

New utilization management tool now available on Availity Payer Spaces: Authorization Rules Lookup tool

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In October, we introduced our new **Authorization Rules Lookup tool** that you can access through Availity Payer Spaces. The tool replaces the Health Services Review tool that was located on Point of Care. This new self-service application displays prior authorization rules so you can quickly verify if the outpatient services are required for members enrolled in Virginia's Anthem commercial plans.

In addition to verifying whether an outpatient authorization is needed, the tool provides the following details that apply to the procedure code:

- Coverage and Clinical Guidelines
- Third Party Guidelines, if applicable (such as AIM Specialty Health, IngenioRx)

Steps to access the Authorization Lookup application through Availity Payer Spaces

Access to the tool does not require an Availity role assignment.

1. Select **Payer Spaces**
2. Select the **Anthem Blue Cross Blue Shield** tile from the Payer Spaces menu
3. Select the **Applications** tab

4. Select the **Authorization Rules Lookup** tile

Once you are in the tool you will need to provide the following information to display the service's prior authorization rules:

- Tax ID
- National Provider Identifier (NPI)
- Member ID and birth date
- Member's Group number **or** Contract Code

(This information can be found on the member's ID card or through the Eligibility & Benefits return on the Patient Information tab)

- CPT/HCPCS code

Give this new tool a try and discover how much this will improve the efficiency of your authorization process.

Please note: If a prior authorization is required for outpatient services, you can submit the case through Interactive Care Reviewer Anthem's online authorization tool which you can also access through the Availity Portal.

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URL: <https://providernews.anthem.com/virginia/article/new-utilization-management-tool-now-available-on-availity-payer-spaces-authorization-rules-lookup-tool>

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