![Florida Blue — Your local Blue Cross Blue Shield]

Availity Messages for Authorizations and Referrals Now Provide Context for Current Status

Florida Blue recently added messaging in the Service Information section of Availity®[1].

The new messages provide additional information for the authorization or referral request, including the reason it was pended, voided/cancelled or denied. Understanding where the request is in the review process will be helpful and should eliminate the need to call the Pre-Service Utilization/Authorization department for routine status updates. The status and status reason will be updated to align with the message detail in first quarter 2022.

Below are a few examples of the new messages you will see in Availity.

Status/Description	Display
Pending Medical Review	**Status** PENDED — **Status Reason** Requires Medical Review — **Message** Authorization/Referral is pending for review. Please allow 72 hours for an expedited request and 14/15 calendar days for standard Medicare/Commercial requests. Please refer to the automated fax cover sheet for the definition of expedited.
No Authorization Required	**Status** NO AUTHORIZATION REQUIRED — **Message** All services are subject to benefit/coverage limitations, appropriate medical policy guidelines and medical necessity review. If you are requesting a voluntary review, please fax clinical to the appropriate pre-service fax number.
Request Approved	**Status** CERTIFIED IN TOTAL — **Message** Authorization approved. The final determination of coverage will depend on the actual claims submitted and the services performed. All services are subject to benefit/coverage limitations, appropriate medical policy guidelines and claims medical necessity review.
Denied – Not Medically Necessary	**Status** NOT CERTIFIED — **Status Reason** Not Medically Necessary — **Message** Authorization/Referral is denied. Refer to the denial letter for specific denial reason, next steps, and applicable appeal rights.

[1]Availity, LLC is a multi-payer joint venture company. For more information, visit availity.com.

Review Pended – Rendering provider is out of network and member does not have out of network benefits	**Status** PENDED **Status Reason** Requires Medical Review **Message** Authorization/Referral is pending for out-of-network review. Please use the pre-populated fax cover sheet to fax clinical to support the out-of-network request. If out-of-network care is not needed, void your submission and resubmit using an in-network provider.
Review Voided/ Cancelled due to no PCP referral	**Status** CANCELLED **Message** Contact the assigned PCP for a referral and resubmit your authorization request. To locate the assigned PCP, complete an eligibility and benefit search in Availity.

Here is a matrix with additional examples of the Availity Status, Status Reason and the message.

Availity Status	New Availity Message(s)
Certified in Total	Authorization approved. The final determination of coverage will depend on the actual claims submitted and the services performed. All services are subject to benefit/coverage limitations, appropriate medical policy guidelines and claims medical necessity review.
No Auth Required	All services are subject to benefit/coverage limitations, appropriate medical policy guidelines and medical necessity review. If you are requesting a voluntary review, please fax clinical information to the appropriate pre-service fax number.
	Authorization/Referral voided due to other party liability.
Cancelled	Contact the assigned PCP for a referral and resubmit your authorization request. To locate the assigned PCP, complete an eligibility and benefit search in Availity.
	Authorization/Referral voided. Provider or member notified Florida Blue/Florida Blue Medicare/Truli for Health that the service was not rendered.
Not Certified	Authorization/Referral is denied. The service requested is not allowed/covered under this member's plan benefit. To verify benefits, complete an eligibility and benefit search in Availity.
Pended	Authorization/Referral pended for invalid provider. There was a mismatch between the NPI and the Payer Assigned Provider ID entered. Please void and resubmit the correct NPI and provider number. For assistance, use the online provider directory on floridablue.com.
	Authorization/Referral is pending because the member is not eligible for the date of service requested. Please verify the member's coverage and the dates of service requested.
	Please use the "Complete Certificate of Medical Necessity" button to finalize your request. Based on your responses, immediate approval may be given. If the request pends, please fax supporting clinical information to the appropriate Pre-service fax number.
Availity Time-Out	We are experiencing high request volumes. Your request has been received and will be processed within 5-10 minutes. Please perform an inquiry in 5-10 minutes for status.