

Referrals is an online tool in Availity Essentials that allows providers to electronically submit referral requests handled by Blue Cross and Blue Shield of Texas (BCBSTX). Using this tool increases administrative efficiencies by permitting users to access and verify status of requests, upload supporting clinical documentation, update requests, and obtain printable confirmation number for your records.

You must be a registered Availity user to access and utilize Authorizations & Referrals. If you are not yet registered with Availity, you may complete the guided online registration process at [Availity](#), at no charge.

Important Reminder:

Check eligibility and benefits online first to determine if the patient’s policy requires a referral from the primary care provider for the service. To learn more about checking eligibility and benefits via Availity, refer to the [Eligibility and Benefits User Guide](#).

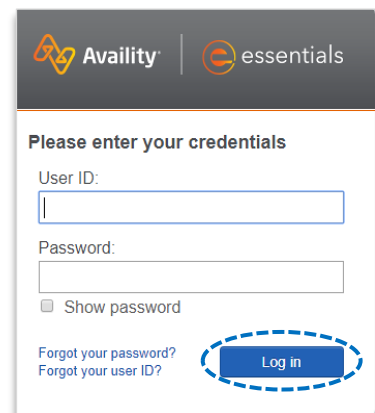
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Getting Started

- ▶ Go to [Availity](#)
- ▶ Select **Availity Essentials Login**
- ▶ Enter User ID and Password
- ▶ Select **Log in**

Availity Administrator: Access must first be granted to users by going to *My Account Dashboard* → *Maintain User or Add User* → *select roles*
Authorization and Referral Inquiry and *Authorization and Referral Request*.

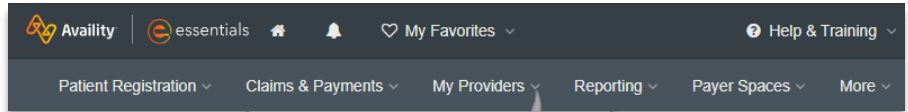




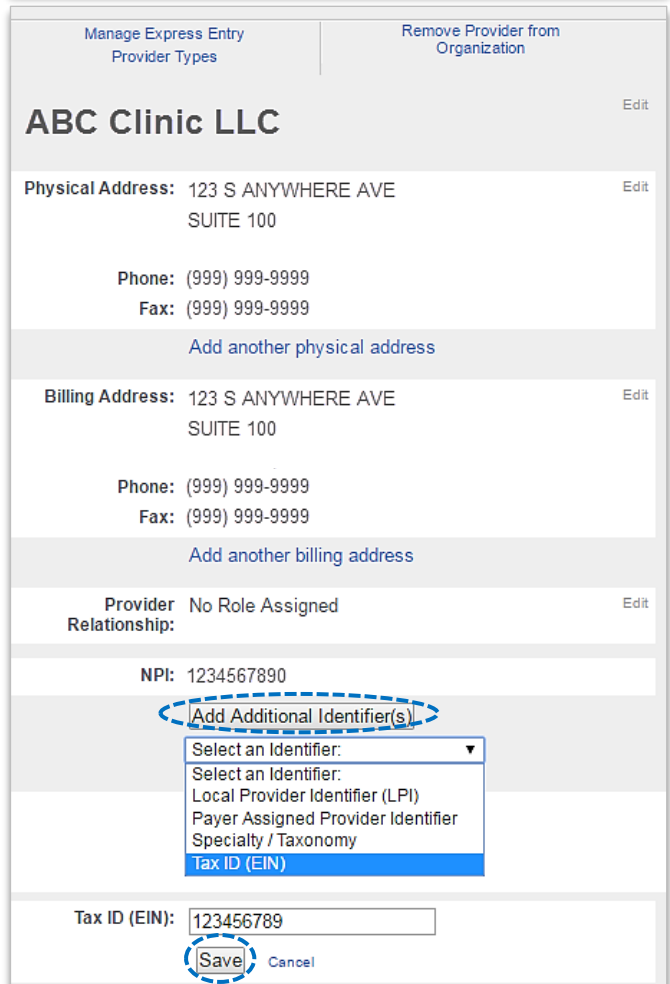
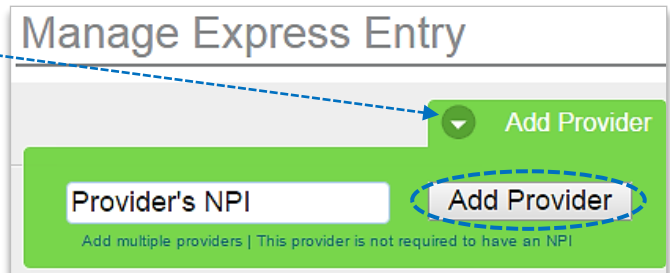
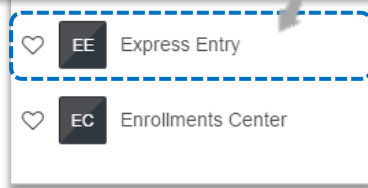
Express Entry Setup

Availity Administrators are encouraged to add Requesting, Rendering and Servicing provider information to Express Entry. This step will lessen the need for users to manually enter all required provider information in the referral request.

- ▶ Select **My Providers** from the navigation menu
- ▶ Select **Express Entry**
- ▶ Within Manage Express Entry, expand **Add Provider**
- ▶ Enter the **Provider's NPI**
- ▶ Select **Add Provider**



→ *Express Entry setup is only available for Administrators and is also found in My Account Dashboard.*



Quick Tips:

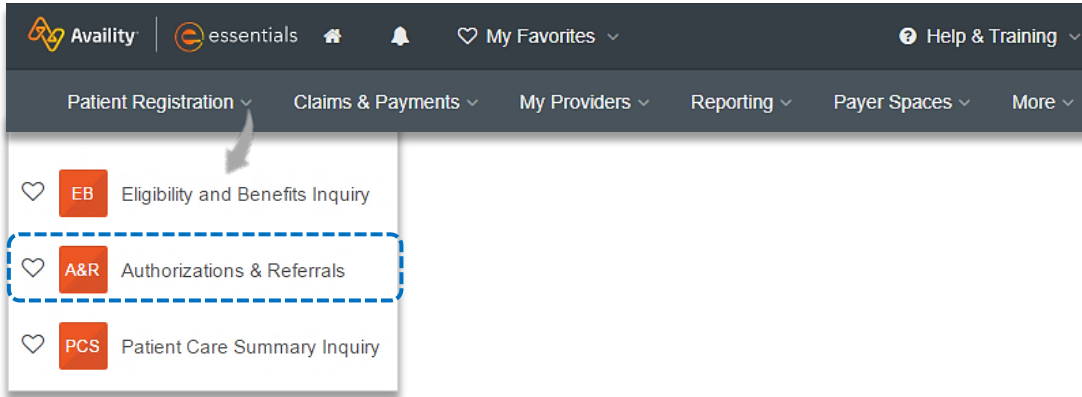
- Associated information will return based on the NPI added.
- The provider's name, address, phone and fax numbers may be changed by selecting **Edit**.

- ▶ Select **Add Additional Identifiers**
- ▶ Choose **Tax ID (EIN)** and **Specialty/Taxonomy** from the drop-down menu
- ▶ Enter **Tax ID** and select **Specialty/Taxonomy**
- ▶ Select **Save**



Accessing Referrals

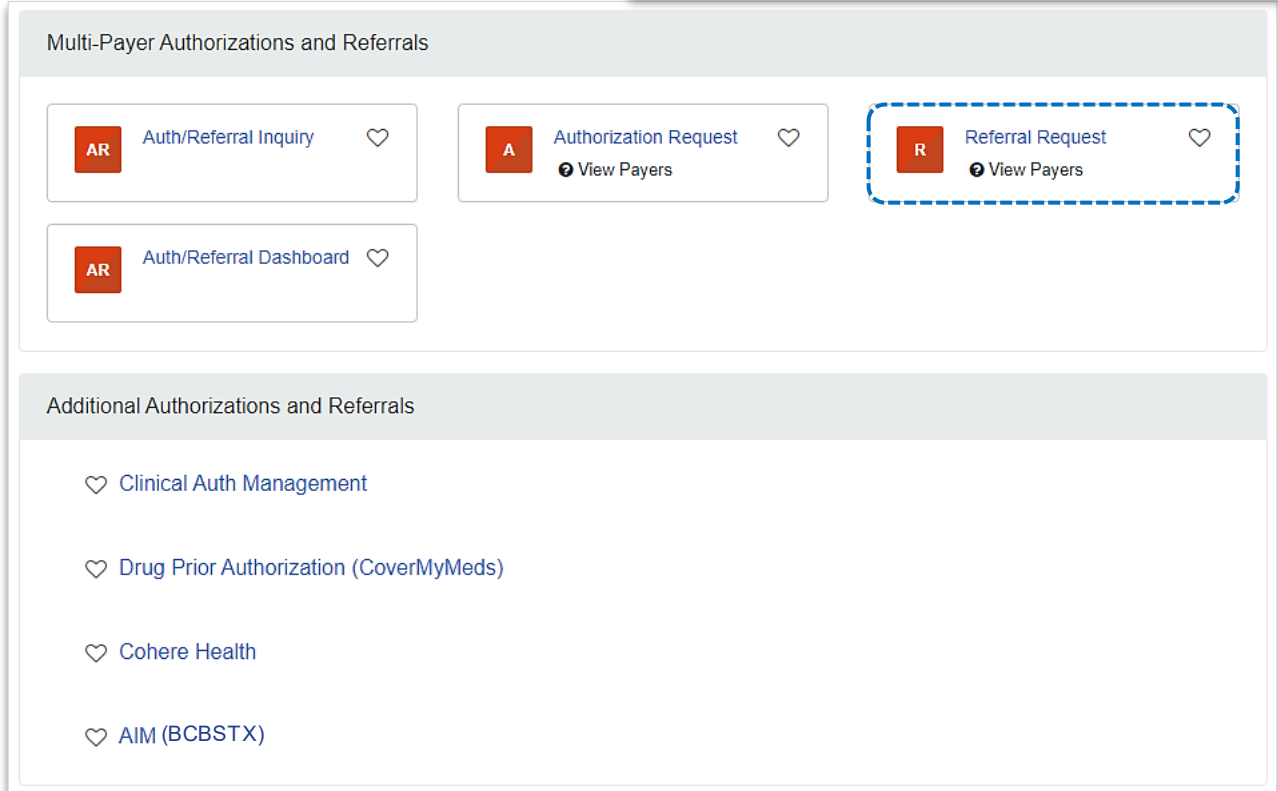
- ▶ Select **Patient Registration** from the navigation menu
- ▶ Select **Authorizations & Referrals**



Quick Tips:

- Return to this page to access the [Auth/Referral Inquiry](#) and [Auth/Referral Dashboard](#), and [Authorization Requests](#).
- Refer to the [Authorizations User Guide](#) for instructions when submitting prior authorization requests online.

- ▶ Next, choose **Referral Request**





Payer and Request Type

- ▶ Select **Organization**
- ▶ Select Payer option:
 - **BCBSTX** (use for all BCBSTX members, including Medicare Advantage)
 - **BCBSTX Medicaid** (use for Texas Medicaid members only)
- ▶ Select **Next**

SELECT A PAYER

Organization

ABC Clinic

Payer

BCBSTX

Next

1) Start Referral

- ▶ Enter the following **Patient Information**:
 - **Member ID**
 - **Relationship to Subscriber**
 - **Patient First and Last Name**
 - **Patient Date of Birth**

Quick Tip:

→ Only required fields will display. To view optional fields, select **Show Optional Fields**.

1 Start a Referral 2 Add Service Information 3 Rendering Provider/Facility 4 Add Attachments 5 Review and Submit

Transaction Type	Organization	Payer	
Referral	ABC Clinic	BCBSTX	BlueCross BlueShield of Texas

MEMBER INFORMATION

SHOW OPTIONAL FIELDS

Member ID

ABC123456789

Relationship To Subscriber

Self

Patient First Name

Jane

Patient Last Name

Doe

Patient Date of Birth

03/30/1984



1) Start Referral *(continued)*

- ▶ Enter the following **Requesting Provider** information:
 - **Provider Type**
 - **Name**
 - **NPI Number**
 - **Specialty / Taxonomy**
 - **Address**
 - **Contact Name**
 - **Contact Phone Number**
 - **Contact Fax Number**

▶ Select **Next**

Quick Tips:

- Use **Select a Provider** to quickly populate required provider information. Administrators can refer to [page 2 for Express Entry setup](#) instructions.
- Requesting Provider = Referring Physician

REQUESTING PROVIDER SHOW OPTIONAL FIELDS

Select a Provider optional ⓘ

PROVIDER, JAMES*1234567890*123 ANYWHERE, ST. LONGVIEW, TX 12345

Provider Type
Provider

First Name Last Name ⓘ

NPI ⓘ

Specialty / Taxonomy ⓘ
207Q00000X – Family Medicine

Address Line 1

City State ZIP Code

Contact Name

Contact Phone Contact Fax



2) Add Service Information

- ▶ Add the following **Service Information**:
 - **Service Type**
 - **Quantity**
 - **Place of Service**
 - **Quantity Type**
 - **From Date**
 - **Diagnosis Code(s)**
 - **To Date**
 - **Procedure Code(s)**

- ▶ Select **Next**

1
Start a Referral

2
Add Service Information

3
Rendering Provider/Facility

4
Add Attachments

5
Review and Submit

DOE, JANE Patient			
Member ID ABC123456789	Date of Birth 1984-03-30	Gender Female	
Transaction Type Referral	Organization ABC CLINIC	Payer BCBSTX	

SERVICE INFORMATION SHOW OPTIONAL FIELDS

Service Type ⊕

3 - Consultation x ▾

Place of Service

11 - Office x ▾

From Date ⊕ **To Date**

01/01/2022 📅

02/01/2022 📅

Quantity ⊕ **Quantity Type**

4

Visits x ▾

DIAGNOSIS CODE(S) SHOW OPTIONAL FIELDS

Diagnosis Code ⊕

D509 - Iron deficiency anemia unspecified ▾

➕ Add another diagnosis code

PROCEDURE CODE(S) SHOW OPTIONAL FIELDS

Procedure Code ⊕ **Type**

99244 - OFFICE CONSULTATION ▾

CPT/HCPCS ▾

MESSAGE

Provider Notes optional

Back

Next

Quick Tips:

- Up to 12 **Diagnosis Code(s)** can be added by selecting **Add another diagnosis code**.
- Only one **Procedure Code** can be added.



3) Service/Facility Provider Information

▶ Add the following **Service Provider** information:

- **First Name**
- **Last Name**
- **NPI Number**
- **Address**

▶ Select **Next**

Quick Tips:

- As a reminder, use **Select a Provider** to quickly populate required provider information.
- Service Provider = Specialist or Specialty Care Provider

1
Start a Referral

2
Add Service Information

3
Rendering Provider/Facility

4
Add Attachments

5
Review and Submit

DOE, JANE <small>Patient</small>			
Member ID ABC123456789	Date of Birth 1984-03-30	Gender Female	
Transaction Type Referral	Organization ABC CLINIC	Payer BCBSTX	

SERVICE PROVIDER SHOW OPTIONAL FIELDS

Select a Provider optional

DOE, JOHN *1234567890* 123 ANYWHERE ST, SAME PLACE, TX 12345 x v

Rendering Provider Role

Service Provider v

First Name	Last Name
JANE	PROVIDER

NPI ⓘ

1234567891

Address Line 1

113 ANYWHERE ST

City	State	ZIP Code
HAPPY TOWN	TEXAS x v	12345

Back

Next



4) Add Attachments

- ▶ Submit all appropriate clinical documentation supporting your request prior to submission
- ▶ Select **Add Files** to upload and attach the applicable documentation
- ▶ Select **Next**

1 Start a Referral 2 Add Service Information 3 Rendering Provider/Facility **4 Add Attachments** 5 Review and Submit

DOE, JANE Patient

Member ID ABC123456789	Date of Birth 1984-03-30	Gender Female	
Transaction Type Referral	Organization ABC CLINIC	Payer BCBSTX	

ADD ATTACHMENT(S)

Add files

i A total of 10 attachments may be uploaded. The total size of all files uploaded, cannot exceed **40MB**. The following file formats are allowed: **pdf, tif, jpeg, xml** (for use with CCDA files).

Back **Next**

Quick Tips:

- If adding multiple files, do not click **Next** until all applicable files have been attached.
- Users may add up to 10 attachments, with a total file size of 40MB.
- Accept files type of PDF (.pdf), TIFF (.tif), JPEG (.jpg), or XML (.xml).

5) Review and Submit

- ▶ Scroll down the request preview screen, review the information entered for accuracy and make any necessary changes prior to submitting the request
- ▶ If the information is correct, select **Submit**

1 Start a Referral 2 Add Service Information 3 Rendering Provider/Facility 4 Add Attachments **5 Review and Submit**

DOE, JANE Patient

Member ID ABC123456789	Date of Birth 1984-03-30	Gender Female	
Transaction Type Referral	Organization ABC CLINIC	Payer BCBSTX	

Member Information

Patient Name DOE, JANE	Patient Date of Birth 1984-03-30	Patient Gender Female
Member ID ABC123456789	Relationship to Subscriber Self	Subscriber Name DOE, JANE

Back to Step 1

Back **Submit**

Quick Tip:

- Select **Back to Step** to make changes prior to submitting request.



Submission Response

▶ Referral Responses will provide the Certification Number and Status

▶ Status will display:

- **Certified in Total**
(approved)
- **Pended**
(for clinical review)

Referral Response

Transaction ID: 12734783 Customer ID: 262573 Transaction Date: 2022-01-01

DOE, JANE Patient
Member ID: ABC123456789 Date of Birth: 03/30/1984 Gender: Female
Transaction Type: Referral Organization: ABC CLINIC Payer: BCBSTX

BlueCross BlueShield of Texas

Print

Certificate Information

Certification Number: U99999AADF Status: **CERTIFIED IN TOTAL**

Quick Tip:
→ Instructional *messaging* will display for requests that pend and/or requests that cannot be submitted via Availity.

Auth/Referral Dashboard

▶ Access the Auth/Referral Dashboard from the top of the Referral Response screen or from the Authorizations & Referral page

▶ Auth/Referral Dashboard allows users to view requests submitted to BCBSTX via Availity

▶ Use the Dashboard to complete the following tasks:

- Search for requests (by Patient Name, Certification Number, Member ID, Requesting Provider NPI)
- Check Status
- View and/or print
- Update requests

Quick Tip:
→ Select *New Request* to start a new Referral request from the Dashboard.

▶ Select the request card to view referral details

Auth/Referral Dashboard

Search [] Search Sort by: Last Updated

Filter List Applied Filters: STATUS: ALL TYPE: ALL ORGANIZATION: ALL PAYER: ALL DATE RANGE: LAST 14 DAYS

All Items Followed Items ★ Drafts ✍ Trash 🗑

Status	Certificate #	Patient Information	Service Information	Reason
PENDING REVIEW	U99999AIOV	DOE, JANE BCBS ABC123456789 DOB: 03/30/1984	2022-01-01 – 2022-01-31	NA
APPROVED	U99999AADF	DOE, JANE BCBS ABC123456789 DOB: 03/30/1984	2021-12-15 – 2021-12-24	NA
ERROR	NA	DOE, JANE BCBS ABC123456789 DOB: 03/30/1984	2021-11-01 – 2021-11-30	NA

Quick Tip:
→ By default, the *Dashboard* displays all requests submitted in the last 14 days and sorts most recent requests at top of the list.



View and Update Requests

- ▶ After selecting the **request card**, the following information displays:
 - Patient Information
 - Certification Information
 - Service Information
- ▶ Select **Update** to revise applicable requests

Referral Information ✕

Transaction ID: 1234567 Customer ID: 19999 Transaction Date: 2022-01-01

DOE, JANE Patient	Date of Birth 1984-03-30	Gender Female	
Member ID ABC123456789	Organization ABC CLINIC	Payer BCBSTX	
Transaction Type Referral			

Update

Certificate Information

Certification Number U9999AADF	Status CERTIFIED IN TOTAL
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Service Information

Service Type 3 - Consultation	Place of Service 11 - Office	Service From - To Date 2022-01-01 - 2022-02-01
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Close Window **Print** Unfollow this item Move to Trash

Quick Tip:

→ Use the additional options to print, unfollow, or move items to trash.

Auth/Referral Inquiry

Use **Auth/Referral Inquiry** to view member-specific referral requests previously submitted to BCBSTX

- ▶ Access the **Auth/Referral Inquiry** from the **Authorization & Referral** page
- ▶ Select **Organization**
- ▶ Select Payer option:
 - **BCBSTX** (use for all BCBSTX members, including Medicare Advantage)
 - **BCBSTX Medicaid** (use for Texas Medicaid members only)
- ▶ Choose **Referral** request type
- ▶ Select **Next**

SELECT A PAYER

Organization

ABC Clinic ▼

Payer ⊗

BCBSTX x ▼

Request Type

Referral x ▼

Next

Auth/Referral Inquiry can be used to view....

- Requests set-up through an outside vendor.
- Requests initiated by phone.
- Requests submitted by a different provider organization.



Auth/Referral Inquiry (continued)

▶ Enter the following information:

- Member ID
- Relationship to Subscriber
- Date of Birth
- Requesting Provider NPI
- From Date
- To Date

PATIENT INFORMATION SHOW OPTIONAL FIELDS

Member ID Relationship to Subscriber

Patient Date of Birth

REQUESTING PROVIDER SHOW OPTIONAL FIELDS

NPI

SERVICE INFORMATION SHOW OPTIONAL FIELDS

From Date To Date

Authorization or Referral Number optional

Quick Tip:

→ Enter **Service Dates** AND/OR **Referral Number** to locate the referral request.

Have questions or need additional education? Email the [Provider Education Consultants](#).

Be sure to include your name, direct contact information & Tax ID or billing NPI.

Checking eligibility and/or benefit information is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered. If you have any questions, please call the number on the member's ID card.

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