



BlueCross BlueShield
of Montana

BlueApprovRSM User Guide

Information in this user guide is NOT currently applicable to Medicare Advantage or Federal Employee Program[®] (FEP[®]) members.

BlueApprovR allows providers to submit inpatient and/or outpatient prior authorization requests for medical/surgical, specialty pharmacy drugs, and behavioral health services, as well as recommended clinical review (RCR) requests for medical/surgical and specialty pharmacy drugs for Blue Cross and Blue Shield of Montana (BCBSMT) members.

BlueApprovR is designed to help simplify the provider submission process by asking for the information to support a medical necessity determination.

Not registered with Availity[®] Essentials?

Complete the online guided registration process today via [Availity](#), at no cost.

Sept. 2023



The following instructions show how users' access BlueApprovR via Availity Essentials and how Availity Administrators and/or users will add providers information to your organization's account.

Step 1



- › Login to [Availity Essentials](#)
- › Setup Availity [Manage My Organization \(MMO\)](#)

Step 2



- › Access [BlueApprovR](#) from BCBSMT-branded [Payer Spaces](#) via Availity Essentials

Step 3



- › Start [new request](#)
- › Submit the [prior auth](#) and/or [recommended clinical review \(RCR\)](#) request to BCBSMT

Step 4



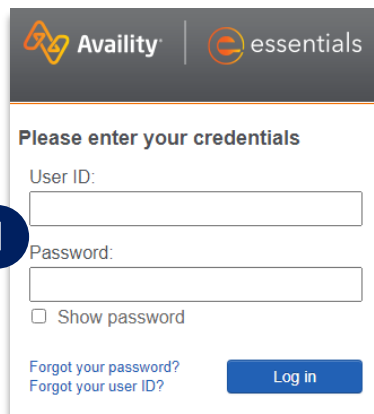
- › [Submission Tips, FAQs](#) and [support](#) to assist with submitting requests via BlueApprovR



Step 1: Availity Login & MMO Setup

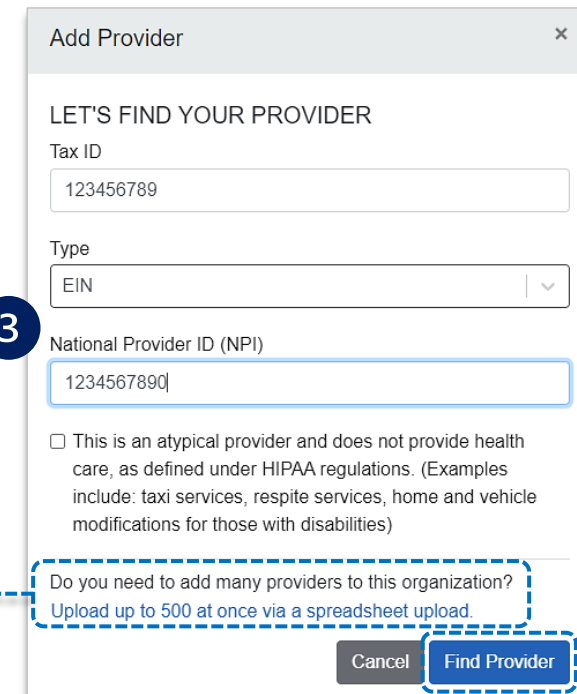
1 Assigned users can access this tool by following the instructions below:

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



The login form for Availity Essentials. It has a header with the Availity and Essentials logos. Below the header, it says "Please enter your credentials". There are two input fields: "User ID:" and "Password:". Below the password field is a checkbox labeled "Show password". At the bottom, there are links for "Forgot your password?" and "Forgot your user ID?", and a blue "Log in" button.

3 Enter the **Provider Tax ID** and **NPI numbers** and select **Find Provider**



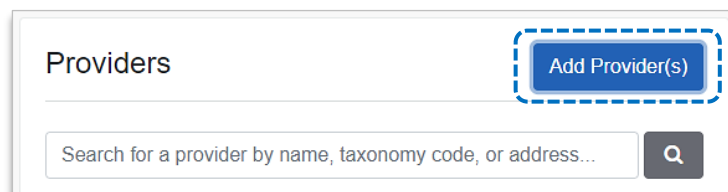
The "Add Provider" form. It has a title bar "Add Provider" with a close button. Below the title bar, it says "LET'S FIND YOUR PROVIDER". There are two input fields: "Tax ID" (with the value 123456789) and "Type" (with a dropdown menu showing "EIN"). Below these is a section for "National Provider ID (NPI)" with an input field containing 1234567890. There is a checkbox with the text "This is an atypical provider and does not provide health care, as defined under HIPAA regulations. (Examples include: taxi services, respite services, home and vehicle modifications for those with disabilities)". At the bottom, there is a question "Do you need to add many providers to this organization? Upload up to 500 at once via a spreadsheet upload." with "Cancel" and "Find Provider" buttons. A dashed blue arrow points from the "Find Provider" button to the "Quick Tips" section.

2 Select **Manage My Organization** from *My Account Dashboard* on the Availity homepage



The "My Account Dashboard" page. It has a title "My Account Dashboard" and a user profile picture. Below the title, there is a list of links: "My Account", "Maintain User", "Add User", "Manage My Organization" (highlighted with a dashed blue box and a blue circle with the number 2), "'How To' Guide for Dental Providers", "Enrollments Center", "Spaces Management Tool", and "EDI Companion Guide".

- ▶ Within **Manage My Organization**, select **Add Provider**



The "Providers" section of the "Manage My Organization" page. It has a title "Providers" and a blue "Add Provider(s)" button. Below the title is a search bar with the placeholder text "Search for a provider by name, taxonomy code, or address..." and a magnifying glass icon.

Quick Tips:

- If you have multiple providers to add to your organization, select "**Upload up to 500 at once via spreadsheet upload.**"
- For more details, refer to the [Manage My Organization User Guide](#) published in the [Provider Tools section](#) of our website.



Associated provider information will return based on the NPI number entered.

- ▶ **Step 1:** Review and/or update the provider **Name** and **Primary Specialty/Taxonomy** and select **Next**
- ▶ **Step 2:** Review and/or update the provider **Identifiers** and select **Next**

1

1

2

3

4

Provider Information

Identifiers

Addresses

Review

Looks like there's a match!

Please review and/or update all of this provider's information.

PROVIDER SEARCH RESULTS:

Village ABC Clinic

Provider Type

Group/Facility

Group Name/Facility Name

Village ABC Clinic

NPI

1234567890

Primary Specialty/Taxonomy

363L00000X Physician Assistants & Advanced Pr...

Back

Next

2

1

2

3

4

Provider Information

Identifiers

Addresses

Review

Village ABC Clinic

Primary Tax ID

Tax ID

123456789

Type

EIN

+ Add additional Tax ID

Identifiers

+ Add identifier

Back

Next

- ▶ **Step 3:** Review and/or update the provider **Address** and select **Next**
- ▶ **Step 4:** Review all information, choose the **provider's relationship to your organization**, then click **"I certify that this provider's information and relationship to my organization information is correct"** and **Submit**

3

1

2

3

4

Provider Information

Identifiers

Addresses

Review

Looks like there's a match!

Please add all of the address and service location information for this provider.

Village ABC Clinic

Physical/Billing

123 Anywhere Drive
Suite 000
City, State 12345

+ Add an address

Back

Next

4

1

2

3

4

Provider Information

Identifiers

Addresses

Review

Back

Submit



Step 2: Access BlueApprovR

- 1
 - ▶ Select **Payer Spaces** from the navigation menu
 - ▶ Choose **Blue Cross and Blue Shield of Montana**

- 2
 - ▶ On the BCBSMT Payer Spaces page, select **Applications**
 - ▶ Choose **BlueApprovR**

Note: Contact your Availity administrator if **BlueApprovR** is not available in the Applications tab via BCBSMT-branded Payer Spaces section.

- 3
 - ▶ Select your **Organization**
 - ▶ Choose the **Provider** from the **Select a Provider** drop-down list and select **Submit**
 - ▶ Users will be redirected to **BlueApprovR**

Important Note: Your organization's NPI number must be added to **Manage My Organization** for the provider information to display in the **Select a Provider** drop-down. Availity Administrators and users should refer to pages [3](#) and [4](#) for setup instructions.

The screenshot illustrates the process of accessing BlueApprovR through the Availity interface. The top navigation bar includes links for Availity, essentials, Notifications, and My Favorites. Below this, a secondary navigation bar lists various services: Patient Registration, Claims & Payments, My Providers, Reporting, Payer Spaces, and More. The 'Payer Spaces' menu is expanded, showing the 'BlueCross Blue Shield of Montana' option. The 'Applications' tab is selected within the BCBSMT Payer Spaces section, displaying a list of services including BlueApprovR. The 'BlueApprovR' service is highlighted with a heart icon and a description: 'Submit Auth & Check Status for Medical/Surgical, Specialty Rx & BH services'. The 'BlueApprovR' modal is shown, featuring a 'Select an Organization' dropdown with 'ABC Organization' selected, a 'Select a Provider' dropdown with 'Select...' selected, and a 'Submit' button highlighted with a dashed blue box.



Step 3: Start Request

1 Select New Request

MY REQUESTS

BlueCross BlueShield of Montana

Use the **Search bar** and **Filter** to identify status of previous submissions that automatically refresh

1

NEW REQUEST

SUBMITTED

DRAFTS

View the dashboard of previously **Submitted** request, as well as **Drafts** that have been started but not submitted.

CERT #	PATIENT	SUBMITTED DATE	LAST UPDATED ▼	STATUS	PAYER	SERVICE DATE	TREATMENT LOCATION	CERTIFICATION TYPE
U1111111A	JANE DOE	05/31/2023	05/31/2023	APPROVED	BCBSMT	06/02/2023	Provider Office	Initial
U1111111B	JOHN DOE	05/16/2023	05/16/2023	APPROVED	BCBSMT	05/20/2023	Provider Office	Initial
U1111111C	CALVIN DOE	05/16/2023	05/16/2023	PENDING	BCBSMT	05/16/2023	Provider Office	Initial

Select your **User Profile** to track transaction counts, Ordering Physicians, Rendering Facilities/Physicians/Providers, update your contact information, and personalize the experience.



Step 3: Request Submission *(continued)*

- 2 ▶ Enter the BCBSMT **Member ID number**, including the **three-character prefix**
- ▶ Click **Next**

- 3 ▶ Select the applicable **Patient Name**
- ▶ Confirm the correct patient has been selected
- ▶ Click **Next**

Quick Tips:

- Use the **side bar** to follow progression of the new submission.
- User may also return to a specific step to edit information entered prior to submission.

NEW REQUEST

BlueCross BlueShield of Montana

MEMBER DATA

2 What is the member's 12 letter ID?

ABC123456789

SUBSCRIBER

Name	ID
JOHN DOE	ABC123456789

Group Number

123456

BACK NEXT

NEW REQUEST

BlueCross BlueShield of Montana

3 Who is the patient?

JOHN DOE

PATIENT

Name	Date of birth
JOHN DOE	02/01/1969

Sex	Relationship to member
M	Subscriber

BACK NEXT



Step 3: Request Submission *(continued)*

- 4
- ▶ Select the **Type of Care**
 - ▶ Click **Next**

NEW REQUEST

BlueCross BlueShield of Montana

SERVICES REQUESTED

4 What type of care is being requested?

Specialty Pharmacy
Behavioral Health
Inpatient Acute Care
Long-term Acute Care
Inpatient Rehab
Skilled Nursing Facility
Outpatient Hospice
Home Health
Outpatient Service

BACK NEXT

- 5
- ▶ Based on the **Type of Care** selected, choose **Standard** or **Urgent OR Emergency** or **Elective** for services requested
 - ▶ Enter the **scheduled/anticipated service or admission date**
 - ▶ Select the **Place of Treatment** *(when applicable)*

NEW REQUEST

BlueCross BlueShield of Montana

What type of request is this?

EMERGENCY ELECTIVE
STANDARD URGENT

5 What is the scheduled/anticipated service or admission date?

8 / 2 / 2023

What service is being requested?

Medical Service

BACK NEXT

Submission Tips:

An urgent or expedited request may be appropriate when treatment may be delayed due to the below situations:

- could seriously jeopardize the life and health of the member or the member's ability to regain maximum function.
- would subject the member to severe pain that cannot be adequately managed without the requested care or treatment.
- would subject the member to adverse health consequences without the care or treatment that is the subject of the request.

Important Note: If an **Inpatient Type of Care** is selected, you will be asked if the request is for **Medical Service** or **Procedure**. If **Medical Service** is selected, enter the diagnosis code. If **Procedure** is selected, enter the service being requested AND diagnosis code.

Continue to next page ➡



Step 3: Request Submission *(continued)*

- 6
- ▶ Select the **Ordering Physician** by entering the **provider's name** or **NPI number**
 - ▶ Select **Yes** if **Servicing/Attending Provider** is the same as the Ordering Physician
 - ▶ Select **No** if **Servicing/Attending Provider** is not the same – enter the physician's name or NPI

6

LOCATION OF SERVICES

Who is the ordering physician?

1234567890 - JANE SMITH

ORDERING PHYSICIAN

Name	Address
JANE SMITH	123 ANYWHERE ST. STE 100 BEACH CITY, XX, 12345-1234
	999999999
Phone number	Fax number
(555) 555-5555	N/A

- 7
- ▶ Complete all applicable **clinical review questions** for the service(s) requested

NEW REQUEST

BlueCross BlueShield of Montana

CLINICAL REVIEW

Service
J0585 - Botox (onabotulinumtoxinA)

Diagnosis
Chronic migraine w/o aura, intractable, w/o stat migr

7

Has the patient been diagnosed with chronic migraine for at least 3 months?

YES NO


Do the migraine headaches last 4 hours a day or longer, for at least 15 days per month?

YES NO

BACK NEXT

Note: Files cannot exceed 40MB in size.
Acceptable file types are TIFF (.tif) and PDF (.pdf).

- 8
- If documentation is requested**

- ▶ Select **Plus**  to attach documents
- ▶ Select **Next**

How many inpatient days are being requested?

14

8

Attach Documents

Select evaluations / health history documents to attach

+

→ I WILL ATTACH OR FAX DOCUMENTS AT A LATER TIME

BACK NEXT

Continue to next page 



Step 3: Confirmation of Submission

9

- ▶ Receive **Confirmation** for completed requests
- ▶ Select **Print** and/or **Done**

NEW REQUEST

Request Approved

This request meets criteria and is eligible for service immediately. You'll receive the approval letter in the mail with additional details.

Patient: **FRANK MORALESDMS**

Service: **J0581 Botox (onabotulinumtoxinA)**

Status: **APPROVED**

Treatment: **200.0 units every 3 months within 12 months (4 doses)**

Start Date: **07/23/2023**

Cert #: **U123456790**

PRINT **DONE**

Quick Tip:

→ When cases are deemed medically necessary, providers can be granted approvals. With BlueApprovR, providers and patients can begin treatment when portal-approved.



Final Request Details

10

- ▶ View the final request details
- ▶ Select **Print Certification** to print and/or save the final determination

U11111111A

Submitted to
Blue Cross and Blue Shield of Montana

10

Request Type
Standard

Date Submitted
05/31/2023

Status
APPROVED

PRINT CERTIFICATION

SERVICE STATUS

SERVICE	TREATMENT PLAN	STATUS	EFFECTIVE	EXPIRATION
J0585 - Botox (onabotulinumtoxinA)	200.0 units every 3 months within 12 months (4 doses)	APPROVED	06/02/2023	N/A

PATIENT AND PROVIDER INFO

PATIENT INFO

Name
JOHN DOE

Date of birth
02/01/1969

Relationship
Subscriber

Sex
M

MEMBER INFO

Name
JOHN DOE

Member
ABC123456789

Group
999999

ORDERING PHYSICIAN

Name
JANE SMITH

NPI
1234567890

Contact phone
(555) 555-5555

Address
123 ANYWHERE ST.
STE 100
Beach City, XX,
12345-1234

SERVICE PROVIDER

Name
JANE SMITH
NPI
1234567890
Contact phone
(555) 555-5555
Address
123 ANYWHERE ST.
STE 100
Beach City, XX,
12345-1234

RENDERING PROVIDER

Name
JANE SMITH
NPI
1234567890
Contact phone
(555) 555-5555
Contact fax
(555) 555-5555
Address
123 ANYWHERE ST.
STE 100
Beach City, XX,
12345-1234

ADMINISTRATIVE COMMUNICATIONS CONTACT

Name
John Smith
Telephone number
(555) 555-5555
Fax number
(555) 555-5555
Email
anywhere@mail.com

REQUEST DETAIL

Request Type Standard	Expected Service / Admission Date 06/02/2023	Place of treatment Provider Office
--------------------------	--	---------------------------------------

SERVICE: J0585 - BOTOX (ONABOTULINUMTOXINA)

Diagnosis
G43.711: Chronic migraine w/o aura, intractable, w status migrainosus

Has the patient been diagnosed with chronic migraine for at least 3 months?
Yes

Do the migraine headaches last 4 hours a day or longer, for at least 15 days per month?
Yes

Is the migraine refractory to at least two migraine prophylactic medications from different classes? (e.g., tricyclic antidepressants, anticonvulsants, angiotensin-converting enzyme inhibitors/angiotensin II receptor blockers, beta blockers, or calcium channel blockers)
Yes

What is the treatment plan?
200.0 units every 3 months within 12 months (4 doses)



Refer to the [Submission Tips](#) and [Frequency Asked Questions \(FAQs\)](#) listed below to further assist with submissions.

Questions	Answers
Is this used for outpatient radiology testing?	Carelon Medical Benefits Management will continue to support expanded prior authorization requests, where radiology testing and select outpatient procedures will need to be submitted directly to Carelon or eviCore® healthcare. BlueApprovR can, and should, be used for those requests that are reviewed directly by BCBSMT.
What Specialty Pharmacy drugs are in scope?	All clinician administered specialty pharmacy drugs covered under the medical plan that require prior authorization can be submitted through BlueApprovR.
Can an independent speech therapist who provides therapy in the home use this tool?	No, BCBSMT requires a facility or group to be the rendering facility when a request is made for home care treatment.
Behavioral Health authorization requests that may be submitted via BlueApprovR.	<ul style="list-style-type: none">- Inpatient Substance Abuse- Inpatient Mental Health- Applied Behavior Analysis, Initial Assessment- Electroconvulsive Therapy- Transcranial Magnetic Stimulation, Repetitive/Deep- Mental Health, Intensive Outpatient Program- Substance Abuse, Intensive Outpatient Program- Mental Health, Partial Hospital Program- Substance Abuse, Partial- Hospital Program- Mental Health, Residential Treatment Center- Substance Abuse, Residential Treatment Center

Need additional assistance? →

For BlueApprovR education or training, contact the [BCBSMT Provider Education Consultants](#)

For BlueApprovR technical assistance, contact the [BlueApprovR Support Team](#)

For technical Availity support, contact Availity Client Services at 800-282-4548

Carelon Medical Benefits Management is an independent company that has contracted with BCBSMT to provide utilization management services for members with coverage through BCBSMT. eviCore is an independent specialty medical benefits management company that provides utilization management services for BCBSMT. eviCore is wholly responsible for its own products and services. BCBSMT makes no endorsement, representations or warranties regarding third party vendors and the products and services they offer. Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSMT. BCBSMT makes no endorsement, representations or warranties regarding third party vendors and the products and services they offer.