

Authorizations is an online prior authorization tool in Availity Essentials that allows providers to submit inpatient admissions and select outpatient services handled by Blue Cross and Blue Shield of New Mexico (BCBSNM). Using this tool increases administrative efficiencies by permitting users to access and verify status of requests, upload supporting clinical documentation, update requests, and obtain printable confirmation number for your records.

You must be a registered Availity user to access and utilize Authorizations. If you are not yet registered with Availity, complete the guided online registration at [Availity](#), at no charge.

Important Reminder:

Check eligibility and benefits online first to determine if the patient’s policy requires prior authorization for the service and/or procedure code(s). To learn more about checking eligibility and benefits via Availity, refer to the [Eligibility and Benefits User Guide](#).

User Guide Contents

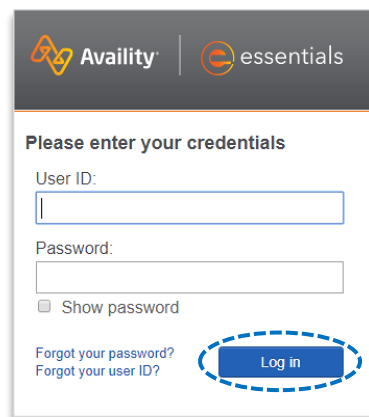
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Getting Started

- ▶ Go to [Availity](#)
- ▶ Select **Availity Essentials Login**
- ▶ Enter User ID and Password
- ▶ Select **Log in**

Availity Administrator: Access must first be granted to users by going to *My Account Dashboard* → *Maintain User or Add User* → *select roles*

[Authorization and Referral Inquiry](#) and [Authorization and Referral Request](#).

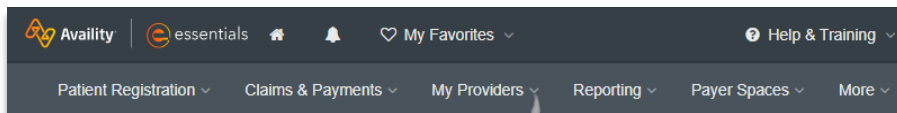




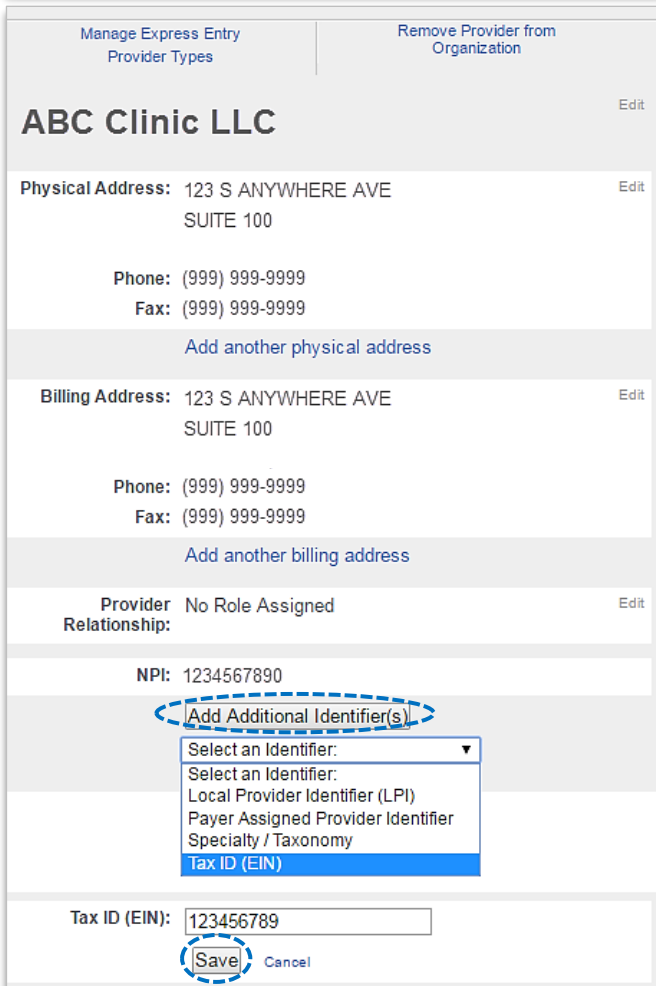
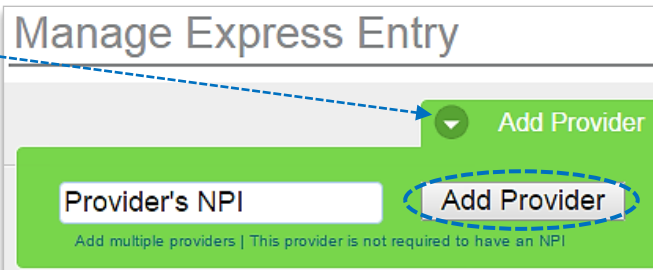
Express Entry Setup

Availity Administrators are encouraged to add Requesting, Rendering and Servicing provider information to Express Entry. This step will lessen the need for users to manually enter all required provider information in the authorization request.

- ▶ Select **My Providers** from the navigation menu
- ▶ Select **Express Entry**
- ▶ Within Manage Express Entry, expand **Add Provider**
- ▶ Enter the **Provider's NPI**
- ▶ Select **Add Provider**



→ *Express Entry setup is only available for Administrators and is also found in My Account Dashboard.*



Quick Tips:

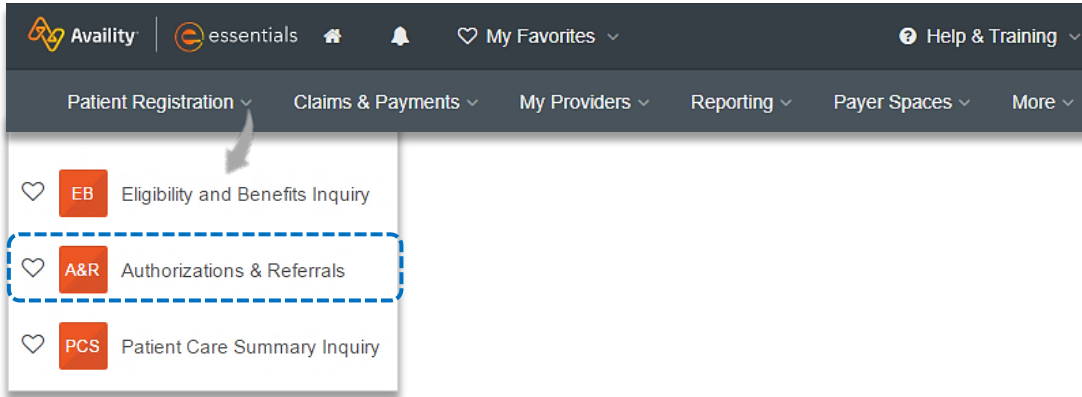
- Associated information will return based on the NPI added.
- The provider's name, address, phone and fax numbers may be changed by selecting **Edit**.

- ▶ Select **Add Additional Identifiers**
- ▶ Choose **Tax ID (EIN)** and **Specialty/Taxonomy** from the drop-down menu
- ▶ Enter **Tax ID** and select **Specialty/Taxonomy**
- ▶ Select **Save**



Accessing Authorizations

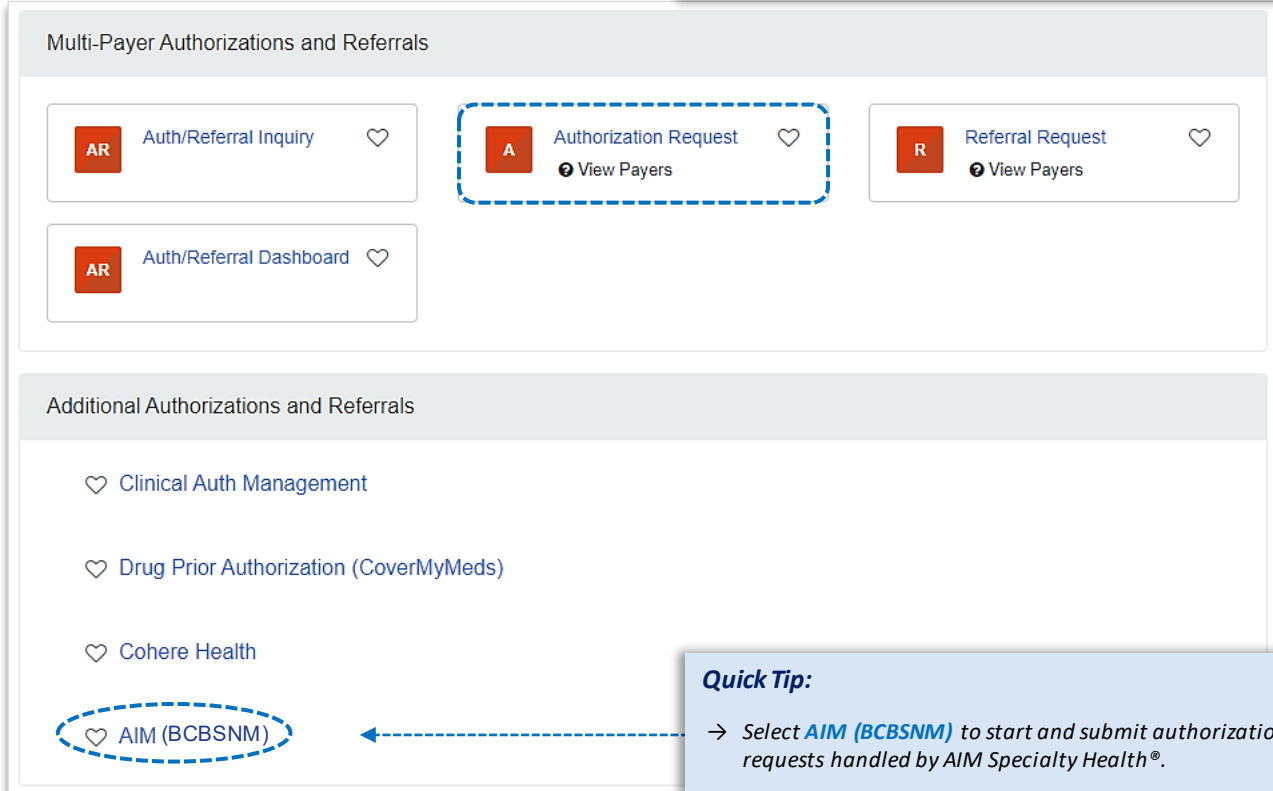
- ▶ Select **Patient Registration** from the navigation menu
- ▶ Select **Authorizations & Referrals**



Quick Tip:

→ Return to this page to access the **Auth/Referral Inquiry** and **Auth/Referral Dashboard**.

- ▶ Next, choose **Authorization Request**



Quick Tip:

→ Select **AIM (BCBSNM)** to start and submit authorization requests handled by AIM Specialty Health®.



Payer and Request Type

- ▶ Select **Organization**
- ▶ Select **BCBSNM** Payer option*
- ▶ Choose a Request Type:
 - **Inpatient Authorization**
 - **Outpatient Authorization**
- ▶ Select **Next**

SELECT A PAYER

Organization

Payer

Request Type

Next

Quick Tip:

→ Choose **Outpatient Authorization** to submit Office, Home and Outpatient services.

**This payer option should be selected for all BCBSNM members, including Medicare Advantage and Blue Cross Community CentennialSM.*

1) Start Authorization

- ▶ Enter the following **Patient Information**:
 - **Member ID**
 - **Relationship to Subscriber**
 - **Patient First and Last Name**
 - **Patient Date of Birth**

Quick Tip:

→ Only required fields will display. To view optional fields, select **Show Optional Fields**.

1
Start an Authorization

2
Add Service Information

3
Rendering Provider/Facility

4
Add Attachments

5
Review and Submit

Transaction Type Inpatient Authorization	Organization ABC Clinic	Payer BCBSNM	
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MEMBER INFORMATION SHOW OPTIONAL FIELDS

Member ID

Relationship To Subscriber

Patient First Name

Patient Last Name

Patient Date of Birth



1) Start Authorization (continued)

- ▶ Enter the following **Requesting Provider** information:
 - **Provider Type**
 - **Name**
 - **NPI Number**
 - **Specialty / Taxonomy**
 - **Address**
 - **Contact Name**
 - **Contact Phone Number**
 - **Contact Fax Number**

▶ Select **Next**

Quick Tip:

→ Use [Select a Provider](#) to quickly populate required provider information. Administrators can refer to [page 2 for Express Entry setup](#) instructions.

REQUESTING PROVIDER SHOW OPTIONAL FIELDS

Select a Provider optional ⓘ

Select Provider ...

Provider Type
Facility

Name ⓘ
Mountain View Regional Hospital

NPI ⓘ
1234567890

Specialty / Taxonomy ⓘ
2278G1100X – General Care

Address Line 1
123 Anywhere Street

City
Longview

State
New Mexico x

ZIP Code
12345-0000

Contact Name
Jane Smith

Contact Phone
7651112345

Contact Fax
7651112222

Quick Tips:

- **Electronic Provider Access (EPA)** is a tool that enables providers to initiate online pre-service reviews for out-of-area members and is available to all contracted BCBSNM providers who are registered Availity users.
- If the member belongs to another Blues Plan, you will be re-directed to the other Plan's pre-service review landing page after **Step 1 (Start an Authorization)** is complete. If the other Blues Plan does not utilize Availity, you will receive a message that you are being redirected to a third-party site.





2) Add Service Information

- ▶ Add the following **Service Information**:
 - **Service Type**
 - **Quantity**
 - **Place of Service**
 - **Quantity Type**
 - **Admission Date**
 - **Diagnosis Code(s)**
 - **Admission Type**
 - **Procedure Code(s)** *(if applicable)*

- ▶ Select **Next**

1
Start an Authorization

2
Add Service Information

3
Rendering Provider/Facility

4
Add Attachments

5
Review and Submit

SERVICE INFORMATION

Service Type ⓘ
69 - Maternity x

Place of Service
21 - Inpatient Hospital x

Admission Date
12/20/2021 📅

Admission Type
Elective x

Quantity ⓘ
7

Quantity Type
Days x

SHOW OPTIONAL FIELDS

DIAGNOSIS CODE(S)

Diagnosis Code ⓘ
O779 - Labor and delivery complicated by fetal stress unspe... v

+ Add another diagnosis code

SHOW OPTIONAL FIELDS

Quick Tip:

→ Add up to 12 **Diagnosis Code(s)** and **Procedure Code(s)** by selecting **Add another diagnosis code** and **Add another procedure code**.

PROCEDURE CODE(S)

Procedure Code ⓘ
59510 - CESAREAN DELIVERY v

Type
CPT/HCPCS v

+ Add another procedure code

SHOW OPTIONAL FIELDS

MESSAGE

Provider Notes optional

SHOW OPTIONAL FIELDS

Back

Next



3) Service/Facility Provider Information

▶ Add the following **Service Provider** information:

- **First Name**
- **Last Name**
- **NPI Number**
- **Address**

1 Start an Authorization
2 Add Service Information
3 **Rendering Provider/Facility**
4 Add Attachments
5 Review and Submit

SHOW OPTIONAL FIELDS

Select a Provider optional ⌵

DOE, JOHN *1234567890* 123 ANYWHERE ST, SAME PLACE, NM 12345

Rendering Provider Role

Attending Physician

First Name Last Name ⌵

JOHN DOE

NPI ⌵

1234567890

Address Line 1

123 ANYWHERE ST

City State ⌵ ZIP Code

SAME PLACE NEW MEXICO 12345

Quick Tip:

→ As a reminder, use **Select a Provider** to quickly populate required provider information.

▶ Add the following **Rendering Provider** information:

- **First Name**
- **Last Name**
- **NPI Number**
- **Address**

▶ Select **Next**

SHOW OPTIONAL FIELDS

Select a Provider optional ⌵

MOUNTAIN VIEW REGIONAL HOSPITAL*1234567891 * 1234 ANYWHERE ST, SAME PLACE, NM 12345

Rendering Provider Role

Facility

Name ⌵

MOUNTAIN VIEW REGIONAL HOSPITAL

NPI ⌵

1234567890

Address Line 1

1234 ANYWHERE ST

City State ⌵ ZIP Code

SAME PLACE NEW MEXICO 12345

Back
Next



4) Add Attachments

- ▶ Submit all appropriate clinical documentation supporting your request prior to submission
- ▶ Select **Add Files** to upload and attach the applicable documentation
- ▶ Select **Next**

Quick Tips:

- If adding multiple files, do not click **Next** until all applicable files have been attached.
- Users may add up to 10 attachments, with a total file size of 40MB.
- Accept files type of PDF (.pdf), TIFF (.tif), JPEG (.jpg), or XML (.xml).

5) Review and Submit

- ▶ Scroll down the prior authorization request preview screen, review the information entered for accuracy and make any necessary changes prior to submitting the request
- ▶ If the information is correct, select **Submit**

Quick Tip:

- Select **Back to Step** to make changes prior to submitting request.



Submission Response

► **Authorization Responses** will provide the **Certification Number** and **Status**

► **Status** will display:

- **Certified in Total**
(approved)
- **Pended**
(for clinical review)

Quick Tip:
→ Instructional **messaging** will display for requests that pend and/or requests that cannot be submitted via Availity.

Auth/Referral Dashboard

► Access the **Auth/Referral Dashboard** from the top of the **Authorization Response** screen or from the **Authorizations & Referral** page

► **Auth/Referral Dashboard** allows users to view requests submitted to BCBSNM via Availity

► Use the **Dashboard** to complete the following tasks:

- Search for requests (by Patient Name, Certification Number, Member ID, Requesting Provider NPI)
- Check Status
- View and/or print
- Update requests

Quick Tip:
→ Select **New Request** to start a new Authorization from the **Dashboard**.

► Select the **request card** to view authorization details

Quick Tip:
→ By default, the **Dashboard** displays all requests submitted in the last 14 days and sorts most recent requests at top of the list.



View and Update Requests

- ▶ After selecting the **request card**, the following information displays:
 - Patient Information
 - Certification Information
 - Service Information

- ▶ Select **Update** to revise applicable requests

Authorization Information

DOE, JANE <small>Patient</small> Member ID: ABC123456789 Transaction Type: Inpatient Authorization			Date of Birth: 1984-03-30 Organization: ABC CLINIC	Gender: Female Payer: BCBSNM	
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Update

Certificate Information

Certification Number: U9999AADF	Status: CERTIFIED IN TOTAL
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Service Information

Service Type: 69 - Maternity	Place of Service: 21 - Inpatient Hospital	Admission - Discharge Date: 2021-20-12 – 2021-27-12
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Close Window Print Unfollow this item Move to Trash

Quick Tip:

→ Use the additional options to print, unfollow, or move items to trash.

Auth/Referral Inquiry

Use **Auth/Referral Inquiry** to view member-specific prior authorization requests previously submitted to BCBSNM

- ▶ Access the **Auth/Referral Inquiry** from the **Authorization & Referral** page
- ▶ Select **Organization**
- ▶ Select **BCBSNM** payer option*
- ▶ Choose a **Request Type**:
 - **Inpatient Authorization**
 - **Outpatient Authorization**
- ▶ Select **Next**

SELECT A PAYER

Organization:

Payer:

Request Type:

Next

**This payer option should be selected for all BCBSNM members, including Medicare Advantage and Blue Cross Community Centennial.*

Auth/Referral Inquiry can be used to view....

- Requests set-up through an outside vendor.
- Requests initiated by phone.
- Requests submitted by a different provider organization.



Auth/Referral Inquiry (continued)

▶ Enter the following information:

- Member ID
- Relationship to Subscriber
- Date of Birth
- Requesting Provider NPI
- From Date
- To Date

PATIENT INFORMATION SHOW OPTIONAL FIELDS

Member ID

Relationship to Subscriber

Patient Date of Birth

REQUESTING PROVIDER SHOW OPTIONAL FIELDS

NPI

SERVICE INFORMATION SHOW OPTIONAL FIELDS

From Date

To Date

Authorization or Referral Number optional

Quick Tip:
→ Enter **Service Dates** **AND/OR** **Authorization Certification** number to locate the authorization request.



Submission Tips

Submission tips are listed below to further assist providers with submitting certain requests via the Authorizations tool.

Requested Service	Request Type	Service Type	Place of Treatment
Partial Hospitalization for Behavioral Health and/or Substance Abuse	Outpatient Authorization	MH – Mental Health AI – Substance Abuse	52 – Partial Hospitalization 12 – Home
Home Health Care and Home Infusion Therapy	Outpatient Authorization	42 – Home Health Care	Note: Ensure the appropriate procedure code(s) for Home Health Care or Home Infusion Therapy are entered on the request.
Skilled Nursing Care	Outpatient Authorization	AG – Skilled Nursing Care	12 – Home
Private Duty Nursing	Outpatient Authorization	74 – Private Duty Nursing	12 – Home
Long Term Acute Care	Inpatient Authorization	54 – Long Term Care	21 – Inpatient Hospital

Have questions or need additional education? Email the [Provider Education Consultants](#).

Be sure to include your name, direct contact information & Tax ID or billing NPI.

Checking eligibility and/or benefit information is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered. If you have any questions, please call the number on the member's ID card.

AIM Specialty Health is an independent medical benefits management company that provides utilization management services for BCBSNM. BCBSNM makes no endorsement, representations or warranties regarding third party vendors and the products and services they offer.

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