Authorization Requests for Outpatient Neuropsych Evaluations Can Now Be Submitted Through Availity

We’re now accepting authorization requests for neuropsychological evaluations through Availity®. This means you no longer have to call for an authorization for this outpatient medical service so there’s no more waiting on hold and no need for a pre-certification representative to enter the authorization for you.

We require prior authorization for medically required outpatient neuropsychological (neuropsych) evaluations for these health plans:

- All commercial HMO products
- myBlue HMO
- BlueMedicare™ Classic (HMO)
- BlueMedicare™ Classic Plus (HMO)
- BlueMedicare™ Premier (HMO)
- BlueMedicare™ Complete (HMO SNP)
- BlueMedicare™ Value (PPO)
- BlueMedicare™ Choice (PPO)
- BlueMedicare™ Select (PPO)

Providers must request an approved authorization prior to performing a neuropsych eval for members in the Florida Blue plans listed above. To request a neuropsych evaluation authorization, go to the Authorizations section on availity.com. Be sure to use valid 2019 codes: 96116, 96121, 96132, 96133, 96136, 96137, 96138 and 96139.

Primary care physicians must follow applicable specialist referral guidelines for our Florida Blue members covered under the myBlue HMO and Medicare HMO, HMO SNP or PPO plans. When verifying member eligibility, always check member benefits to ensure there are no special requirements or limitations.

Select Diagnostic Medical as the Type of Service

When requesting a neuropsych evaluation authorization in Availity, it’s important to select Diagnostic Medical as the type of service, as shown in the Availity screen shot below.

(continued next page)

1Availity, LLC is a multi-payer joint venture company. For more information or to register, visit availity.com.
900-2924-0319
Select **Diagnostic Medical** as the Type of Service (continued)

Selecting **Diagnostic Medical** as the type of service will allow the authorization request to be accepted by Florida Blue. If another service type other than **Diagnostic Medical** is selected, the request will not be accepted when it’s submitted and it will be voided.

After you successfully submit the authorization request, the **Authorization/Referral Results** page will display the status as **Pended** and the status reason as **Requires Medical Review**. You’ll need to send us medical records, so be sure to review the information below about our automated fax cover sheets.

**Use Automated Fax Cover Sheets for Faster Turnarounds**

Automated fax cover sheets can help accelerate required medical record reviews and provide faster turnaround times for authorization approvals.

If an **Authorization/Referral Results** page shows the status reason as **Requires Medical Review**, this means we need additional medical records before we can authorize services for your patient. Use our automated fax cover sheet to send us the needed records.

The **Authorization/Referral Results** page will show two options to access the automated fax cover sheet: an **Automated Fax Cover Sheet** button near the top of the screen and a **Pre-Populated Fax Cover Sheet** link in the middle of the screen, shown in the screen shot below. Click on either option to access the automated fax cover sheet that is needed for faxing medical records for review.

The automated fax cover sheet will be pre-populated and will contain all required data, leaving only the phone and fax number fields to be filled out by the sender.

You can also access the automated fax cover sheet button later by performing an **Authorization Inquiry** to view the pended authorization request. For complete details about our automated fax cover sheet, click on the link below.

**Automated Fax Cover Sheet Bulletin**

Whether you are submitting the fax by computer or fax machine, **the automated fax cover sheet must be used as the first page of the fax**. It is formatted to be optically scanned when received so a medical review nurse can receive it quickly for a faster turnaround on your authorization request.

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