



Referrals is an online tool in Availity Essentials that allows providers to electronically submit referral requests handled by Blue Cross and Blue Shield of Texas (BCBSTX). 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](#).

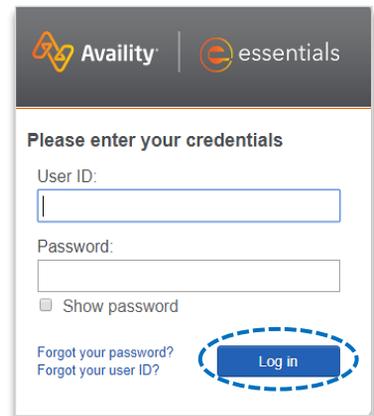
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**Getting Started**

- ▶ 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](#).



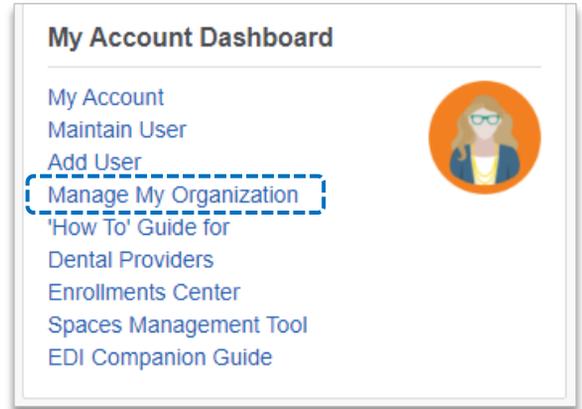


## Manage My Organization Setup – Administrator Functionality

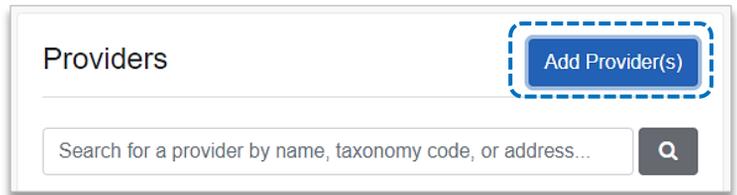
Availity Administrators are encouraged to add Requesting, Rendering and Servicing provider information to Manage My Organization. This step will lessen the need for users to manually enter all required provider information in the referral request.

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

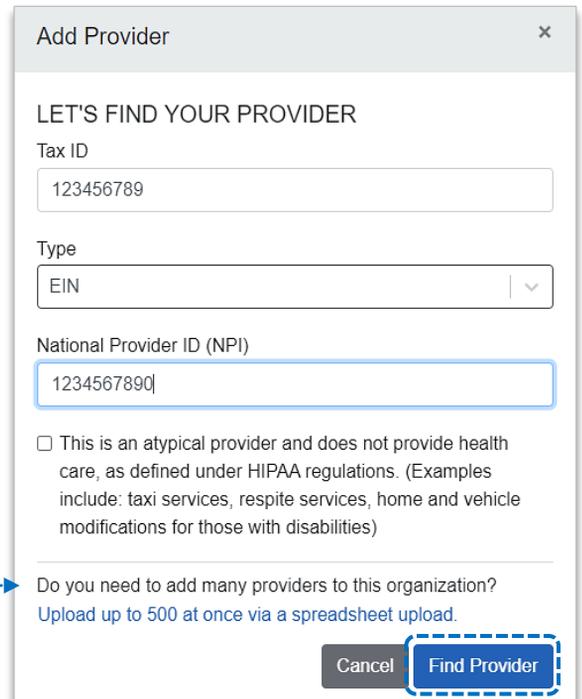
**Note:** *Manage My Organization* is only accessible to assigned Availity Administrators.



- ▶ 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**

**1** Provider Information

Looks like there's a match!

Please review and/or update all of this provider's information.

PROVIDER SEARCH RESULTS:

Village ABC Clinic

Provider Type  
Group/Facility

Group Name/Facility Name  
Village ABC Clinic

NPI  
1234567890

Primary Specialty/Taxonomy  
363L00000X Physician Assistants & Advanced Pr...

Back Next

**2** Identifiers

Looks like there's a match!

Please review and/or update all of this provider's identifiers.

PROVIDER SEARCH RESULTS:

Village ABC Clinic

Primary Tax ID  
Tax ID  
123456789

Type  
EIN

+ Add additional Tax ID

Identifiers  
+ Add identifier

Back 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**

**3** Addresses

Looks like there's a match!

Please add all of the address and service location information for this provider.

Village ABC Clinic

Physical/Billing

123 Anywhere Drive  
Suite 000  
City, State 12345

+ Add an address

Back Next

**4** Review

What is the provider's relationship to your organization?  
(Select one)

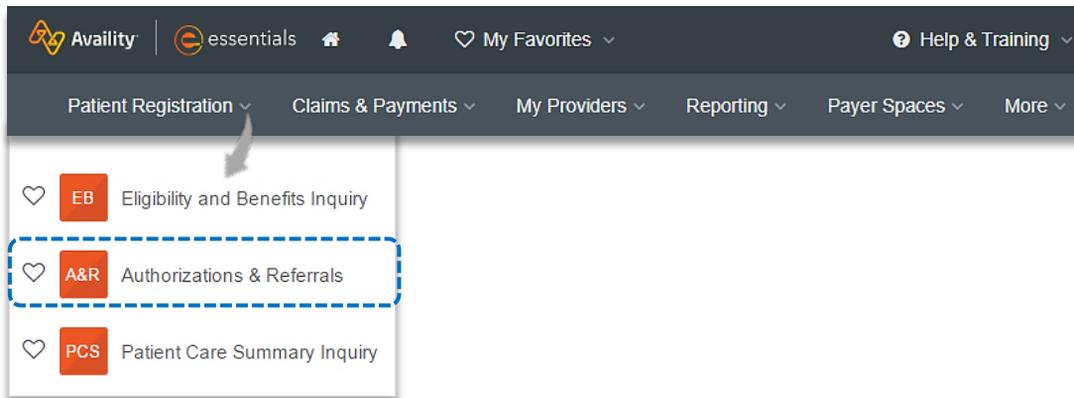
?  
 This provider is a part of my organization  
 This is a third-party not directly affiliated with my organization (example: referred-to provider)  
 I certify that this provider's information and relationship to my organization information is correct

Back Submit



## Accessing Referrals

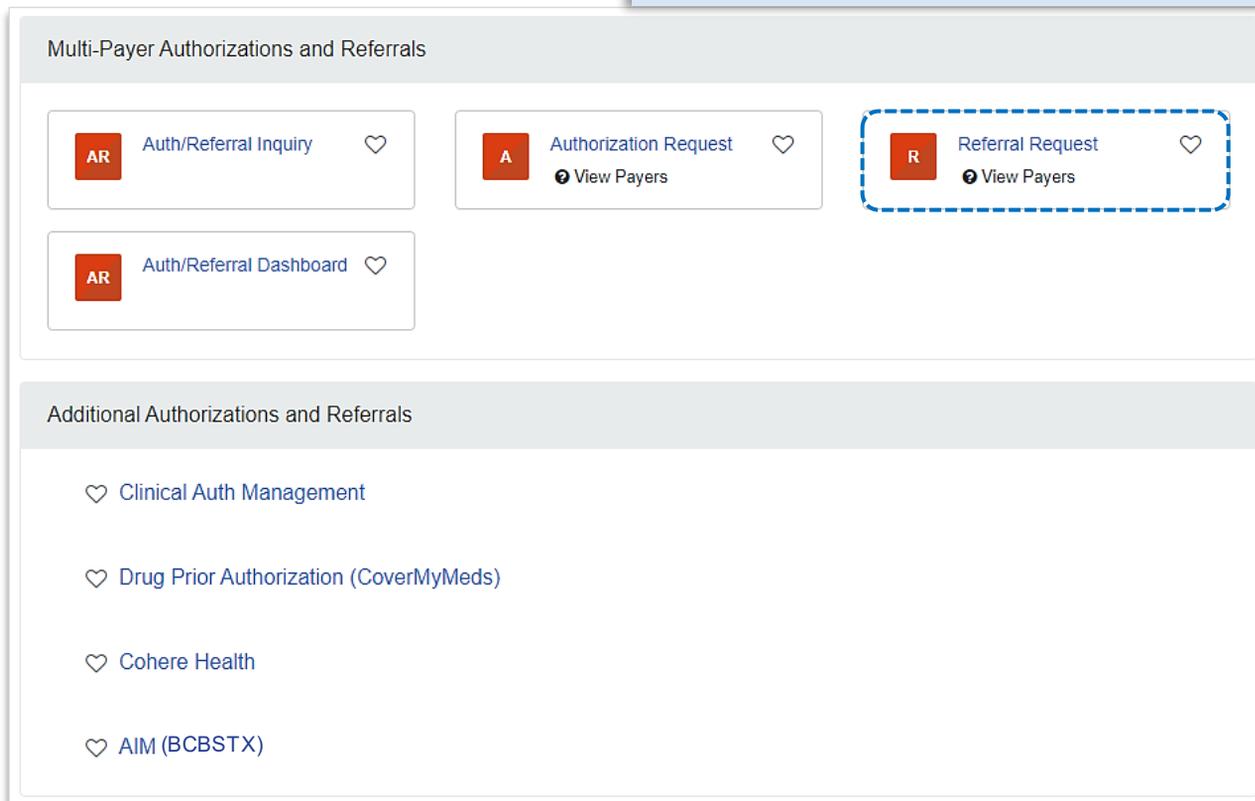
- ▶ Select **Patient Registration** from the navigation menu
- ▶ Select **Authorizations & Referrals**



### 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 Payer option:
  - **BCBSTX** (use for all BCBSTX members, including Medicare Advantage)
  - **BCBSTX Medicaid** (use for Texas Medicaid members only)
- ▶ Select **Next**

SELECT A PAYER

Organization  
ABC Clinic

Payer  
BCBSTX

Next

## 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: BCBSTX    BlueCross BlueShield of Texas

PATIENT INFORMATION

Select a Patient

Q Select...    SHOW OPTIONAL FIELDS

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, TX 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

<b>DOE, JANE</b> Patient <b>Member ID</b> ABC123456789 <b>Transaction Type</b> Referral	<b>Date of Birth</b> 1984-03-30 <b>Organization</b> ABC CLINIC	<b>Gender</b> Female <b>Payer</b> BCBSTX	
---	---	---	--

SERVICE INFORMATION  SHOW OPTIONAL FIELDS

**Service Type** ⊕

3 - Consultation
✕

**Place of Service**

11 - Office
✕

**From Date** ⊕

01/01/2022
📅

**To Date**

02/01/2022
📅

**Quantity** ⊕

4

**Quantity Type**

Visits
✕

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

<b>DOE, JANE</b> <small>Patient</small>			 BlueCross BlueShield of Texas
<b>Member ID</b> ABC123456789	<b>Date of Birth</b> 1984-03-30	<b>Gender</b> Female	
<b>Transaction Type</b> Referral	<b>Organization</b> ABC CLINIC	<b>Payer</b> BCBSTX	

SERVICE PROVIDER  SHOW OPTIONAL FIELDS

**Select a Provider** optional

DOE, JOHN \*1234567890\* 123 ANYWHERE ST, SAME PLACE, TX 12345 x v

Rendering Provider Role

Service Provider v

First Name Last Name

JANE

PROVIDER

NPI  ⓘ

1234567891

Address Line 1

113 ANYWHERE ST

City State ZIP Code

HAPPY TOWN

TEXAS x v

12345

Back

Next



## 4) Review and Submit

- ▶ Scroll down the referral 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**

The screenshot shows a four-step process: 1. Start a Referral, 2. Add Service Information, 3. Rendering Provider/Facility, and 4. Review and Submit. The 'Review and Submit' step is active. It displays patient information for DOE, JANE, including Member ID, Date of Birth, Gender, Transaction Type, Organization, and Payer. A 'Back to Step 1' link is circled in blue. At the bottom, 'Back' and 'Submit' buttons are visible, with 'Submit' also circled in blue.

**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)

The screenshot shows a 'Referral Response' screen for Transaction ID: 12734783. It displays patient information for DOE, JANE. A 'Print' button is visible. Below, the 'Certificate Information' section shows a Certification Number (U99999AADF) and a Status of 'CERTIFIED IN TOTAL'.

- ▶ Select **Add Clinical Documentation** when supporting documentation is required by BCBSTX 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).

The screenshot shows a 'Referral Response' screen for Doe, Jane. It displays patient information for Doe, Jane. A 'Print' button and an 'Add Clinical Documents' button (circled in blue) are visible. Below, the 'Certificate Information' section shows a Reference Number (U99999AABB) and a Status of 'PENDED'. A 'Message' section at the bottom reads: 'Please attach supporting documentation for review to complete.'

**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 BCBSTX 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 request from the **Dashboard**.

### Auth/Referral Dashboard

[Give Feedback](#)

New Request ▾

Search

Sort by: Last Updated ▾

List View
Detail View

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

All Items
Followed Items ★
Trash 🗑️

	Referral	Patient Information	Service Information	Reason
PENDING REVIEW	Certificate # <span>📄</span> U99999AIOV	DOE, JANE BCBS ABC123456789 DOB: 03/30/1984	2022-06-13 – 2022-06-13	NA
APPROVED	Certificate # <span>📄</span> U99999AADF	DOE, JANE BCBS ABC123456789 DOB: 03/30/1984	2022-06-01 – 2022-06-03	NA
ERROR	Certificate # 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

<b>DOE, JANE</b> Patient	<b>Date of Birth</b> 1984-03-30	<b>Gender</b> Female	
<b>Member ID</b> ABC123456789	<b>Organization</b> ABC CLINIC	<b>Payer</b> BCBSTX	
<b>Transaction Type</b> Referral			

Update

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#### Certificate Information

<b>Certification Number</b> U9999AADF	<b>Status</b> <span style="background-color: #2e7d32; color: white; padding: 2px;">CERTIFIED IN TOTAL</span>
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#### Service Information

<b>Service Type</b> 3 - Consultation	<b>Place of Service</b> 11 - Office	<b>Service From - To Date</b> 2022-01-01 - 2022-02-01
---	--	--

Print
Unfollow this item
Move to Trash

Close Window

**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 BCBSTX

▶ Access the **Auth/Referral Inquiry** from the **Authorization & Referral** page

▶ Select **Organization**

▶ Select Payer option:

- **BCBSTX** (use for all BCBSTX members, including Medicare Advantage)
- **BCBSTX Medicaid** (use for Texas Medicaid members only)

▶ Choose **Referral** request type

▶ Select **Next**

SELECT A PAYER

**Organization**

ABC Clinic ▼

**Payer** ⊙

BCBSTX x ▼

**Request Type**

Referral x ▼

Next

**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

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.

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