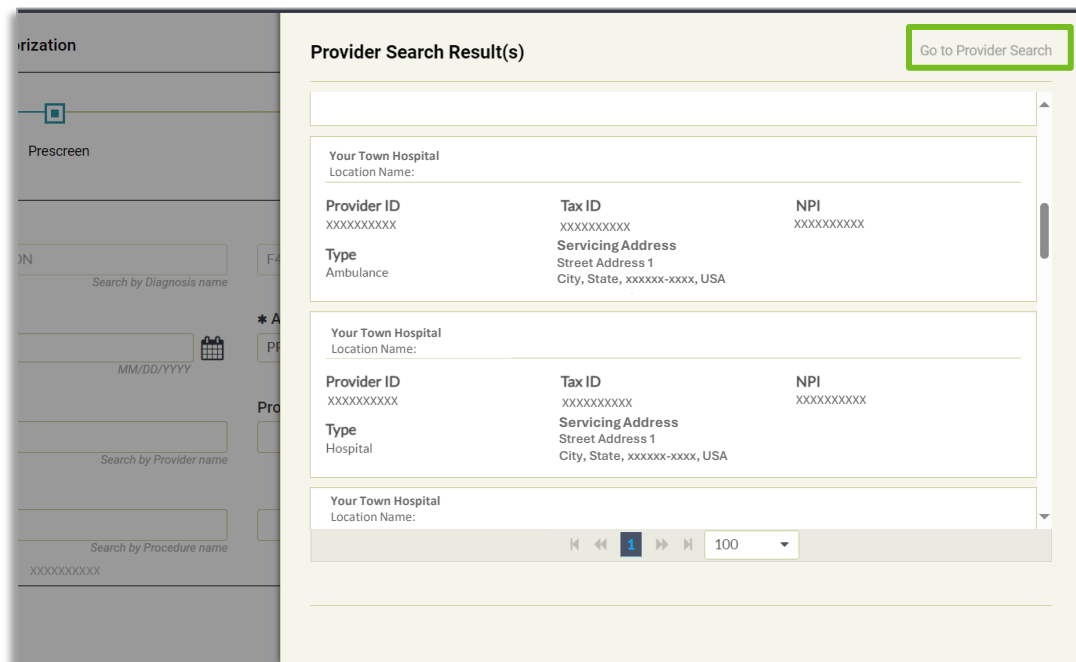
CLEAR

NEXT CANCEL



- A list of providers will open. Choose from this listing, or to search by the Capital Provider number, click **Go to Provider Search** at the top of the entry fields.

Searching by provider by name returns a list of providers.



The screenshot displays a web application interface for provider search. On the left, a sidebar contains search filters: 'Prescreen', 'Search by Diagnosis name', 'Search by Provider name', and 'Search by Procedure name'. The main panel, titled 'Provider Search Result(s)', shows a list of search results. A green box highlights the 'Go to Provider Search' button in the top right corner. The first result is for 'Your Town Hospital' with the following details:

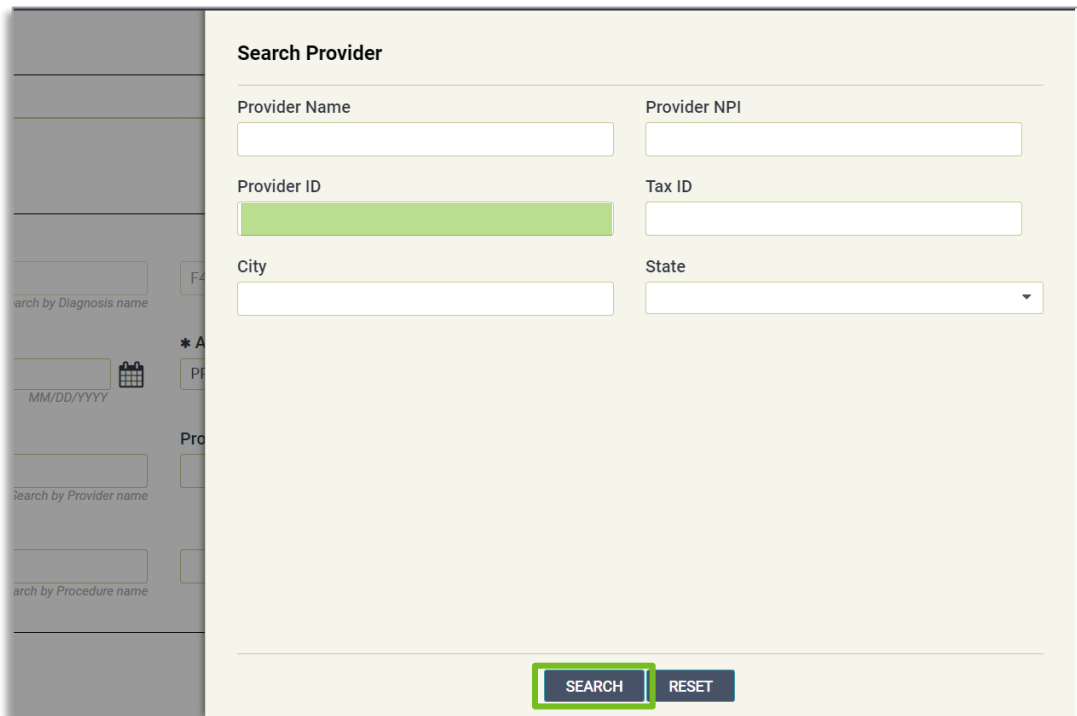
| Provider ID | Tax ID     | NPI        |
|-------------|------------|------------|
| XXXXXXXXXX  | XXXXXXXXXX | XXXXXXXXXX |

Below the table, the 'Servicing Address' is listed: Street Address 1, City, State, xxxxxx-xxxx, USA. The 'Type' is listed as 'Ambulance'. The second result is also for 'Your Town Hospital' with the same details, but the 'Type' is listed as 'Hospital'. The third result is partially visible and also for 'Your Town Hospital'.



## Provider search by ID

- If searching by provider number, enter the **Provider ID** number and click **SEARCH**. You will be returned to the pre-screen.



The screenshot shows a web application interface for searching providers. On the left, a sidebar contains search filters: 'Search by Diagnosis name', 'MM/DD/YYYY' with a calendar icon, 'Search by Provider name', and 'Search by Procedure name'. The main area is titled 'Search Provider' and contains several input fields: 'Provider Name', 'Provider NPI', 'Provider ID' (highlighted with a green background), 'Tax ID', 'City', and 'State' (a dropdown menu). At the bottom right, there are two buttons: 'SEARCH' (highlighted with a green border) and 'RESET'.

| Search Provider            |              |
|----------------------------|--------------|
| Provider Name              | Provider NPI |
| Provider ID                | Tax ID       |
| City                       | State        |
| <b>SEARCH</b> <b>RESET</b> |              |



- All fields within the Prescreen tab should now be completed.
- Click **NEXT**.

Create Service/Procedure Authorization

Progress: Prescreen (Active) | Authorization Details | Services | Confirmation

\* Primary Procedure Code

xxxxxxx Search by Procedure name      xxxxxx (OR) Search by Code      CPT      CLEAR

\* Requested Units      \* Unit Type

1      Days

\* Start Date      \* End Date      \* Member's Applied Eligibility

08/05/2024      08/14/2024      PPO Individual

\* Servicing Provider

xxxxxxx Search by Provider name      xxxxxx (OR) Search by Provider NPI      CLEAR

NEXT      CANCEL



- The system will process and return a confirmation if an authorization is required.
- If an authorization is required, click **NEXT**.
- After completing the prescreen evaluation you will advance to the **Authorization Details** section.

Create Service/Procedure Authorization

Progress: Prescreen (Active) | Authorization Details | Services | Confirmation

\* Primary Procedure Code

XXXXXXXXXX Search by Procedure name XXXXXXXXXXXX (UK) Search by Code CPT CLEAR

\* Requested Units

1

\* Unit Type

Days

\* Start Date

08/05/2024 MM/DD/YYYY

\* End Date

08/14/2024 MM/DD/YYYY

\* Member's Applied Eligibility

PPO Individual

\* Servicing Provider

XXXXXXXXXX Search by Provider name XXXXXXXXXXXX (OR) Search by Provider NPI CLEAR

Preauthorization Required  
Authorization request requires Clinical Review

NEXT CANCEL



## Details review

When the Authorization details section opens, the Pre-screen entries are displayed as view-only near the top.

Complete the required fields marked with an asterisk (\*), then click **SUBMIT**.

- **Level of Urgency.**
- **Requesting Provider**
- **Requesting Provider Contact Name**
- **Requesting Provider**
- **Place of Service,**
- **Level of urgency,**
- **Click Next.**

Prescreen Authorization Details Services Confirmation

**\* Level of Urgency**

**\* Requesting Provider**

**\* Requesting Provider Contact Name**

**\* Requesting Provider Contact Number**

**\* Requesting Provider Fax Number**

Servicing Provider Contact Name

URGENCY DEFINITION

Search by Provider name (OR) Search by Provider NPI

Search All Providers SEARCH

NEXT BACK TO PRESCREEN CANCEL

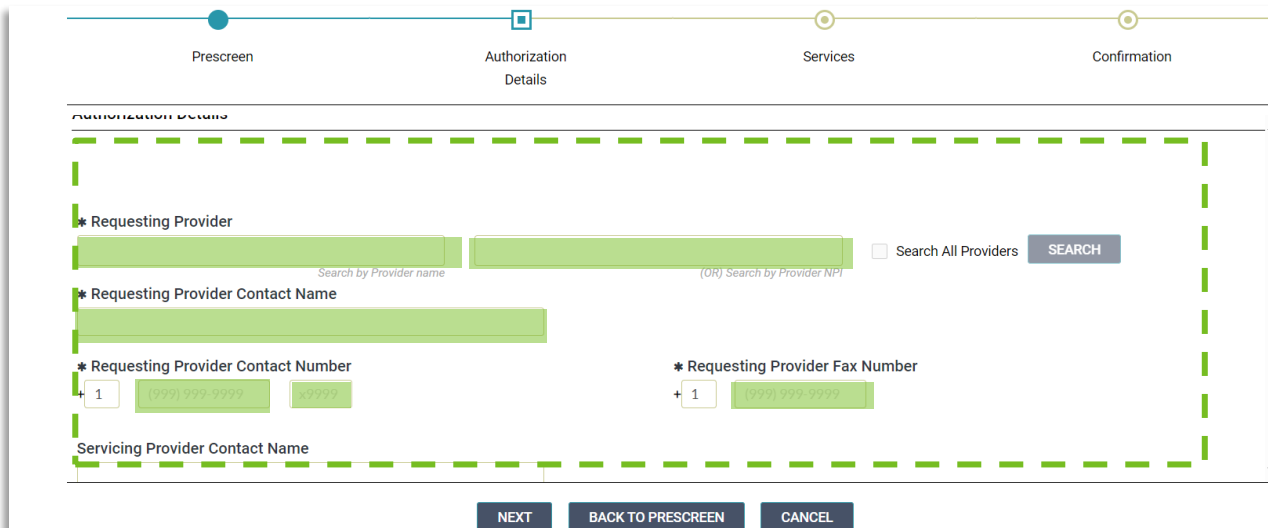
To edit Prescreen fields, return to the Prescreen page. Click **Back to Prescreen**. The prescreen will run again to assess if authorization is required.



## Requesting provider

Specify the **Requesting Provider** information, then click **SUBMIT**.

- **Name.**
- **Provider NPI.**
- **Contact name.**
- **Phone number.**
- **Fax number.**



Prescreen Authorization Details Services Confirmation

**\* Requesting Provider**

Search by Provider name (OR) Search by Provider NPI

☐ Search All Providers **SEARCH**

**\* Requesting Provider Contact Name**

**\* Requesting Provider Contact Number**

+ 1 (999) 999-9999 x9999

**\* Requesting Provider Fax Number**

+ 1 (999) 999-9999

Servicing Provider Contact Name

**NEXT BACK TO PREScreen CANCEL**

*The requesting provider is the entity that is requesting/ordering the service for a member.*



## Add a note

*All services require a note:*

- Click **Add Note** to open the dialogue box.

**All behavioral health services require a note with a submission.**

*You cannot advance to the next page if you do not add the required note or attachment.*

Create Service/Procedure Authorization

*\*An Attachment is required* **ADD NOTE** ADD ATTACHMENT (0)

Progress bar: Prescreen (selected), Authorization Details, Services, Confirmation

Requesting Provider Contact Name: misc

\* Requesting Provider Contact Number: + 1 (555) 555-5555 x9999

\* Requesting Provider Fax Number: + 1 (555) 555-5555

Servicing Provider Contact Name:

Servicing Provider Contact Number: + 1 (999) 999-9999 x9999

Servicing Provider Fax Number: + 1 (999) 999-9999

Secondary diagnosis: Search by Diagnosis name (OR) Search by Code

Buttons: NEXT, BACK TO PRESCREEN, CANCEL, SEARCH, +



You cannot advance to the next page if you do not add the required note.

Select **Yes** confirming you have read the statement, and click **SUBMIT**.

Be sure to submit all required information in one of the following ways:

- **Attachment:** Directly attach the required documents to your submission.
- **Fax:** Fax the information to the designated number, and please add a note confirming that the fax was sent.

**Notes**

SUMMARY

ADD NOTE

Add Note

\* Note Type

Behavioral Health Provider Authorizati...

IN ORDER TO PROCESS THIS AUTHORIZATION REQUEST, CAPITAL WILL NEED THE FOLLOWING:

1. Submit all required clinical documentation needed to process this authorization request.

2. For PA Act 106 authorization request:

› Please document total number of authorized days used this calendar year with this submission.

› Submit a written certification within 14 calendar days of admission but before discharge.

› This can be attached to this request or fax it to Capital at 717-346-5800.

INFORMATION NEEDED ON THE CERTIFICATION:

› Members name, DOB, ID number and Authorization Number

› Member's applicable diagnosis

› Facility name

› Admission and certification dates

› Level of care and certified length of stay

› Language that the member requires specific substance use treatment services.

› Name, signature, and credentials of the certifying physician or licensed psychologist.

\* Please confirm you have read the above requirements.

Yes

SUBMIT

CANCEL



## Adding an attachment

**All services must include an attachment with the submission.**

- To add attachments:
- Click **ADD ATTACHMENT**, to open an Add Attachment window.

Add attachment in one of the following ways:

- Document file: Directly attach the required documents to your submission.

*On the **Add Attachment** button, the count (in parenthesis) indicates the number of documents attached.*

ADD NOTE ADD ATTACHMENT (0)

Authorization Details Services Confirmation

\* Requesting Provider Fax Number  
+ 1 (555) 555-5555

Serving Provider Fax Number  
+ 1 (999) 999-9999

s name (OR) Search by Code SEARCH +

NEXT BACK TO PRESCREEN CANCEL



## Adding an attachment

### All services must include an attachment with the submission.

- Click **BROWSE** to open an explorer window.
- Browse to the location of the document and select it.
- Click **OPEN** or **UPLOAD** to begin the file transfer. Select the document type from the dropdown menu.
- Add any comments in the Comment field, and Click **ADD** to process.
- Click **CLOSE** to continue.

### Add Attachment

\* File

BROWSE

Filenames can contain alphanumeric characters, dashes, and underscores.

\* Document Type

Comment

ADD

CLOSE

Include the required documents:

- Directly attach the required documents to your submission.

**or**

- Fax the them to the designated number.

If faxing, be sure to attach a file with names of documents included, and the fax transmittal confirmation number.


[Back to home](#)


- The file will appear in the Attached Files section, and display the document type, as selected. When you are done, select **Close**.
- To discard the file, select the line item and select **Remove**
- In the Authorization page, the attachment will be reflected in the Attachment box.

Diagnosis name  
two-  
▼

### Attached Files (1)

| File       | Document Type   | Comment |
|------------|-----------------|---------|
| test1.docx | Medical Records |         |

1
10

CLOSE

Diagnosis name  
osis name  
o-

ADD

REMOVE

### Attached Files (1)

| File       | Document Type   | Comment |
|------------|-----------------|---------|
| test1.docx | Medical Records |         |

1
10

ADD NOTE

ADD ATTACHMENT (1)

Authorization  
Details

Authorization  
Confirmation



- You can now either add another service or submit the authorization.
- Click **Yes** to confirm the attestation statement.

Create Service/Procedure Authorization

Progress: Prescreen (●) Authorization Details (●) **Services** (■) Confirmation (○)

|                                                                        |                                        |                                                         |                                                  |
|------------------------------------------------------------------------|----------------------------------------|---------------------------------------------------------|--------------------------------------------------|
| Primary Procedure                                                      | Service Type<br>Other                  | Servicing Provider<br>Your Favorite Health Center       | Servicing Provider OON Reason                    |
| Primary Diagnosis<br>POST-TRAUMATIC STRESS<br>DISORDER, ACUTE (F43.11) | Level of Urgency<br>Standard           | Place of Service<br>Outpatient Hospital                 | Treatment Type                                   |
| Requesting Provider<br>XXXX XXXXX                                      | Requesting Provider Contact Name<br>ic | Requesting Provider Contact<br>Number<br>(555) 555-5555 | Requesting Provider Fax Number<br>(555) 555-5555 |

**WARNING**

By submitting this request, I attest that all information is accurate and complete based on the member's medical record information.

**YES** **NO**

**ADD SERVICE** **SUBMIT** **CANCEL**





## Authorization number and status details

Upon submission, the system will generate a confirmation that the authorization request has been submitted.

- **Authorization Number:** A unique identifier for your request.
- **Authorization Status:** The current approval status (e.g., pending, approved, denied). *If the status is "pending," the authorization is still under review.*

### Create Inpatient Authorization

Prescreen

Authorization Details

Authorization Confirmation

Authorization request has been successfully submitted. As the Requesting Provider, I agree to notify my patient, the Capital BlueCross member, of the outcome of this authorization request. The approval of services are based on medical necessity and is not a guarantee of payment; payment is based on eligibility and benefits at the time of service. By utilizing this system you are agreeing to the above disclaimer statement.

|                                                       |                                                           |                                     |                            |
|-------------------------------------------------------|-----------------------------------------------------------|-------------------------------------|----------------------------|
| XXXXXXXXXX<br>Authorization Number<br>IP0100791255    | <b>Authorization Status</b><br>Pending                    | <b>Admission Date</b><br>08/06/2024 | <b>Requested Days</b><br>1 |
| Your Favorite Health Center<br>Lehigh Valley Hospital | <b>Primary Diagnosis</b><br>ACUTE STRESS REACTION (F43.0) | <b>Primary Procedure Code</b>       |                            |

RETURN TO MEMBER SEARCH

RETURN TO DASHBOARD

PRINT

## Summary table

You can view data for the parameters displayed in the columns of the summary table (as shown in the example in this topic). You can sort each column of data in alphabetical or numerical order. Each line (or row) of data applies to a specific member.

Dashboard

CREATE INPATIENT AUTHORIZATIONCREATE SERVICE/PROCEDURE AUTHORIZATION

+ Filter By ? Include Closed: No | From Date: 07/29/2024 | Member ID:

Diagnosis Type: Medical

+ Inpatient Authorizations Summary

- Service / Procedure Authorizations Summary

ADD/EXTEND SERVICEVIEW AUTH DETAILSATTACHMENTS

| Member Name     | Authorization # | Determination Status | Start Date | End Date   | State |
|-----------------|-----------------|----------------------|------------|------------|-------|
| First Last Name | xxxxxxxxxx      | Pending              | 08/05/2024 | 08/13/2024 | Open  |

1

10



Thank you



This completes this overview of how to submit an outpatient authorization request.



If you have any questions, please contact your administrator for assistance.