

Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

NovoLogix user guide

Submitting prior authorization requests for medical benefit drugs

For Blue Care Network commercial and BCN AdvantageSM

February 2024

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Overview

Blue Cross Blue Shield of Michigan uses the NovoLogix[®] tool to manage prior authorization requests for medical benefit drugs.

Note: Prior authorization requests for medical oncology and supportive care drugs are managed by Carelon Medical Benefits Management, an independent company.

Contact NovoLogix

NovoLogix Client Support Services are available Monday through Friday 7 a.m. to 6 p.m. Central time. Contact Client Support Services by email at <u>helpdesk@novologix.net</u> or by phone at the number provided for the health plan for which you are seeking assistance. Don't include protected health information, or PHI, when sending email messages to NovoLogix.

For application assistance or to request a user ID and password, contact NovoLogix Client Support Services by email at <u>helpdesk@novologix.net</u>.

System requirements

The NovoLogix tool is supported on the latest version of the following internet browsers:

- Microsoft Edge
- Google Chrome
- Mozilla Firefox

The standard browser options for cookies and JavaScript must be enabled.

Access NovoLogix

To access the NovoLogix tool:

- Log in to the Blue Cross Blue Shield of Michigan and Blue Care Network provider portal (<u>availity.com</u>*).
- 2. Click Payer Spaces on the menu bar and then click the BCBSM and BCN logo.
- 3. Click the NovoLogix BCN/BCN Advantage tile in the Applications tab.
- 4. Select an organization and provider and then click *Submit*.

The NovoLogix homepage opens.



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At any time during your session, you can return to the homepage by clicking the *Home* icon at the top of the screen.

Blue Cross Blue Shield of Merigan	Authorizations - Reports & Tools - Administration - My Account - 🕜	WELCOME ADRIENNE PROVIDER
O Welcome Adrienne Provider		
	WORKBOX ITEMS	
Shared Work Items - (15) Incomplete - (2) Incomplete Mod - (9) Incomplete Mod - (1) Incomplete Mod Notification Appeal - (2) Incomplete	There are no work items in your queue.	

Create a prior authorization request

Follow these steps to create a prior authorization request.

Get started

1. At the top of the homepage, click Authorizations and then click Create Authorization.

Welcome Adrienne Provider Find Authorization Shared Work Items - (15) Create Authorization Incomplete - (2) Incomplete Mod - (2) SLA Exceeded - (2) SLA Exceeded - (2) Provider Notification Appeal - (2) Incomplete Notification Appeal - (2)		uthorizations - Reports & Tools - Administration - My Account - (0
Shared Work Items - (15) There are no work items in your queue. There are no work items in your	Velcome Adrienne Provider	Streate Authorization	
	Incomplete - (2) Incomplete - (2) Incomplete Mod - (2) SLA Exceeded - (2) Provider Action Mod - (9) SLA Exceeded - (1)		



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2. Select the appropriate plan. If you have access to only one plan, that plan will appear in the field automatically.

	e Authorization							
N	SELECT A PLAN							
	Blue Care Network	•						
	Colort Option to Papin New	Authorization						
	Select Option to Begin New							
N	- QUICK START (Select Previo	us Authorization	n to copy)					
	232206			Q				
	Member Id Auth	norization #	Patient Name	NPI	Requesting Provider	Item Name		
ſ	XYSPATIENTINDO_27 2322	206	Bcnfnmember27 BcnInmember27			Dysport	÷	
	Member ID*	L						
	Authorization Start Date*	0	6/20/2019					
	First Name							
	Last Name							
	Date of Birth*							

3. Use one of the following methods to create a prior authorization request:

Method	Details
Quick Start	You can use the Quick Start option to search for and then copy an existing prior authorization. To do this:
	1. Enter the patient's member ID in the <i>Quick Start</i> field to search for an authorization to copy. (See the previous image.)
	2. Click the prior authorization you want to copy.
Search Using Existing	1. Enter the member ID and date of birth in the Search Existing Patient group box and then click <i>Search</i> . (See the image below.)
Patient	2. If multiple members display in the search results, click the member ID of the appropriate patient.



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and	Blue Care Network of Michigan	ñ	Authorizations -	Reports & Tools 🗸	Administration -	My Account 🗸	0
ate A	Authorization						
_ 5	SELECT A PLAN						
	Blue Care Network						
S	Select Option to Begin New Authori	zation	0				
- 0	QUICK START (Select Previous Autho	orizatio	on to copy)				
6	Enter the patient's complete member	ID or a	an authorization numb	er. Q			
	SEARCH EXISTING PATIENT						
Ν	Member ID*	(000000000000000				
A	Authorization Start Date*		06/20/2019				
F	First Name	C					
L	Last Name	C					
	Date of Birth*		01/01/1980				
			Search				

Confirming patient detail

- 1. Confirm the patient information and complete any additional required fields (*) on the Member Details screen.
- 2. Click the arrow to the left of each heading to expand/collapse a section.

Member Details									
Pation Details									
Last None	SIAH		Prof. Name	VATURE		MINDLY FIRM		N	
Delvi of Dr#-			Center	Male					
mage (sg)			Prelicited Language*	(Ergin w)					
Phote	[industrian								
Primary Care Physician 1871									
Addresses									
Primary 4557 SYCAMORE DR					YPSLAND		Michigan		48197
Interview Defails									
Wenter ID			Relationship to Incend			Flow			
873011267026			W			Hise Care Notwork			
Memberahig Details									
Insulation Group Number		Effective Date		Territration Date			Line Of Dusiness		
87424316		81012623					BON		b
Rebort Par	UND1		Dave the BCN commercial group have 2 levels of reproduct	II Yes Chie					14

Authorization details

- 1. If the *Requesting* and *Rendering Provider* fields are blank, search for the provider by entering the provider name or NPI in the *NPI* field and clicking the search icon.
- 2. In the search results, click the provider's name.



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3. Enter the office contact name, phone number and fax number.

* Authorization Delain					
+ Provident					
Tequery	(TODACHAR)	form HEMIT FORD HOSPITAL		Address 2790 W Crand Divit Ansathasia Detroit, M. 40202	
Office Consult Name*	Persent Station	Office Cartala Prove Nursee* Pacify Smith	(Inc. inc.ma)	Office Contact Tex Number*	and are supply
Type Rendering	(Constant)	laria MP1, GESSER		Actives 21% WE17 GRAND DLVD Exergency Medicine Detroit, MI 4222	
Contact Name	(Penderly Provider 1	Contact Phone Number	End or on	Par Nurvieu*	Cong and and
C. S. C.	2570				

- 4. Search for the primary diagnosis code by doing one of the following:
 - Entering the diagnosis description
 - Entering the diagnosis code
- 5. Clicking the search button and select the diagnosis from the drop-down list.

Primary Diagnosis*		fevel		
		Code	Description	
		002.0	TYPHOID FEVER (ICD-9)	
	09/2	002.1	PARATYPHOID FEVER A (ICD-9)	
Authorization Request Date	09/2	002.2	PARATYPHOID FEVER 8 (ICD-9)	
		002.3	PARATYPHOID FEVER C (ICD-9)	
Authorization Priority	Non	002.9	UNSPECIFIED PARATYPHOID FEVER (ICD-9)	Unspecified
		025.0	SPIRILLARY FEVER (ICD-Ø)	

Authorization lines

1. Select the place of service.

- Authorization Lines		Missing Information
Line 1	Ambulatory Surgical Home Inpatient Hospital	
Place of Service*	Office Outpatient Hospital	
Date(s) of Service*	Pharmacy	
Drug*	Enter Drug Name or NDC	
HCPCS Code	Drug Name	Strength/Measure
Route	Pkg. Size	Dosage Form
Generic Name		
Sig		
Is the patient currently on this medication?*	v	



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2. Enter applicable start and end dates in the Date(s) of Service fields.

✓ Authorization Lines			Missing Information
Line 1			
Place of Service*	e V		
Date(s) of Service* 08/15	5/1919 🛗 To 02/11/1920 🛗		
Drug*	r Drug Name or NDC I Q		
HCPCS Code	Drug Name	Strength/Measure	
Route	Pkg. Size	Dosage Form	
Generic Name			
Sig			
Is the patient currently on this medication?*			

- 3. Enter the drug name or NDC in the *Drug* field and click the *Search* button.
- 4. Select the drug in the search results.

- Authorization Lines							Missing Information A
Line 1							
Place of Service*	Office		~				
Date(s) of Service*	08/15/1919	To 02/11/1920	**				
Drug*	remica	Q					
HCPCS Code	Drug Name	Generic Name	Code	Strength/ Measure	Dosage Form	Pkg.Size	
Route	Remicade	inFLIXimab	57894003001	100 MG	SOLR	1.0 EA	
Generic Name							
Sig							
Is the patient currently on this medication?*							

5. Enter the **quantity (doses)** or **quantity (HCPCS)** limit you are requesting. These fields appear only when appropriate.

Quantity doses

[Authorization Lines 					Missing Information A
	Line 1					
	Place of Service*	Office	~			
	Date(s) of Service*	08/15/1919 🛗 To	02/11/1920			
	Drug*	C0007000410				
	Quantity (Doses):*	S0189		Testopel		75 MG
	HCPCS Code	30169	Drug Name		Strength/Measure	
	Route	IL	Pkg. Size	10 EA	Dosage Form	PLLT
	Generic Name	Testosterone				
	Sig					
	Is the patient currently on this medication?	• •				
L						



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Quantity HCPCS

luthorization Lines							
Line 1							
Place of Service*	Office						
Date(s) of Service*	(atmagega)	10	atmsceca				
NDC Cede*	66867000418						
HOPCS Code	50189			NDC Name	Testopet	StrangtyMeasure	75 MG
Roda	я.			Php. Size	10 EA	Decepe Form	PLLT
Denetic Name	Testosterone						
Quarters (HCPCS)*	0						
54	[sect						
is the patient currently on this medication?*	Yes w						

6. Answer the question "Is the patient currently on this medication?"

Note: Be sure to answer this question correctly, as it may affect the outcome of the prior authorization request.

- Authorization Lines						Missing Information 🔺
Line 1						
Place of Service*	Office	~				
Date(s) of Service*	08/15/1919 🛗 To 02/	11/1920				
Drug*	66887000410					
Quantity (Doses):*						
HCPCS Code	S0189	Drug Name	Testopel	Strength/Measure	75 MG	
Route	IL	Pkg. Size	10 EA	Dosage Form	PLLT	
Generic Name	Testosterone					
Sig						
Is the patient currently on this medication?*	Yes					

- 7. Review information entered in the Authorization Detail Screen.
 - Any section or field in which required information is missing will display a reminder in **red**.
 - When all required information has been entered, each section will display a **green checkmark** in the section heading.
- 8. Click Submit.

+ Authorization Details						0
Authorization Lines						0
Line 1						
Place of Service*	Office V					
Date(s) of Service*	(areare 📄 10 (areare)					
Pace of Service" Calenci of Service" Chog*	60422136CH42					
HCPCS Code	.0585	Drug Name	Botos	Strigh/Measure	200 UNIT	
Parala.		No Per	178.		6% 0	
			BACK CANCEL SILE	SUMT		



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Complete the protocols and submit the request

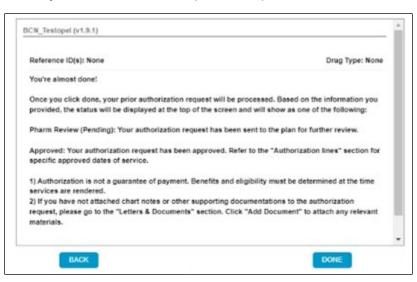
After clicking Submit, NovoLogix will ask a series of protocol questions.

1. Answer each clinical question and then click *Next* to move to the next question.

If you can't answer all of the protocol questions, click *Save and Close* to complete the question set later.

Reference ID(s): None Is this request for initiation or	continuation of therapy?	Drug Type: Non
Initiation	communities or energy?	
Ocontinuation		

2. When you've answered all protocol questions, click Done.



The prior authorization request will proceed to one of the following statuses:

- Pharm Review
- Approved
- Tech Action



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Note: If NovoLogix asks you to attach a document during the protocol process, complete the protocol and attach the document when prompted. If you forget to attach documentation or if you need to attach additional documentation, you can add it under the Document section once the case enters the review process.

Important: NovoLogix doesn't review documents that are attached to finalized cases.

Interventions/auto cancel

Based on the answers to the protocol questions, NovoLogix may present an intervention. If this happens, NovoLogix will ask if you want to cancel the request.

Reference ID(s): None	Drug Type: None
	equires that the patient has tried the preferred products lerance, contraindication, or adverse event. Would you like

To cancel the request, select Yes and then click Next.

Blue Care Network of Microgan	👫 Authorizations 🗸 Rep	orts & Tools 🗸 Administration 🗸	My Account 🗸 🕜		GO TO BCN	WELCOME ADRIENNE USER LOG OUT
Authorization Number: 227127	Status: Cancelled	Assigned User:				
Authorization Details Member's PA Member Name: BCNAFNMember1 BCNA		ITINDO1 Plan Name: Blue Care Network	k Gender: Male Date of Birth: 8/1/201	8 Line of Business: BCNA		
✓ Member Details						0
Last Name*	BCNALNMember1	First Name*	BCNAFNMember1	Middle Initial	м	1
Date of Birth*	08/01/2018 (10 months)	Gender*	Male			
Weight (kg)		Preferred Language	English			
Primary Care Physician NPI	1124012521					
✓ Addresses						
Primary 8300 Norman C	Center Drive Suite 800		Bloomingt	on	MN	55437

The status of the request changes to Cancelled. No further action will be taken on the request.



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If you don't want to cancel the request, click *No* and answer any remaining protocol questions. NovoLogix may ask you to enter additional notes or documentation to support the rationale.

Reference (D(s): None	erence ID(s): None ase provide rationale for not using the preferred prod		Drug Type: Non
Please provide rationale for not usin	ig the preferred produc	ts (Trazimera and K	anjint).

Auto-approval of prior authorization requests

When you complete the protocols, the request will either auto-approve or be released for further review. If further review is required, the status will be listed as Pharm Review or Tech Review.

Blue Cross Blue Shield of Marigan	Authorizations - Repo	rts & Tools 🗸 Administration 🚽 My	Account 🗸 💡		WELCOME ADRIENNE PROVIDER LOG OUT
Authorization Number: 230727	Status: Pharm Review	Assigned User: LisaD13 Nguyen		Workflow:BCBSMI Auth Review v1	
Authorization Details Member's PA History					
Member Name: BCBSMFNLisa3 BCBSMLNLisa3	Member Id: BCBSM3004201916	525913 Plan Name: BlueCross BlueShiel	d of Michigan Gender: Male	Date of Birth: 11/15/1993	
010					
✓ Member Details					0
✓ Patient Details					
Last Name BCE	SMLNLisa3	First Name	BCBSMFNLisa3	Middle Initial	

The outcome or status of the prior authorization request displays at the top of the screen, along with the authorization number.

Note: If NovoLogix auto-approves the request, the end date and/or NDC you entered may change based on your answers to the protocol questions.

Notes and documents

Once the prior authorization request has been created, you can add notes or documents to the authorization.



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Notes

1. To add a note to the authorization, click Add Note in the Notes, Letters & Documents section.

* Notes, Letters & Documents		
- Notes & Contact Attempts		
Add Nate O Add Contact Adampt · Letters & Documents		
Add Document		

2. Enter the note and click Save.

dd New Note	×
Note*	
Enter your note here	
Save Cancel	

3. To view a note, click the blue text in the **Description** column.

- Notes, Lette	ers & Documents			
* Notes & Con	stact Attempts			
	Date \$	Туре	Description	
	6/7/2023	General	Test Note	
Add Note Letters & Do	Add Contact Attempt			
Add Docum	ent			



Tip: You can also view the note by hovering over the blue text in the **Description** column.

0			
	Date \$	Type	Description
	6/7/2023	General	Test Note
etters & Do	cuments		

Documents

If NovoLogix prompts you to add a document while answering clinical questions, do one of the following:

- Add the document when prompted.
- Add the document after you're done answering the questions.

To attach a document to the authorization after you've completed the protocol:

1. Click the Add Document button in the Letters & Documents subsection.

• Notes, Letters & Documents		
Notes & Contact Attempts		
O Add Note O Add Contact Attempt		
• Letters & Documents		
Add Document		

- 2. Use one of the following methods to select a document to attach:
 - o Browse to and select the file. Select the document and, if desired, rename it.
 - Drag and drop the file.



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3. Click Upload.

Add Document	×
*T0e	
Uptind a Fault Select from Hatory	
You can "Drag & Drop" a file here or click the "Chaose" button above.	
Cancel Cancel	

NovoLogix will save the document in the Documents section of the Authorization detail.

To view a document, click the blue text in the Title column.

* Notes, Lo	etters & Documents			
* Notes & (Contact Attempts			
	Date \$		Туре	Description
	6/7/2023		General	Test Note
O Add Not	Add Contact Atternet			
O Add Not	e O Add Contact Attempt			
- Letters &	Documents			
-	Date Attached \$	Title (click to view)		Applies To
	6/7/2023	Test Document		Line 1
_				
Add Doc	ument			

Void an authorization

If you saved a prior authorization request and have not yet submitted it to Blue Cross for review, you can void the request. To do this:

1. Open the authorization.



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2. Click the *Void* button at the bottom of the screen.

Authorization Details					
- Providers					
Type Requesting	585 * (1648312828	AUTOR ADDEL HALIM, AHMAD		Address G1071 N. Ballenger Hwy Suite 311 Filed, MI 48504	
Office Contact Name* In Network	[Jos N	Ottos Cantact Phone Number* Facility Emity	(none)	Office Contact Fax Number*	(1985) 505-50-50
Type Rendering	NPI * (1648373983	tiame KATIAL, WUSHALI		Address 4940 W Clark Rd Siz 190 Ypatianti, W 43197	
Contact Name In Naturali	n.	Contact Phone Number*	(1000; 000-00000)	Fac Number*	(1990) 9999-90999
G Add Provider					
Primary Diagnosis*	[R89: Illness, unspecified (ICD-10)				
O Add Diagnosis					
Channel	Online				

The status of the request will change to void.

Homepage/workbox

The homepage contains the user's workbox.

The workbox contains all authorizations that are assigned to the user (under My Work Items). Through the workbox, you can view incomplete requests, requests that require action by a provider and provider notifications.

WorkBox Items					e A	thorization	 Reports & Tools • 	0.				
0												Columns D Fille
(a) My Work Berns - (1)	1	Task	-		Line of B		Provider	_	Benefit Type	Received Date	Auth. Due Date	Activity Due Date
Incomplete - (1)			Ŧ	T		Ŧ		Ŧ	T	× 🗄 ¥		× 🗆 ¥
	- 11	Incomplete		457865	BCN		AHMAD ABDEL HALIM		Medical	67/18/2023 13:27	67/25/2623 13:27	06/17/2023 13:27
	- 11											



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Provider action/provider response

There may be instances when BCN needs additional information from the provider before they can make a decision on a prior authorization request. To request the additional information, the pharmacist/technician will submit a provider action request, which will appear in your workbox.

Blue Cross Blue Shield of Mcregan	*	Authorizatio	ons 🗸 Repo	orts & Tool	s •	Administrati	on v MyA	ccount 🗸 🕜
Welcome Adrienne Provider							WORKBOX IT	EMS
□ Shared Work Items - (15) □ Incomplete Appeal - (1)	Concurrent:		Drug Name:			inclusion to.		Patient First Name
Incomplete Mod - (2) SLA Exceeded - (2) Provider Action - (1)	Provide	er Action		271		Cross BlueShie	▼ Id of Michigan	ACUTE CARE S
SLA Exceeded - (1) Provider Notification - (2)								

1. To view a provider action, click the prior authorization request.

In the Notes section, you'll find a description of the information that's needed.

· Note	s & Contact Allempts		
	Date #	Type	Description
	6/7/2023	General	Spoke with Kee
	6/7/2023	General	IDC. Spoke with
	6/6/2023	General	Obc- tym for off
	5/30/2023	General	Attempted outre
	4/28/2023	Contact Attempt	Per the authors
	4/28/2023	General	Also per RX cla
	4/28/2023	General	Provider reques
	4/26/2023	General	Patient is not at
	Think O'Add Dissect	Title (click to view)	
			Appl
	5/30/2023	Request for Clinical Documentation	LP LP
	5/15/2023	Request for Clinical Documentation	



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2. Provide the information requested in the note and click *Respond* to release the authorization back to the pharmacist/tech.

Blue Cross Blue Shield of Michigan		Authorizations - Reports 8	Tools 🗸 Administration 🖌 My Ac	count 🗸 🕜			· WELCO	DME ADRIENNE PROVIDER LOG OUT
Authorization Number:	248271	Slatus: Provider Action	Assigned User: Adrienne Provider		Workflow:BCBS	MI Auth Review Pro	vider v1	
Authorization Details	Member's PA His	story						
Member Name: BCBSMF	NMember2 BCBSMI	LNMember2 Member Id: BCBSMPATIEN	INDO2 Plan Name: BlueCross BlueShie	ld of Michigan Gender: Fem	ale Date of Birth: 3/15/200	2		
▼ Notes, Letters & Do	ocuments							Ø
✓ Notes								
			No Notes F	oundl				
						0 to 0 of 0 First	Provide Page 0	
Add Note Contact Attempts								
Date \$	Туре	Description			Attempt#	Applies To	Added By	
7/19/2019	Contact Attempt	Please attach additional documentation			1	Line 1	Adrienne Provider	
Add Contact Attempt						1 to 1 of 1 First	Page 1	of 1 Next Last
- Letters & Document	s							
Date Attached \$	Туре	Title (click to view)		Applies To	Added By	Actio	ns	Delivery Status
			RESPON		<u> </u>	• ~		F 3
		BACK			RESEND FAX			

Appeals

Through NovoLogix, you can appeal a request that was denied or a split decision.

Notes:

- For a split decision, you're appealing only the denied portion of the request.
- You may need to accept a notification before the Appeal button appears on the screen.

To appeal a denied request:

1. Open the authorization you want to appeal and click the *Appeal* button at the bottom of the screen.

· Laters & Dessarante						
Cale-Adapted 8	Title (ublick to volve)	Applies To	Address Bay	Delivery Wethati	Calinary Status	Watur Details
0.010028	Central Content Trainager	Ure 1	Symon.	Dag	Panorg	00100031034301
901052	D-D-C #10	Del1	System.	10	Panting	801003103103438
901003	Henter BIC of W	(ref	Tores.	19	Pantra	#010325 10.2×38
Automation Units						
Line 1			-	met Denied		
Park if Terms?	(ina v)					
Debot of Denter ¹	(MORODE) 😴 🐁 (MORODE) 📻					
NDC Date/	(Hasteria)					
HOPOS Dates	.0000	NOC THEM		Herough t	Trange Theory	
		BOX.	00V 400 5	ME NTCK PERITORIAN LA	1968	

2. Enter the reason for and priority of the appeal, and indicate whether the patient is currently on this medication.



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3. Click Appeal.

NovoLogix will send the appeal request to the Pharmacist for review.

Appeal Authorization		*
Appeal Reason *		
Appeal Request Date *	06/09/2023 11:17:06 AM	
Appeal Priority *		

Find an authorization

Find Authorization tool

The Find Authorization tool allows users to look up all authorizations submitted by their provider office.

Note: In the future, the Quick Search feature will replace the Find Authorization feature.

1. On the homepage, click *Authorizations* and then click *Find Authorization*.

Welcome Adrienne Provider	Find Authorization Quick Search Create Authorization	WORKBOX IT	ms			
My Work Items - (1)	t Drug Name:	▼ Is Medicare:	Member Id:	Patient First Name:	Patient Last Name:	Patie
! Task	ID	LineOfBusiness	Plan	Provider		Membe
	•	γ	• •	-		
Pendir	ng Questionset 146036	Commercial	CVS NLX Demo			NLXTrai
Ľ						

2. Enter search criteria in either the Authorization search field or the Member ID search field.



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3. Click Search.

EARCH CRITERIA					
Authorization #:			Authorization Status:	[IIA]	•
Plan:	CVS NLX Demo	•	Payer Authorization #:		
Requesting Provider:	Enter at least 3 characters to search for	a Provider.	Patient Account #:		
First Name:	Lisa		Drug Name:	erbitux	×
Last Name:	Test		Advanced Search		
Member ID:			The following fields will on additional criteria in the fiel		
Date Range			HCPCS/CPT Code:		
Date Type:	Start Date of Service		NDC Code:		
Date Range:	[All]		Physician NPI:		
Start Date:	10		Physician Last Name:		
End Date:			Physician First Name:		

4. In the search results at the bottom of the screen, click the blue text in the *Auth*# column to view an authorization.

SEARCH CRITERIA												
Authorization #:	1			Authorization Stat	tus: [All]	12	-				
Plan:	CVS NLX Demo			Payer Authorizatio	on #:							
Requesting Provider:	Enter at least 3 char	acters to search for	a Provider.	Patient Account #	:							
First Name:	Lisa			Drug Name:	e	rbitux						
Last Name:	Test			Advanced Search	1							
Member ID: Date Range				The following fiel additional criteria	in the fields abo	w your search re ve your results v	esults. If you do vill be skewed.	not include				
Date Type:	Start Date of Service	•		HCPCS/CPT Code NDC Code:	e:							
Date Range:	[AII]	Υ.		Physician NPI:								
Start Date:		10		Physician Last Na	ame:							
End Date:		10		Physician First N	ame:							
			SE	ARCH								
AUTHORIZATION SEAR	CH RESULTS									🕙 Max R	ecords 100	•
1 Page size: 25 👻											3 records in	1 pag
Auth # First Name	Last Name 🔺	Member ID	Plan	Provider Name	Drug Name	Start Date	End Date	Last Activity Date	Status	Documents	Notes	Сор
154137 Lisa	Test	44434756796	CVS NLX Demo	Provider, Intake A	Erbitux	7/17/2018	7/17/2018	9/27/2018	Tech Review			
130379 Lisa	Test	44434756796	CVS NLX Demo	Provider, Intake A	Erbitux	7/17/2018	7/17/2018	7/17/2018	Void	~		6
						7/17/2018	7/17/2018	9/27/2018				B

Quick search

The Quick Search option allows you to search for authorizations using simple text or advanced filters.

You can search by Text Search or by Filtered Search.

#	Authorizations 🗸	Claims 🗸	Reports & Tools 🗸	My Account 🗸	8		
			Fi	Itered Search	Te	xt Search	
	PATIENT D	ETAILS -					



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Text search

Text search looks for matches anywhere in the prior authorization. To do a text search:

1. In the homepage, click Authorizations and then click Quick Search.

Find Authorization	\rightarrow	Find Authorization Quick Search			
EARCH CRITERIA		Create Authorization			
Authorization #:			Authorization Status:	[All]	*
Plan:	Select a plan	÷*	Payer Authorization #:		
Requesting Provider:	Enter at least 3 characters to sear	ch for a Provider.	Patient Account #:		
First Name:			Drug Name:		
Last Name:			Advanced Search		
Member ID:			The following fields will on additional criteria in the fiel	ly narrow your search res Ids above your results wi	sults. If you do not include ill be skewed.
Date Range			HCPCS/CPT Code:		
Date Type:	Start Date of Service	*	NDC Code:		
Date Range:	[All]	•	Physician NPI:		
Start Date:			Physician Last Name:		
End Date:	1		Physician First Name:		
		SE	ARCH		

2. Click the Text Search tab.

	Filtered Search	Text Search
Enter at least 5 characters	Search	Text search will also display "near matching" results. Use "Search Operators" for refined results. If searching for a specific date or date range, please use "Filtered Search" tab

3. Enter your search term in the Search field and click Search.

Search Authorization			
Results may be limited if you do not have security acce	ss rights to certain content.		
Text Search	Filtered Search		
			Text search will also display "near matching" results. You can also use "search operators" for refined results.
44434756796		QSearch	If searching for a specific date, or date range, please use the "Filter Search" tab.

The search results display at the bottom of the screen.

In the search results, you can view the high-level details of an authorization (for example, the NovoLogix authorization number, provider, member name and ID).



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Note: The sort feature sorts only the results that are currently displayed on the page. If the search returned multiple pages of results, you'll need to view and sort each page separately.

			Text S	earch	Filtered	Search												
															r matching" i			
int	ake															please use th	- Filtered	
												Search" tab		and date, of	Gate range,	please use in	e rittered	
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Auth #	Firs	Las	Me	Pri	Lin	Pro	Dru	Reque	Start D	End Date	Decisi	Sta	Dia	Ref	Re	Doc.	Notes	
154679	Sandyone	Bansal	SR1485	Normal	Commer	SPAUL	PACLita	10/2/2018	11/30/20	11/30/20	10/2/2018	Denied	C50.011	1		-	~	1
154677	Sandyone	Bansal	SR1485	Normal	Commer	SPAUL	Erbitux	10/2/2018	1/30/2088	1/30/2088		Incomplete	C17.0					
154676	Sandyone	Bansal	SR1485	Normal	Commer	SPAUL	Erbitux	10/2/2018	2/19/2080	2/19/2080		Incomplete	C17.0					
154675	Sandyone	Bansal	SR1485	Normal	Commer	SPAUL	Erbitux	10/2/2018	3/30/2086	3/30/2086		Incomplete	C17.0					
154674	Sandyone	Bansal	SR1485	Normal	Commer	SPAUL	Erbitux	10/2/2018	5/13/2077	5/13/2077		Incomplete	C17.0					
154673	Sandyone	Bansal	SR1485	Normal	Commer	SPAUL	Erbitux	10/2/2018	6/12/2087	6/12/2087		Incomplete	C17.0					
154672	Sandyone	Bansal	SR1485	Normal	Commer	SPAUL	Erbitux	10/2/2018	8/18/2082	8/18/2082		Incomplete	C17.0					
154671	Sandyone	Bansal	SR1485	Normal	Commer	SPAUL	Erbitux	10/2/2018	4/14/2071	4/14/2071		Incomplete	C17.0					
154670	Sandyone	Bansal	SR1485	Normal	Commer	SPAUL	PACLita	10/2/2018	3/1/2073	2/28/2074		Speciali	C50.011					
154669	FNNLXT	LNNLXT	NLXTR	Normal	Commer	SPAUL	Actemra	10/2/2018	5/13/2071	5/13/2071		Pending	M06.4					
154668	Sandyone	Bansal	SR1485	Normal	Commer	SPAUL	PACLita	10/2/2018	3/26/2081	3/25/2082		Speciali	C50.011			~		
154667	FNNLXT	LNNLXT	NLXTR	Normal	Commer	SPAUL	Actemra	10/2/2018	10/19/20	10/19/20		Pending	A01.1					
154666	Ghengis	Kim	SR1485	Normal	Commer	SPAUL	Abraxane	10/2/2018	10/15/20	10/15/20		Pending	C33					
154665	Sandyone	Bansal	SR1485	Normal	Commer	SPAUL	Erbitux	10/2/2018	3/25/2084	3/25/2084	10/2/2018	Void	C17.0					
154664	Sandyone	Bansal	SR1485	Normal	Commer	SPAUL	Irinoteca	10/2/2018	3/24/2083	3/22/2084		Speciali	C17.0			~		
154663	Sandyone	Bansal	SR1485	Normal	Commer	SPAUL	Prolia	10/2/2018	12/2/2082	6/1/2083		Tech Re	C50.011					

You can also filter results by clicking column headings (highlighted in yellow). You can expand columns that contain a "+" sign to view additional details.

Result	s may be limi	ted if you do	not have secu	rity access	rights to certain	content.												
			Text S	earch	Filtered	Search												
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154679	Sandyone	Bansal	SR1485	Normal	Commer	SPAUL	PACLita	10/2/2018	11/30/20	11/30/20	10/2/2018	Denied	C50.011	8		~	~	-
154677	Sandyone	Bansal	SR1485	Normal	Commer	SPAUL	Erbitux	10/2/2018	1/30/2088	1/30/2088		Incomplete	C17.0					
154676	Sandyone	Bansal	SR1485	Normal	Commer	SPAUL	Erbitux	10/2/2018	2/19/2080	2/19/2080		Incomplete	C17.0					
154675	Sandyone	Bansal	SR1485	Normal	Commer	SPAUL	Erbitux	10/2/2018	3/30/2086	3/30/2086		Incomplete	C17.0					
154674	Sandyone	Bansal	SR1485	Normal	Commer	SPAUL	Erbitux	10/2/2018	5/13/2077	5/13/2077		Incomplete	C17.0					
154673	Sandyone	Bansal	SR1485	Normal	Commer.	SPAUL	Erbitux	10/2/2018	6/12/2087	6/12/2087		Incomplete	C17.0					
154672	Sandyone	Bansal	SR1485	Normal	Commer	SPAUL	Erbitux	10/2/2018	8/18/2082	8/18/2082		Incomplete	C17.0					
154671	Sandyone	Bansal	SR1485	Normal	Commer	SPAUL	Erbitux	10/2/2018	4/14/2071	4/14/2071		Incomplete	C17.0					
154670	Sandyone	Bansal	SR1485	Normal	Commer	SPAUL	PACLita	10/2/2018	3/1/2073	2/28/2074		Speciali	C50.011			~		
154669	FNNLXT	LNNLXT.	NLXTR	Normal	Commer.	SPAUL	Actemra	10/2/2018	5/13/2071	5/13/2071		Pending	M06.4					
154668	Sandyone	Bansal	SR1485	Normal	Commer	SPAUL	PACLita	10/2/2018	3/26/2081	3/25/2082		Speciali	C50.011			-		
154667	FNNLXT.	LNNLXT.	NLXTR	Normal	Commer.	SPAUL	Actemra	10/2/2018	10/19/20	10/19/20		Pending	A01.1					
154666	Ghengis	Kim	SR1485	Normal	Commer.	SPAUL	Abraxane	10/2/2018	10/15/20	10/15/20		Pending	C33					
154665	Sandyone	Bansal	SR1485	Normal	Commer.	SPAUL	Erbitux	10/2/2018	3/25/2084	3/25/2084	10/2/2018	Void	C17.0					
154664	Sandyone	Bansal	SR1485	Normal	Commer	SPAUL	Irinoteca	10/2/2018	3/24/2083	3/22/2084		Speciali	C17.0			-		
154663	Sandvone	Ransal	SR1485	Normal	Commer.	SPAUL	Prolia	10/2/2018	12/2/2082	6/1/2083		Tech Re	C50 011					



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Once expanded, click the "-" sign to collapse the column.

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54679	Sandyone		SR1485	Normal	Commer	SPAUL	PACLita	CVS NLX D	Ambulatory	Medical	10/2/2018	11/30/20		10/2/2018	Denied	C50.011		
54677	Sandyone	Bansal	SR1485	Normal	Commer	SPAUL	Erbitux	CVS NLX D	Ambulatory	Medical	10/2/2018	1/30/2088	1/30/2088		Incomplete	C17.0		
54676	Sandyone		SR1485	Normal	Commer	SPAUL	Erbitux	CVS NLX D	Ambulatory	Medical		2/19/2080	2/19/2080		Incomplete			
54675	Sandyone	Bansal	SR1485	Normal	Commer	SPAUL	Erbitux	CVS NLX D	Ambulatory	Medical	10/2/2018	3/30/2086	3/30/2086		Incomplete			
54674	Sandyone	Bansal	SR1485	Normal	Commer	SPAUL	Erbitux	CVS NLX D	Ambulatory	Medical	10/2/2018	5/13/2077	5/13/2077		Incomplete	C17.0		
54673	Sandyone		SR1485	Normal	Commer	SPAUL	Erbitux	CVS NLX D	Ambulatory	Medical	10/2/2018	6/12/2087	6/12/2087		Incomplete	C17.0		
54672	Sandyone	Bansal	SR1485	Normal	Commer	SPAUL	Erbitux	CVS NLX D	Ambulatory	Medical	10/2/2018	8/18/2082	8/18/2082		Incomplete	C17.0		
54671	Sandyone	Bansal	SR1485	Normal	Commer	SPAUL	Erbitux	CVS NLX D	Ambulatory	Medical	10/2/2018	4/14/2071			Incomplete			
54670	Sandyone	Bansal	SR1485	Normal	Commer	SPAUL	PACLita	CVS NLX D	Ambulatory	Medical	10/2/2018	3/1/2073	2/28/2074		Speciali	C50.011		
54669	FNNLXT		NLXTR	Normal	Commer	SPAUL	Actemra	CVS NLX D	Ambulatory	Pharmacy	10/2/2018	5/13/2071	5/13/2071		Pending	M06.4		
54668	Sandyone	Bansal	SR1485	Normal	Commer	SPAUL	PACLita	CVS NLX D	Ambulatory	Medical	10/2/2018	3/26/2081	3/25/2082		Speciali	C50.011		
54667	FNNLXT	LNNLXT	NLXTR	Normal	Commer	SPAUL	Actemra	CVS NLX D	Ambulatory	Pharmacy	10/2/2018	10/19/20	10/19/20		Pending	A01.1		
54666	Ghengis	Kim	SR1485	Normal	Commer	SPAUL	Abraxane	CVS NLX D	Ambulatory	Pharmacy	10/2/2018	10/15/20	10/15/20		Pending	C33		
54665	Sandyone		SR1485	Normal	Commer	SPAUL	Erbitux	CVS NLX D	Ambulatory	Medical	10/2/2018	3/25/2084	3/25/2084	10/2/2018	Void	C17.0		
154664	Sandyone	Bansal	SR1485	Normal	Commer	SPAUL	Irinoteca	CVS NLX D	Ambulatory	Medical	10/2/2018	3/24/2083	3/22/2084		Speciali	C17.0		
154663	Sandyone	Bansal	SR1485	Normal	Commer	SPAUL	Prolia	CVS NLX D	Ambulatory	Medical	10/2/2018	12/2/2082	6/1/2083		Tech Re	C50.011		

You can also move columns. Click the column you want to move and drag it to a new location.

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Auth # 154879	Firs Ghengis	Las Kim	Me SR1485	Pri Normal	Lin Commer	Pro Provider	Dru =		Start D 10/3/2018	End Date 10/3/2018		Sta Pending	Dia C50.012	Ref	Re	Doc.	Notes	Сору
154774	Sandvone	Bansal	SR1485	Normal	Commer	SPAUL	Oxaliplatin	10/2/2018	7/3/2086	7/2/2087		Speciali	C17.0			-		9
154773	Sandyone	Bansal	SR1485	Normal	Commer	SPAUL	Irinoteca	10/2/2018	8/15/2072	8/14/2073		Speciali	C17.0			-		60
154771	Sandyone	Bansal	SR1485	Normal	Commer	SPAUL	Erbitux	10/2/2018	3/14/2070	3/13/2071		Speciali	C17.0			~		Ba
154770	Sandyone	Bansal	SR1485	Normal	Commer	SPAUL	Irinoteca	10/2/2018	11/28/20	11/27/20		Speciali	C17.0			~		8
154769	Sandyone	Bansal	SR1485	Normal	Commer	SPAUL	Oxaliplatin	10/2/2018	2/10/2075	2/9/2076	10/2/2018	Approved	C17.0			-		66
154768	Sandyone	Bansal	SR1485	Normal	Commer	SPAUL	Erbitux	10/2/2018	3/15/2076	3/14/2077		Speciali	C17.0			~		8b
154767	Sandyone	Bansal	SR1485	Normal	Commer	SPAUL	Irinoteca	10/2/2018	3/2/2085	3/1/2086		Speciali	C17.0			~		0
154766	Sandyone	Bansal	SR1485	Normal	Commer	SPAUL	Oxaliplatin	10/2/2018	11/16/20	11/15/20		Speciali	C17.0			-		6
154764	Sandyone	Bansal	SR1485	Normal	Commer	SPAUL	Erbitux	10/2/2018	11/19/20	11/18/20		Speciali	C17.0					8
154763	Sandyone	Bansal	SR1485	Normal	Commer	SPAUL	Irinoteca	10/2/2018	3/18/2070	3/17/2071		Speciali	C17.0			~		6
154762	Sandyone	Bansal	SR1485	Normal	Commer	SPAUL	DOCEta	10/2/2018	8/15/2088	8/15/2088		Incomplete	C50.011					6
154761	Sandyone	Bansal	SR1485	Normal	Commer	SPAUL	DOCEta	10/2/2018	6/20/2072	6/20/2072		Incomplete	C50.011					6
154759	Sandyone	Bansal	SR1485	Normal	Commer	SPAUL	Irinoteca	10/2/2018	1/29/2087	1/28/2088	10/2/2018	Approved	C17.0			-		69
154758	Sandyone	Bansal	SR1485	Normal	Commer	SPAUL	Erbitux	10/2/2018	5/21/2083	5/19/2084		Speciali	C17.0			*		66
154756	Sandyone	Bansal	SR1485	Normal	Commer	SPAUL	Oxaliplatin	10/2/2018	6/14/2071	6/12/2072		Speciali	C17.0			~		
154755	Sandyone	Bansal	SR1485	Normal	Commer	SPAUL	Erbitux	10/2/2018	10/25/20	10/25/20		Incomplete	C17.0					



NovoLogix user guide

Submitting prior authorization requests for medical benefit drugs

For Blue Care Network commercial and BCN AdvantageSM

February 2024

Drag the column to its new location.

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54879	Herceptin	Ghengis	Kim	SR1485	Normal	Commer	Provider		10/3/2018			Pending	C50.012			*	~	6
54774	Oxaliplatin	Sandyone	Bansal	SR1485	Normal	Commer	SPAUL	10/2/2018	7/3/2086	7/2/2087		Speciali	C17.0					6
154773	Irinoteca	Sandyone	Bansal	SR1485	Normal	Commer	SPAUL	10/2/2018	8/15/2072	8/14/2073		Speciali	C17.0					8
154771	Erbitux	Sandyone	Bansal	SR1485	Normal	Commer	SPAUL	10/2/2018	3/14/2070	3/13/2071		Speciali	C17.0			~		
154770	Irinoteca	Sandyone	Bansal	SR1485	Normal	Commer	SPAUL	10/2/2018	11/28/20	11/27/20		Speciali	C17.0			~		8
154769	Oxaliplatin	Sandyone	Bansal	SR1485	Normal	Commer	SPAUL	10/2/2018	2/10/2075	2/9/2076	10/2/2018	Approved	C17.0			*		
154768	Erbitux	Sandyone	Bansal	SR1485	Normal	Commer	SPAUL	10/2/2018	3/15/2076	3/14/2077		Speciali	C17.0			~		
154767	Irinoteca	Sandyone	Bansal	SR1485	Normal	Commer	SPAUL	10/2/2018	3/2/2085	3/1/2086		Speciali	C17.0			~		0
154766	Oxaliplatin	Sandyone	Bansal	SR1485	Normal	Commer	SPAUL	10/2/2018	11/16/20	11/15/20		Speciali	C17.0			~		6
154764	Erbitux	Sandyone	Bansal	SR1485	Normal	Commer	SPAUL	10/2/2018	11/19/20	11/18/20		Speciali	C17.0			*		
154763	Irinoteca	Sandyone	Bansal	SR1485	Normal	Commer	SPAUL	10/2/2018	3/18/2070	3/17/2071		Speciali	C17.0					6
154762	DOCEta	Sandyone	Bansal	SR1485	Normal	Commer	SPAUL	10/2/2018	8/15/2088	8/15/2088		Incomplete	C50.011					00
154761	DOCEta	Sandyone	Bansal	SR1485	Normal	Commer	SPAUL	10/2/2018	6/20/2072	6/20/2072		Incomplete	C50.011					6
154759	Irinoteca	Sandyone	Bansal	SR1485	Normal	Commer	SPAUL	10/2/2018	1/29/2087	1/28/2088	10/2/2018	Approved	C17.0			~		0
154758	Erbitux	Sandyone	Bansal	SR1485	Normal	Commer	SPAUL	10/2/2018	5/21/2083	5/19/2084		Speciali	C17.0			~		9
154756	Oxaliplatin	Sandyone	Bansal	SR1485	Normal	Commer	SPAUL	10/2/2018	6/14/2071	6/12/2072		Speciali	C17.0			~		00
154755	Erbitux	Sandyone	Bansal	SR1485	Normal	Commer	SPAUL	10/2/2018	10/25/20	10/25/20		Incomplete	C17.0					1

To view details about an authorization, click the blue text in the Auth# column.

Resul																	
			Text S	earch	Filtered S	Search											
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	Firs	Las Bansal	Me							Benefit	Reque	Start D		Decisi		C50.011	Ref
154679	Firs Sandyone	Las Bansal Bansal	Me SR1485	Normal	Commer	SPAUL	PACLita	CVS NLX D	Ambulatory	Benefit Medical	Reque 10/2/2018 10/2/2018	Start D 11/30/20	11/30/20	Decisi	Denied	C50.011 C17.0	Ref
154679 154677	Firs Sandyone Sandyone	Las Bansal Bansal Bansal	Me SR1485 SR1485	Normal Normal	Commer	SPAUL SPAUL	PACLita Erbitux	CVS NLX D CVS NLX D	Ambulatory	Benefit Medical Medical	Reque 10/2/2018 10/2/2018 10/2/2018	Start D 11/30/20 1/30/2088	11/30/20 1/30/2088	Decisi	Denied Incomplete	C50.011 C17.0 C17.0	Ref
154679 154677 154676	Firs Sandyone Sandyone Sandyone	Las Bansal Bansal Bansal Bansal	Me SR1485 SR1485 SR1485	Normal Normal Normal	Commer Commer Commer	SPAUL SPAUL SPAUL	PACLita Erbitux Erbitux	CVS NLX D CVS NLX D CVS NLX D	Ambulatory Ambulatory Ambulatory	Benefit Medical Medical Medical	Reque 10/2/2018 10/2/2018 10/2/2018 10/2/2018	Start D 11/30/20. 1/30/2088 2/19/2080	11/30/20 1/30/2088 2/19/2080	Decisi	Denied Incomplete Incomplete	C50.011 C17.0 C17.0 C17.0	Ref
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You can use search operators to refine the search results.

			Text S	Search	Filtered	Search									
int	ake								QSearch	1		Search Operators			
												To search for an exact phrase, place quotes.	e your phrase within the		In
	+	Member	Details	÷			÷	Importan	it dates			OR	1		Ĩ
Auth #	Dru	Firs	Las	Me	Pri	Lin	Pro	Reque	Start D	End Date	Decisi	To search for a given term OR an ed		Сору	1
54879	Herceptin	Ghengis	Kim	SR1485	Normal	Commer	Provider	10/3/2018	10/3/2018	10/3/2018	10/3/20	word "OR" (All CAPS) in between th	e terms. E.g. John OR	6	
54774	Oxaliplatin	Sandyone	Bansal	SR1485	Normal	Commer	SPAUL	10/2/2018	7/3/2086	7/2/2087		Jon		0±	
54773	Irinoteca	Sandyone	Bansal	SR1485	Normal	Commer	SPAUL	10/2/2018	8/15/2072	8/14/2073		AND			
54771	Erbitux	Sandyone	Bansal	SR1485	Normal	Commer	SPAUL	10/2/2018	3/14/2070	3/13/2071		To return results that meet both give "AND" (All CAPS) in between the ter		8	
54770	Irinoteca	Sandyone	Bansal	SR1485	Normal	Commer	SPAUL	10/2/2018	11/28/20	11/27/20		Gammagard	Ins E.g. Gamunex AND	0b	
54769	Oxaliplatin	Sandyone	Bansal	SR1485	Normal	Commer	SPAUL	10/2/2018	2/10/2075	2/9/2076	10/2/20			6	
54768	Erbitux	Sandyone	Bansal	SR1485	Normal	Commer	SPAUL	10/2/2018	3/15/2076	3/14/2077		To exclude a term, place the word "	OT" (All CAPS) before	Bb	
54767	Irinoteca	Sandyone	Bansal	SR1485	Normal	Commer	SPAUL	10/2/2018	3/2/2085	3/1/2086		the term. E.g. John NOT Johnson		10b	
54766	Oxaliplatin	Sandyone	Bansal	SR1485	Normal	Commer	SPAUL	10/2/2018	11/16/20	11/15/20				8	
54764	Erbitux	Sandyone	Bansal	SR1485	Normal	Commer	SPAUL	10/2/2018	11/19/20	11/18/20		Speciali C17.0	4		
54763	Irinoteca	Sandvone	Bansal	SR1485	Normal	Commer	SPAUL	10/2/2018	3/18/2070	3/17/2071		Speciali C17.0		9a	
		30.0			Normal	Commer	SPAUL	10/2/2018		8/15/2088		Incomplete C50.011	100	- Ch	

- To search for an exact phrase, place quotes around the text in the Search field.
- To search for more than one term, enter the word "OR" (capitalized) between the search terms.
- To search for results that include more than one term, enter the word "AND" (capitalized) between the search terms.
- To exclude a search term from your results, enter the word "NOT" (capitalized) before the search term.

Filtered search

Filtered search provides the same filtering options as the Find Authorization feature. To do a filtered search:

1. In the homepage, click Authorizations and then click Quick Search.

Find Authorization	-	Find Authorization Quick Search Create Authorization	1			
Authorization #:			Authorization Status:	[AII]	-	
Plan:	Select a plan					
Requesting Provider:	Enter at least 3 characters to s	earch for a Provider.	Patient Account #:			
First Name:			Drug Name:			
Last Name:			Advanced Search			
Member ID:			The following fields will onl additional criteria in the fiel	y narrow your search re ds above your results w	sults. If you do not include ill be skewed.	
Date Range			- HCPCS/CPT Code:			
Date Type:	Start Date of Service	*	NDC Code:			
Date Range:	[All]	•	Physician NPI:			
Start Date:			Physician Last Name:			
End Date:		tinin BB	Physician First Name:			
		G	EARCH			



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2. Click the *Filtered Search* tab.

			Fibered Search Text Search			
AUTHORIZATION DETAILS		PATIENT DETAILS -		ADDITIONAL DETAILS		
Transaction Type	[AII]	 First Name 		Drug Name		
Request Type	[[AI]]	* Last Name		NDC Code	[
Plan	Select	Member ID	Enter minimum 5 characters		·	
Authorization #	-	Benefit Type	[(AI)	DATE RANGE	(1) <u>1000 - 000</u>	
Authorization Status	Iran	Group #		Date Type	Select	
Assigned User	[[43]			Date Range	AREODYTYY - MARDDYTYY	
Requesting Provider						
Rendering Provider						

3. Complete the fields by which you want to filter search results and click Search.

-	- tardine																				
								These In	-	Text Description											
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	11111	ACR ACR ACR ACR ACR	144,000,0 144,000,0 144,000,0 144,000,0	2102/04046 2102/04046 2102/04046 2102/04046	111	401 801 801	PETIESST INT. PETIESST INT. PETIESST INT.	Dates Dates Dates		87000	81282	81012	87000	-			INCOMESSA INCOMESSA INCOMESSA	-			
	12122	4008 4008 4008	10.00.0	2102/042/44 2102/042/44	-	801	WET-REAL WAL	Dates .		6/7 (000)	61202	8/10020	67000	1000	100		\$157.4510A				

The filtered search results appear at the bottom of the screen.

Process a duplicate authorization

If a request is a duplicate of an existing request, NovoLogix will notify you that duplicate/overlapping requests aren't allowed.

Blue Cross Blue Shield of McNigan	👫 Authorizations 🗸 F	Reports & Tools 🗸 Administration	🖌 My Account 🖌 🕜	GO TO BCBSM	WELCOME ADRIENNE PROVIDER LOG OUT
Authorization Number: 258287 Authorization Details Member's F	Status: Incomplete	Assigned User: Adrienne Provide	r	Workflow:BCBSMI Auth Review Pro	vider v1
Member Name: BCBSMFNDV100 BCBS		ENTDV100 Plan Name: BlueCross Blu	e Shield of Michigan Gender: Male	Date of Birth: 1/15/2017	
Insurance Group Section	0000	Package ID	999		
Authorization Details	This request has duplicate/overlap	ping dates of service. Please void this n	equest and modify the original auth	orization.(Overlap of Auth #233457)	•
Providers Diagnosis					
• Add Diagnosis					
✓ Decision Details					0
✓ Original					
Priority * Normal	Request Date/Time 7/19/2019 12:37:38 PM	Decision *	Decision Date/Time	Rationale	Enhanced Review
Final Oral Notification	Final Written Notification	Final Provider Oral Notification	n		
		ВАСК СОРУ	VOID	SUBMIT	



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You can either update the request so it's not a duplicate or overlapping request, or you can void the request.

NovoLogix will display the duplicate request. Click Void to void it.

View the authorization detail

Approval gray box

The gray box supplies the authorization detail information that pertains to the drug and its approval.

APPROVED					
Date(s) of Service	67162825 10 61172824				
NDC Cede	66887606410				
HCPC9 Code	50100	NDC Name	Testopet	Strength	75 MG
Rode	L	Pig Sze	10 EA	Desage Farm	PLLT
Generic Name	Tastoslarore				
Quartery (HCPCS)	1				

Note: The gray box is available only for approved authorizations. If the request is denied, the gray box won't appear.

Decision details

This Decision Details section shows priority of the request, the date and time on which the request was submitted, the decision and the date and time at which the decision was made.

iriginal					
Priority	Request Date/Time 3/14/2017 1:46:06 PM	Decision Approved	Decision Date/Time 8/8/2017 11:29:03 AM	Rationale	Enhanced Review
Final Oral Notification	Final Written Notification	Final Provider Oral Notification			

Drug-specific branch tree logic protocol

This section shows the clinical questions NovoLogix presented, along with the submitter's answers.

Protocol IECR. Oceanal	
Televice Children	
What the patient's privary diagnose?	Driw
Present int disprova	
Our Medical Parity for Donous requires the patient is being treated for relating rending (HHMS), privary progressive (PHMS), active tecanities progressive multiple balances (HHMS), actively active synthesis Any after size is announced altitude and investigational. Washing our first to canaditios request?	*
Provide relievale for use of Operate	
100 the patient tie searcing German with docume modifying basilments of multiple asiencia (for ecologic Oberge, Cantonia & Tpater) ¹⁰	N.
At what location will the patientite receiving the regulated medication?	Physician's office, here influence non-negative officiated anticulating influence service
Tools alread And	(rone)
Once you click dow, your prior authorization request will be prosened. Deved on the information you provided, the status will be deplayed at the top of the screen and will show as one of the following	
Phane Review (Pending). Your authorization-request has been surf to the plan for further review.	
Agreeved Your authorization regulard has been agreeved. Roler to the "Authorization Inna" section for specific agreeved class of service.	
Constructions in the a guarantee of payment. Benefits and exploitly must be determined at the time services are readened. 2) if you have not actual and that have ar other supporting documentations to the authorization request, please gives the "Laters & Document" sector. Cloit: Yest Document" to actual any memory memory.	



NovoLogix user guide Submitting prior authorization requests for medical benefit drugs

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Member prior authorization history

Through a member's prior authorization history, a facility can access the complete history of prior authorizations submitted through NovoLogix for a specific member.

Blue Cross Blue Shield of Michigan	*	Authoriz	zations 🗸	Reports &	тс
Authorization Number:	129198	Status: I	ncomplete l	Mod	As
Authorization Details	Transactio	n History	Member	's PA History	J

To access a member's prior authorization history, click the *Member's PA History* tab at the top of the authorization details screen.

Authorization Number: 123	636 Status: P	harm Review	Assigned User: Demo	o7 Supervisor				
Authorization Details Tra	nsaction History	Member's PA Histo	ny Member's Clair	ms History				
Member Name: S	Member Id: 9	Plan Nam	e: BlueCross BlueShie	eld of Michigan	Gender: Male Date of B	irth: 2/20/19		
Mambarla DA Lliat							Deserve a	or no no. (05
Member's PA Hist	ory						Records pe	er page: 25
Member's PA Hist	OTY Diagnosis	Drug Name	Start Date	End Date	Last Activity Date	Status	Records pe	er page: 25 Notes
-		Drug Name Prolia	Start Date 06/02/2019	End Date 06/02/2019	Last Activity Date 07/18/2019	Status Split Decision		
Auth # Provider Name							Documents	Notes
Auth # Provider Name 123744 BLACKMER, AA	Diagnosis	Prolia	06/02/2019	06/02/2019	07/18/2019	Split Decision	Documents Multiple *	Notes Multiple

Every authorization in the NovoLogix tool that was submitted for the member **by your provider NPI** is listed.

The details listed for each authorization include: authorization number, provider name, diagnosis code, drug name, start and end dates, authorization status, documents and notes.

uthorization Number: 12363	36 Status: PI	harm Review	Assigned User: Demo	7 Supervisor				
Authorization Details Trans	saction History	Member's PA Histo	Member's Clair	ns History				
Member Name: S	Member Id: 9	Plan Nam	e: BlueCross BlueShie	Id of Michigan G	ender: Male Date of B	irth: 2/20/19		
Member's PA Histo							Records pe	er page: 25
Member's PA Histo	Dry Diagnosis	Drug Name	Start Date	End Date	Last Activity Date	Status	Records pe	er page: 25 Notes
	,	Drug Name Prolia	Start Date 06/02/2019	End Date 06/02/2019	Last Activity Date 07/18/2019	Status Split Decision		
Auth # Provider Name	,						Documents	Notes
Auth # Provider Name 123744 BLACKMER, AA	,	Prolia	06/02/2019	06/02/2019	07/18/2019	Split Decision	Documents Multiple ~	Notes



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You can open documents that are associated with an authorization by clicking the blue text in the Documents column.

Blue Cross Blue Shield of Michigan	Authori	zations - Report	s & Tools 👻 My Ac	count 🗸 🕜	GO T	OBCBSM	WELCOME DE	MO7 SUPERVISOR
uthorization Number: 1236	36 Status: F	Pharm Review	Assigned User: Dem	o7 Supervisor				
Authorization Details Trans	saction History	Member's PA Histo	Member's Clai	ims History				
Member Name: S	Member Id: 9	Plan Nam	ne: BlueCross BlueShi	eld of Michigan	Gender: Male Date of B	irth: 2/20/19		
Member's PA Histo	ory						Records p	er page: 25 🗸
Member's PA Histo Auth # Provider Name	Dry Diagnosis	Drug Name	Start Date	End Date	Last Activity Date	Status	Records p	er page: 25 V
		Drug Name Prolia	Start Date 06/02/2019	End Date 06/02/2019	Last Activity Date 07/18/2019	Status Split Decision		,,,
Auth # Provider Name					•		Documents	Notes
Auth # Provider Name 123744 BLACKMER, AA		Prolia	06/02/2019	06/02/2019	07/18/2019	Split Decision	Documents Multiple ~	Notes

For authorizations to which multiple documents are attached, click the down arrow next to the word "Multiple" in the Documents column to view a list of documents that are attached.

								WELCOME AD LOG OUT	RIENNE PROV
CHARLES COLORIS	tion Number: 149016		efit Type: 财 🕑	Status: Approved A	ssigned User:				
	tion Details Transaction I Name: FNNLXTraPATest1 LN		Member Id: NLXTRAPATEST	1 Plan Name: CVS NLX Demo	Gender: Male	Date of Birth: 1/1/1990	Line of Business: Commercial		
Mer	mber's PA History Provider Name -	y Diagnosis	Drug Name	Start Date	End Date	Last Activity Date	Status	Records per page: 25 V) 🕲 Expor
146608	MARY WASHINGTO	L40.1	Benlysta	05/17/2083	05/17/2083	09/12/2018	Void	Multiple -	
146557	MARY WASHINGTO	L40.1	Benlysta	03/04/2088	03/04/2088	09/12/2018	Tech Review		
146126	MARY WASHINGTO	A02.9	Benlysta	09/11/2018	09/11/2018	09/11/2018	Approved	Multiple -	Multiple
46086	MARY WASHINGTO	L40.1	Benlysta	06/25/2071	06/25/2071	09/11/2018	Denied	Comm Denial Rend	liple
45713	MARY WASHINGTO	L40.1	Benlysta	12/18/2081	06/17/2082	09/10/2018	Tech Review		
45696	MARY WASHINGTO	L40.1	Benlysta	08/20/2083	08/20/2083	09/11/2018	Denied	Comm Denial_Req	tiple
45690	MARY WASHINGTO	L40.1	Benlysta	07/25/2087	07/25/2087	09/10/2018	Denied	Comm Denial_Mem	tiple
45682	MARY WASHINGTO	L40.1	Benlysta	07/14/2078	07/14/2078	09/10/2018	Clinical review reopen	Approval_Rend	tiple
45670	MARY WASHINGTO	L40.1	Benlysta	06/18/2070	12/17/2070	09/10/2018	Tech Review	Approval_Req	
45668	MARY WASHINGTO	L40.1	Benlysta	02/25/2075	02/25/2075	09/10/2018	Clinical review reopen	Approval Mem	tiple
45662	MARY WASHINGTO	L40.1	Benlysta	05/29/2077	05/29/2077	09/11/2018	Approved	manipro	tiple
45660	MARY WASHINGTO	L40.0	Benlysta	07/06/2080	07/06/2080	09/10/2018	Approved	Multiple -	Multiple
45657	MARY WASHINGTO	L40.1	Benlysta	03/04/2076	03/04/2076	09/10/2018	Split Decision	Multiple -	Multiple
45656	MARY WASHINGTO	A02.9	Benlysta	09/10/2018	09/10/2018	09/10/2018	Denied	Multiple -	Multiple
45654	MARY WASHINGTO	L40.1	Benlysta	12/19/2084	12/19/2084	09/10/2018	Clinical review reopen	Multiple -	Multiple
45652	MARY WASHINGTO	L40.1	Benlysta	07/18/2083	07/18/2083	09/10/2018	Denied	Multiple -	Multiple
45649	MARY WASHINGTO	L40.1	Benlysta	05/22/2076	05/22/2076	09/10/2018	Approved	Multiple *	Multiple

To view the details of a note, hover over the blue entry in the Notes column.

Blue Cross Blue Shield of Michigan	Authori	zations 🚽 Report	s & Tools 🚽 My Ac	count 🗸 🕜	GO T	OBCBSM	WELCOME DEM	NO7 SUPERVISOF
thorization Number: 1236	36 Status: F	Pharm Review	Assigned User: Demo	7 Supervisor				
Authorization Details Trans	saction History	Member's PA Histo	Member's Clair	ms History				
Member Name: S	Member Id: 9	Plan Nam	e: BlueCross BlueShie	d of Michigan	Gender: Male Date of B	irth: 2/20/19		
/lember's PA Histo	ory						Records pe	er page: 25 🗸
	,						,	
/lember's PA Histo Auth # Provider Name	Dry Diagnosis	Drug Name	Start Date	End Date	Last Activity Date	Status	Records pe	er page: 25 V
	,	Drug Name Prolia	Start Date 06/02/2019	End Date 06/02/2019	Last Activity Date 07/18/2019	Status Split Decision	,	
Auth # Provider Name	,	0			•		Documents	Notes
Auth # Provider Name 123744 BLACKMER, AA	,	Prolia	06/02/2019	06/02/2019	07/18/2019	Split Decision	Documents Multiple ~	Notes Multiple



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For authorizations that contain multiple notes, click "Multiple" in the Notes column.

Blue Cross Blue Shield of Michigan	Authori:	zations - Report	ts & Tools 🚽 My Ac	count 🚽 🕜	GO TO	BCBSM	_	LOG O
thorization Number: 1236	36 Status: F	Pharm Review	Assigned User: Demo	o7 Supervisor				
uthorization Details Trans	action History	Member's PA Histo	Member's Clair	ms History				
Member Name: S	Member Id: 9	Plan Nan	me: BlueCross BlueShie	eld of Michigan	Gender: Male Date of Bi	rth: 2/20/19		
lember's PA Histo	ry						Records po	er page: 25 🗸
1ember's PA Histo Auth # Provider Name	Diagnosis	Drug Name	Start Date	End Date	Last Activity Date	Status	Records pr	er page: 25 🗸
	,	Drug Name Prolia	Start Date 06/02/2019	End Date 06/02/2019	Last Activity Date 07/18/2019	Status Split Decision		·
Auth # Provider Name	,						Documents	Notes
Auth # Provider Name 123744 BLACKMER, AA	,	Prolia	06/02/2019	06/02/2019	07/18/2019	Split Decision	Documents Multiple -	Notes Multiple

All notes that are associated with the authorization are presented in a popup window.

Date	Туре	Description	Added by
07/17/2018	Contact Attempt	esfe	Adrienne Matimba
07/17/2018	Denial Reason	According to the information provided, the case does not meet our criteria for medical necessity and appropriate level of care.	Adrienne Matimba
07/17/2018	Denial Reason	According to the information provided, the case does not meet our criteria for medical necessity and appropriate level of care. ghd	Adrienne Matimba
07/17/2018	General	note	Adrienne Matimba



For Blue Care Network commercial and BCN AdvantageSM

February 2024

To copy a note, click the note text, which is blue.

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How to access Ask NovoLogix

Ask NovoLogix assists users with getting access to items such as forms, user manuals and videos.

To access Ask NovoLogix, click the "?" icon.

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This will take you to the FAQ Categories interface and search engine.

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Click an FAQ category to view information related to that category.

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? Where do I receive training on how to submit a Prior Authorization on the NovoLogix Authorization System?	2. Hospital and Facility Providers - 1-800-249-5103 3. Blue Care Network - 1-800-255-1690 Call the Pharmacy Services Clinical Help Desk @ 800-437-	3803, and follow the IVR promots

To search the FAQs, enter a search term in the *Search FAQs* field and press *Enter* on your keyboard. Search results display below the search field.

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Glossary

Authorization number

The authorization number that's assigned to the prior authorization request in the NovoLogix tool.

Document attachments

All documentation that's attached to the case is included in this section, including letters from BCN.

Line details

The Line Detail section of the authorization contains the following information for the drug requested: place of service, dates of service, NDC code, NDC name, strength/dosage form and the patient's current dosage.

Member details

This section contains basic member information provided by BCN. Contact BCN with questions about this information.

Notes

Any notes that you or BCN have added are included here, including reasons for denials.

Status

• Cancelled — The provider cancelled an in-process prior authorization request.



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- **Final Status** Approved, Appeal Approved, Denied, Appeal Denied (denial reason is in notes), Split Decision, Appeal Split Decision, Void.
- **Incomplete, Incomplete Appeal, Incomplete Mod** These statuses indicate that the request hasn't been submitted to NovoLogix. The provider needs to finish the process and click *Submit*.
- **Pending, Pending peer to peer** The authorization is being finalized. When it's finalized, determination letters are sent.
- **Provider Action, Provider Action Appeal** The health care provider needs to provide additional information.
- Pharm Review, Pharm Review Appeal Pharmacy Services staff is reviewing the request.
- Tech Action, Tech Review The request is being reviewed by BCN.
- **Peer to peer** Providers can request a peer-to-peer review to discuss the initial denial of a prior authorization request with BCN clinical staff. Peer-to-peer reviews aren't available for appeals.

*Clicking this link means that you're leaving the Blue Cross Blue Shield of Michigan and Blue Care Network website. While we recommend this site, we're not responsible for its content.

Availity[®] is an independent company that contracts with Blue Cross Blue Shield of Michigan and Blue Care Network to offer provider portal and electronic data interchange services.

NovoLogix is an independent company that provides an online prescription drug prior authorization tool for Blue Cross Blue Shield of Michigan and Blue Care Network.