

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 Availity, go to **Patient Registration** in the menu bar and click on **Eligibility & Benefits Inquiry**.

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

EB

Eligibility & Benefits

Feedback

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.

Fields marked with an asterisk * are required.

* Organization

Highmark PA Provider Test

* Payer

HIGHMARK BLUE SHIELD

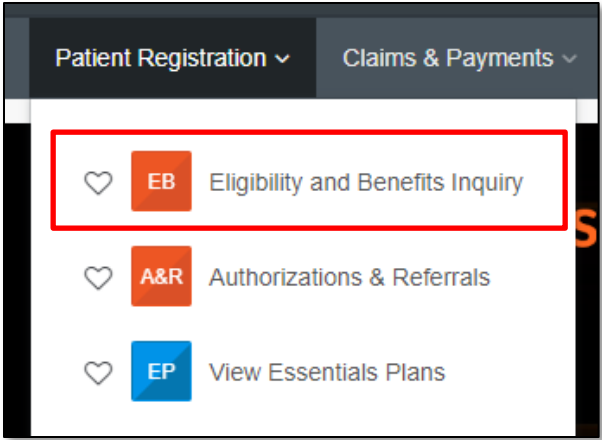
Provider Information

Clear Section

Select a provider or enter one of the following: Provider NPI or Provider Tax ID

Provider

Search for a provider by name, NPI, tax ID, taxonomy code, or address



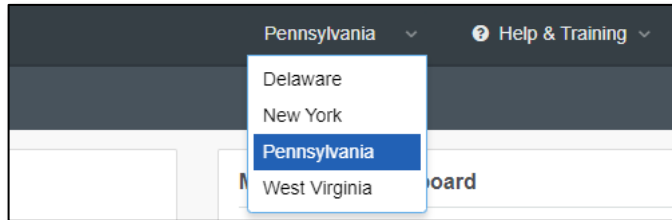
*Verifying Eligibility and Benefits prior to submitting a prior authorization request and/or submitting a claim can:

- 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:

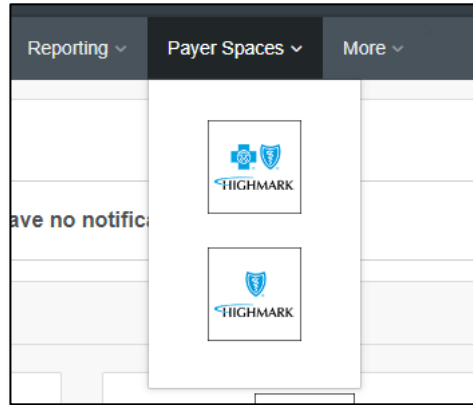
Retail Pharmacy Authorization Submissions
Can ONLY Use Path 1

Exception 2:

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

Path 1

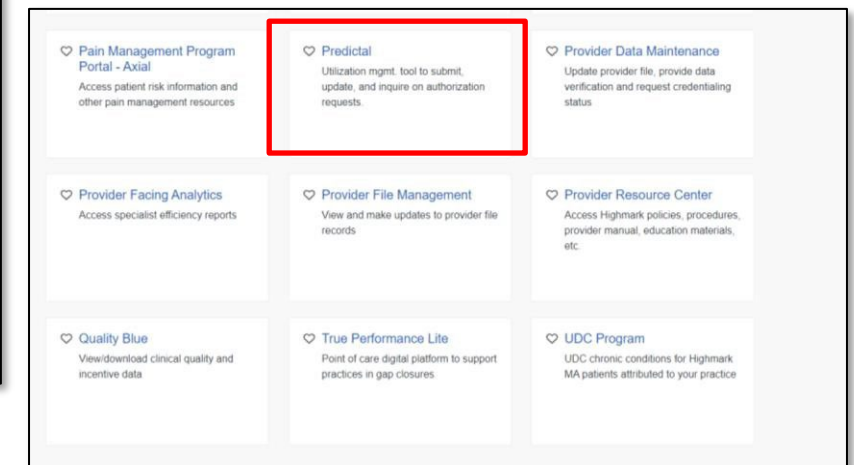
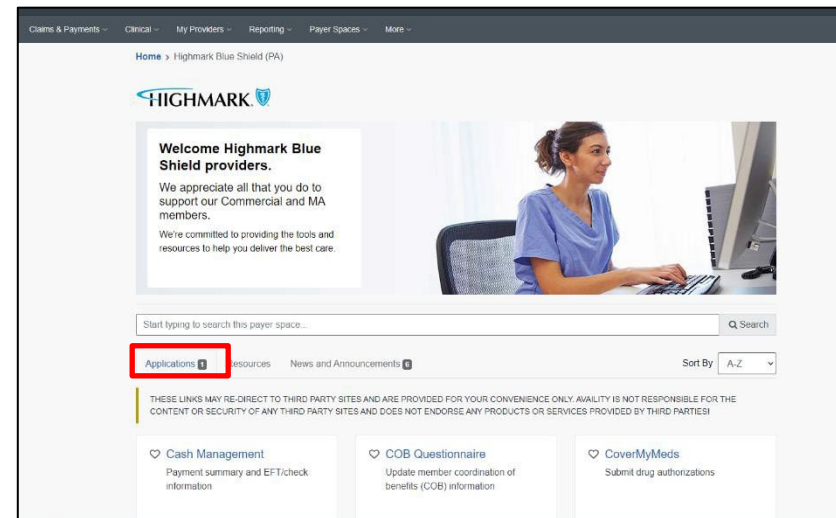
To access Highmark's Payer Spaces in Availity Essentials, click on **Payer Spaces** from the top menu and choose the appropriate Health Plan.



***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.**

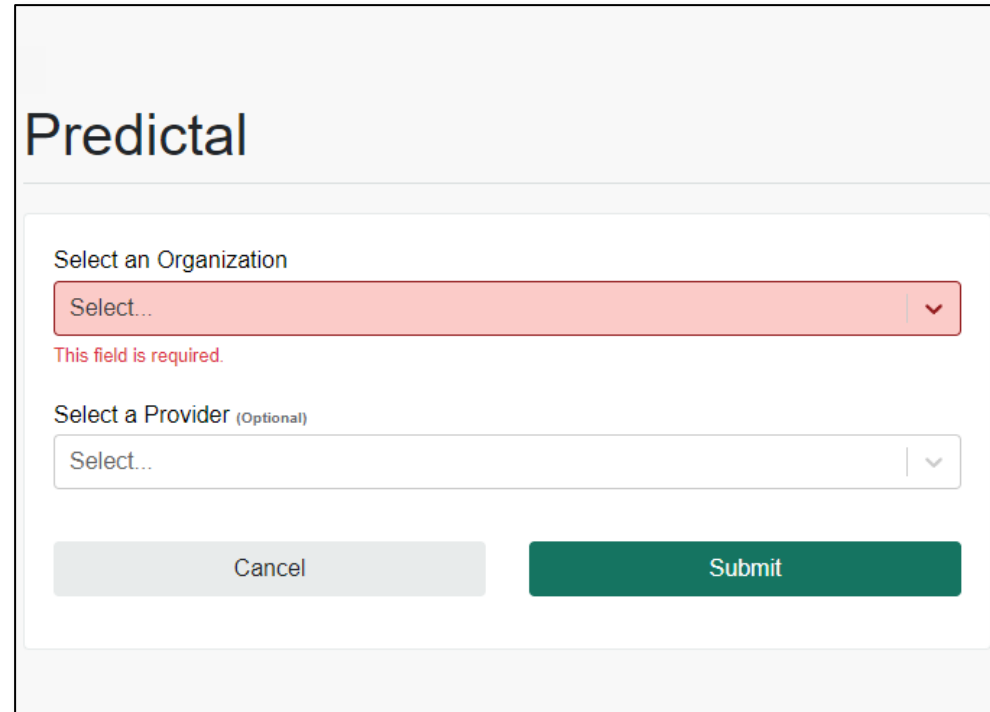
Within **Payer Spaces**, look under **Applications** and select **Predictal**.



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.

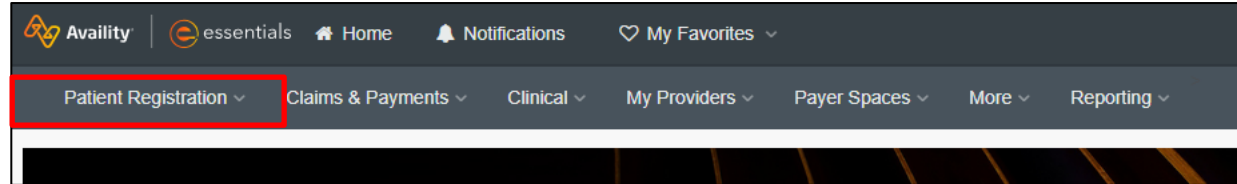


The screenshot shows a web form titled "Predictal". It contains two dropdown menus. The first is labeled "Select an Organization" and has a red border with the text "Select..." and a downward arrow. Below it, in red, is the message "This field is required." The second dropdown is labeled "Select a Provider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

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

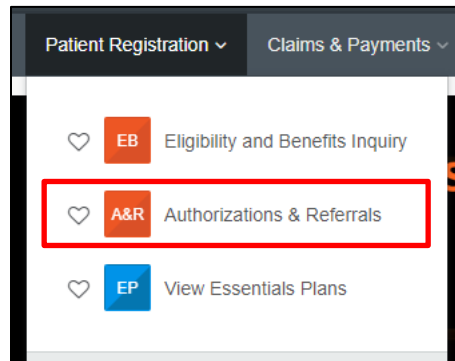
Path 2

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

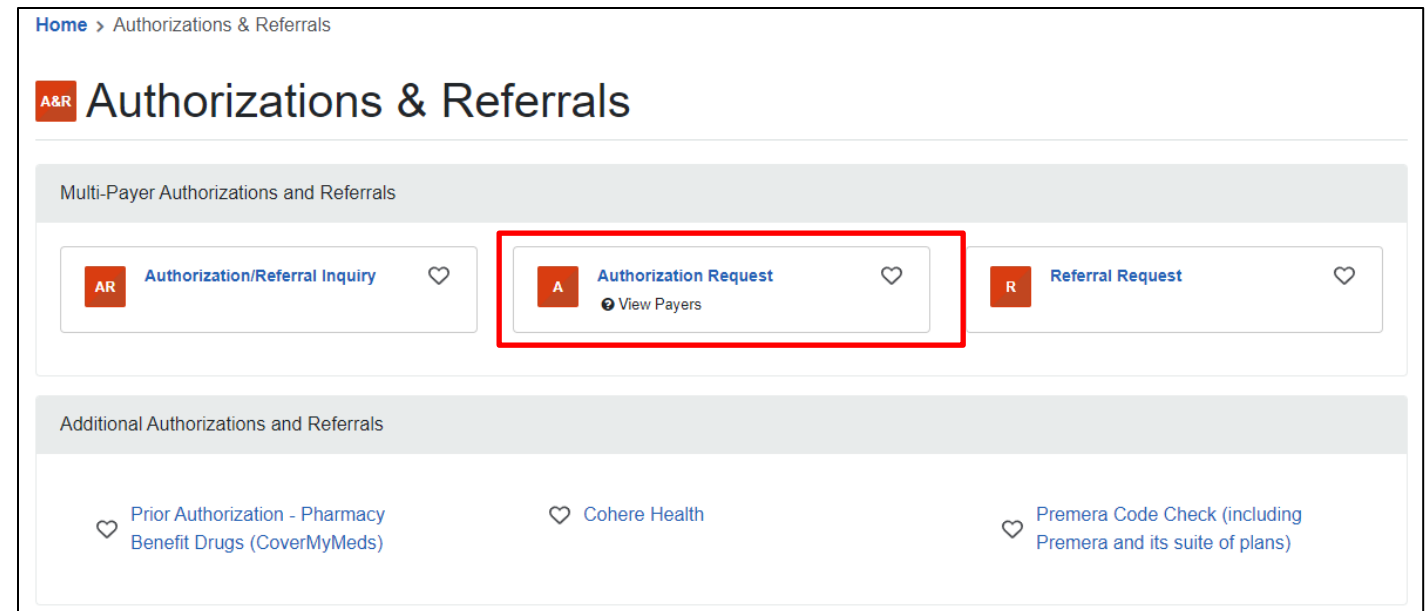


***For prior authorization requests for Out of Area members, you must use this path for submission.**

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.

A

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.

The screenshot shows the Predictal Auth Automation Hub interface. At the top, the header includes the Predictal logo, the text 'Auth Automation Hub', a notification bell icon, and an 'Exit AAH' button. A left sidebar contains navigation icons: a circle with a slash, a plus sign, a magnifying glass, a warning triangle, a bell, an envelope, and another magnifying glass. The main content area is divided into two sections. The top section, titled 'Highmark Welcomes', contains two columns. The left column, 'Helpful Links', lists four items: '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', and 'Request a prescription drug authorization request through CoverMyMeds'. The right column, 'Information you will need to submit an authorization:', lists five items: 'Member Demographics', 'Procedure/Service Details', 'Diagnosis Details', 'Provider Details', and 'Clinical Criteria'. A blue 'New Auth Submission' button is located on the right side of this section. The bottom section, titled 'My Unsubmitted Auths', features a table with the following headers: 'Member Name', 'DOB', 'Start of Care Date', 'Authorization Type', 'Service Type', 'Last updated by', and 'Actions'. Each header has a dropdown arrow icon. Below the table, there is an icon of a folder with a downward arrow and the text 'No Items'.

predictal™ Auth Automation Hub Exit AAH

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.

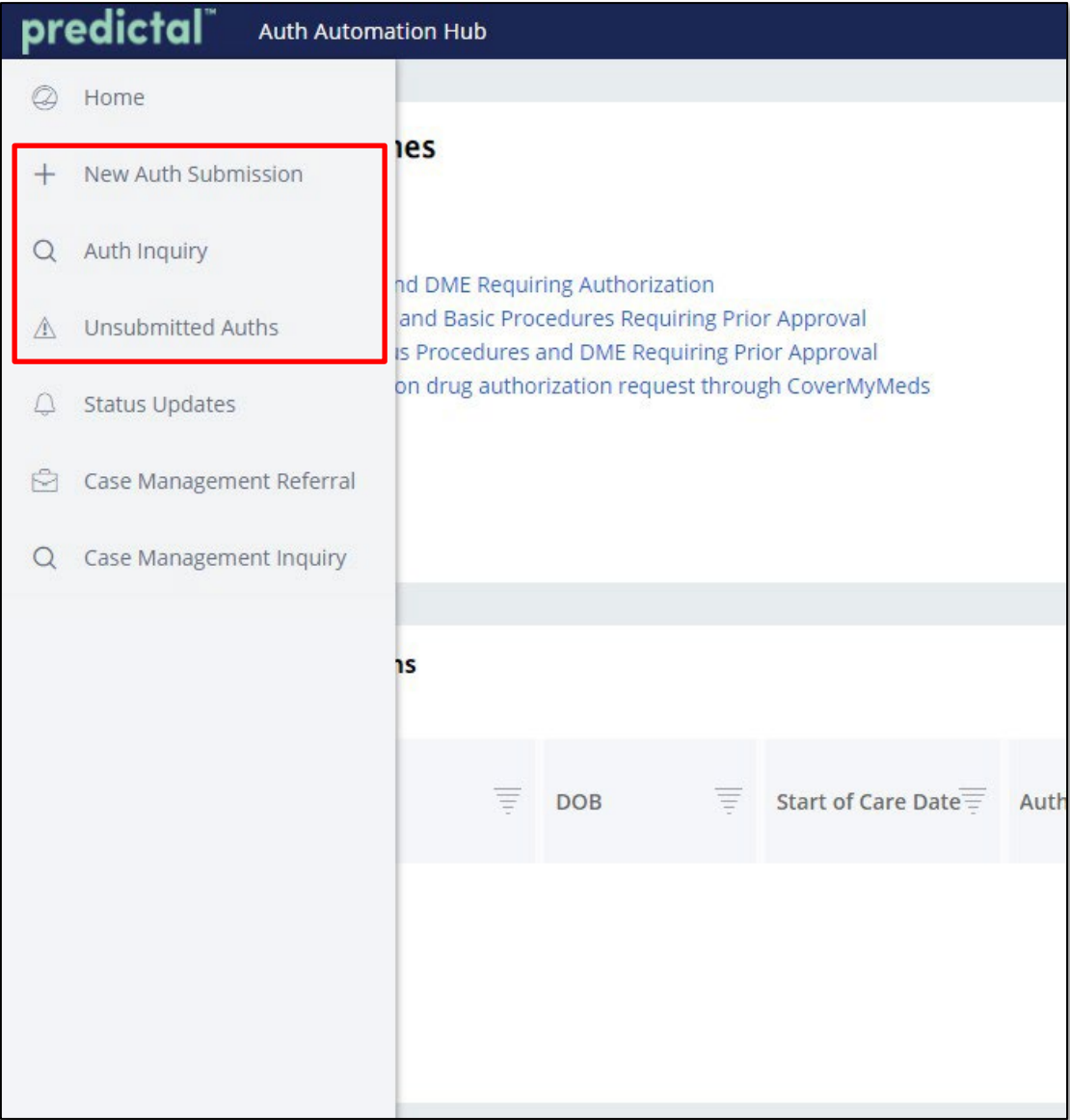
Select **Auth Inquiry** to do any of the following:

- 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.

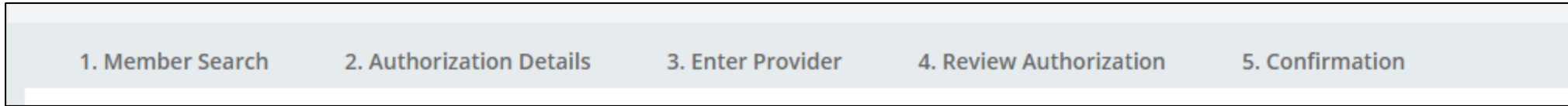
You can also view your **Unsubmitted Auths** on the Predictal homepage.

My Unsubmitted Auths		
Member Name	DOB	Start of Care Date



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.

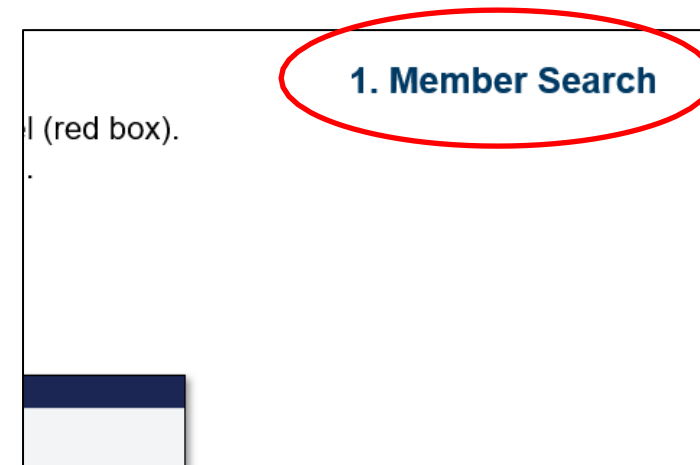


After each step listed in the top menu bar, you will be asked to hit **Submit**. Your authorization will not be submitted to Highmark until the final **Submit** on the Confirmation screen (Step 5 above.)

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.



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.

1. Member Search

The screenshot displays the Predictal Auth Automation Hub interface. At the top, the header reads "predictal™ Auth Automation Hub". Below this, a navigation bar shows "Authorization Request" with a red box highlighting a "+" icon. The main content area is divided into five steps: "1. Member Search", "2. Authorization Details", "3. Enter Provider", "4. Review Authorization", and "5. Confirmation". The "1. Member Search" step is active. It features a section titled "Ordering/Attending Provider" with a "Select provider *" dropdown menu. Below this is 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 includes 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. At the bottom, it states "Search Result: 4 matches found..." and shows a table with columns: "Member ID", "First Name", "Last Name", "Date of Birth", and "Gender". The first row of the table 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.

The screenshot displays a web interface for member search. At the top, there's a section for search criteria with a radio button for 'Member'. Below this, there are input fields for 'Search for member *' (containing 'Member ID'), 'Start of Care Date *' (containing '11/30/2023'), and 'Member UMI *'. A blue 'Search' button is positioned to the right of the UMI field. Below the search filters, it states 'Search Result: 4 matches found...'. A table follows with columns: Member ID, First Name, Last Name, Date of Birth, Gender, UMI, Client Name, Group Name, Group Number, LOB, COB, Start Date, End date, and Relationship. The first row of data is highlighted in blue, and a red arrow points to the 'Member ID' column header. The second row of data is also highlighted in blue, and a red arrow points to the 'UMI' column header.

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

UMI	Client Name	Group Name	Group Number	LOB	COB	Start Date	End date	Relationship
				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

The screenshot displays the 'predictal™ Auth Automation Hub' interface. At the top, a header bar contains the Predictal logo and the text 'Auth Automation Hub'. Below this, a section titled 'Authorization Request' contains a table with member and request details. The table has columns 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 the table, a progress bar shows five steps: 1. Member Search, 2. Authorization Details (current step), 3. Enter Provider, 4. Review Authorization, and 5. Confirmation. The main form area is divided into three sections: 'Case Information', 'Request Information', and 'Member Information'. The 'Case Information' section includes 'Authorization Type' with radio buttons for Medical-Inpatient, Medical-Outpatient (selected), Behavioral-Inpatient, Behavioral-Outpatient, and Pharmacy. It also has a 'Case Type' dropdown set to 'Prior Authorization'. The 'Request Information' section has a 'Start of Care Date' field set to '10/31/2023'. The 'Member Information' section has a 'First Name' dropdown menu open, showing a list of service types including Ambulance, Ambulatory Surgical Center, Birthing Center, Comprehensive Outpatient Rehabilitation Facility, Home, Independent Clinic, Independent Laboratory, Office, Outpatient Hospital, and Professional Ambulatory Infusion Suite. The 'Outpatient Hospital' option is selected. To the right of the 'Member Information' section, there is another dropdown menu open, showing a list of medical services including 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, and Pharmacy. The 'Select...' option is highlighted at the top of this list. Red stars are placed next to the 'Authorization Type' dropdown, the 'First Name' dropdown, and the 'Service Type' dropdown to indicate the steps to be completed.

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

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

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
		1		Commercial	Prior Authorization	Medical-Outpatient	—

Detail Information

Place of Service *
Office

Service Type *
Medical Care

Diagnosis Information

Code Set Type *	Code *	Description *
ICD 10	Enter Code/Description	—

Add Remove

Procedure Information

Code Set Type *	Code *	Description *
Select...	Enter Code/Description	—

From *
12/4/2023

Requested units *
—

Unit Type *
Select...

Add Remove

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.

dictal™ 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.	
	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	

Procedure Information

Code Set Type*	Code*	Description*
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 *

Office

Service Type *

Medical Care

Diagnosis Information

Code Set Type *	Code *	Description *	
ICD 10	183.001	VARICOSE VEINS OF UNSPECIFIED LOWER EXTREMITY WITH BOTH ULCER OF UNSPECIFIED SITE AND INFLAMMATION	Remove

[Add](#)

Procedure Information

Code Set Type *	Code *	Description *
Select...	Enter Code/Description	—

From *

12/4/2023

Requested units *

Unit Type *

Select...

[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.

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 fields for 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 (Medical Care). A table below these fields shows a single entry with Code Set Type "ICD-10", Code "B42.82", and Description "SPOROTRICHOSIS ARTHRITIS". Below the table is an "Add" button. The "Procedure Information" section follows, containing a disclaimer about CPT/HCPCS codes. Below the disclaimer is a table with columns for Code Set Type, Code, Description, Requested units, and Unit Type. A dropdown menu is open for the Code Set Type, showing options for "CPT" and "HCPCS". Below the table is an "Add" button. The "Indicate Location of Clinical Information" section has an "Add" button. The "Submitter Contact Information" section is at the bottom.

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

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

2. Authorization Details

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.

The screenshot displays the 'predical Auth Automation Hub' interface. At the top, there's a header with the 'predical' 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, Case Type (set to 'Prior Authorization'), Authorization Type (set to 'Medical-Outpatient'), Urgency (set to 'Non-Urgent'), and Service Type (set to 'Medical Care').

The main section is 'Diagnosis Information'. It contains a table with columns 'Code Set Type', 'Code', and 'Description'. One entry is visible: 'ICD-10' with code 'B42.82' and description 'SPOROTRICHOSIS ARTHRITIS'. There are 'Add' and 'Remove' buttons for this entry.

Below the diagnosis section is the 'Procedure Information' section. It includes a disclaimer about CPT/HCPCS codes. It has a table with columns 'Code Set Type', 'Code', and 'Description'. The 'Code Set Type' is set to 'CPT'. A search box shows '33647' and a list of results is displayed below it, including '33647 REPAIR OF ATRIAL SEPTAL DEFECT AND VENTRICULAR SEPTAL DEFECT, WITH DIRECT OR PATCH CLOSURE', '36470 INJECTION OF SCLEROSANT, SINGLE INCOMPETENT VEIN (OTHER THAN TELANGIECTASIA)', '36471 INJECTION OF SCLEROSANT, MULTIPLE INCOMPETENT VEINS (OTHER THAN TELANGIECTASIAL 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', and '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)'. There are 'Add' buttons for each entry.

At the bottom of the procedure section, there's a 'Submitter Contact' section with fields for 'Contact Name' (set to 'team') and 'Please enter any records are attached'. A 'Remaining: 234 (max)' indicator is also present.

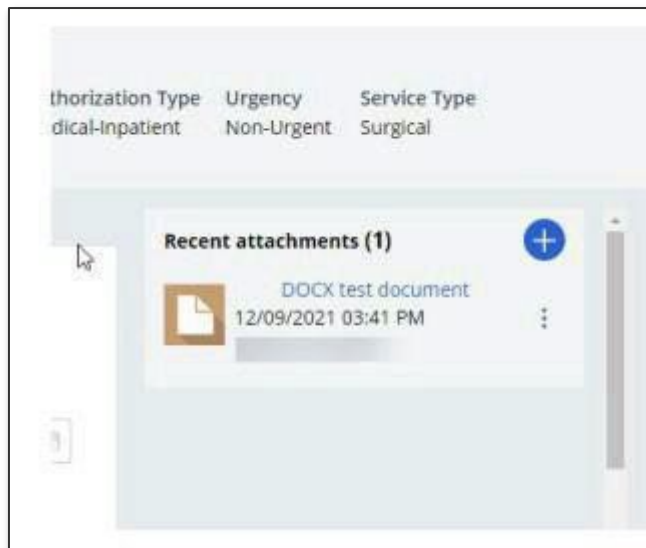
The **Recent Attachments** section will allow you to send attachments with an authorization by clicking on the **+** icon.

The screenshot shows the 'Authorization Request' form. At the top, there's 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, 3. Enter Provider, 4. Review Authorization, and 5. Confirmation. The main form area is divided into two sections: 'Case Information' and 'Request information'. 'Case Information' includes 'Authorization Type' with radio buttons for Medical-Inpatient, Medical-Outpatient (selected), Behavioral-Inpatient, Behavioral-Outpatient, and Pharmacy. 'Request information' includes 'Start of Care Date' with a date picker set to 12/04/2023. On the right side, there's a 'Tools' section with a 'History' link and a 'Recent attachments (0)' section. The 'Recent attachments (0)' section has a red border and a '+' icon in the top right corner. Below the '+' icon are 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. Inside, there's a large 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 left is a 'Cancel' button, and at the bottom right is an 'Attach' button. The background shows a blurred view of the 'Authorization Details' form.

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

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](#)

3. Enter Provider

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	Case Type	Authorization Type	Urgency	Service Type
				Commercial	Prior Authorization	Medical-Outpatient	Non-Urgent	Medical Care

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

Recent attachments (0)

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 *

[Back](#)

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 Commercial	Case Type Prior Authorization	Authorization Type Medical-Outpatient	Service Type 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 *****4723	BSID 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 Commercial	Case Type Prior Authorization	Authorization Type Medical-Outpatient	Service Type 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.

Authorization Request Actions

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

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

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.

Review Authorization Details

Case Information

Authorization Type	Case Type
Medical-Outpatient	Prior Authorization

Request information

Start of Care Date
12/04/2023

Member Information

First Name	Member ID
Last Name	

Tools

[History](#)

Recent attachments (0) [+](#)

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

Elizabeth Moyer (717) 557-2228 ext.

Provider Details

Ordering/Attending Provider SUBMITTED BY THIS PROVIDER

Provider ID Provider Name

Servicing Facility/Vendor

Provider ID Provider Name

Performing Provider

[Back](#) [Save](#) [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 headers: Member Name, Member ID, Date of Birth, Client Name, Plan Type, Case Type, Authorization Type, and Service Type. The table shows 'Commercial' under Plan Type and 'Prior Authorization' under Case Type. Below the table, a confirmation message reads: 'Thank you. Your request for AUTH- has been submitted and is pending review. You will receive notification of a determination or if additional information is required.' This is followed by a detailed explanation: '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, there are two buttons: 'Submit Another New Authorization' (highlighted with a red star) and 'Go Back to Home' (highlighted with a red star).

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

Thank you.

Your request for AUTH- 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.

[Submit Another New Authorization](#) [Go Back to Home](#)

5. Confirmation

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

predical™ 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.

5. Confirmation

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 header includes the Predictal logo and 'Auth Automation Hub'. Below this is a section titled 'Authorization Request' which contains a table with fields for Member Name, Member ID, Date of Birth, Client Name, Plan Type, Case Type, Authorization Type, Urgency, and Service Type. The Case Type is set to 'Prior Authorization', Authorization Type to 'Medical-Outpatient', Urgency to 'Non-Urgent', and Service Type to 'Diagnostic Medical'. A red rectangular box highlights a confirmation message that reads: 'Thank you. Your authorization number is AUTH-88313. Please select the submit button to launch eviCore Portal.' To the right of this message is a blue 'Submit' button. Below the highlighted area, there is a 'Review Authorization Details' section with 'Case Information' (Authorization Type: Medical-Outpatient, Urgency: Non-Urgent) and 'Request Information' (Start of Care Date). On the right side, there is a 'Recent attachments (0)' section with a plus icon.

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

Thank you.

Your authorization number is AUTH-88313. Please select the submit button to launch eviCore Portal.

Submit

Review Authorization Details

Case Information

Authorization Type: Medical-Outpatient

Urgency: Non-Urgent

Request Information

Start of Care Date

Recent attachments (0)

5. Confirmation

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.

predictal™ Auth Automation Hub P

Authorization Request

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

Thank you.

THIS REQUEST IS INCOMPLETE UNTIL YOU ENTER HELION CRITERIA

Your authorization number is AUTH-115243. Please select the submit button to launch Helion Portal.

Submit

Helion Arc Authorization Submission

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

Hit **Submit**.

predictal™Auth Automation Hub

Exit AAH

Authorization Request

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

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.

Submit

Review Authorization Details

Case Information

Authorization Type

Urgency

Non-Urgent

Request Information

Start of Care Date

02/08/2023

Member Information

First Name

Member ID

Last Name

> Group Information

Detail Information

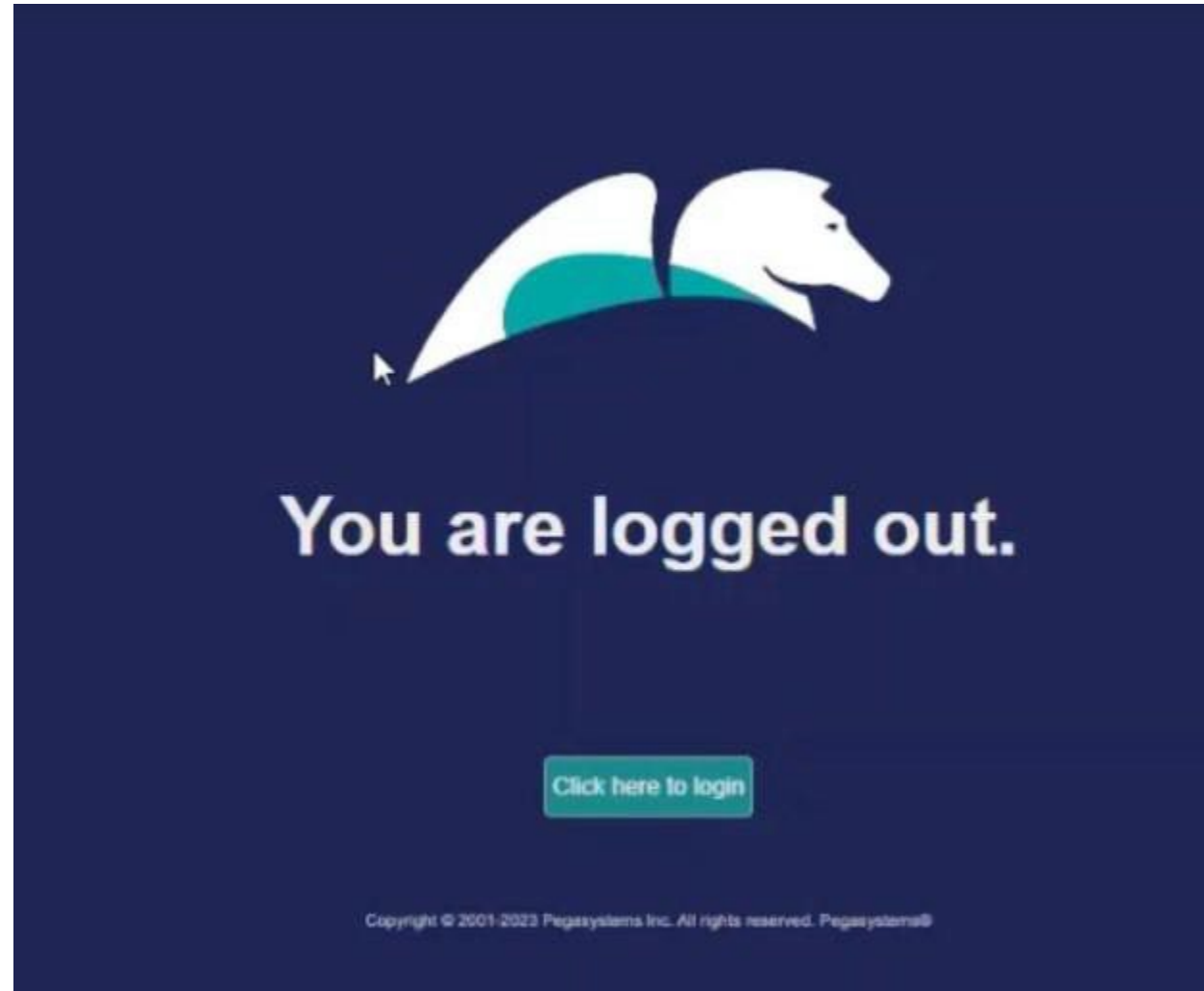
Place of Service

Home

Service Type

Home Health Care

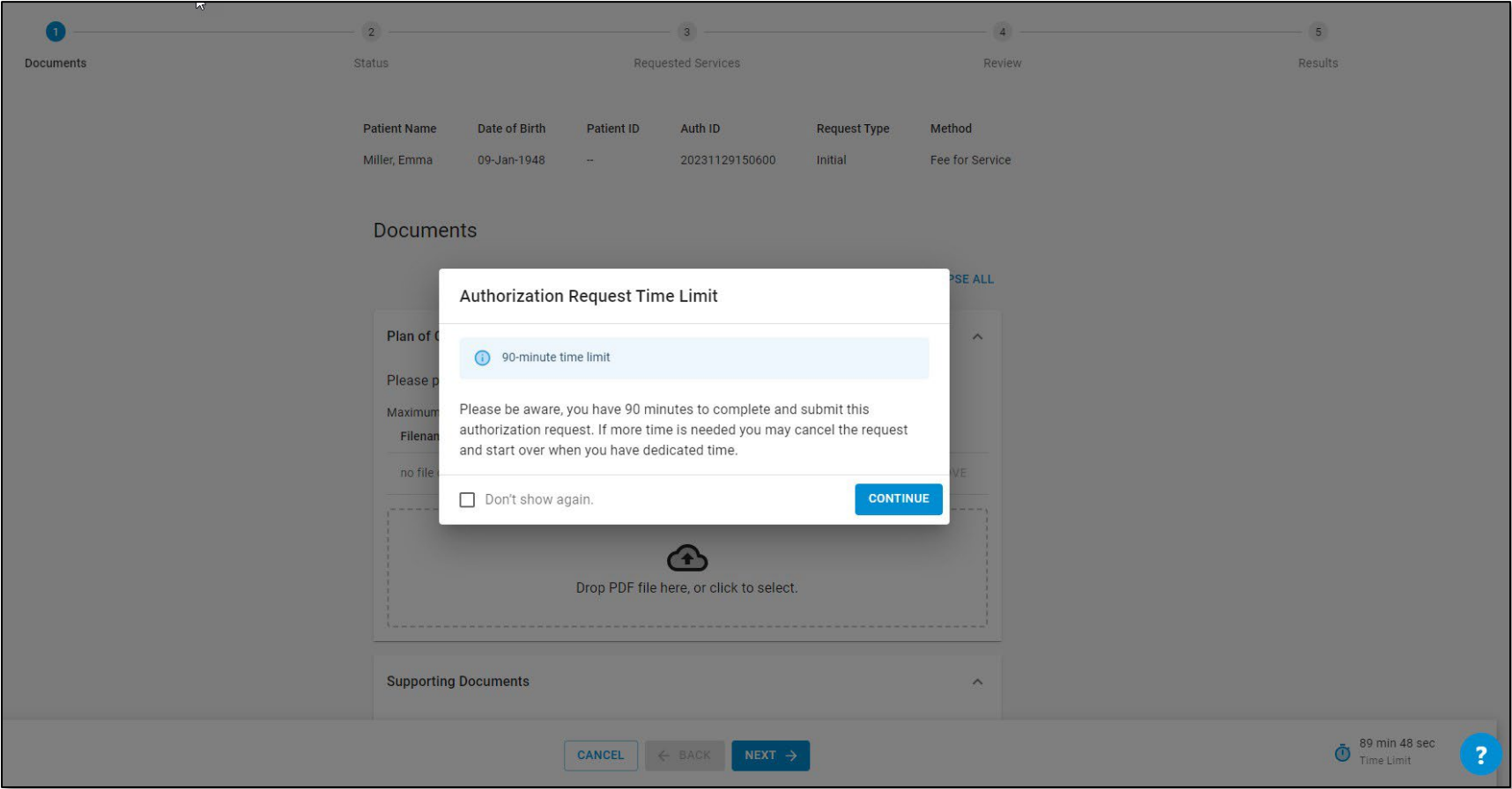
You will be automatically logged out of the Predictal Auth Automation Hub and taken directly to Helion Arc.



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.)



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

1 Documents

2 Status

3 Requested Services

4 Review

5 Results

Plan of Care

Required

Please provide an updated plan of care.

Maximum file size: 10MB

Filename	Actions
no file chosen	REMOVE

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

4 Review

5 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

?

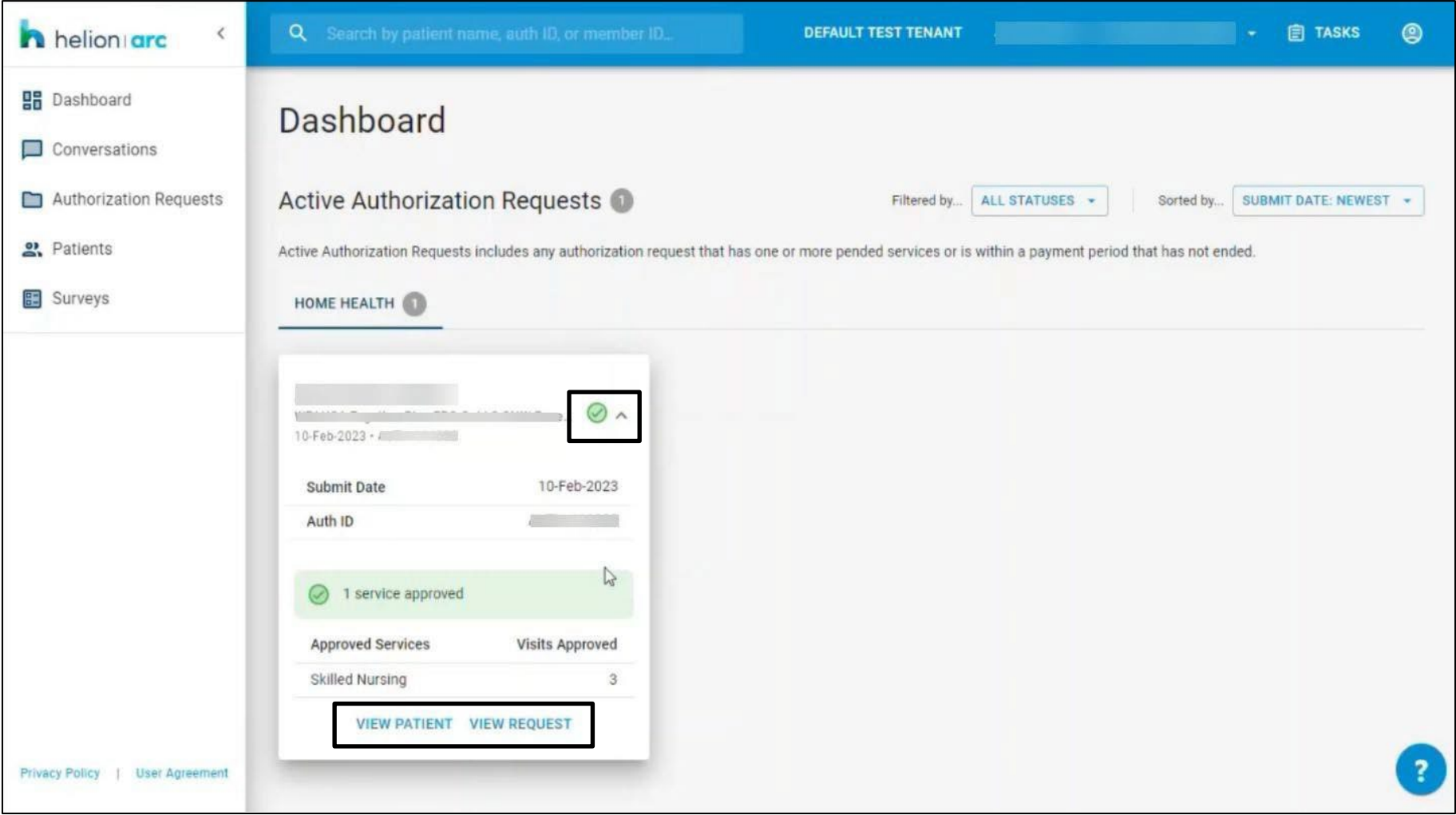
The request will be “Approved” or “Pended.”

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 the Helion Arc submission interface. At the top, a progress bar shows five steps: Documents (1), Status (2), Requested Services (3), Review (4), and Results (5). The 'Status' step is currently active. Below the progress bar, a disclaimer states: 'One or more services on this authorization request will be approved. This Notice of Coverage Approval is not a guarantee of payment. This approval is based on the information available to us at the time it is issued (including information regarding medical necessity for coverage and/or the availability of benefits). If the information later proves to have been incorrect, incomplete or otherwise different than what was represented or if it changes, we may still ultimately deny payment of the claim.' A blue note box below the disclaimer reads: 'Note: You must click the "Submit to Insurer" button below to finalize this authorization request.' The 'Requested Services' section shows 'Skilled Nursing' with a green checkmark and 'Approved: 2 visits'. Below this, a field for 'Requested visits' shows the number '2'. At the bottom, a blue button labeled 'SUBMIT TO INSURER' is highlighted with a red box. In the bottom right corner, a timer shows '18 min 26 sec Time Limit' and a help icon (question mark) is visible.

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.



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.

helion | arc

Dashboard

Conversations

Authorization Requests

Patients

Surveys

Search by patient name, auth ID, or member ID...

DEFAULT TEST TENANT

TASKS

Dashboard > Authorization Requests > Auth ID: AUTH-1

Auth ID: AUTH-1

Care Setting

Request Type

Product

Servicing Provider

Reimbursement Method

Home Health

Start Of Care

Fee for Service

Authorization Request Details

View requested service(s), reason(s) for care, and additional details for this authorization request.

REQUESTED SERVICES 1

STATUS

DOCUMENTS

Skilled Nursing

START CONVERSATION

✓ This requested service has been approved. See additional information below.

Visits Approved

Visits Requested

Last Covered Date

Proposed Date of Service

3

3

05-Apr-2023

08-Feb-2023

Reasons For Care

Ongoing Assessment Needs

Patient Details

Patient Name

Date of Birth

Patient ID

Submission Details

Submission Date

Submission Time

Submitter

Authorization Request Activity

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

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Dashboard

Conversations

Authorization Requests

Patients

Surveys

Search by patient name, auth ID, or member ID...

DEFAULT TEST TENANT

TASKS

View requested service(s), reason(s) for care, and additional details for this authorization request.

REQUESTED SERVICES

STATUS

DOCUMENTS

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

Processing Files

The following files are processing:

• testfax.pdf

SUPPORTING DOCUMENTS

Name	Date Added
No documents uploaded	

Drop PDF, DOC, or DOCX file here, or click to select.

Patient Details

Patient Name

Date of Birth

Patient ID

Submission Details

Submission Date

Submission Time

Submitter

Authorization Request Activity

Stay up to date on status changes specific to this authorization request.

Approved by Insurer

Approved Skilled Nursing

Request Submitted by Provider

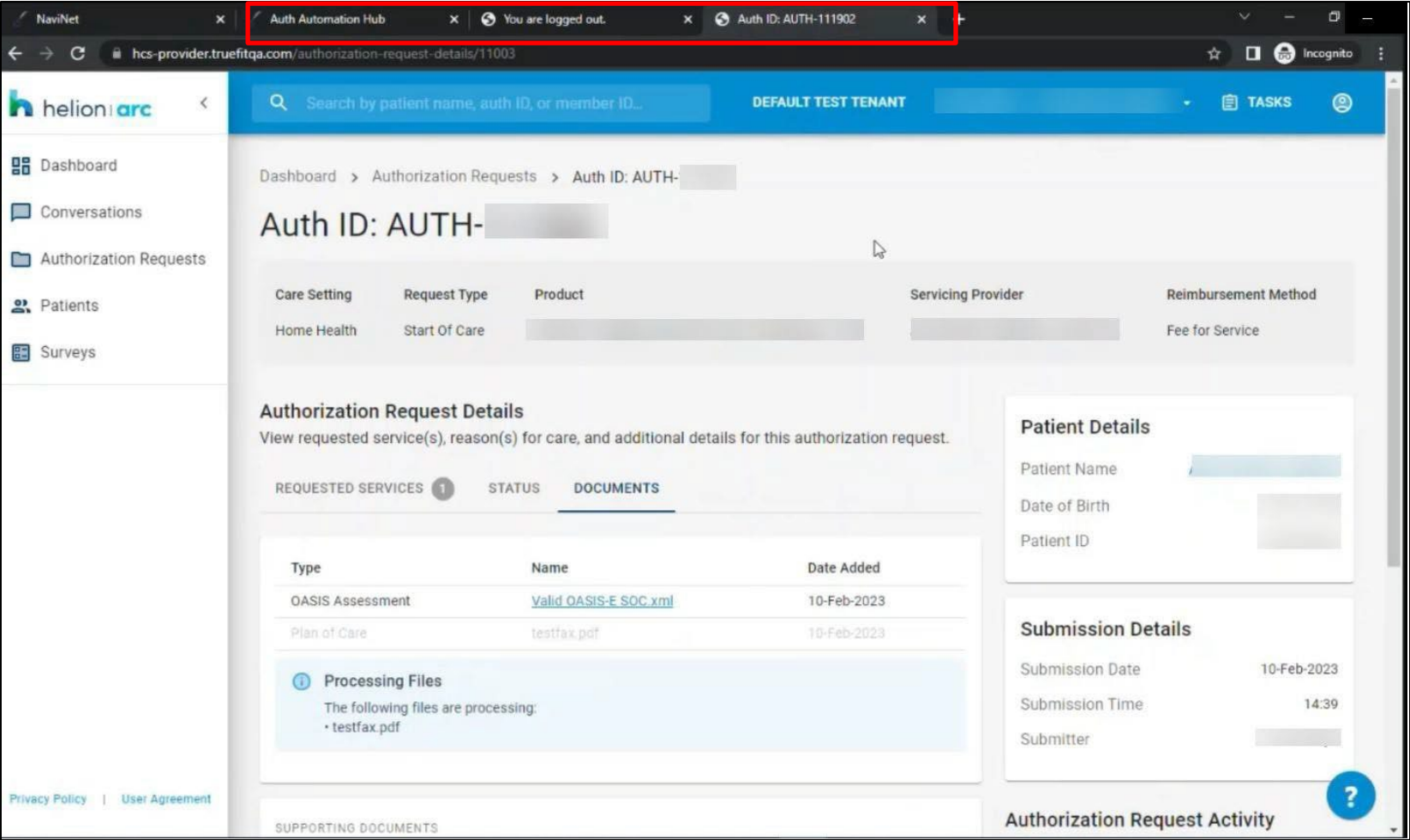
HIGHMARK

HIGHMARK

44

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

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	In 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:

Western and Northeastern PA: Highmark Inc. d/b/a Highmark Blue Cross Blue Shield, Highmark Choice Company, Highmark Health Insurance Company, Highmark Coverage Advantage Inc., Highmark Benefits Group Inc., First Priority Health, First Priority Life or Highmark Senior Health Company. Central and Southeastern PA: Highmark Inc. d/b/a Highmark Blue Shield, Highmark Benefits Group Inc., Highmark Health Insurance Company, Highmark Choice Company or Highmark Senior Health Company. Delaware: Highmark BCBSD Inc. d/b/a Highmark Blue Cross Blue Shield. West Virginia: Highmark West Virginia Inc. d/b/a Highmark Blue Cross Blue Shield, Highmark Health Insurance Company or Highmark Senior Solutions Company. Western NY: Highmark Western and Northeastern New York Inc. d/b/a Highmark Blue Cross Blue Shield. Northeastern NY: Highmark Western and Northeastern New York Inc. d/b/a Highmark Blue Shield.

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