

Referrals is an online tool in Availity Essentials that allows providers to electronically submit referral requests handled by Blue Cross and Blue Shield of Oklahoma (BCBSOK). Using this tool increases administrative efficiencies by permitting users to access and verify status of requests, upload supporting clinical documentation when required, 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 Essentials](#), 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](#).

User Guide Contents

Page	Contents	Page	Contents
1	Getting Started	7	Add Service Information (Step 2)
2	Manage My Organization Setup	8	Add Service Provider (Step 3)
3	Manage My Organization Setup (continued)	9	Review and Submit (Step 4)
4	Accessing Referrals	9	Submission Response
5	Payer and Request Type	10	Auth/Referral Dashboard
5	Start Referral (Step 1 – Member Info)	11	View and Update Requests
6	Start Referral (Step 1 – Requesting Provider)	11 & 12	Auth/Referral Inquiry

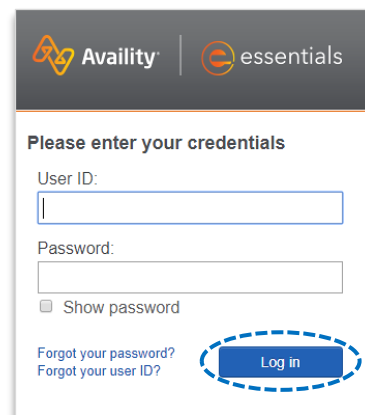
Getting Started

- ▶ 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*.



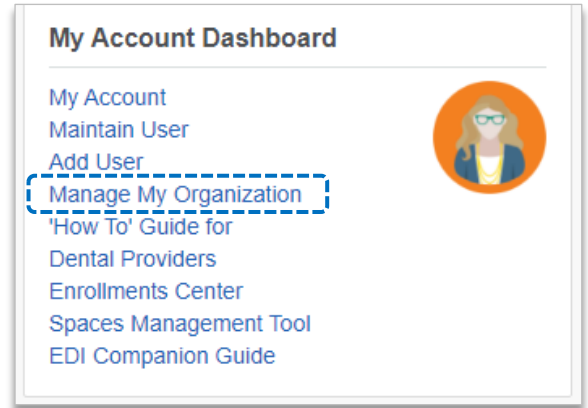


Manage My Organization Setup – Administrator Functionality

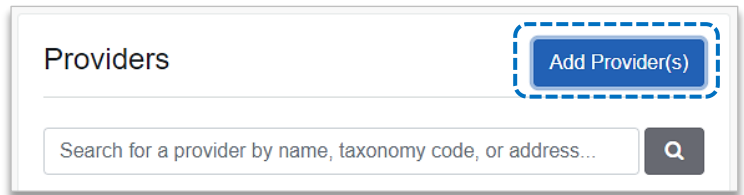
Availity Administrators are encouraged to add Requesting, Rendering and Servicing provider information to Manage My Organization. This step will lessen the need for users to manually enter all required provider information in the referral request.

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

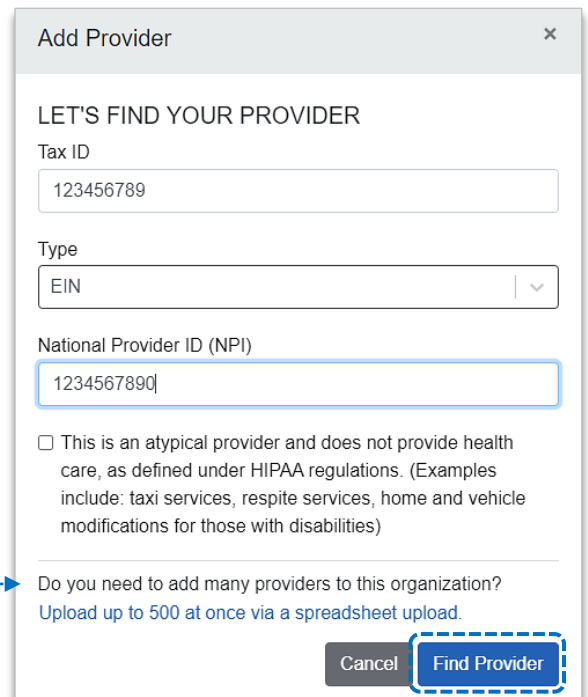
Note: *Manage My Organization* is only accessible to assigned Availity Administrators.



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



- ▶ Enter the Provider TaxID and NPI numbers and select **Find Provider**



Quick Tip:

→ If you have multiple providers to add to your organization, select "Upload up to 500 at once via spreadsheet upload."



Manage My Organization Setup – Administrator Functionality (continued)

Associated provider information will return based on the NPI number entered

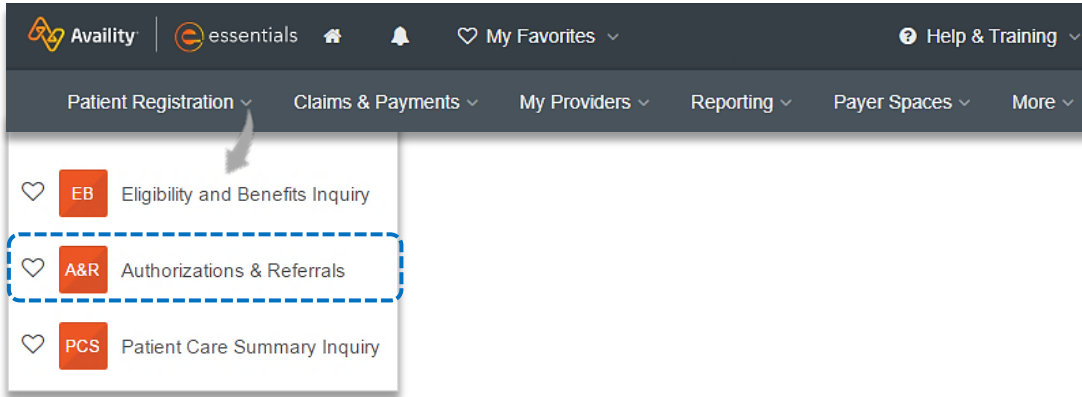
- ▶ **Step 1:** Review and/or update the provider **Name** and **Primary Specialty/Taxonomy** and select **Next**
- ▶ **Step 2:** Review and/or update the provider **Identifiers** and select **Next**

- ▶ **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**



Accessing Referrals

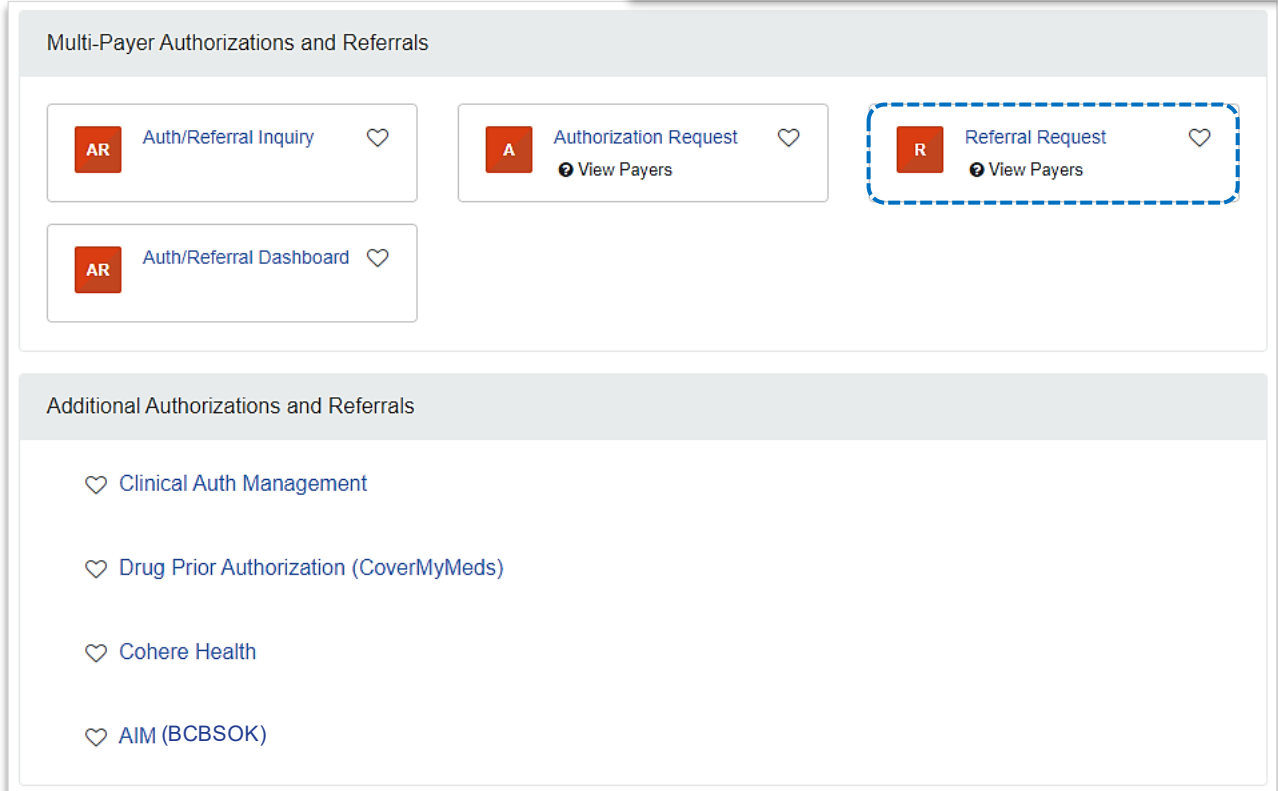
- ▶ Select **Patient Registration** from the navigation menu
- ▶ Select **Authorizations & Referrals**



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 **BCBSOK** Payer option*
- ▶ Select **Next**

SELECT A PAYER

Organization
ABC Clinic

Payer
BCBSOK

Next

**This payer option should be selected for all BCBSOK members, including Medicare Advantage.*

1) Start Referral

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

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

Transaction Type: Referral Organization: ABC Clinic Payer: BCBSOK

PATIENT INFORMATION SHOW OPTIONAL FIELDS

Select a Patient

Q Select...

Search by any combination of patient name (first and last), DOB, or Member ID.

Member ID : ABC12345789 Relationship to Subscriber : Self

Patient First Name: Jane Patient Last Name: Doe

Patient Date of Birth: 03/30/1974

Quick Tip:

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



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 Manage My Organization setup](#) instructions.
- Requesting Provider = Referring Physician

REQUESTING PROVIDER SHOW OPTIONAL FIELDS

Select a Provider optional ⓘ

PROVIDER, JAMES*1234567890*123 ANYWHERE, ST. LONGVIEW, OK 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
Review and Submit

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

SERVICE INFORMATION SHOW OPTIONAL FIELDS

Service Type ⊕

3 - Consultation x ▾

Place of Service

11 - Office x ▾

From Date ⊕

01/01/2022 📅

To Date

02/01/2022 📅

Quantity ⊕

4

Quantity Type

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 ⊕

99244 - OFFICE CONSULTATION ▾

Type

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
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 BCBSOK	
SERVICE PROVIDER <input type="checkbox"/> SHOW OPTIONAL FIELDS			
Express Entry <small>optional</small>			
<input style="width: 100%;" type="text" value="PROVIDER, JANE * 1234567891 * 113 ANYWHERE ST, HAPPY TOWN, TX 12345"/>			
Rendering Provider Role			
<input style="width: 100%;" type="text" value="Service Provider"/>			
First Name		Last Name	
<input style="width: 100%;" type="text" value="JANE"/>		<input style="width: 100%;" type="text" value="PROVIDER"/>	
NPI			
<input style="width: 100%;" type="text" value="1234567891"/>			
Address Line 1			
<input style="width: 100%;" type="text" value="113 ANYWHERE ST"/>			
City		State	ZIP Code
<input style="width: 100%;" type="text" value="HAPPY TOWN"/>		<input style="width: 100%;" type="text" value="OKLAHOMA"/>	<input style="width: 100%;" type="text" value="12345"/>

Back

Next



4) Review and Submits

- ▶ 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**

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)

- ▶ Select **Add Clinical Documentation** when supporting documentation is required by BCBSOK to complete the request

Note: If clinical documentation is required, users may add up to 10 attachments, with total file size of 40MB. Acceptable file types include (.pdf), TIFF (.tif), JPEG (.jpg), or XML (.xml).

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 **Authorization Response** screen or from the **Authorizations & Referral** page
- ▶ **Auth/Referral Dashboard** allows users to view requests submitted to BCBSOK 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
- ▶ Select the **request card** to view the referral details

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

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

Auth/Referral Dashboard

Q Search

Sort by: Last Updated ▼

Filter List ▼

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

List View

Detail View

All Items
Followed Items ★
Trash 🗑️

Logo	Referral	Certificate #	Patient Information	Service Information	Reason	
	PENDING REVIEW	U99999AIOV	DOE, JANE BCBS ABC123456789 DOB: 03/30/1984	2022-06-13 – 2022-06-13	NA	☰ ★
	APPROVED	U99999AADF	DOE, JANE BCBS ABC123456789 DOB: 03/30/1984	2022-06-01 – 2022-06-03	NA	☰ ☆
	ERROR	NA	DOE, JANE BCBS ABC123456789 DOB: 03/30/1984	2022-6-01 – 2022-06-01	NA	☰ ☆



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

Update

Certificate Information

Certification Number U9999AADF	Status CERTIFIED IN TOTAL
--	-------------------------------------

Service Information

Service Type 3 - Consultation	Place of Service 11 - Office	Service From - To Date 2022-01-01 - 2022-02-01
---	--	--

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 BCBSOK

- ▶ Access the **Auth/Referral Inquiry** from the **Authorization & Referral** page
- ▶ Select **Organization**
- ▶ Select **BCBSOK** payer option*
- ▶ Choose **Referral** request type
- ▶ Select **Next**

SELECT A PAYER

Organization

ABC Clinic

Payer

BCBSOK

Request Type

Referral

Next

**This payer option should be selected for all BCBSOK members, including Medicare Advantage.*

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 x ▼

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.

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 BCBSOK. BCBSOK makes no endorsement, representations or warranties regarding third party vendors and the products and services they offer.