Frequently Asked Questions and Answers for Healthcare Providers

September 9, 2026

1. **What is Availity Essentials™?**
   Availity connects providers and payers through Availity Essentials, a secure, multi-payer website where providers can perform common tasks for participating health insurance plans.

   You can use the platform for submitting and managing most outpatient authorizations for Blue Shield PPO members whose benefit plans are included in the list below.

   - Fully-insured PPO commercial plans
   - Only those Federal Employees Program PPO (FEP) and United States Postal Service (USPS) PPO employees who reside within or outside of California
   - Group Medicare Advantage PPO plans
   - Administrative Services Only (ASO self-funded) and Shared Advantage plans

   Although we plan to expand the types of eligible authorizations that may be submitted through Availity in the future, only those listed above may be submitted through Availity at this time.

   It is important to note that authorizations that cannot be submitted via Availity will continue to be submitted and accepted online through Blue Shield's Provider Connection website via **AuthAccel,** or by **fax** or **phone**, until further notice.

2. **What types of authorizations can we submit through Availity?**

   Your organization may now use the Availity platform to submit the types of prior authorization requests listed below.

   - Outpatient medical authorizations (including urgent outpatient)
   - Medical benefit drug authorizations
   - Behavioral health services, including Applied Behavior Analysis (ABA)

3. **What types of authorizations can we NOT submit through Availity?**
   The types of authorization requests listed below **cannot** be submitted through Availity at this time, although we plan to expand capabilities in the future. Providers should continue to use the methods described below to manage the types of requests listed below, unless otherwise notified.

   - **Inpatient medical authorization requests for any members**. Providers should continue to submit these requests via AuthAccel, or by fax or phone.
   - **Authorization requests for members with HMO plans in all lines of business**. Providers should continue to use current processes when submitting authorization requests for all HMO plan members.

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- **Outpatient pharmacy and retail pharmacy requests for Blue Shield PPO members**. Providers should continue to submit these requests via AuthAccel, by fax or phone, or through CVS Caremark for FEP PPO members. For commercial PPO or Medicare PPO members, Blue Shield providers that utilize the Surescripts® or CoverMyMeds® EHR platforms may continue to do so.
- **Authorization requests for services provided and billed for an FEP PPO member residing outside of California**.
- **Dental and vision benefit authorizations**.

4. **Will providers continue to use AuthAccel, Blue Shield's online authorization tool?**

   Once you begin using Availity Essentials for the **ELIGIBLE** outpatient PPO authorization requests, it will replace AuthAccel as a submission platform for most types of PPO medical authorization requests.

   AuthAccel (accessible through our Provider Connection website), will remain available as the correct tool to perform the following tasks:

   - Submit inpatient medical authorization requests for all members.
   - Submit and manage non-delegated medical authorizations for all HMO plan members in all lines of business, including Blue Shield Promise Medi-Cal plan members.
   - Submit and manage retail pharmacy authorization requests.
   - Check the status of authorization requests submitted via AuthAccel.

5. **Can we check Blue Shield member benefits and eligibility and manage claims with Availity Essentials?**
   No. While these tasks may be available via Availity Essentials for other health plans (payers), Blue Shield offers Availity only for the select purposes outlined in this document, until further notice. Other online tasks such as eligibility, benefits and others, will continue to be managed through Blue Shield's Provider Connection website.

Getting Started with Availity

6. **If my provider organization already uses Availity to submit authorization requests to other health plans, do we need to take any additional steps in Availity Essentials to start submitting eligible requests to Blue Shield?**
   No. You can simply log in to https://essentials.availity.com and select "Blue Shield of California" as the payer when starting an authorization request.
7. **Is there any cost for my practice or facility associated with using Availity to submit and manage eligible PPO authorizations with Blue Shield?**
   No, there is no cost for using Availity to submit and manage eligible Blue Shield PPO authorizations. Users only need to be registered to use the platform if they don't already have an account.
8. **Will our staff members need to be logged in to Blue Shield's Provider Connection website to use Availity?**
   No. They may log directly into the Availity Essentials platform at https://essentials.availity.com to submit eligible PPO authorizations to Blue Shield.

9. **What kind of information does my provider organization or practice need to create an account with Availity?**
   To create an Availity account, you will need the following:
   - Tax ID (EIN or SSN)
   - National Provider Identifier (NPI). Availity highly recommends entering the organization's NPI during registration, but providers can still register for an account without an NPI. Registrations that have an NPI are potentially processed more quickly.
   - Primary specialty/taxonomy

   For detailed instructions, log in and review the Get Started Guide in Availity Essentials.
10. **How can my staff check their Availity Essentials registration application status?**
    The "primary administrator" at your provider organization can visit the **Manage My Organization** page in Availity Essentials to check the status of the registration, which will indicate "approved," "pending," or "rejected." The **Organization Activity** section will display notes on why an application was pended or rejected, and next steps. Duplicate registrations may be rejected if the organization already exists in Availity Essentials.
11. **Can a billing services organization create an account with Availity Essentials to use on behalf of my practice or provider organization?**
    Yes. Billing services working with provider organizations should create an account for each organization, individually. They may then give access to individual users within their billing organization, as needed.

    Best practices for healthcare providers who have contracted billing services to submit authorizations and claims on their behalf are:
    - Each business — the provider AND the billing service — registers with Availity.
    - Each entity sets up users.
    - The billing service provides their user IDs for Availity to the practice or provider organization.
    - The provider adds the billing service's user IDs to their organization under their Availity account.

Using Availity

12. **What kind of browsers does Availity support?**
    Availity Essentials is compatible with Microsoft Edge, Google Chrome, and Mozilla Firefox. Visit the Availity Essentials **Help Center** for more information about supported browsers and system requirements.
13. **What is the turnaround time for new Blue Shield authorizations, including those that are eligible to submit through Availity?**
    - For commercial PPO plan members, standard prior authorization requests will be decisioned within five (5) business days.
    - For Medicare Advantage PPO members, standard prior authorization requests will be decisioned within seven (7) calendar days.
    - Urgent (expedited) outpatient requests will be processed within 72 hours.

    These turnaround times are compliant with CMS-0057-F.
14. **Can we start an authorization request in Availity Essentials and complete it later?**
    Yes, Availity will auto-save as the user progresses. They can stop at any point and continue later from that step. If the system times out due to inactivity, a warning will be displayed.

15. **Can we submit retro-authorizations in Availity Essentials?**
    No. Retroactive authorizations cannot be submitted through Availity. If services are rendered without authorization, providers must submit the required documentation at the point of claim submission. The claim will be pended for medical review and will be routed for post-service clinical review.
16. **Can we upload authorization requests to Availity Essentials using an authorization log or batch file?**
    No, Availity does not accept authorization logs or batch files.
17. **Can we submit durable medical equipment authorization requests through Availity Essentials?**
    Yes, durable medical equipment (DME) is a medical benefit for which authorization may be requested via Availity for the PPO plan members under the eligible types of health plans listed in this document.
18. **Can we submit multiple diagnosis codes on a single authorization request on Availity Essentials?**
    Yes, users can submit more than one diagnosis code for an authorization request.
19. **If our provider organization uses both the Epic electronic health record and Availity Essentials, can we submit authorization requests via Epic for Blue Shield members?**
    No. While Blue Shield's Epic system does connect to providers who use Epic, it currently does not support the prior authorizations module.
20. **Can we submit referrals through Availity Essentials?**
    No. This capability is not currently available from Blue Shield within Availity.
21. **Can we use Availity Essentials to request authorizations for other states' (outside of California) Blue Plan members (for BlueCard® claims)?**
    No. Providers should continue to use the pre-service review tool available on the Blue Card program page on our Provider Connection website to request prior authorization for Blue Plan members residing in other states.
22. **Can we submit authorizations for members with FEP PPO or USPS PPO Plans who reside outside of California?**
    No. Authorization submissions for these members are only permitted for members **who reside within California, at this time.**

Support and resources

23. **How can we get help using Availity Essentials?**
    - **Get help registering:** Visit Availity's Get Started Guide in Availity Essentials.
    - **Review training at any time:** Access Availity's on-demand training at https://essentials.availity.com Registered users may get help and access online training modules 24/7, by logging in, then navigating to the *Help & Training* menu, selecting *Get Help* to search help topics, or selecting *Get Trained* to access on-demand demos and recorded webinars.
    - **Speak with a representative:** Feel free to reach out to Availity representatives with questions as you start using the tool to submit and manage eligible Blue Shield PPO authorizations. Select *Availity Support* to submit a support ticket and initiate a chat (when available). You may also call **Availity Client Services** at (800) 282-4548 (800-AVAILITY), between 5 a.m. and 5 p.m. PT, Monday through Friday.
24. **Who may providers contact for specific questions about Blue Shield authorization requests?**
    For help with Blue Shield authorization requests (related to policy), Blue Shield medical policies and more, providers may continue to call Blue Shield Provider Services at (800) 541-6652. Live assistance from a representative is available 6 a.m. to 6:30 p.m., PT, Monday through Friday.