FRONT DESK

Eligibility verification cheat sheet

Verify for the exact date of service — every new patient, insurance change, or high-dollar visit. Clearinghouse first (Waystar). Portals below are the backup.

PAYER	PORTAL	CHECK THIS
BCBST / BlueCare	essentials.availity.com	Subscriber ID, group #, PCP, copay, referral.
TennCare & MCOs	tn.gov/tenncare/providers	Confirm MCO (BlueCare, Wellpoint, or UHC Community) and PCP.
Medicare (Traditional)	palmettogba.com/eServices	Current MBI. Check MA enrollment and MSP before billing.
Medicare Advantage	That MA plan's portal	Use the MA payer — do not bill traditional Medicare.
UnitedHealthcare	uhcprovider.com	Plan type, referral, and auth flags. Includes Community Plan / Dual.
Aetna	essentials.availity.com	Benefits and network status for this DOS.
Cigna	cignaforhcp.cigna.com	Eligibility, referral, and prior-auth flags.
Humana / TRICARE East	humanamilitary.com	TRICARE referrals are strict. Commercial Humana: Availity.
Ambetter of Tennessee	ambetterhealth.com/tennessee	Marketplace benefits vary. Confirm cost share before the visit.

BEFORE THE PATIENT IS ROOMED

- Scan card front and back. Name and DOB must match photo ID.
- Run eligibility for today's date of service — not last visit.
- Active? Deductible left? Copay for this service? Referral needed?
- Secondary insurance? Confirm order of benefits (COB).
- Note who verified, when, and the result in the chart.
- Flag termed coverage, MA vs traditional mix-ups, or missing referrals now.

PRIOR AUTHORIZATION

When to stop and get an auth

If the portal or clearinghouse flags authorization, do not room-and-hope. High-risk services: advanced imaging, procedures, DME, injectables, therapy beyond the plan's visit limit.

1. Confirm it is required

Eligibility response and the payer portal both list auth/referral. Same-payer commercial vs MA vs TennCare MCO can differ.

2. Submit before the DOS

Need: member ID, NPI/TIN, CPT/HCPCS + ICD-10, place of service, and a short medical-necessity note. Attach signed notes.

3. Write down the number

Auth #, units or date span, and expiration go in the chart before the claim drops. Expired auth = denial.

4. If it is denied

Do not bill and hope. Call provider services or send to billing the same day with the denial reason.

Need this handled for the practice?

Credentialing included. Waystar + humans. Same-day response.

Book 30 minutes → crusader.claims/free-consultation