

BlueCare High-Tech Imaging (HTI) Prior Authorization Frequently Asked Questions for Providers

Effective Feb. 1, 2025, Cohere will manage prior authorizations for HTI procedures for our BlueCare members. **Please note:** This only applies to BlueCare. CoverKids and TennCare*Select* members don't require prior authorization for HTI if they see an in-network provider for care.

We've developed these FAQs to answer questions you may have about this change. We hope you find them helpful.

Q. How will providers submit prior authorizations for HTI?

Providers should continue to send requests for prior authorizations for HTI through Availity[®] using the Prior Authorization Tool (PAT).

Q. What if I don't have access to Availity?

To request assistance with Availity registration, please call **(423) 535-5717, option 2**, or contact your eBusiness Regional Marketing Consultant.

You can also submit requests by:

- Calling our Provider Service Line at **1-800-468-9736**

Q. If I already have an account with Cohere, can I use it to submit prior authorizations?

Yes. If you're already working on the Cohere portal for a prior authorization for another health plan, you don't have to sign in to Availity to submit one for a BlueCare member. However, we ask that you submit all other prior authorization requests through Availity or by using the phone option listed above.

Q. Where can I find information about covered codes?

Visit bluecare.bcbst.com/providers and choose **Authorizations and Appeals** from the homepage. Then, select the [High-Tech Imaging Prior Authorization List](#) from the **Program-Specific Prior Authorization** drop-down menu. We'll update this list to include the Cohere HTI codes before the Feb. 1 effective date.

Q. Why is my group showing up as out of network?

The group number will always show as out of network. Enter the individual provider number as the Requesting Provider or search for the individual provider number by clicking the orange magnifying glass.

Some groups use one provider from their group as the requesting provider for all HTI authorizations to simplify the process.

Q. I'm trying to use the group number as the facility, but it's showing as out of network. Why?

- Only facilities can be entered in the facility field.
- A facility is only needed if the place of service is either an on-campus hospital or off-campus hospital.

- If place of service Office (11) is used, you don't need to include a facility on the authorization form.

Q. I started an authorization, but the system is telling me it isn't required. Why?

Always check the member's **Eligibility & Benefits** to see if an HTI authorization is required. If "yes" is indicated under the Prior Authorization Requirements section, an authorization is required. If "no" is listed, then an authorization isn't required.

Q. If I use a radiologist in the Requesting Provider Field and there's a need for a peer-to-peer review, what will happen?

The process is the same for a peer-to-peer review with a radiologist or with the provider treating the member. The radiologist will just need to be familiar with the case and be prepared to answer questions. There is one peer-to-peer review opportunity. The next step is to appeal the case; however, the peer-to-peer review can be with either the radiologist or the provider overseeing the member's care.

Q. How do I check the status of a prior authorization?

You can view the status of your authorization on the **Auth Inquiry/Clinical Update** section of the PAT.

Q. Who can providers contact for more information?

If you have questions about submitting prior authorizations through Availity, please call **(423) 535-5717, option 2**, or contact your eBusiness Regional Marketing Consultant.