![BlueCross BlueShield of North Carolina | HealthyBlue]

September 2021

Guidance for Authorization Requests
Beyond Member Eligibility Date

Overview

This document will guide authorized users on the process of submitting a prior authorization (PA) request when the request extends beyond a Healthy Blue member's eligibility coverage period.

Note: This step-by-step guidance is for users who already have access to complete PAs within the Availity Portal.

Currently, authorized users receive a message indicating *Member is not eligible for dates of service requested* when submitting PA requests for occupational therapy/physical therapy/speech therapy (OT/PT/ST) because the requested dates exceed the member's eligibility coverage period.

Create new request — Outside of eligibility coverage dates

Authorized users who are creating a new request may experience a challenge when entering a request that is outside of the member's eligibility coverage period.

Note: Please refer to the *Healthy Blue Authorizations on the Interactive Care Reviewer (ICR) Handout* for more information on how to create a new request.
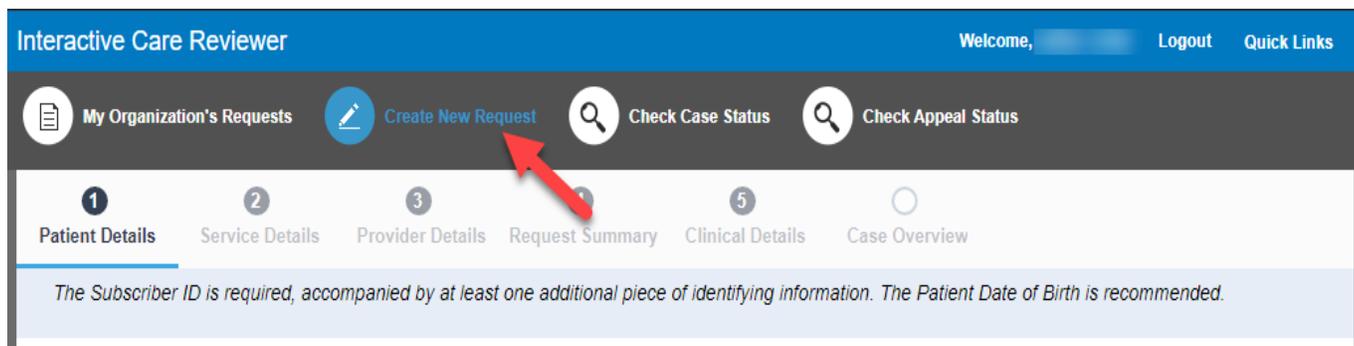
If the request is outside the member's eligibility coverage period, the authorized user will receive a message stating *Member is not eligible for dates of service requested*, and *Inactive Coverage* will display in the **Eligibility Coverage** field. The authorized user can clear these messages and continue the process by taking a few specific steps.

https://provider.healthybluenc.com

BNCPEC-0569-21 September 2021

Create new request — Correct the request date

Once the *Service Date From* and *Service Date To* are entered, the ICR system will display the coverage information on the *Patient Details* screen.

- If the **Service Date From** and **Service Date To** date(s) is within the **Coverage Period** date range, the request will not present the eligibility coverage message of *Inactive Coverage*.

- If the **Service Date From** and **Service Date To** date(s) is outside the **Coverage Period** date range, the request will present the eligibility coverage message of *Inactive Coverage*.

To correct the message, the authorized user would need to do the following:

Step	Action
1	Select the **Back** button.
2	Correct the *Service Date From* and *Service Date To*. **Note**: These dates should reflect the date range of the member's coverage period.
3	Add the desired dates to the *Clinical Notes*. **Note**: If the authorized user is **not** able to add the desired dates to the clinical notes, enter the desired dates in the *Comment* section.
4	Attach the *Clinical Notes* in the *Attachments*, *Images* and *Photos* section of the *Clinical Details* screen.

If you do not have access to Availity or you are having trouble with the Availity Portal, you can fax your request to **855-817-5788**. If you are having issues with Availity, please contact Availity Client Services at **800-282-4548**.