



Avalon Prior Authorization System (PAS) Provider Training Manual



August 2025

Version 7

Content

| | |
|--|------------|
| How to Use the PAS Training Manual..... | 3 |
| Lesson Objectives | 3 |
| PAS Navigation Buttons | 3 |
| Prior Authorization Work Queue..... | 5 |
| Work Queue Information..... | 5 |
| Preservice Search | 7 |
| Search Using a Reference Number | 7 |
| Search Using an Authorization Number..... | 8 |
| Search Using Member Information..... | 9 |
| Search Results | 10 |
| Enter Authorization Information..... | 10 |
| Preservice..... | 10 |
| Member Information..... | 11 |
| Provider Information | 13 |
| Procedure Code Validation | 16 |
| Service Information | 18 |
| Clinical Information | 19 |
| Authorization Submission | 24 |
| Determination Notification | 266 |
| In Review | 266 |
| Approvals..... | 277 |
| Denials | 288 |
| Partial Approvals | 29 |
| Provider Notification..... | 30 |
| Accessing Determination Letters | 30 |
| Email/Fax Notification..... | 30 |
| Help | 322 |

How to Use the PAS Training Manual



The Lesson Objectives section lists the outcomes expected of the user after a lesson has been completed.



Alerts appear throughout the lesson and are used to bring valuable information to the user's attention.



Notes may clarify content, refer the user to additional reference material, provide more background for selected topics or emphasize exceptions to rules.

Lesson Objectives

This training document provides step-by-step instructions for providers on how to Use Avalon's Prior Authorization System (PAS). At the end of this lesson, you will be able to:







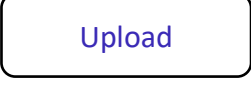

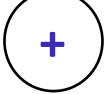


- Create and submit an authorization request.
- Check the status of a submitted request.
- Download and print your determination letters.



PAS Navigation Buttons

You can use buttons to navigate in PAS.

| Button | Function |
|---|--|
|  | Create a new preservice request. |
|  | Cancel a request. Does not save data depending on where the user is in the process. Takes user to prior authorization work queue. |
|  | Takes the user to the previous screen. |
|  | Takes the user to the next screen. In some situations, it initiates an automated process. For example, procedure code validation, member eligibility check, etc. |
|  | Submits a request. |
|  | Search for your documents. |
|  | Upload and attach your documents to the request. |
|  | Saves any updates to the request. |
|  | Adds more procedure or diagnosis codes. |

Prior Authorization Work Queue

Work Queue Information

From the Work Queue page, you can:

- Search for an existing request or authorization by entering a keyword in any field.
 - For example, enter “John” in the Member Name field. The requests where “John” is in either the first or last names are displayed.
 - You can limit your results by filtering on the fields.
- Select the **Page Number** button to go to a specific page.
- Select the **Next** button to go to the next page.
- Select the **Create New** button to enter a new preservice request. Select the appropriate health plan. The health plan is on the member's insurance ID card.
 - See [Enter Authorization Information](#).

Authorization Request

Create New

Open/In-Review (Last 60 Days)

Show 10 entries

Search Reference Number

Search Authorization Number

Search Member Name

Search Request Status

Search PA Determination

Search Create Date

| Reference Number | Authorization Number | Member Name | Request Status | PA Determination | Created Date |
|------------------|----------------------|-------------|----------------|------------------|--------------|
|------------------|----------------------|-------------|----------------|------------------|--------------|

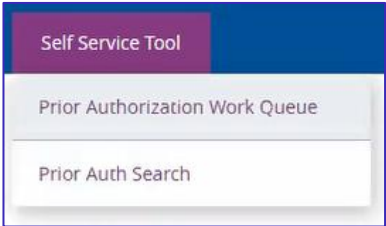
Showing 0 to 0 of 0 entries

Previous

Next



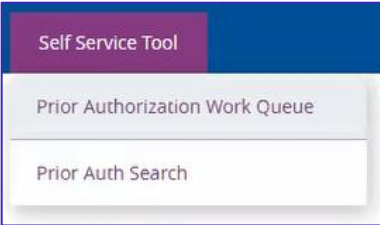
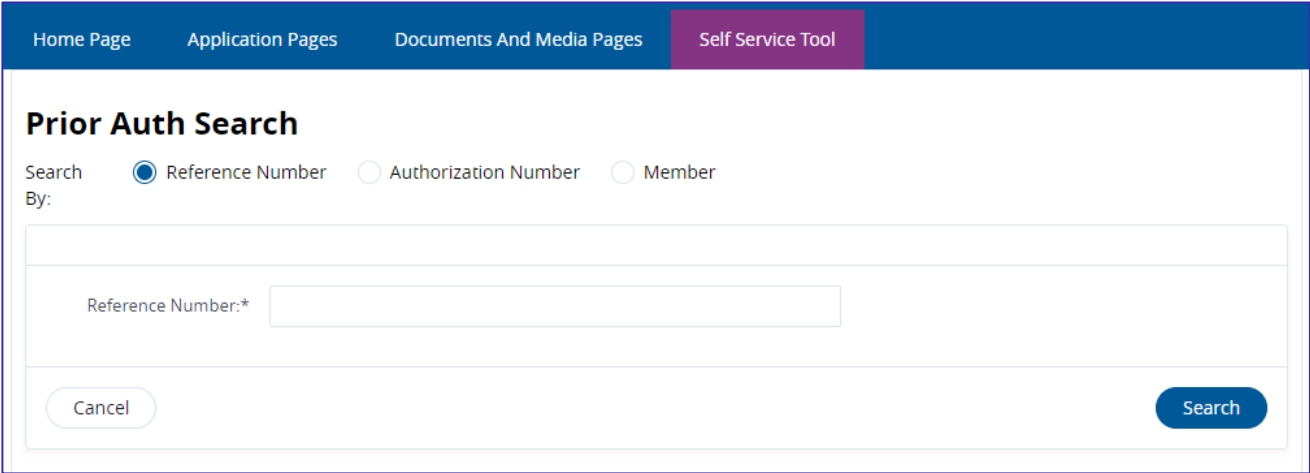
Follow these steps to go to the PAS work queue.

| Step | Complete These Steps | |
|------|--|---|
| 1 | Sign into PAS using the credentials provided to you by Avalon. | |
| 2 | Select the Self Service Tool tab. |  |
| 3 | Select Prior Authorization Work Queue . | |
| 4 | The Authorization Request page opens. | |
| 5 | <p>The queue defaults to Open/In-review (Last 60 Days) in the drop-down menu. Open requests for the last 60-days are displayed. You can also view requests that were completed in the last 60-days.</p> <ul style="list-style-type: none">• To search for completed requests, it is recommended that you use the Prior Auth Search function.• You can search using the reference number, authorization number, or member’s information.• See Preservice Search. | |

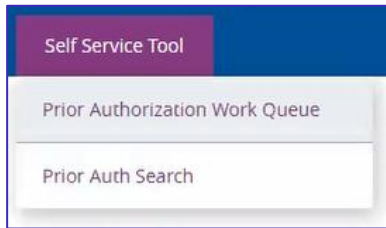
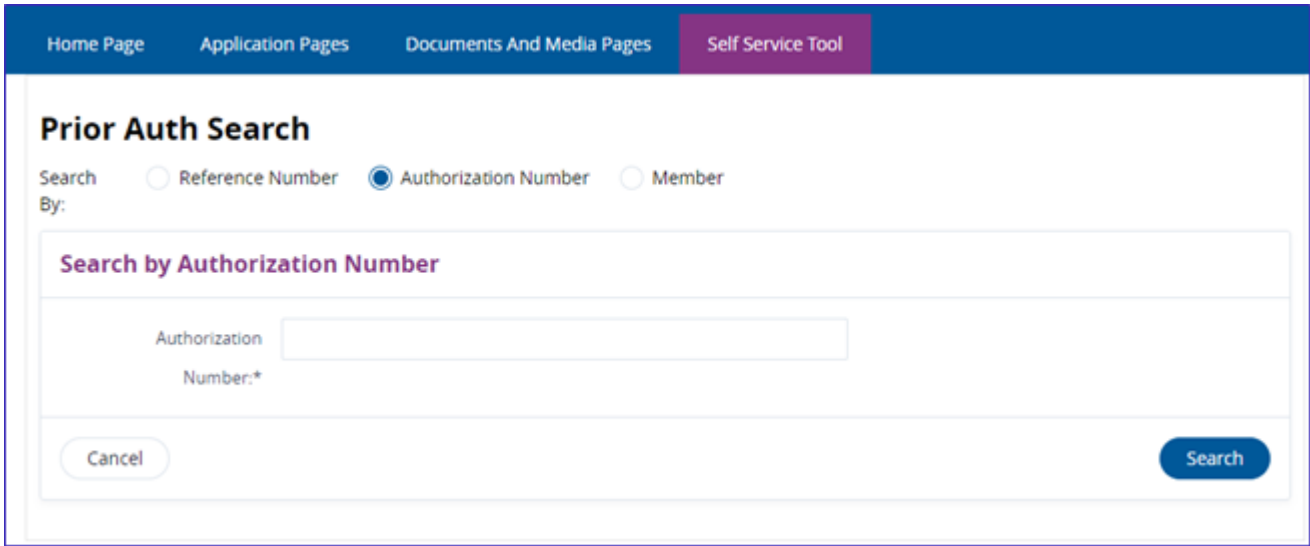
Preservice Search

You can search for a completed authorization by using the Avalon reference number, authorization number, or using the member's information.

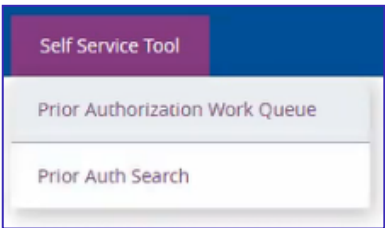
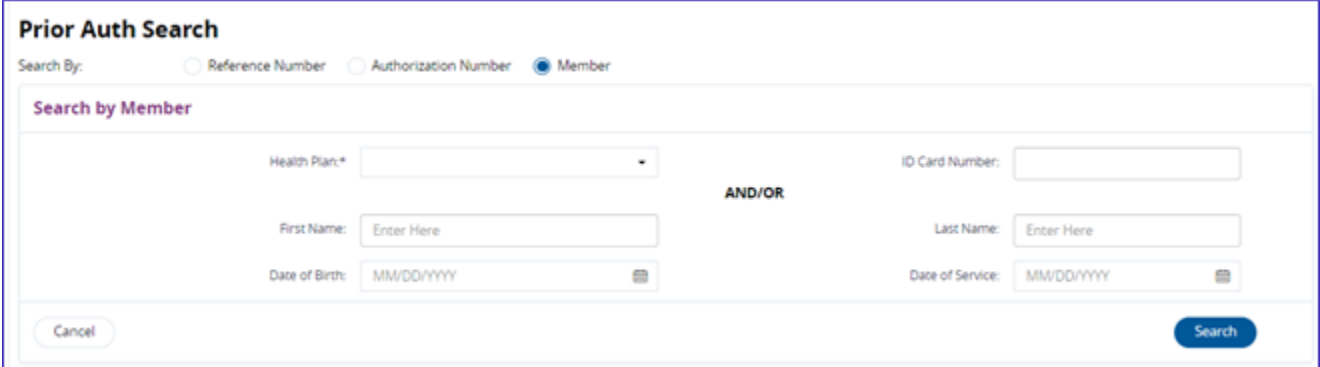
Search Using a Reference Number

| Step | Complete These Steps |
|------|--|
| 1 | Sign into PAS using the credentials provided to you by Avalon. |
| 2 | <p>Select the Self Service Tool tab.</p>  |
| 3 | Select Prior Auth Search . The Prior Auth page opens. |
| 4 | <p>Select the Reference Number radio button in the Search By section.</p>  |
| 5 | Enter the Avalon reference number . |
| 6 | <p>Select the Search button to submit the request. Select Cancel to cancel the request.</p> <ul style="list-style-type: none"> • If there is an open/in review authorization on file for the member, the service information page populates with authorization details. • If there is a completed authorization on file for the member, the authorization summary page populates with authorization details. • If a completed authorization is not on file for the reference number, the page will refresh and not populate any new data. |

Search Using an Authorization Number

| Step | Complete These Steps |
|------|---|
| 1 | Sign into PAS using the credentials provided to you by Avalon. |
| 2 | <p>Select the Self Service Tool tab.</p>  |
| 3 | Select Prior Auth Search . The Prior Auth page opens. |
| 4 | <p>Select the Authorization Number radio button in the Search by section.</p>  |
| 5 | <p>Enter the Avalon authorization number.</p> <ul style="list-style-type: none"> • Use capital letters. • Authorization numbers with lowercase letters do not populate. |
| 6 | <p>Select the Search button to submit the request. Select the Cancel button to cancel the request.</p> <ul style="list-style-type: none"> • If there is a completed authorization on file for the member, the authorization summary page populates with authorization details. • If a completed authorization is not on file for the reference number, the page will refresh and not populate any new data. |

Search Using Member Information

| Step | Complete These Steps |
|------|--|
| 1 | Sign into PAS using the credentials provided to you by Avalon. |
| 2 | Select the Self Service Tool tab.  |
| 3 | Select Prior Auth Search . The Prior Auth page opens. |
| 4 | Select the Member Information radio button in the Search by section. |
| 5 | Select the appropriate health plan in the Health Plan field. <ul style="list-style-type: none"> If unsure, check the member insurance ID card. |
| 6 | Enter the member's ID card number in the ID Card Number field. |
| 7 | Enter the member's first name in the First Name field. |
| 8 | Enter the member's last name in the Last Name field. |
| 9 | Enter the member's date of birth in the Date of Birth field. <ul style="list-style-type: none"> You can use the drop-down calendar or enter the birth date in mm/dd/yyyy format. |
| 10 | Enter the date of service in the Date of Service field. (Optional) <ul style="list-style-type: none"> You can use the drop-down calendar or enter the date in mm/dd/yyyy format. This must be a date prior to today's date. |
| 11 | Select the Search button to submit the request. Select the Cancel button to cancel the request.  |

Search Results

| Results | | | | | | | |
|----------------------|----------------------|------------------------|-----------------|----------------|------------|-----------|---------------|
| Show 10 entries | | | | | | | |
| Authorization Number | Authorization Status | Creation Date and Time | Date of Service | ID Card Number | First Name | Last Name | Date of Birth |
| | Approved | 05/02/2019 03:45 | 05/17/2019 | | | | |
| | Approved | 06/12/2019 01:17 | 06/28/2019 | | | | |
| | Approved | 07/23/2019 08:38 | 08/09/2019 | | | | |

Enter Authorization Information

Preservice


| Step | Complete These Steps | |
|------|--|------------|
| 1 | Select the Create New drop-down menu. | Create New |
| 2 | Select your health plan name. | |


Member Information


The Member Information screen is used to enter the member’s information. The information is used to verify the patient’s eligibility and benefit coverage.


You may move forward with entering the request but be sure that you have verified that the member’s benefit plan covers the service. It is the requesting provider’s responsibility to verify the member’s benefits prior to submitting a preservice request.


Authorization Request



Member Information


Provider Information


Procedure Code Validation


Service Information


Clinical Information


Authorization Submission

Member Information

*Required information

Authorization Type*

Make a Selection

Previous Auth Number*

Enter Here

Health Plan*

Date of Service*

MM/DD/YYYY

Full ID Card Number*

Enter Here

First Name*

ENTER HERE

Last Name*

ENTER HERE

Date of Birth*

MM/DD/YYYY

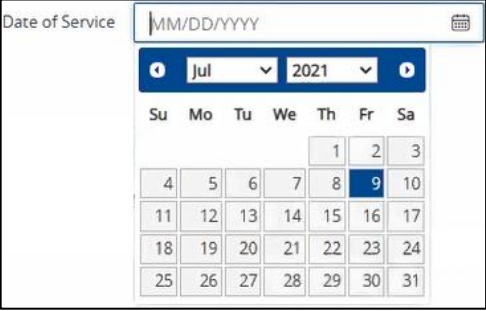
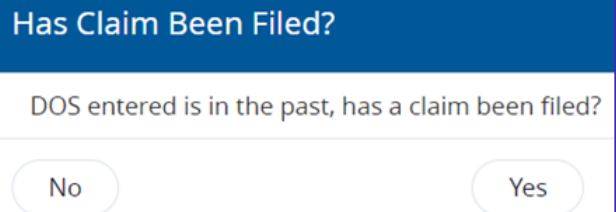
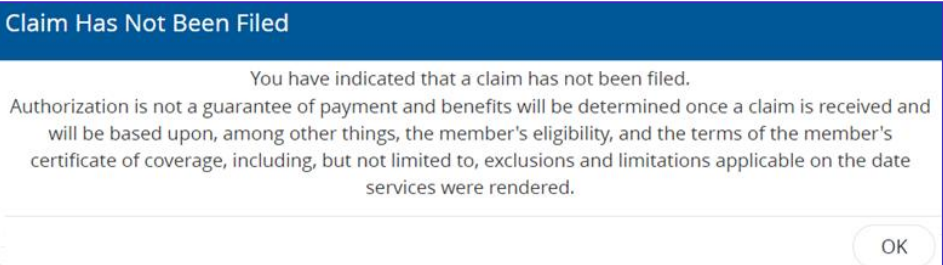
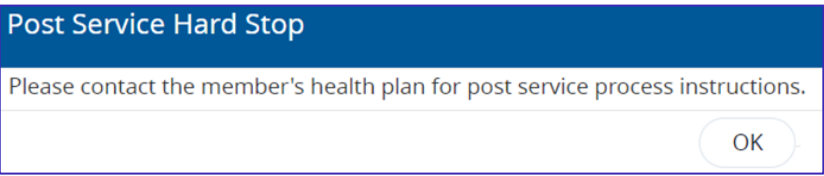
Phone Number*

Enter Here

Cancel Request

Next

| Step | Complete These Steps |
|------|---|
| 1 | The Authorization Request Member Information page opens. |
| 2 | Select the Authorization type from the drop-down menu, if applicable. |
| 3 | Enter the PA number, if applicable. <ul style="list-style-type: none">This only applies to an appeal or post. |
| 4 | The Health Plan field auto-populates. |

| Step | Complete These Steps | |
|------|---|--|
| | <p>Enter the date of service in the Date of Service field. (Optional)</p> <ul style="list-style-type: none"> You can use the drop-down calendar or enter the date in mm/dd/yyyy format. This must be a date prior to today's date. You will receive an error message if the DOS is more than 30 days after the current date. |  |
| | <p>If you enter a date in the past, this pop-up message opens.</p> <p>Verify if a claim has been filed.</p> |  |
| 5 | <p>If you select No, another pop-up message opens. Select OK to proceed with the case.</p> |  |
| | <p>If you select Yes, another pop-up message opens. Select OK then please contact the member's health plan for post service process instructions.</p> <p>Note: If Avalon is designated for Multiple Authorization Types, please go back and select the appropriate Authorization Type. This requires you to start this authorization request again.</p> |  |
| 6 | Enter the member's card number in the Full ID Card Number field. | |
| 7 | Enter the member's name in the First Name field. | |
| 8 | Enter the member's name in the Last Name field. | |
| 9 | <p>Enter the member's date of birth in the Date of Birth field.</p> <ul style="list-style-type: none"> You can use the drop-down calendar or enter the birth date in mm/dd/yyyy format. | |
| 10 | Enter the member's phone number in the Phone Number field, if applicable. | |
| 11 | Select the member's gender from the Patient Gender drop-down menu, if applicable. | |
| 12 | Select the Next button. | |

Provider Information

Enter the ordering and rendering providers' information. If you are the ordering provider and do not have a rendering provider, skip that section. Rendering providers are required for certain health plans. If the field has an asterisk, then the health plan requires the information.



You must enter information in a required field. A required field is indicated by an asterisk (*).



If you are the rendering provider, you must enter the ordering provider's information and you must attest to its accuracy.



Select **Next** to initiate the provider validation process.

The provider validation process checks both the ordering and rendering providers' sanction status. If either provider comes up as a potentially sanctioned provider, when you submit the request, the request is pended for review. If the rendering provider is not a health plan participating provider, when you submit the request, the request is pended for review.

Authorization Request

Member Information

Provider Information

Procedure Code Validation

Service Information

Clinical Information

Authorization Submission

Provider Information

*Required information

Ordering Provider Information

NPI*

TIN*

Place of service*

11

Specialty*

Make a Selection

First Name*

Last Name*

Phone Number*

Fax Number*

Notification Email

Address Line 1*

Address Line 2

City*

State*

Make a Selection

Zip*

Rendering Provider Information

NPI*

TIN

Place of service

81

Facility Name

Phone Number

Fax Number

Notification Email

Address Line 1

Address Line 2

City

State

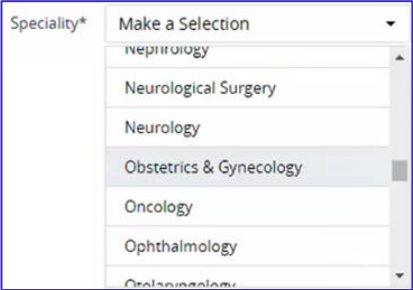
Make a Selection

Zip

Cancel Request

Back

Next

| Step | Complete These Steps | |
|------|---|---|
| 1 | The Authorization Request Provider Information page opens. | |
| 2 | Enter the Ordering Provider Information . Enter the National Provider Identifier (NPI) in the NPI field. | |
| 3 | Enter the Taxpayer Identification Number (TIN) in the TIN field, if applicable. | |
| 4 | The Place of Service field defaults to 11. <ul style="list-style-type: none"> If applicable, change the place of service using the drop-down menu. | |
| 5 | Use the drop-down menu to select a name in the Specialty field. |  |
| 6 | Enter your name in the First Name field. | |
| 7 | Enter your name in the Last Name field. | |
| 8 | Enter your phone number in the Phone Number field. | |
| 9 | Enter the fax number in the Fax Number field. | |
| 10 | Enter the email address in the Notification Email field. <ul style="list-style-type: none"> This is optional to receive email notifications. | |
| 11 | Enter your address in the Address Line 1 field. Add additional information, such as the suite number, in the Address Line 2 field. | |
| 12 | Enter the city in the City field. | |
| 13 | Use the drop-down menu to select a state in the State field. | |
| 14 | Enter the zip code in the ZIP field. | |
| 15 | Enter the Rendering Provider Information . Enter the National Provider Identifier (NPI) in the NPI field. | |
| 16 | Enter the Taxpayer Identification Number (TIN) in the TIN field, if applicable. | |
| 17 | The Place of Service field defaults to 81. <ul style="list-style-type: none"> If applicable, change the place of service using the drop-down menu. | |

| Step | Complete These Steps |
|------|--|
| 18 | Enter the facility name in the Facility Name field. |
| 19 | Enter the phone number in the Phone Number field. |
| 20 | Enter the fax number in the Fax Number field. |
| 21 | Enter the email address in the Notification Email field. <ul style="list-style-type: none"> This is optional to receive email notifications. |
| 22 | Enter the address in the Address Line 1 field. Add additional information, such as the suite number, in the Address Line 2 field. |
| 23 | Enter the city in the City field. |
| 24 | Use the drop-down menu to select a state in the State field. |
| 25 | Enter the zip code in the ZIP field. |
| 26 | Select Next to submit the request. |
| 27 | Select the Ok button. |

Procedure Code Validation

Procedure Code Validation confirms the procedure codes/Z-codes that you enter are HIPAA-compliant procedure codes/z-codes and the codes require an authorization for the health plan you selected when you created the request.



You must enter information in a required field. A required field is indicated by an asterisk (*).

Authorization Request

Procedure Code Validation

*Required information

Authorization Type*

Preservice

Previous Auth Number*

Enter Here

Health Plan

Demo Health Plan

Date of Service*

09/10/2025



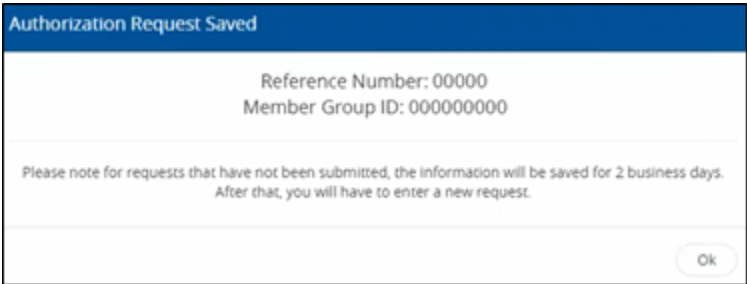
Please enter at least one Procedure Code.

| Procedure Code* | Description | Z Code | Description |
|-----------------|--------------------------------------|------------|-------------|
| 81162 | BRCA1&2 GEN FULL SEQ DUP/DEL (81162) | Enter Here | |

Add more procedure codes, click here.

Cancel Request

BackNext

| Step | Complete These Steps |
|------|---|
| 1 | The Authorization Request Procedure Code Validation page opens. |
| 2 | The Authorization Type field defaults to Preservice . |
| 3 | The Previous Authorization Number defaults to Enter Here , unless information was entered on the Member Information screen. |
| 4 | The Health Plan field auto-populates. |
| 5 | The Date of Service field auto-populates. |
| 6 | <p>Enter the procedure code/Z-code in the Procedure Code/Z-code fields. The procedure's description auto-populates in the Description field.</p>  |
| 7 | Select the + button to add more procedure codes. |
| 8 | Select the Next button. |
| 9 | <p>An Authorization Request Saved message opens.</p> <ul style="list-style-type: none"> Record the reference number for your records. Use this number to find the case.  <p>A reference number is not an authorization number.</p> <p>Alert: Saved Authorization requests (not submitted) will only be saved for two business days. After this time, a new request must be created.</p>  |

Service Information

The reference number and the procedure codes/z-codes you entered previously are automatically populated.

Authorization Request

Member Information

Provider Information

Procedure Code Validation

Service Information

Clinical Information

Authorization Submission

Service Information

*Required information

Reference Number00000

Procedure Information

Was genetic counseling completed?

Yes

No

Diagnosis Codes

Primary Diagnosis*

Z80.3

Description

Family history of malignant neoplasm of breast

Add more Diagnosis, click here.

Requested Procedure Codes

(Enter the number of units for each procedure)

Procedure Code*

81162

Description

BRCA1&2 GEN FULL SEQ DUP/DEL (81162)

Z Code

Enter Here

Description

Enter Here

Units*

1

Cancel Request

Back

Next

| Step | Complete These Steps |
|------|---|
| 1 | The Authorization Service Information page opens. |
| 2 | The Reference Number field auto-populates. |
| 3 | The Genetic Counseling question defaults to No . If applicable, select the Yes radio button to answer the genetic counseling question. |
| 4 | Enter the diagnosis number in the Primary Diagnosis field. <ul style="list-style-type: none"> • Use capital letters. • Diagnosis numbers with lowercase letters do not populate. |
| 5 | The Description field auto-populates. |
| 6 | Select the + button to add more diagnosis codes. |
| 7 | The Requested Procedure Code/Z-code field auto-populates with the description. |
| 8 | Enter the number of units in the Unit field. |
| 9 | If you entered a Molecular Pathology (MoPath) or unlisted code, enter a description in the Enter Test Description Here field. <div data-bbox="997 884 1515 940" data-label="Form"> <input type="text" value="Enter Test Description Here"/> </div> |
| 10 | Select the Next button. |

Clinical Information

Some procedure codes can auto-approve, if your health plan has configuration for auto-approvals, and others cannot auto-approve. If you request codes that can auto-approve, a set of clinical questions are displayed for you to answer. Once you respond to all the questions and submit the request, PAS evaluates the responses and either auto-approves the procedure code or pends it for review. You may be requesting some codes that can auto-approve and some that cannot.



Avalon requires that you attach the physician's order and clinical notes supporting medical necessity to the request!

If the procedure code has a corresponding clinical questionnaire, the questions are displayed. If your health plan has the option to answer "I Don't Know" for corresponding clinical questions and you answer "I Don't Know" to any of the questions, the request will not auto-approve. The request is pended for clinical review. If your responses meet medical policy criteria, the request will auto-approve, and you will receive a message with the authorization number.

With Clinical Questions

Authorization Request

Member Information

Provider Information

Procedure Code Validation

Service Information

Clinical Information

Authorization Submission

Request Details

*Required Information

Reference Number00000

Clinical Information

Requested Procedure Codes

| Procedure Code* | Description | Z Code | Description |
|-----------------|-----------------------------------|------------|-------------|
| 81420 | FETAL CHROMOML ANEUPLOIDY (81420) | Enter Here | Enter Here |

Clinical Questionnaire

Please answer the following questions.

Is patient pregnant with one fetus? AND The patient has not had multiple gestation at any point in the current pregnancy.

Yes

No

Is the patient more than 10 weeks pregnant and less than 28 weeks pregnant at the time the test was drawn?

Yes

No

Is this an egg donor pregnancy?

Yes

No

Supporting Documents

Please note Physician's Order must be attached in order for your request to be reviewed. You can attach up to 25 files. Only PDF, TIFF, JPEG file types are accepted!

File Name*

Browse

Upload

Documentation Type*


Make a Selection

To attach additional documents, click here.

Cancel Request

Back

Next

avalon

Confidential

www.avalonhcs.com

20

| Step | Complete These Steps |
|------|---|
| 1 | The Authorization Request Clinical Information page opens. |
| 2 | The Reference Number field auto-populates. |
| 3 | The Requested Procedure Code/Z-code and Description fields auto-populate. |
| 4 | If your procedure code populates questions, select the Yes, No, or I Don't Know radio button for all questions in the Clinical Questionnaire section. <ul style="list-style-type: none"> Not all codes populate questions. |
| 5 | Upload supporting documents. <ul style="list-style-type: none"> A Physician's Order must be attached for your request to be reviewed. Select the Browse button. Your computer's file window opens. |
| 6 | Select the file. <ul style="list-style-type: none"> Only PDF, TIFF, JPEG file types are accepted. |
| 7 | Select Open . The file uploads to the request page. |
| 8 | Select the document type from the Documentation Type drop-down menu. |
| 9 | Select the Upload button. A File Uploaded Successfully message opens below the File Name field. <ul style="list-style-type: none"> Duplicate documents are not accepted. |
| 10 | Select the + button to add more documents. <ul style="list-style-type: none"> You can attach up to twenty-five files. |
| 11 | Select the Next button. |

Without Clinical Questions

Authorization Request

Member Information

Provider Information

Procedure Code Validation

Service Information

Clinical Information

Authorization Submission

Request Details

*Required information

Reference Number00000

Clinical Information

Requested Procedure Codes

| Procedure Code* | Description | Z Code | Description |
|-----------------|--------------------------------------|------------|-------------|
| 81162 | BRCA1&2 GEN FULL SEQ DUP/DEL (81162) | Enter Here | Enter Here |

Supporting Documents

(Please note Physician's Order must be attached in order for your request to be reviewed. You can attach up to 25 files. Only PDF, TIFF, JPEG file types are accepted)

File Name*

Test.pdf

File uploaded successfully

Browse

Upload

Documentation Type*


Office/Clinic Notes including Physician's Order

To attach additional documents, click here.

Cancel Request

Back

Next

 **avalon**

Confidential

www.avalonhcs.com

22

| Step | Complete These Steps |
|------|---|
| 1 | The Authorization Request Clinical Information page opens. |
| 2 | The Reference Number field auto-populates. |
| 3 | The Requested Procedure Code/Z-code and Description fields auto-populate. |
| 4 | <p>Upload supporting documents.</p> <ul style="list-style-type: none"> A Physician's Order must be attached for your request to be reviewed. <p>Select the Browse button. Your computer's file window opens.</p> |
| 5 | <p>Select the file.</p> <ul style="list-style-type: none"> Only PDF, TIFF, JPEG file types are accepted. |
| 6 | Select Open . The file uploads to the request page. |
| 7 | Select the document type from the Documentation Type drop-down menu. |
| 8 | <p>Select the Upload button. A File Uploaded Successfully message opens below the File Name field.</p> <ul style="list-style-type: none"> Duplicate documents are not accepted. |
| 9 | <p>Select the + button to add more documents.</p> <ul style="list-style-type: none"> You can attach up to twenty-five files. |
| 10 | Select the Next button. |

Authorization Submission

This displays the information you entered, your responses to any clinical questions and the files you attached to the request. This is the last time you can edit the sections before submitting the preservice request.

Authorization Request

Member Information

Provider Information

Procedure Code Validation

Service Information

Clinical Information

Authorization Submission

Authorization Submission

Please review the following information before submitting the request.

Prior Authorization Details

Reference Number

00000

Request Status

Not Submitted

Member Information

Full ID Card Number

AA0000000000

Member Name

Member Name

Date of Birth

01/01/2025

Date of Service

09/10/2025

Phone Number

(111) 111-1111

Provider Information

Ordering Provider

NPI

1111111111

Address Line 1

123 Tree Rd

TIN

222222222

Address Line 2

Provider Name

Provider Name

State

FL

Specialty

Hematology & Oncology

Zip

12345

Phone Number

1111111111

Email

Fax Number

2222222222

Rendering Provider

NPI

5555555555

Address Line 1

456 Grass St

TIN

777777777

Address Line 2

Facility Name

Blue Labs

State

FL

Phone Number

3333333333

Zip

12345

Fax Number

4444444444

Email

Service Information

Diagnosis Code

Primary Diagnosis

280.3

Description

Family history of malignant neoplasm of breast

Requested Procedure Code

Procedure Code

81162

Test Details

81162

Description

BRCA1&2 GEN FULL SEQ DUP/DEL (81162)

Z Code

Description

Units

1

Clinical Information

Documents

File name

Test.pdf

Document type

Office/Clinic Notes including Physician's Order

☐

I attest that I am authorized to request a prior authorization for the member and services requested and that the member's clinical records reflect the information provided in this request. I also attest that any provider demographic information, including email addresses, in this request is accurate and I understand it is used to send prior authorization information to both the ordering and rendering providers.

☐

By submitting a request for access to Avalon's Prior Authorization System (PAS), once you are approved for access or you sign in through Single Sign On (SSO), you agree to electronic notification of preservice review determinations. This notification does not contain any member PHI and you are aware that you will need to obtain your determination letters from Avalon's PAS system.

Cancel Request

Back

Submit

avalon

Confidential

www.avalonhcs.com

24

| Step | Complete These Steps |
|------|---|
| 1 | The Authorization Request - Authorization Submission page opens. |
| 2 | <p>Select the checkbox to agree with the Attestation Statement.</p> <ul style="list-style-type: none"> • This is required. |
| 3 | <p>Select the checkbox to agree with the Electronic Consent Statement.</p> <ul style="list-style-type: none"> • This is how you receive email notifications. • If you have PAS access, this is required. |
| 4 | Select Cancel Request at any time during the request to cancel the request. |
| 5 | <p>Select the Submit button.</p> <ul style="list-style-type: none"> • Your request is in review. <p>The Authorization Summary page opens.</p> <ul style="list-style-type: none"> • If the request requires clinical review, the request is pended. • If the request is approved or auto approved, the authorization number is displayed. |

Determination Notification

In Review

When your Prior Authorization request is in review, that means that an automatic approval cannot be provided based on the information you submitted. A review of the request is performed, and additional information may be requested by Avalon. Use the provided Prior Authorization number as a reference.

Authorization Summary

Your Prior Authorization request has been

IN REVIEW

Your Prior Authorization Number is:

00000

Documents

Dummy Physician Report.pdf

Authorization Request Detail

Click here to Expand/Collapse

Prior Authorization Details

Request Status

IN REVIEW

Member Information

Full ID Card Number

AAA000000000000

Member Name

Member Name

Date of Birth

01/01/2025

Date of Service

08/21/2025

Provider information

Ordering Provider

NPI

0000000000

Provider Name

Provider Name

Speciality

Cardiovascular Disease

Phone Number

9999999999

Fax Number

9999999999

Address Line 1

Address

Rendering Provider

NPI

0000000000

TIN

000000000

Facility Name

Facility Name

Phone Number

9999999999

Fax Number

9999999999

Address Line 1

Address

email@email.com

Service Information

Diagnosis Code

Primary Diagnosis

A058

Description

Other specified bacterial foodborne intoxications

Requested Procedure Code

Procedure Code

Test Details

0087U

Description

CRD HRT TRANSPL MRNA 1283 GEN (0087U)

Clinical Information

Documents

File name


Dummy Physician Report.pdf

Document type

Office/Clinic Notes including Physician's Order

Print

Done

 **avalon**

Confidential

www.avalonhcs.com 26

Approvals

Ordering and rendering providers receive a fax and/or email notification that Avalon has completed its review and that all the requested services have been authorized (approved). The approval letters are posted to the request in PAS and can be viewed, downloaded, and printed. Members do not receive an approval notification unless required by the health plan.

Authorization Summary

Your Prior Authorization request has been

APPROVED

Your Prior Authorization Number is:

0000AA0000000000

Documents

filename.pdf

filename.pdf

Authorization Request Detail

Click here to Expand/Collapse

Prior Authorization Details

Request Status

APPROVED

Member Information

Full ID Card Number

Member Name

Date of Birth

Date of Service

AAA00000000

Member Name

01/01/2025

06/24/2025

Provider Information

Ordering Provider

NPI

Provider Name

Specialty

Phone Number

Fax Number

0000000000

Provider Name

Obstetrics & Gynecology

0000000000

0000000000

Address Line 1

Email

Address

email@email.com

Rendering Provider

NPI

TIN

Facility Name

Phone Number

Fax Number

0000000000

0000000000

Facility Name

0000000000

0000000000

Address Line 1

Email

Address

email@email.com

Service Information

Diagnosis Code

Primary Diagnosis

Description

Z34.91

Encntr for suprvsn of normal preg, unsp, first trimester

Z36.8A

Encounter for antenatal screening for other genetic defects

Z3A.11

11 weeks gestation of pregnancy

Requested Procedure Code

Procedure Code

Description

Z Code

Description

Units

Test Details

81420

FETAL CHRMOML ANEUPLOIDY (81420)

1

Clinical Information

Questions

Response

Is patient pregnant with one fetus? AND The patient has not had multiple gestation at any point in the current pregnancy.

Yes

Is the patient more than 10 weeks pregnant and less than 29 weeks pregnant?

Yes

Is this an egg donor pregnancy?

No

Documents

File name

Document type

filename.pdf

Physician's Order

filename.pdf

Determination Letter

Print

Done

Ordering and rendering providers receive a fax and/or email notification that Avalon has completed its review and that all requested services have been denied. The denial letters are posted to the request in PAS and can be viewed, downloaded, and printed. Members receive a hard copy of the letter from Avalon informing them of the adverse determination.



Partial Approvals

Ordering and rendering providers receive a fax and/or email notification that Avalon has completed its review and that some of the requested services have been authorized and some have been denied. The partial approval letters are posted to the request in PAS and can be viewed, downloaded, and printed. The member receives a hard-copy letter from Avalon informing them of both the authorized and denied services.

Authorization Summary

Your Prior Authorization request has been

PRTL APPROVED

Your Prior Authorization Number is:

0000AA0000000000

Documents

Test.pdf

Test.pdf

Test.pdf

Authorization Request Detail

Click here to Expand/Collapse

Prior Authorization Details

Request Status

PRTL APPROVED

Member Information

| | | | |
|---------------------|-------------|---------------|-----------------|
| Full ID Card Number | Member Name | Date of Birth | Date of Service |
| AA000000000000 | Member Name | 01/01/2025 | 09/10/2025 |

Provider Information

Ordering Provider

| | | | | |
|----------------|---------------|-----------------------|--------------|------------|
| NPI | Provider Name | Specialty | Phone Number | Fax Number |
| 1111111111 | Provider Name | Hematology & Oncology | 1111111111 | 2222222222 |
| Address Line 1 | | Email | | |
| 123 Tree Rd | | email@email.com | | |

Rendering Provider

| | | | | |
|----------------|------------|-----------------|--------------|------------|
| NPI | TIN | Facility Name | Phone Number | Fax Number |
| 5555555555 | 6666666666 | Purple Labs | 3333333333 | 4444444444 |
| Address Line 1 | | Email | | |
| 456 Grass St | | email@email.com | | |

Service Information

Diagnosis Code

| | |
|-------------------|--|
| Primary Diagnosis | Description |
| Z80.3 | Family history of malignant neoplasm of breast |

Requested Procedure Code

| | | | | |
|----------------|--------------------------------------|--------|-------------|-------|
| Procedure Code | Description | Z Code | Description | Units |
| Test Details | | | | |
| 81162 | BRCA1&2 GEN FULL SEQ DUP/DEL (81162) | | | 1 |
| 81432 | HRDTRY BRST CA-RLATD DO 5+ (81432) | | | 1 |

Clinical Information

Documents

| | |
|-----------|---|
| File name | Document type |
| Test.pdf | Office/Clinic Notes including Physician's Order |
| Test.pdf | Determination Letter |
| Test.pdf | Determination Letter |

Print

Done

Provider Notification

- Ordering and rendering providers receive a fax and/or email notification once Avalon has completed its review.
- The notification outlines whether:
 - All services requested are authorized (approval),
 - Some services are authorized and some denied (partial approval), or
 - None of the services are authorized (denial).

Accessing Determination Letters

- All determination letters are posted directly to the request in PAS.
- Providers can:
 - View letters in real time,
 - Download copies for their records,
 - Print as needed for patient charts or office documentation.

Fax/Email Notification Example

Avalon has completed its review of your prior authorization request, **Member ID #: (AA000000000)**. An Avalon **Authorization #: (0000AA00080000000)** for DOS **(00/00/2025)**, has been **Approved**.

| Authorization Request Details | | | | | | | |
|-------------------------------|------------------------------|-----------------|---------|----------|--------------|----------------------|----------------------------|
| Procedure Code | Procedure Description | Date-of-Service | Ordered | Approved | Not Approved | Determination Status | Health Plan Medical Policy |
| 81519 | ONCOLOGY BREAST MRNA (81519) | 00/00/2025 | 1 | 1 | 0 | 0 | |

You may review and print the determination letter for this request from Avalon's automated Prior Authorization System (PAS) within 24 hours of this notification.

In the event of an adverse determination, for Medicaid and Commercial Plans, a peer-to-peer (P2P) consultation is an opportunity for an ordering physician to discuss a medical necessity denial determination with an Avalon Healthcare Solution physician reviewer. If you wish to schedule a P2P consultation, you must request an appointment within five (5) business days from the date you were notified of the adverse determination by Avalon. You may request a consultation with the Avalon physician who denied your request.

To schedule an appointment, contact our Preservice Review Department at 844-227-5769, Monday through Friday, between 8:00 AM and 8:00 PM Eastern Time.

Participating Avalon Providers – Log directly into PAS to access the determination letter.

Participating Health Plan Providers - You can access the determination letter using the health plans' provider portals to access PAS.

Non-Participating Providers - Please call 844-227-5769 between 8:00 AM and 8:00 PM ET, Monday through Friday, to have the determination letter faxed to you.

Help

If you have questions about Avalon's PA process or PAS, you can email Avalon-PASHelp@AvalonHCS.com or contact the Avalon Call Center at 1-844-227-5769.