Authorization/Referral Inquiry Enhancement and Best Practices

We’ve enhanced the Authorization/Referral Inquiry screen on Availity® to improve your user experience. When submitting an Auth/Referral Inquiry, using the Date of Service field is now optional. The change went into effect April 25, 2019.

For your convenience, we provide multiple options for you to receive information using the Auth/Referral Inquiry screen on Availity.

The following three options explain the best practices to follow to obtain information:

Auth/Referral Inquiry Screen – Service Information section

Service Information

<table>
<thead>
<tr>
<th>Option 1</th>
<th>Option 2</th>
<th>Option 3 Both Fields - Blank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authorization or Referral #:</td>
<td>Date of Service: MM/DD/YYYY</td>
<td></td>
</tr>
</tbody>
</table>

Option 1 - Authorization or Referral #

When reviewing the Authorization or Referral Results, the authorization number can display as a Certification Number or Reference Number:

Certification Information

Certification Number: 18081466611

OR

Certification Information

Service: 1.0 Visit(s)
Type/Quantity: REF
Reference Number: REF18072046174

Enter either the Certification or Reference Number on the Auth/Referral Inquiry screen by entering the provided number (shown in sample above) into the Authorization or Referral # field to receive results for that specific request. Notice that the Reference Number includes the letters REF along with numbers. Entering the letters REF when submitting the Reference Number is optional.

Availity, LLC is a multi-payer joint venture company. For more information or to register, visit availity.com.

900-3193-0419
**Option 2 - Date of Service**

When submitting the Date of Service, the date submitted must match the start date of the request.

**Option 3 - Do not submit Date of Service or Authorization or Referral #**

If you elect to not submit a specific Date of Service or an Authorization or Referral #, the system will review up to the last ten requests on file for the patient. In order to receive a response, the provider requesting the information must be one of the following:

1. the patient’s primary care physician
2. a provider on the authorization or referral
3. associated with a provider on the authorization or referral on all of the requests

When the provider-matching criteria is met, a list will be provided to allow the provider to select detailed information for multiple authorizations or referrals. If any of the requests do not match the provider information, a response of *Certification Information Missing* will be returned.

**For best results, we recommend using option 1 or option 2.**

For details about our referral and authorization requirements, please refer to the *Manual for Physicians and Providers* on our website at [floridablue.com](http://floridablue.com); select Providers > Tools & Resources > Provider Manual.