

Authorizations User Guide

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](#).

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.

Using this tool increases administrative efficiencies by permitting users to access and verify status of requests, upload supporting clinical documentation when required, update requests, and obtain printable confirmation for your records.

Not registered with Availity Essentials?

Complete the online guided registration process today via [Availity](#), at no cost.

Feb. 2024



The following instructions show how users' access **Authorizations** via Availity Essentials and how Availity Administrators and/or users will add providers information to your organization's account.

Step 1



- > Login to **Availity Essentials**
- > Setup Availity **Manage My Organization (MMO)**

Step 2



- > Access **Authorizations** via Availity Essentials
- > **Start Authorization** request
- > **Add Service** and **Provider Information**

Step 3



- > **Review** and **Submit**
- > **Attach** clinical records *(if applicable)*
- > **View** and **Update**
- > **Auth/Referral Inquiry**

Step 4



- > **Submission Tips, FAQs** and **support** to assist with submitting Authorization requests via Availity Essentials



Step 1: Availity Login & MMO Setup

1 Assigned users can access this tool by following the instructions below:

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

The image shows the Availity Sign In page. A blue dashed circle with the number '1' highlights the 'User ID' and 'Password' input fields and the 'Sign In' button. Below the fields are links for 'Forgot your user ID?' and 'Forgot your password?'.

2 Select [Manage My Organization](#) from *My Account Dashboard* on the Availity homepage

The image shows the 'My Account Dashboard' with a list of menu items. 'Manage My Organization' is circled with a blue dashed line and the number '2'. Other items include 'My Account', 'Maintain User', 'Add User', 'How To' Guide for Dental Providers, Enrollments Center, Spaces Management Tool, and EDI Companion Guide.

A Within [Manage My Organization](#), select [Manage Providers](#), then [Add Provider\(s\)](#)

The image shows the 'Providers' section of the interface. A blue dashed circle with the letter 'A' highlights the 'Manage Providers' dropdown menu. Below it is a search bar with the placeholder text 'Search for a provider by name, taxonomy code, or address..' and a search icon.

- 3 ▶ Select the **Tax ID Type:**
- **EIN** – *Employee Identification Number*
 - **SSN** – *Social Security Number*
- ▶ Enter the **Tax ID** and **NPI number**
- ▶ Select [Find Provider](#)

The image shows the 'Add Provider' modal window. A blue dashed circle with the number '3' highlights the 'Tax ID Type' dropdown menu (set to 'EIN - Employee Identification Number'), the 'Tax ID' input field, and the 'National Provider ID (NPI)' input field. Below these fields is a checkbox for 'This is an atypical provider...' and a 'Find Provider' button. A callout box points to the 'Find Provider' button with the text: 'Do you need to add many providers to this organization? Upload up to 500 at once via a spreadsheet upload.'

Quick Tips:

- If you have multiple providers to add to your organization, select **“Upload up to 500 at once via spreadsheet upload.”**
- For more details, refer to the [Manage My Organization User Guide](#) published in the [Provider Tools section](#) of our website.



Step 2: Access Authorizations

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

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*.

- 2 ▶ Next, choose **Authorization Request**

Quick Tips:

- Return to this page to access the **Auth/Referral Inquiry**, and **Auth/Referral Dashboard**.
- Select **Carelon** or **eviCore** links to start and submit authorization requests handled by Carelon Medical Benefits Management or eviCore® healthcare vendors.

The screenshot shows the Availity web application interface. At the top, there is a navigation bar with the Availity logo and links for Home, Notifications, and My Favorites. Below this is a secondary navigation bar with dropdown menus for Patient Registration, Claims & Payments, My Providers, Reporting, Payer Spaces, and More. A blue dashed box labeled '1' highlights the 'Patient Registration' dropdown menu, which is open to show three options: 'Eligibility and Benefits Inquiry' (EB), 'Authorizations & Referrals' (A&R), and 'Patient Care Summary Inquiry' (PCS). The 'Authorizations & Referrals' option is selected. Below this, the 'Authorizations & Referrals' page is displayed. It features a section for 'Multi-Payer Authorizations and Referrals' with three cards: 'Authorization/Referral Inquiry' (AR), 'Authorization Request' (A), and 'Referral Request' (R). The 'Authorization Request' card is highlighted with a blue dashed box labeled '2'. Below this is a section for 'Additional Authorizations and Referrals' with several links, including 'Clinical Auth Management', 'Drug Prior Authorization (CoverMyMeds)', 'Cohere Health', 'Carelon (BCBSNM)', 'Premera Code Check (including Premera and its suite of plans)', 'Carelon Post Acute Solutions', and 'eviCore (BlueCross BlueShield of New Mexico)'. The 'Carelon (BCBSNM)' and 'eviCore (BlueCross BlueShield of New Mexico)' links are highlighted with blue dashed boxes.



Step 2: Start Authorization

- 1 ▶ Select **Organization**
- ▶ Select **BCBSNM** Payer option

Note: This payer option should be selected for all BCBSNM members, including Medicare Advantage and New Mexico Medicaid members.
- ▶ Choose a Request Type:
 - **Inpatient Authorization**
 - **Outpatient Authorization**
- ▶ Select **Next**

Authorizations Give Feedback Go to Dashboard New Request

1 SELECT A PAYER

Organization •
ABC ORGANIZATION

Template(s) optional • Manage Templates
No template selected

Select a template from the list or continue with Payer and Request Type fields.

Payer • •
BCBSNM

Request Type • •
Select Authorization Type
Inpatient Authorization
Outpatient Authorization

Next

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

- 2 ▶ 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 Review and Submit

Transaction Type: Inpatient Authorization Organization: ABC Organization Payer: BCBSNM BlueCross BlueShield of New Mexico

PATIENT INFORMATION SHOW OPTIONAL FIELDS

Select a Patient •
Q Select...
Search by any combination of patient name (first and last), DOB, or Member ID.

2 Member ID • •: ABC12345789 Relationship to Subscriber • •: Self

Patient First Name •: Jane Patient Last Name •: Doe

Patient Date of Birth •: 03/30/1974



- 3** ▶ Enter the following **Requesting Provider** information:
- **Provider Type**
 - **NPI Number**
 - **Name**
 - **Specialty / Taxonomy**
- ▶ Select **Next**

3

REQUESTING PROVIDER SHOW OPTIONAL FIELDS

Select a Provider optional ⓘ

Select Provider ...

Provider Type

Facility

Name ⓘ

ABC Hospital

NPI ⓘ

1234567890

Specialty / Taxonomy ⓘ

207V00000X – Obstetrics & Gynecology

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

Back Next

Quick Tip:

→ Use **Select a Provider** to quickly populate required provider information. Refer to [Manage My Organization User Guide](#) for additional assistance.

- ▶ **Electronic Provider Access (EPA):**
- **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 a different Blues Plan, users will be redirected 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, users will receive a message that you are being redirected to a third-party site.
- ▶ **Continue** by selecting **Accept** *(if applicable)*

Authorizations

Blue Cross Blue Shield Association

You are about to be re-directed to a third-party site away from Availity's secure site, which may require a separate log-in. Availity provides the link to this site for your convenience and reference only. Availity cannot control such sites, does not necessarily endorse and is not responsible for their content, products, or services. You will remain logged in to Availity.

By clicking "Accept" below, you confirm that you acknowledge and accept the foregoing Terms of use.

v7.110.4



- 4 ▶ Select **Check if Authorization is Required** to determine if authorization is required for **outpatient services**

CHECK IF AN AUTHORIZATION IS REQUIRED

Check if Authorization is Required?

- ▶ Enter the following information: →
- Service Type
 - Place of Service
 - Procedure Code(s) and Type
 - From Date and To Date
 - Procedure Quantity
 - Procedure Quantity Type
- ▶ Select **Next**

CHECK IF AN AUTHORIZATION IS REQUIRED

Check if Authorization is Required?

Service Type * x

Place of Service * x

PROCEDURE CODE(S) SHOW OPTIONAL FIELDS

Procedure Code *

Type *

From Date *

To Date *

Procedure Quantity *

Procedure Quantity Type * x

+ Add another procedure code



Results include prior authorization requirements for the entered procedure code(s) – see examples displayed below.

Auth Required

| Authorization Required | | |
|--|--|--|
| Service Type 2 - Surgical | Place of Service 22 - On Campus-Outpatient Hospital | Service From - To Date NA |
| Procedure Code 1 29914 - HIP ARTHRO W/FEMOROPLASTY | Quantity 1 Units | Procedure From - To Date 2024-02-15 - 2024-02-15 |
| Status AUTH REQUIRED | Message Procedure codes are supported for preauthorization requirement only and are not used for benefit determination | |
| Vendor Name BCBSNM | Phone (555) 555-5555 | |
| Network Status In Network | | |

[Back](#) [Next](#)

Undetermined

| Authorization - Undetermined | | |
|---|--|--|
| Service Type 2 - Surgical | Place of Service 22 - On Campus-Outpatient Hospital | Service From - To Date NA |
| Procedure Code 1 G9354 - 1 or no ct sinus w/in 90d dx | Quantity 1 Units | Procedure From - To Date 2024-02-15 - 2024-02-15 |
| Status UNDETERMINED | Message Procedure codes are supported for preauthorization requirement only and are not used for benefit determination | |
| Vendor Name BCBSNM | Phone (555) 555-5555 | |
| Network Status In Network | | |

[Back](#) [Next](#)

No Auth Required

| No Authorization Required | | |
|--|--|--|
| Service Type 2 - Surgical | Place of Service 22 - On Campus-Outpatient Hospital | Service From - To Date NA |
| Procedure Code 1 67875 - CLOSURE OF EYELID BY SUTURE | Quantity 1 Units | Procedure From - To Date 2024-02-15 - 2024-02-15 |
| Status NO AUTH REQUIRED | Message Procedure codes are supported for preauthorization requirement only and are not used for benefit determination | |
| Vendor Name BCBSNM | Phone (555) 555-5555 | |
| Network Status In Network | | |

Info No Authorizations are required for this request. [Click here](#) to return to the portal, or click Next to continue processing this request.

[Back](#) [Next](#)

Auth Required by Vendor (e.g., Caredon Medical Benefits Management)

| Authorization Required | | |
|--|--|--|
| Service Type 2 - Surgical | Place of Service 22 - On Campus-Outpatient Hospital | Service From - To Date NA |
| Procedure Code 1 75635 - CT ANGIO ABDOMINAL ARTERIES | Quantity 1 Units | Procedure From - To Date 2024-02-15 - 2024-02-15 |
| Status AUTH REQUIRED | Message Procedure codes are supported for preauthorization requirement only and are not used for benefit determination | |
| Vendor Name Caredon Medical Benefits Management | Phone (555) 555-5555 | |
| Network Status In Network | | |

[Back](#) [Next](#)

Select one of the following (if applicable):

- [Print](#)
- [Back](#) (go to previous step)
- [Next](#) (continue to next step)



Step 2: Add Service Information

5 Add Service Information for Outpatient or Inpatient requests:

A Complete the following for Outpatient Services:

- Service Type
- Place of Service
- From and To Date
- Quantity (visits, units, or time frames for the service or therapy requesting)
- Quantity Type
- Level of Service (Elective or Emergency)
- Diagnosis Code(s)
- Procedure Code(s)

Select Next

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

DOE, JON Patient
Member ID: ABC123456789
Date of Birth: 1979-04-11
Transaction Type: Outpatient Authorization
Gender: NA
Payer: BCBSNM
Organization: ABC Organization

BlueCross BlueShield of New Mexico

A SERVICE INFORMATION

Service Type: 73 - Diagnostic Medical
Place of Service: 22 - On Campus-Outpatient Hospital
From Date: 02/06/2024
To Date: 02/06/2024
Quantity: 1
Quantity Type: Visits
Level of Service: Elective

DIAGNOSIS CODE(S)
Diagnosis Code: R100 - Acute abdomen

PROCEDURE CODE(S)
Procedure Code: 74182 - MRI ABDOMEN W/DIYE
Type: CPT/HCPCS
From Date: 02/06/2024
To Date: 02/06/2024
Procedure Quantity: 1
Procedure Quantity Type: Units

MESSAGE
Provider Notes (optional)

264 Remaining

Back Next

B Complete the following for Inpatient Services:

- Service Type
- Place of Service
- Admission Date
- Admission Type (Elective or Emergency)
- Quantity (Admission days)
- Quantity Type (Days)
- Diagnosis Code(s) (up to 12)
- Procedure Code(s)

Select Next

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

DOE, JANE Patient
Member ID: ABC123456789
Date of Birth: 1983-07-13
Transaction Type: Inpatient Authorization
Gender: Female
Payer: BCBSNM
Organization: ABC Organization

BlueCross BlueShield of New Mexico

B SERVICE INFORMATION

Service Type: 69 - Maternity
Place of Service: 21 - Inpatient Hospital
Admission Date: 02/01/2024
Admission Type: Elective
Quantity: 3
Quantity Type: Days

DIAGNOSIS CODE(S)
Diagnosis Code: O82 - Encounter for cesarean delivery without indication

PROCEDURE CODE(S)
Procedure Code: 59510
Type: CPT/HCPCS

MESSAGE
Provider Notes (optional)

264 Remaining

Back Next



Step 2: Rendering Provider/Facility Information

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

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

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

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

▶ Select **Next**

Quick Tip:

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

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

DOE, JANE Patient
 Member ID: ABC123456789 Date of Birth: 1983-07-13 Gender: Female
 Transaction Type: Inpatient Authorization Organization: ABC Organization Payer: BCBSNM
 BlueCross BlueShield of New Mexico

6 SERVICE PROVIDER Show Optional Fields

Select a Provider optional

SMITH, JOHN *1234567890* 123 ANYWHERE ST, BEACH CITY, NM. 12345

Rendering Provider Role

Attending Physician

First Name : JOHN Last Name : SMITH

NPI : 1234567890

Address Line 1 : 123 ANYWHERE ST.

City : BEACH CITY State : NEW MEXICO ZIP Code : 12345-0000

6 FACILITY Show Optional Fields

Select a Provider optional

ABC HOSPITAL *1234567890 * 999 N. ANYWHERE ST, BEACH CITY, NM. 12345

Rendering Provider Role

Facility

Name

ABC HOSPITAL

NPI

1234567890

Address Line 1

999 N. ANYWHERE ST.

City : BEACH CITY State : NEW MEXICO ZIP Code : 12345-0000

Back **Next**



Step 3: Review, Submit and Submission Response

- 1 ▶ 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**

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

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

BlueCross BlueShield of New Mexico

Member Information

| | | |
|-------------------------|-----------------------------------|----------------------------|
| Patient Name: DOE, JANE | Patient Date of Birth: 1984-03-30 | Patient Gender: Female |
| Member ID: ABC123456789 | Relationship to Subscriber: Self | Subscriber Name: DOE, JANE |

Back Submit **1**

[Back to Step 1](#)

Quick Tip:
→ Select **Back to Step** to make changes prior to submitting.

- 2 ▶ **Authorization Responses** will provide the **Certification Number** and the **Status** will display:
 - A** **Certified in Total** (approved)
 - B** **Pended** (for clinical review)

A Authorization Response Give Feedback Go to Dashboard New Request

Transaction ID: 12345678 Customer ID: 111111 Transaction Date: 2024-02-02

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

BlueCross BlueShield of New Mexico

Print

A Certificate Information

| | |
|----------------------------------|-----------------------------------|
| Certification Number: U99999AADF | Status: CERTIFIED IN TOTAL |
|----------------------------------|-----------------------------------|

- ▶ When request is pended, select **Add Clinical Documentation** to attach supporting documentation to complete the request

B Authorization Response Give Feedback Go to Dashboard New Request

Transaction ID: 12345678 Customer ID: 111111 Transaction Date: 2024-02-02

Doe, Jane Patient
 Member ID: ABC123456789 Date of Birth: 03/30/1974 Gender: Female
 Transaction Type: Inpatient Authorization Organization: ABC CLINIC Payer: BCBSNM

BlueCross BlueShield of New Mexico

Print Add Clinical Documents

B Certificate Information

| | |
|------------------------------|-----------------------|
| Reference Number: U99999AABB | Status: PENDED |
|------------------------------|-----------------------|

Message: Please attach supporting documentation for review to complete.

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

If clinical documentation is required, users may add up to 10 attachments, with total file size of 40MB. Acceptable file types include (.pdf), TIFF (.tif), JPEG (.jpg), or XML (.xml).



Step 3: Dashboard and View Results

3

▶ 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:

- **Search for Requests** (by Patient Name, Certification Number, Member ID, Requesting Provider NPI)
- **Filter List** (by Status, Transaction Type, Organization, Payer, Date Range)
- **Check Status**
- **View** and/or **Print**

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

3

Home > Authorizations & Referrals > Auth/Referral Dashboard

AR Authorization/Referral Dashboard

Give Feedback [New Request](#)

Trash All Orgs All Payers OP, IP Denied, Error, Incom...

All Items ★ Followed Items 📄 Drafts 25 Results < Prev 1 2 3 ... 9 Next >

| Status / Last Updated | Certificate Number | Patient | Payer | Type | Submitted | Actions |
|--|--------------------|---|--------|-----------------------------|------------|---------|
| Approved 7 hours ago | UG12345678 | DOE, JANE ABC123456789 DOB: 07/13/1963 | BCBSNM | Authorization Inpatient | 01/16/2024 | |
| Pending Review 7 hours ago | UG99999999 | DOE, JOHN ABC999999999 DOB: 04/11/1979 | BCBSNM | Authorization Outpatient | 01/31/2024 | |
| Error 4 days ago | N/A | DOE, JANE ABC123456789 DOB: 07/13/1963 | BCBSNM | Authorization Outpatient | 02/01/2024 | |

Quick Tips:

- Requests submitted in the last 14 days are displayed first.
- Select **New Request** to start a new Authorization from the **Dashboard**.



Step 3: View and Update Results

4 After selecting the **request card**, the following information displays:

- Patient Information
- Certification Information
- Service Information

Select **Update** to revise applicable requests

If applicable, select **Add Attachments**, to upload supporting clinical documentation

All Items
★ Followed Items
✍ Drafts
🗑 Trash
25 Results
All Orgs
All Payers
OP, IP, REF
All Statuses

Print
Follow
Trash
Return to List

DOE, JON
DOB: 04/11/1979

☆

BCBSNM
ABC999999999

Authorization
Inpatient

Certificate Number
UG999999999

📎

Pending Review

Last updated
14 minutes ago

Submitted
02/06/2024

DOE, JANE
DOB: 07/13/1963

☆

BCBSNM
ABC123456789

Authorization
Inpatient

Certificate Number
UG12345678

📎

Approved

Last updated
22 hours ago

Submitted
02/02/2024

Transaction ID: 12345678 Customer ID: 11111 Transaction Date: 2024-02-06

DOE, JANE Patient

| | | |
|---|----------------------------------|-----------------|
| Member ID ABC123456789 | Date of Birth 1963-07-13 | Gender NA |
| Transaction Type Inpatient Authorization | Organization ABC Organization | Payer BCBSNM |

Update

Add Attachments

Certificate Information

| | |
|------------------------------------|-------------------------------------|
| Certification Number UG12345678 | Status CERTIFIED IN TOTAL |
|------------------------------------|-------------------------------------|

Service Information

| | | |
|---|---|---|
| Service Type 1 - Medical Care | Place of Service 21 - Inpatient Hospital | Admission - Discharge Date 2024-02-02 – 2024-02-13 |
| Admission Type Elective | Quantity 11 Days | |
| Diagnosis Code 1 R0600 - Dyspnea unspecified | | |
| Procedure Code 1 (CPT/HCPCS) NOSRVC | | |

4



Step 3: Auth/Referral Inquiry

1 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 this Payer option for all BCBSNM members, including Medicare Advantage and New Mexico Medicaid members.

1

SELECT A PAYER

Organization
ABC Clinic

Payer
BCBSNM

Request Type
Inpatient Authorization

Next

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.

2 ▶ Enter the **required** information
▶ Select **Submit**

PATIENT INFORMATION

Select a Patient (Enter one or more to search: patient name (first or last), DOB, or Member ID.)

Member ID: ABC123456789 Relationship to Subscriber: Self

Patient Date of Birth: 04/11/1979

REQUESTING PROVIDER

NPI: 1234567890

Contact Name: Jane Smith

Contact Phone: (555) 555-5555 Contact Fax: (555) 555-5555

SERVICE INFORMATION

From Date: 01/30/2024 To Date: 02/06/2024

Authorization or Referral Number optional: UG12345678

Submit

2

Enter **Service Dates** and/or **Authorization Certification** number to locate the authorization request.

3 ▶ View the **response** for the Auth Inquiry
▶ **Print, Update, Edit** and/or **Pin to Dashboard**

Authorization/Referral Inquiry Results

Transaction ID: 12345678 Customer ID: 11111 Transaction Date: 2024-02-06

DOE, JANE Patient

| | | |
|--|---------------------------|---------------|
| Member ID: ABC123456789 | Date of Birth: 1979-04-11 | Gender: NA |
| Relationship to Subscriber: Other Relationship | Subscriber Name: JON DOE | |
| Transaction Type: Outpatient Authorization | Organization: ABC CLINIC | Payer: BCBSNM |

Print Update Edit Inquiry Pin to Dashboard

3

Certificate Information

| | |
|----------------------------------|-----------------------------------|
| Certification Number: UG12345678 | Status: CERTIFIED IN TOTAL |
|----------------------------------|-----------------------------------|

Service Information

| | | |
|--|---------------------------------------|---|
| Service Type: AI - Substance Abuse | Place of Service: Outpatient Hospital | Service From - To Date: 2024-01-02 - 2024-02-06 |
| Diagnosis Code 1: F1020 - Alcohol dependence uncomplicated | | |
| Procedure Code 1 (CPT/HCPCS): H0015 - Alcohol and/or drug services | Quantity: 12 Units | |
| Status: CERTIFIED IN TOTAL | | |
| Procedure Code 2 (CPT/HCPCS): H0015 - Alcohol and/or drug services | Quantity: 12 Units | |
| Status: CERTIFIED IN TOTAL | | |

Rendering Providers

| | | |
|--------------------------------------|--|--|
| Provider 1 | | |
| Name: SMITH, JAMES | NPI: 1234567890 | |
| Provider Role: Attending | Address: 999 N ANYWHERE DR. MOUNTAIN VIEW, XX. 12345-0000 | |
| Provider 2 | | |
| Name: ABC CLINIC | NPI: 1999999999 | |
| Provider Role: Provider Organization | Address: 123 ANYWHERE DR. MOUNTAIN VIEW, XX. 12345-0000 | |
| Provider 3 | | |
| Name: ABC MEMORIAL HOSPITAL | NPI: 1000000000 | |
| Provider Role: Facility | Address: 555 S. ANYWHERE DR. MOUNTAIN VIEW, XX. 12345-0000 | |



Step 4: Submission Tips & Support

Refer to the **Submission Tips** listed below to further assist with submissions.

| 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 |
| Home Health Care and Home Infusion Therapy | Outpatient Authorization | 42 – Home Health Care | 12 – Home 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?

Education or training, contact [BCBSNM Provider Education Consultants](#)

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

Technical Availity support, contact Availity Client Services at 800-282-4548

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