



Cohere – Our New Commercial High-Tech Imaging (HTI) Prior Authorization Vendor

Frequently Asked Questions and Answers for Providers

Background

Effective Jan. 3, 2024, Cohere started managing Commercial prior authorizations for HTI procedures. This won't affect any other lines of business at this time.

This replaced the previous HTI prior authorization process. Previously, our Total Health Management (THM) department processes the HTI, genetic testing and radiation oncology authorization processes in-house. They'll continue to manage Commercial prior authorizations for genetic testing and radiation oncology.

Frequently Asked Questions

Q. How will providers submit prior authorizations for HTI?

Providers should continue to send requests for prior authorizations for HTI, genetic testing and radiation oncology authorizations through Availity using the Prior Authorization Tool (PAT).

Q. What if a provider doesn't have access to Availity?

Providers can also submit their requests by:

- Calling our Provider Service Line at **1-800-924-7141**
- Faxing the forms to us at **1-866-558-0789**

Q. How do I register for a Cohere account?

You can find instructions for registering for a Cohere account [here](#).

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

Yes. If a provider is already working on the Cohere portal for a prior authorization for another health plan, they don't have to sign in to Availity to submit one for a BlueCross member. However, we ask that all other prior authorization requests be submitted through Availity or by using the phone or fax processes listed above.

Q. Where can providers find prior authorization forms?

Prior authorization forms can be found at provider.bcbst.com under **Documents & Forms**. Then, under **Authorizations & Appeals**.

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

Enter an individual provider number as the **Requesting Provider**. The group number will always show as out of network. Enter the individual provider number 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 their 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.

- Only facilities can be entered in the facility field.
- A facility is only needed if the place of service is either on campus hospital or off campus hospital.
- If place of service Office (11) is used, a facility is not needed on the authorization form.

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

Always check the member's Eligibility & Benefits to see if the HTI authorization is required. If "yes" is indicated under the Prior Authorization Requirements section, then 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 is 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 with the provider overseeing the care of the member.

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

The status of your authorization can be viewed on the **Auth Inquiry/Clinical Update** section of PAT.

Q. Who can providers contact for more information?

If providers have questions about submitting prior authorizations through Availity, they can call **(423) 535-5717, option 2**, or contact their eBusiness Regional Marketing Consultant.