



Availity’s Attachments tool allows providers to quickly submit electronic predetermination of benefits requests and attach supporting clinical documentation for Blue Cross and Blue Shield of Oklahoma (BCBSOK) members.

A predetermination is a voluntary request for written verification of benefits prior to rendering services. BCBSOK recommends submitting a predetermination of benefits request if the service may be considered not medically necessary based on the [BCBSOK Medical Policy](#) criteria.

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

**Important Reminder:**

Verify the patient’s eligibility and benefits online first. To learn more about checking eligibility and benefits via Availity, refer to the [Availity Eligibility and Benefits User Guide](#).

*The information in this user guide does not apply to requests for Blue Cross Medicare Advantage (HMO)<sup>SM</sup> or Blue Cross Medicare Advantage (PPO)<sup>SM</sup> members.*

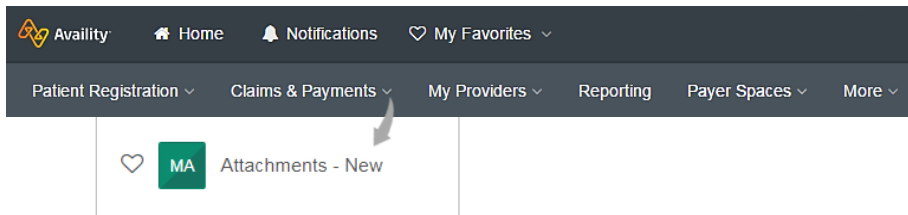
## 1) Getting Started

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



## 2) Accessing Attachments

- ▶ Select [Claims & Payments](#) from the navigation menu
- ▶ Select [Attachments - New](#)



**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](#).

## 2) Accessing Attachments *continued*

- ▶ From the Send Attachment drop-down, select **Predetermination Attachment**

The screenshot shows the 'Attachments Dashboard' with a search bar, sorting options, and a 'Send Attachment(s)' button. A dropdown menu is open, showing 'Predetermination Attachment' and 'Medical Attachment' as options. A blue dashed circle highlights the 'Predetermination Attachment' option.

## 3) Predetermination Upload & Submit

- ▶ Select **Organization**
- ▶ Select **Payer**
- ▶ Select the **Predetermination Request Form**, complete and save to your files
- ▶ Enter **Provider Information**

### Important Notes:

- All applicable fields are required. If all information is not provided, this may cause a delay in processing.
- Enter the patient name **exactly** how it's returned on the Eligibility & Benefits inquiry. DO NOT shorten or use a nickname.
- Inquiries received without the patient information cannot be completed and may be returned to you to supply this information. Procedure CPT/HCPC and ICD10 diagnosis code(s) for the requested services must be listed on the form.

This section of the form includes dropdown menus for 'Organization' and 'Payer'. Below them is the 'Predetermination Forms' section, which contains a text input field for the 'Predetermination Request Form' (highlighted with a blue dashed circle) and radio buttons for 'NPI' (selected) and 'Tax ID'.

- ▶ Enter Patient Information
- ▶ Select **Urgency**
- ▶ Select **Add File** to attach the completed Predetermination Request Form and supporting clinical documentation
- ▶ Enter **Send Attachment(s)**

This section contains three main parts: 'Patient Information' with fields for First Name, Middle Name (optional), Last Name, Subscriber ID, and Date of Birth; 'Claim Information' with a radio button for 'Urgency' (selected as 'URGENT'); and 'Attach Supporting Documentation' which includes instructions, a 'Reason' dropdown (set to '52034-06 - Payer Letter'), an 'Add File' button (highlighted with a blue dashed circle), and a 'Send Attachment(s)' button (also highlighted with a blue dashed circle).

### Quick Tips:

- If adding multiple files, do not **Send Attachment(s)** until all applicable files have been attached.
- Per Medical Policy, if photos and/or x-rays are required for review, please email to [Photo Handling](#). The body of the email should include the patient's first and last name, Group number, Subscriber ID and date of birth.

## 4) Confirm Receipt of Submission

- ▶ The **Sent** and **History** tabs within the Attachments tool allows you to confirm if the submitted attachment(s) were received by the payer. You will be notified when a final outcome of the predetermination has been reached.
- ▶ View the **Sent** tab to confirm the submission was successfully sent by the provider organization to the payer

**A Attachments Dashboard** Provider Verification Send Attachment

Search by patient, name, provider name, etc. Sort Descending By: Filter by status:

Inbox **Sent 2** History

Request	Patient	Payer	Provider	Details
PRED_TEST_12345678 PREDETERMINATION SUBMITTED 06/26/2020	LAST, FIRST 12/20/1974 ABC123456789 PRED_TEST_123456789	BlueCross BlueShield of Oklahoma	ABC CLINIC 1234567890	➔ 06/26/2020 ➔ 06/26/2020
PRED_TEST2_99999999 PREDETERMINATION SUBMITTED 06/30/2020	LAST, R. FIRST 03/31/1995 ABC999999999 PRED_TEST2_999999999	BlueCross BlueShield of Oklahoma	ABC CLINIC 1234567890	➔ 06/30/2020 ➔ 06/30/2020

- ▶ View the **History** tab to confirm if your submission was accepted or rejected by the payer

**A Attachments Dashboard** Provider Verification Send Attachment

Search by patient, name, provider name, etc. Sort Descending By: Filter by status:

Inbox Sent **History 2**

Request	Patient	Payer	Provider	Details
PRED_TEST3_12345678 PREDETERMINATION ACCEPTED 07/01/2020	DOE, JOHN 01/15/1980 ABC123456789 PRED_TEST3_123456789	BlueCross BlueShield of Oklahoma	ABC CLINIC 1234567890	➔ 07/01/2020 ➔ 07/01/2020
PRED_TEST4_55555555 PREDETERMINATION REJECTED 07/03/2020	DOE, JANE 04/01/1969 ABC999999999 PRED_TEST4_55555555	BlueCross BlueShield of Oklahoma	ABC CLINIC 1234567890	➔ 07/03/2020 ➔ 07/03/2020

**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 any products or services offered by third party vendors such as Availity. If you have any questions about the products or services offered by such vendors, you should contact the vendor(s) directly.