High-Tech Imaging Prior Authorization Workflow

We've compiled the following information to help simplify the High-Tech Imaging (HTI) prior authorization process.

Please note: provider groups will display as out of network in our authorization application. Please follow the instructions below and **do not** enter your group as the Requesting Provider or the Facility. Otherwise, your authorization will pend and there may be no opportunity for auto approval depending on the member's plan.

Improve your user experience:
- Check the Eligibility & Benefits information on the member to verify an HTI authorization is needed.
- Enter an individual provider number as the Requesting Provider.
    - If you do not know your BlueCross Provider Number, you can search for it by using the magnifying glass icon.
    - Or your network manager can give you a list of your organization's providers and their corresponding numbers. Then, you can simply key the appropriate number into the Requesting Provider field.
    - **Pro Tip**: Some groups use one Provider from their group as the Requesting Provider for all their HTI authorizations to further simplify the process.
- If the place of service will be office, then you do not need to enter a facility. Simply skip the facility field.
- If the place of service will be facility, then enter the appropriate facility information into that field and select the corresponding place of service.

Other helpful tips:
- Claims will match up to the authorization because the individual provider number is tied to your Organization Tax ID number.
- Following this workflow may result in an automatic authorization approval.
- Letters may be viewed on the Auth Inquiry / Clinical Update section of the authorization application.
- **Important Reminder** – Marketplace members do not have out-of-network or out-of-area benefits. These members must be seen by in-network, in-state providers.

###