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## How to Submit Medical Authorizations Online with AuthAccel

# Agenda



1. AuthAccel overview for medical requests
2. AuthAccel demonstration: Submitting a commercial request
3. View authorization status: How to search for an open or closed request
4. Search for a requesting provider when you have 20+ Blue Shield Provider IDs attached to your Tax ID
5. Summary and resources
6. Q&A




# AuthAccel overview

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## Request Medical Prior Authorizations

Member Eligible 12-31-2199

	<b>Name:</b> ALBERT MEMBERN	<b>Member ID:</b> 123456842	<b>Plan Type/Group ID#:</b> Full PPO SAV_ED 5500 Jan20/W0001074
	<b>Date Of Birth:</b> 03-16-1959	<b>Benefit String:</b> M0019670	<b>LOB:</b> DMHC.PPO
	<b>Address:</b>	<b>IPA/MG:</b>	
	<b>Phone:</b>	<b>Effective:</b> 01-01-2020	<b>Term:</b> 12-31-2199
	<b>Special Programs:</b>		

Select Authorization Urgency

Standard  Expedited

**AuthAccel is Blue Shield of California's medical and pharmacy online authorization system available 24/7 from our Provider Connection website.**

AuthAccel can now consume all Blue Shield Provider IDs (PINs) at any one launch. The previous PIN limitation of 2,000 has been removed.

**Providers of any size can now use AuthAccel to submit and view medical authorizations.**



# Submitting and viewing authorizations in AuthAccel

The following can be submitted in AuthAccel:

- Medical or pharmacy authorizations that you currently submit to Blue Shield of California
- Medical authorizations that you currently submit to Blue Shield Promise Health Plan

The system also shows the status of all requests submitted for Blue Shield and Blue Shield Promise members, including those submitted via fax, phone, etc.

	Blue Shield Commercial/FEP	Blue Shield Medicare	Blue Shield Promise Medi-Cal & Cal MediConnect
Submit medical	Y	Y	Y
View medical	Y	Y	Y
Submit pharmacy	Y	Y	N
View pharmacy	Y	Y	Y

**Note, AuthAccel functionality differs by plan type.** This training covers functionality related to submitting and viewing medical authorizations for Commercial/FEP members, but we will lightly touch on Medicare, Medi-Cal and Cal MediConnect.



## Key medical auth functionality for Commercial/FEP members\*

1. Notification provided in system when authorization: A) is or is not required by Blue Shield; and B) is delegated to another approver
2. Ability to submit an inquiry when authorization isn't required or when approver isn't Blue Shield.
3. Potential for immediate approval for select medical services when requests are submitted via AuthAccel – specific codes in 60 Commercial and one (1) FEP medical policies are eligible. Immediate approval is based on medical documentation that you provide.

\* This functionality is not available in AuthAccel for Medicare, Medi-Cal or Cal MediConnect authorizations. Requests for these plan types will pend for review.



# Prescreening for Commercial/FEP requests\*

To determine if authorization is required by Blue Shield or delegated, launch AuthAccel and submit the authorization.

## No auth required

For requests approved by Blue Shield, determination of whether authorization is required is made **after entry of the procedure code(s)**.

## Delegation

Depending on the member's plan, you may receive a delegation message with the name and contact information for the appropriate authorizer when you:

- Conduct a member search
- Complete the *\*Request Type* and/or the *\*Place of Service* fields
- Select the *Inpatient Admit Type*
- Enter the *primary diagnosis code*
- Enter one or more *procedure codes*

\* This functionality is not available in AuthAccel for Medicare, Medi-Cal or Cal MediConnect authorizations. Requests for these plan types will pend for review.



# System-generated inquiry for commercial/FEP requests\*

- When the authorization is 1) delegated or 2) not required by Blue Shield, **the system will change the request to an inquiry.**
  - An inquiry is simply documentation of the above from Blue Shield.
- **Complete the process and click *Submit*** to record the inquiry in AuthAccel and print a copy.
  - If delegated, you must then submit the request to the delegated entity.

Member Eligible 09/04/2027

Name: XXXX  
Date of Birth: 03-11-1979  
Address: 1234 Test Dr Tampa CA 12345  
Phone: 415-486-9325  
Special Programs:

Member ID: 160603  
Benefit String: M0005896  
IPA/MG:  
Effective: 01-13-2016

Plan Type/Group ID#: Standard Option - Self and Family/W0051749  
LOB: FEP,PPO,STD  
Term: 09-04-2027

Auth is not created.  
**Inquiry#: UM15995351531**

Create Auth for same member Create Auth for different member Print Inquiry

BlueCross BlueShield  
Federal Employee Program.

09/11/2020

Member Name:  
Date of Birth: 03/11/1979  
Member ID: 160603  
**Inquiry Number: UM15995351531**  
Requesting Provider: M.D.

Blue Shield of California does not require prior authorization for this service based upon the primary diagnosis, procedure(s) and place of service requested.

Procedure Code	Description	Quantity
19601	Continuous positive airway pressure (cpap) device	1

Primary Diagnosis: (G47.31)

Requests for authorizations are reviewed for medical necessity and the benefits (what is covered) of the member's plan. This approval assumes the member will still be eligible on the date they have the service. There may be a limit on how much we pay. Also, there will be cost share amounts (deductible and copay or coinsurance) that the member will need to pay.

You may review our medical policies and benefits online through our provider connection site at [www.blueshieldca.com/provider](http://www.blueshieldca.com/provider). For Blue Cross Blue Shield Federal Employee (FEP) plan members, medical policies & benefits can be reviewed online at <http://www.fepblue.org>.

If you have any questions, use the number on the member's ID card to contact Customer/Member services.

Sincerely,  
*Phillip Boldt, DO*  
Phillip Boldt, DO  
Senior Medical Director, Medical Care Solutions

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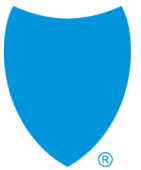
Medical Care Solutions, P.O. Box 429005, B. Darado Hill, CA 95742-9005  
Blue Shield of California is an independent member of The Blue Shield Association. L000094433 (4/20)

\* This functionality is not available in AuthAccel for Medicare, Medi-Cal or Cal MediConnect authorizations. Requests for these plan types will pend for review.




# AuthAccel demonstration

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# Resources to help you work in AuthAccel

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**How to submit a medical authorization in AuthAccel** (updated 5/2021)

There are three types of medical authorizations that can be submitted in AuthAccel: 1) Inpatient, 2) Service Request (Prior Auth), and 3) Medication. A medication request is for drugs injected or infused in a medical setting. A pharmacy request is for medication that is prescribed to and self-administered by the patient.

**Guidelines for working in AuthAccel**

- AuthAccel currently performs best for providers with fewer than 2,000 Provider IDs attached to their Tax ID.
- Google Chrome is the preferred browser.
- Do not use browser navigation when working in AuthAccel.
- Work will not be saved if the system is exited prior to submitting a request.
- AuthAccel times out after 30 minutes of inactivity and will not save unsubmitted entries.
- Mandatory fields in AuthAccel are indicated with an asterisk (\*).
- Many drop-down lists offer predictive search. Click in the open field and begin typing to display a list of options that best match your entry.


**Access AuthAccel from Provider Connection**

1. Click **Authorizations** at the top of the homepage.
2. Click **Medical Authorization** from the blue navigation banner.
3. Select the appropriate Tax ID from the drop-down list.
4. Click **Go**.
5. AuthAccel opens in a new window.
  - To submit under a different Tax ID, close AuthAccel, return to the Medical Authorizations page in Provider Connection, and select the new Tax ID.

**AuthAccel works differently by plan type. Click the link below to view instructions for the appropriate plan type.**

- [Commercial and FEP plans](#)
- [Medicare, Medi-Cal, and Cal Medi-Connect plans](#)

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Provider Education & Communication

**How to view medical authorization status in AuthAccel** (updated 9/2020)

AuthAccel will display all open authorizations and all authorizations closed within the last 30 days. Closed authorizations older than the 30-day window are retrievable using the **Show More Search Options** button. When searching for older closed requests by date, use the decision date vs. the date when the authorization was submitted.

There are three types of medical prior authorizations viewable in AuthAccel: 1) Inpatient, 2) Service Request (Prior Auth), and 3) Medication.

A medication request is for drugs injected or infused in a medical setting (such as a doctor's office or outpatient hospital facility). Medication authorizations fall under the medical benefit. A pharmacy request is for medication that is prescribed to and self-administered by the patient.

Below are step-by-step instructions for how to view a medical prior authorization request in AuthAccel. You can: 1) move through each section sequentially or 2) **CTRL + click** on a specific topic in the table of contents below.

Table of contents	
Guidelines for working in AuthAccel.....	1
Access AuthAccel from Provider Connection.....	2
Search for an authorization.....	2
Search for an open authorization or one closed within the last 30 days.....	2
Search for a closed authorization older than 30 days.....	2
Find authorization details.....	3
Prior Authorization Request Status table functionality.....	4
*Requesting Provider Search.....	6

**Guidelines for working in AuthAccel**

- Google Chrome is the preferred browser.
- Do not use browser navigation when working in AuthAccel.
- AuthAccel times out after 30 minutes of inactivity.
- A link is provided from AuthAccel to Blue Shield of California's clinical policies and guidelines. For Blue Shield Promise Health Plan clinical policies, [click here](#).

## Step-by-step instructional PDFs for medical and pharmacy authorization submissions and status checks are linked in the following places on Provider Connection:

- In the [Authorizations](#) section under [Authorization tools](#).
- In the [News & Education](#) section under [AuthAccel online authorization training](#).
- Plus, an [AuthAccel Authorization System FAQ](#) located here.

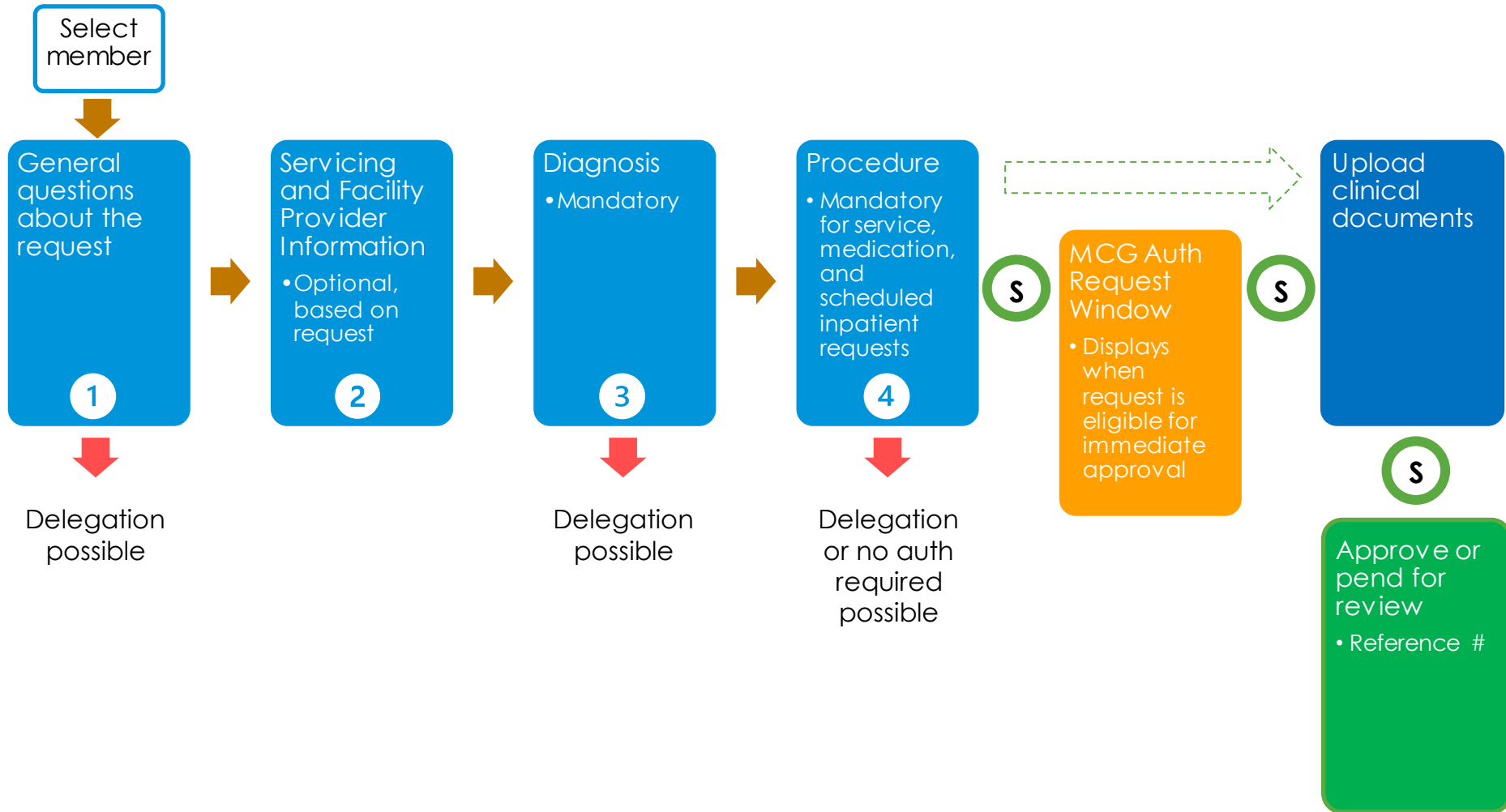


# AuthAccel tips

- Google Chrome is the preferred browser
- Use AuthAccel navigation, not your browser navigation, when working in the system
- AuthAccel times out after 30 minutes of inactivity and will not save unsubmitted entries
- Mandatory fields have an asterisk (\*) and must be completed to submit
- Grayed out fields are populated by the system and cannot be edited

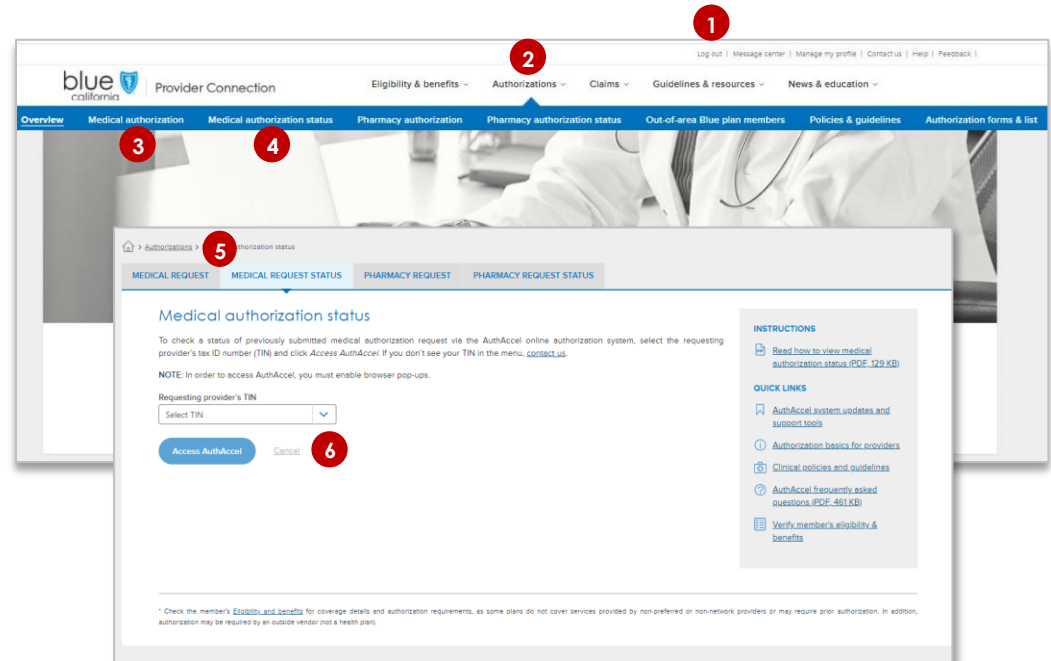


# High level process map for Commercial/FEP requests

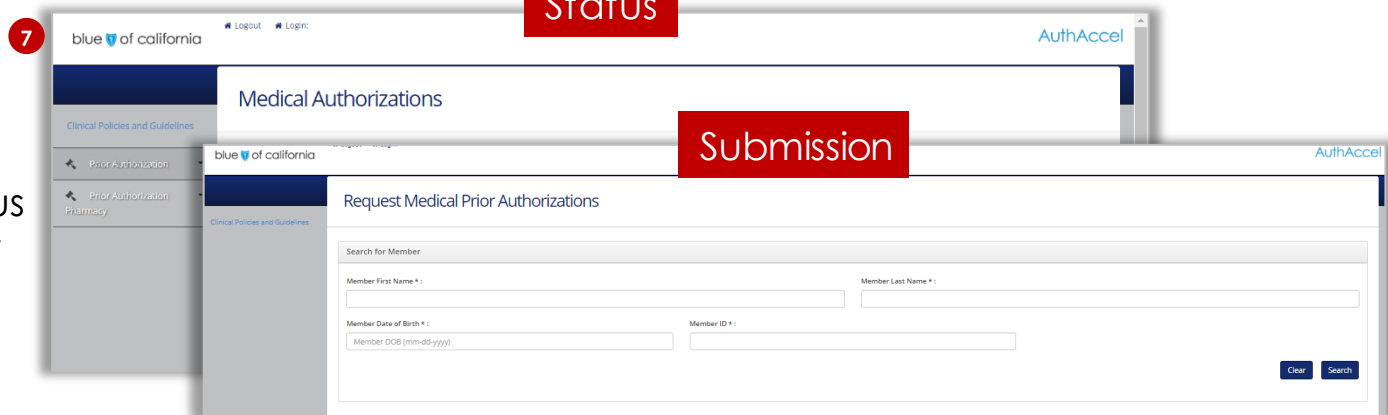


# Access AuthAccel from Provider Connection to submit or view medical requests

1. Log into Provider Connection at [blueshieldca.com/provider](https://blueshieldca.com/provider).
2. Click the [Authorizations](#) section link or use the authorization links on the homepage.
3. Click either [Request a medical authorization](#) or
4. [View medical auth status](#).
5. The corresponding AuthAccel launch page will display.
6. Select the appropriate Tax ID from the drop-down list and click *Access AuthAccel*.




7. AuthAccel for submission or status will open in a new window.



# AuthAccel demonstration

Request Medical Prior Authorizations

Member Eligible 12-31-2199

	<b>Name:</b> ALBERT MEMBERN	<b>Member ID:</b> 123456842	<b>Plan Type/Group ID#:</b> Full PPO SAV_ED 5500 Jan20/W0001074
	<b>Date Of Birth:</b> 03-16-1959	<b>Benefit String:</b> M0019670	<b>LOB:</b> DMHC.PPO
	<b>Address:</b>	<b>IPA/MG:</b>	
	<b>Phone:</b>	<b>Effective:</b> 01-01-2020	<b>Term:</b> 12-31-2199
	<b>Special Programs:</b>		

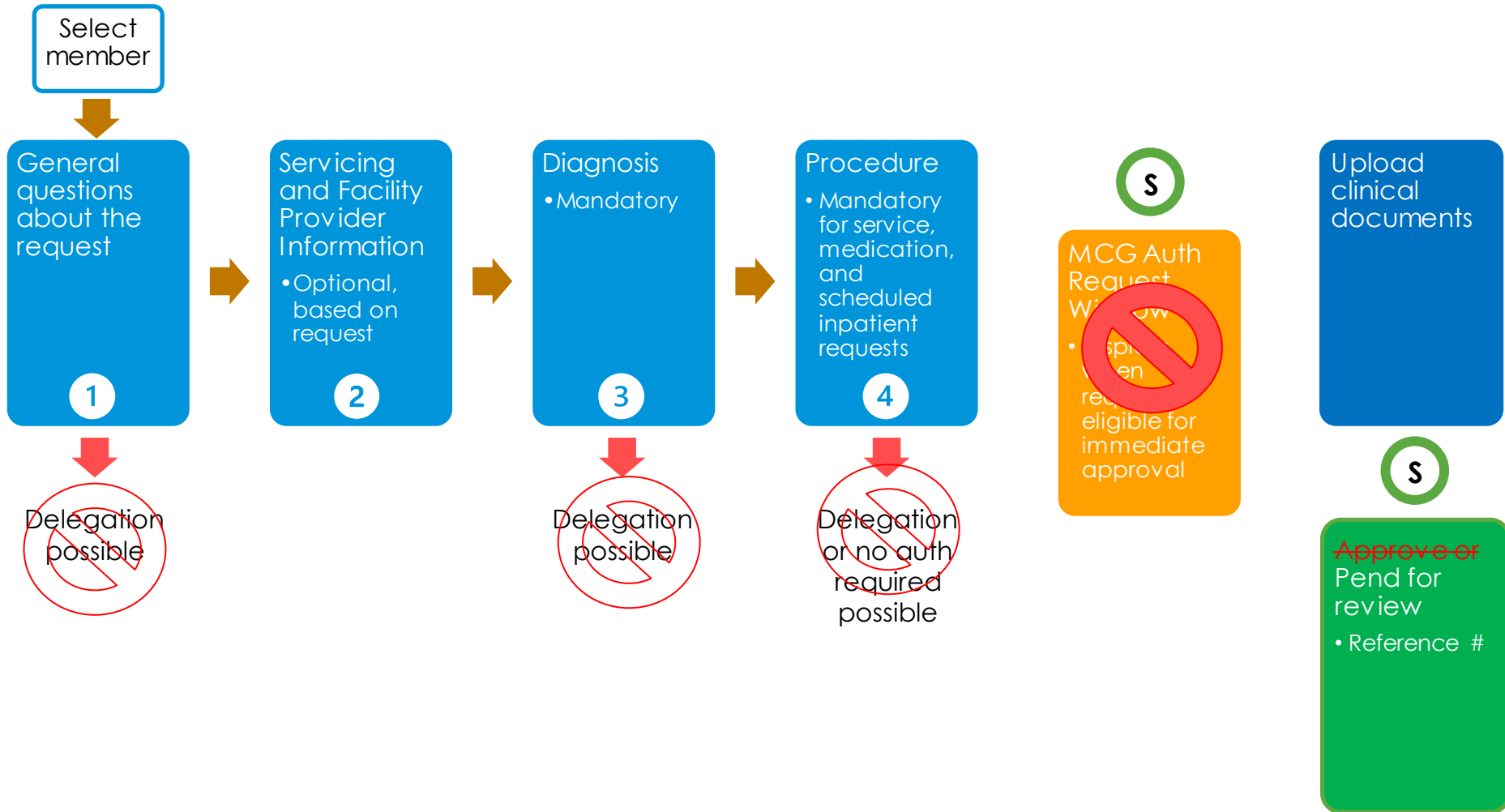
Select Authorization Urgency

Standard  Expedited

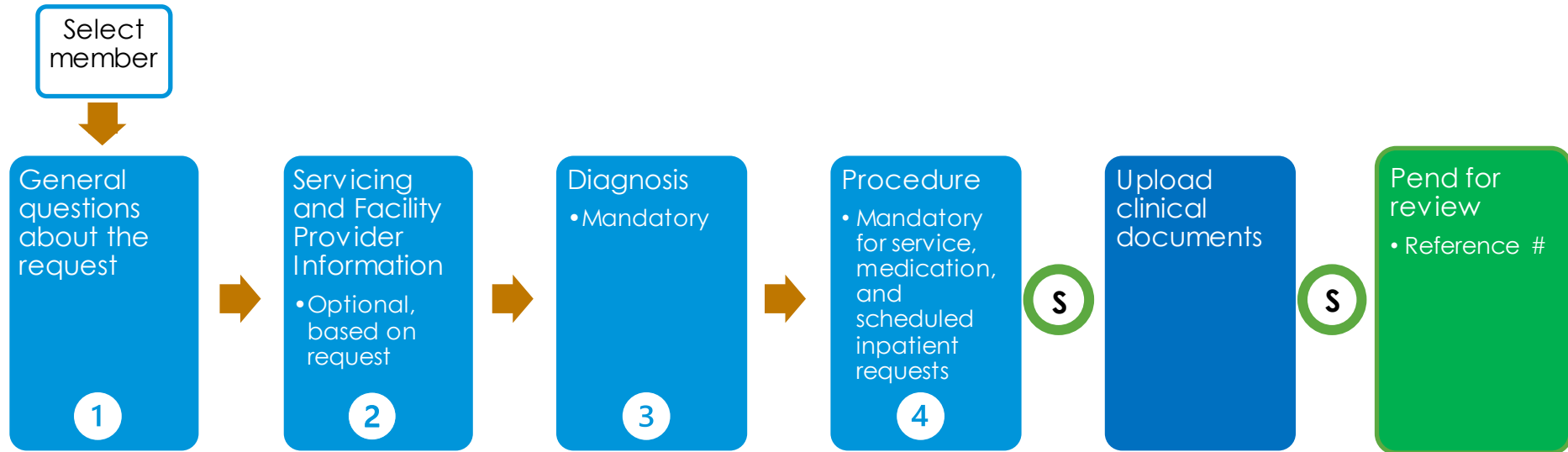
- Submit a medical authorization eligible for immediate approval, based on clinical documentation.
  - Commercial/FEP plan



# Process map differences for Medicare, Medi-Cal, and Cal MediConnect requests



# Process map differences for Medicare, Medi-Cal, and Cal MediConnect requests





# Viewing authorization status

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## Authorization request turnaround times

When a medical authorization does not receive immediate approval in AuthAccel, turnaround times match those of other authorization submission modalities like phone or fax.

Authorization request turnaround times		
Authorization type	Standard	Expedited
Service Request/Prior Auth (including DME)	5 business days	72 hours
FEDERAL Service Request/Prior Auth (including DME)	15 calendar days	72 hours
Medication	72 hours	24 hours
Inpatient (Initial)	24 hours	24 hours
Concurrent	72 hours	24 hours
Pharmacy	72 hours	24 hours



# Access AuthAccel from Provider Connection to view medical requests for all Blue Shield of California and Blue Shield Promise Plan types

The first screenshot shows the 'blue of california Provider Connection' website. The navigation bar includes 'Eligibility & benefits', 'Authorizations', 'Claims', 'Guidelines & resources', and 'News & education'. The 'Authorizations' menu is expanded, showing 'Medical authorization status' (1).

The second screenshot shows the 'Medical authorization status' page. The 'MEDICAL REQUEST STATUS' tab is selected (2). Below the 'Requesting provider's TIN' dropdown, the 'Access AuthAccel' button is highlighted (3).

The third screenshot shows the 'AuthAccel' system interface. The 'Medical Authorizations' page displays a table of request statuses. The table has the following columns: DATE SUBMITTED, REFERENCE, ALTERNATE AUTH ID, MEMBER NAME, REQUEST TYPE, ADMISSION DATE, DISCHARGE DATE, REQUESTING PROVIDER, SERVING PROVIDER, FACILITY PROVIDER, STATUS, DECISION, and PAYE.

## Two authorization status search types \*



### **Current search:**

Search for open authorizations or ones closed within the last 30 days



### **Historical search:**

Search for closed authorizations older than 30 days

\* Also applies to pharmacy authorization status searches.



# Provider Search button

If your Tax ID has more than 20 Blue Shield Provider IDs connected to it, the two drop-down lists encircled in red will not pre-populate when you submit a medical or pharmacy authorization or conduct a historical authorization search. Instead, you will see a *Provider Search* button.

## Submission

### Select Authorization Urgency

Standard  Expedited

\*Requesting Provider

Provider Search

Alternative Auth ID

Speciality

Provider Status

Hospice Facility - Fac

*If any information below is incorrect, please call (800) 258-3091.*

First Name

Last Name

Organization

## Status – Historical Search

### Medical Authorizations

*Open authorizations and those closed within the last 30 days will display in the table below. For closed authorizations older than 30 days, populate the provider in the Closed Request Search field, then click Show More Search Options.*

\*Closed Request Search

Provider Search

*To search for closed requests older than 30 days, select the provider, then click Show More Search Options.*

Show More Search Options

⏪ Prior Authorization Request Status 1



# Provider Search button continued...

Clicking the *Provider Search* button will open the *Provider Search* window.

1. Enter data into one or more fields.
2. Click *Search* – results will display below
3. Click *Select* to populate the auth submission screen or the \*Closed Request Search field for a historical search

Provider Search 1

Provider Id

NPI

Tax Id

First Name

Last Name

Facility/Organization

Zip Code

2

Provider Search Results

ACTION	PROVIDER ID	NPI	TAX ID	FIRST NAME	LAST NAME	FACILITY	ADDRESS
<span>3</span> <input type="button" value="Select"/>	FA0002521001	1932197258				COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA	23625 HOLMAN HWY, MONTEREY, CA, 939405902
<input type="button" value="Select"/>	PG0021309008	1932197258				COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA	2511 GARDEN RD, MONTEREY, CA, 939405330
<input type="button" value="Select"/>	PG0021309009	1932197258				COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA	23625 HOLMAN HWY, MONTEREY, CA, 939405902
<input type="button" value="Select"/>	PG0021309013	1932197258				COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA	576 HARTNELL ST, MONTEREY, CA, 939402833
<input type="button" value="Select"/>	PG0037252004	1932197258				COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA	23625 HOLMAN HWY, MONTEREY, CA, 939405902



# Pharmacy requests

A pharmacy request is for medication that is prescribed to and self-administered by the patient. AuthAccel can be used to submit/view Rx requests for Commercial/FEP and Medicare members.

Submit Rx requests	View Rx requests
<ul style="list-style-type: none"><li>• AuthAccel will not tell you if an Rx authorization is required – view member drug formularies for this information.</li><li>• The submit interface has five sections:<ol style="list-style-type: none"><li>1. General questions</li><li>2. Add medication</li><li>3. Add diagnosis</li><li>4. SB 866 form</li><li>5. Add documentation</li></ol></li><li>• Some Rx requests are eligible for auto-approval.</li></ul>	<ul style="list-style-type: none"><li>• You can search for both current and historical authorizations by using the <i>Search</i> field in the upper right corner.</li><li>• The Rx Prior Authorization Status table functions similarly to the medical status table – key columns include <i>Status</i> and <i>Status Reason</i>.</li><li>• Clicking the authorization reference number opens the <i>Pharmacy Auth Details</i> window</li></ul>

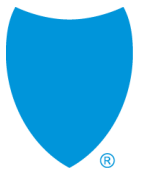
## AuthAccel instructions:

- [Submit a pharmacy authorization](#) (Pharmacy authorizations cannot be submitted in AuthAccel for Medi-Cal or Cal MediConnect members.)
- [View pharmacy authorizations status](#) (Status of pharmacy requests can be viewed in AuthAccel for all plan types.)



# Summary and resources

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# AuthAccel benefits round-up for medical requests \*

**Providers of any size can now use AuthAccel to submit and view medical authorizations.**



Provides the potential of immediate authorization for select medical services that fall within 61 medical policies. (See full list in appendix.)



Conveys when medical authorization is or is not required by Blue Shield, or when it is delegated.



Offers documentation when authorization is not required by Blue Shield or approval belongs to another entity.



Integrates member eligibility and provider status into the process.



Allows direct attachment of clinical documentation to the authorization.



Gathers all authorization information in one location.

\* First three benefits apply to Commercial/FEP requests. All six benefits apply to Commercial/FEP and Medicare, Medi-Cal, and Cal MediConnect requests.



# Resources

If you would like to...	Click or call...
Register for or use Provider Connection	<ul style="list-style-type: none"> <li>• <a href="#">Blue Shield Provider Connection Reference Guide</a></li> <li>• <a href="#">Blue Shield Promise Provider Connection Reference Guide</a></li> </ul>
Visit Provider Connection	<ul style="list-style-type: none"> <li>• <a href="#">Blue Shield Provider Connection</a> home page</li> </ul>
View Blue Shield medical policies and procedures	<ul style="list-style-type: none"> <li>• <a href="#">Medical policies and procedures</a></li> </ul>
Submit Blue Shield and Blue Shield Promise medical authorizations online and/or check the status of your requests	<ul style="list-style-type: none"> <li>• <a href="#">AuthAccel step-by-step instructions</a></li> <li>• <a href="#">Submit a medical authorization in AuthAccel</a> (log in required)</li> <li>• <a href="#">Check medical authorization status in AuthAccel</a> (log in required)</li> </ul>
Get help with billing, eligibility, benefits, claims, authorizations, or the website	<ul style="list-style-type: none"> <li>• Blue Shield Provider Services at <b>(800) 541-6652</b></li> <li>• Blue Shield Promise Provider Services at <b>(800) 468-9935</b></li> </ul>
Ask network confirmation or contract questions	<ul style="list-style-type: none"> <li>• Provider Information and Enrollment at <b>(800) 258-3091</b></li> </ul>

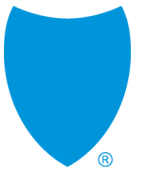




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# Appendix

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**Medical policies as of March 2021 containing codes eligible for immediate approval when submitted in AuthAccel and based on provider's clinical documentation. Blue Shield reserves the right to add/remove medical polices on this list.**

1. Ambulatory Event Monitors and Mobile Cardiac Outpatient Telemetry
2. Assays of Genetic Expression in Tumor Tissue as a Technique to Determine Prognosis in Patients with Breast Cancer
3. Auditory Brainstem Implant
4. Autografts and Allografts in the Treatment of Focal Articular Cartilage Lesions
5. Autologous Chondrocyte Implantation for Focal Articular Cartilage Lesions
6. Balloon Ostial Dilation for Treatment of Chronic Sinusitis
7. Bio-Engineered Skin and Soft Tissue Substitutes
8. Biventricular Pacemakers (Cardiac Resynchronization Therapy) for the Treatment of Heart Failure
9. Blepharoplasty, Blepharoptosis Repair, (Levator Resection) and Brow Lift (Repair of Brow Ptosis)
10. Breast Implant Management
11. Cellular Immunotherapy for Prostate Cancer
12. Charged-Particle (Proton or Helium) Radiation Therapy
13. Continuous Passive Motion in the Home Setting
14. Cryosurgical Ablation of Miscellaneous Solid Tumors Other Than Liver, Prostate, or Dermatologic Tumors
15. Dental Anesthesia
16. Diagnosis and Medical Management of Obstructive Sleep Apnea Syndrome
17. Diagnosis and Medical Management of Obstructive Sleep Apnea Syndrome (FEP)
18. Elective Invasive Coronary Angiography
19. Elective Percutaneous Coronary Intervention
20. Endoscopic Radiofrequency Ablation or Cryoablation for Barrett Esophagus
21. Endovascular Procedures for Intracranial Arterial Disease
22. Esophageal pH Monitoring
23. External Insulin Infusion Pump
24. Extracranial Carotid Artery Stenting
25. Gene Variants Associated w / Breast Cancer in Individuals at High Breast Cancer Risk
26. Genetic Testing for:
  - RACA1 or BRCA2 for Hereditary Breast/ Ovarian Cancer Syndrome and Other High-Risk Cancers
  - Cardiac Ion Channelopathies
  - Developmental Delay/Intellectual Disability, Autism Spectrum Disorder
  - Lynch Syndrome and Other Inherited Colon Cancer Syndromes
  - Mitochondrial Disorders
  - Predisposition to Inherited Hypertrophic Cardiomyopathy

32. Hyperbaric Oxygen Therapy
33. Hysterectomy Surgery for Benign Conditions
34. Implantable Cardioverter Defibrillator
35. Intraoperative Radiotherapy
36. JAK2, MPL, and CALR Testing for Myeloproliferative Neoplasms
37. Knee Arthroplasty for Adults
38. Knee Arthroscopy
39. Knee Braces
40. Magnetoencephalography/Magnetic Source Imaging
41. Microprocessor-Controlled Prostheses for the Lower Limb
42. Microwave and Locoregional Laser Tumor Ablation
43. Negative Pressure Wound Therapy in the Outpatient Setting
44. Noninvasive Techniques for the Evaluation and Monitoring of Patients with Chronic Liver Disease
45. Orthognathic Surgery
46. Panniculectomy, Abdominoplasty, and Surgical Mgmt. of Diastasis Recti
47. Partial Thickness Rotator Cuff Tears and Acromioplasty / Subacromial Decompression
48. Radioembolization for Primary and Metastatic Tumors of the Liver
49. Radiofrequency Ablation of Primary or Metastatic Liver Tumors
50. Reduction Mammoplasty for Breast-Related Symptoms
51. Surgical Treatment of:
  - Femoroacetabular Impingement
  - Gynecomastia
  - Snoring and Obstructive Sleep Apnea Syndrome
54. Total Hip Arthroplasty for Adults
55. Transcranial Magnetic Stimulation as a Treatment of Depression and Other Psychiatric/Neurologic
56. Treatment of Hyperhidrosis
57. Treatment of Varicose Veins/Venous Insufficiency
58. Wearable Cardioverter Defibrillators
59. Whole Exome and Whole Genome Sequencing for Diagnosis of Genetic Disorders
60. Whole Gland Cryoablation of Prostate Cancer
61. Wireless Capsule Endoscopy to Diagnose Disorders of the Small Bowel, Esophagus, and Colon

