



You are receiving this fax because you are in-network with Bright Health

Did you know not all services require prior authorization?

Bright Health knows you're busy. That's why we want to make the prior authorization process as **easy** and **quick** as possible for you. One of the best ways to speed up the prior authorization process is to just skip it altogether! Bright Health doesn't require providers to submit authorization requests for select services. With less requests to worry about, you can cut down on administrative work and spend more time with your patients.

Services that don't require authorization

- In-network services performed with a place of service code 11 (physician's office)
- Observation stays that occur at an in-network facility
- ...and more! Visit **Availity.com** for a full list of services that don't require authorization

Services that require authorization

- In-network inpatient admissions, labor/delivery, transplant services
- Out-of-network medical and behavioral admissions and outpatient services

Check out the complete list and other tools and resources

Simply go to **Availity.com** to find out what level of review a service requires (none, network validation, or full clinical review).

There are several ways you can view the list of services after logging into Availity:

- Patient Registration > Authorizations and Referrals
 - When you begin an authorization for a service and enter a procedure code, a notification of the authorization requirements appears in the Search Criteria section
- Payer Spaces > Resources > UM: Prior Authorizations List



Services that require only a network validation review will get **automatic** approval if you submit the request through **Availity.com**. This means NO wait time for you or your patients!