



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 when required, 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 Essentials](#), complete the guided online registration 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

Page	Contents	Page	Contents
1	Getting Started	9	Add Service Information
2	Manage My Organization Setup	10	Service/Facility Provider Information
3	Manage My Organization Setup (continued)	11	Review and Submit
4	Accessing Authorizations	11	Submission Response
5	Payer and Request Type	12	Auth/Referral Dashboard
5	Start Auth (Step 1 – Member Info)	13	View and Update Requests
6	Start Auth (Step 1 – Requesting Provider)	13 & 14	Auth/Referral Inquiry
7 & 8	Check if an Authorization is required (Outpatient Only)	15	Submission Tips

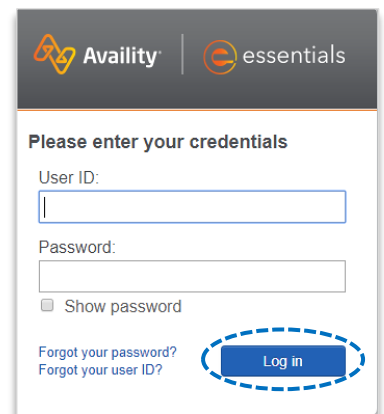
Getting Started

- ▶ 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.



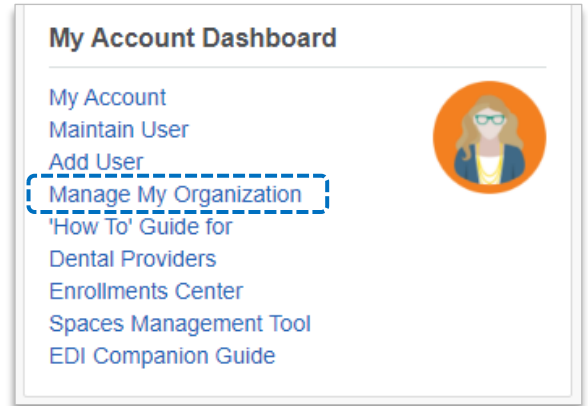


Manage My Organization Setup – Administrator Functionality

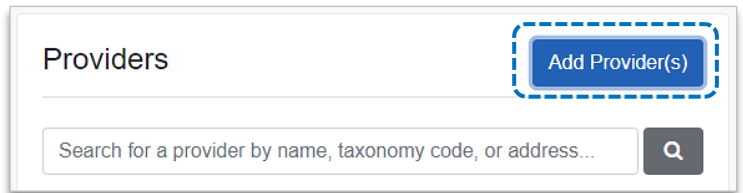
Availability Administrators are encouraged to add Requesting, Rendering and Servicing provider information to Manage My Organization. This step will lessen the need for users to manually enter all required provider information in the authorization request.

- ▶ Select **Manage My Organization** from *My Account Dashboard* on the Availability homepage

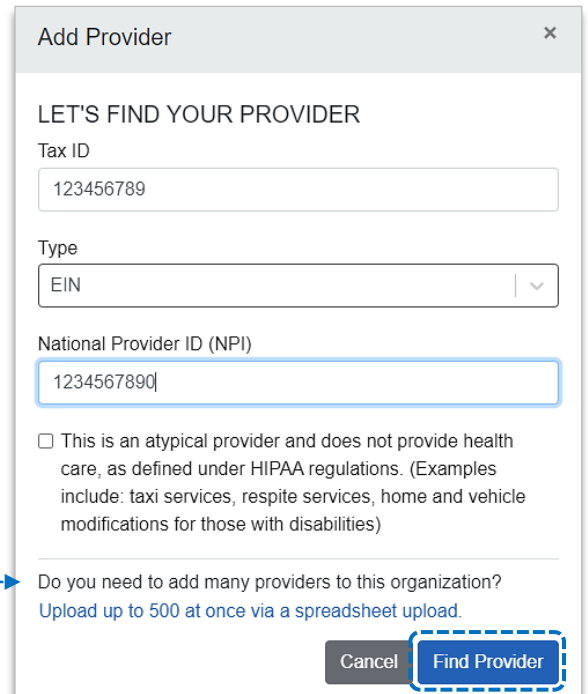
Note: *Manage My Organization* is only accessible to assigned Availability Administrators.



- ▶ Within **Manage My Organization**, select **Add Provider**



- ▶ Enter the Provider TaxID and NPI numbers and select **Find Provider**



Quick Tip:

→ If you have multiple providers to add to your organization, select "Upload up to 500 at once via spreadsheet upload."

Manage My Organization Setup – Administrator Functionality (continued)

Associated provider information will return based on the NPI number entered

- ▶ **Step 1:** Review and/or update the provider **Name** and **Primary Specialty/Taxonomy** and select **Next**
- ▶ **Step 2:** Review and/or update the provider **Identifiers** and select **Next**

1 Provider Information

Looks like there's a match!

Please review and/or update all of this provider's information.

PROVIDER SEARCH RESULTS:

Village ABC Clinic

Provider Type
Group/Facility

Group Name/Facility Name
Village ABC Clinic

NPI
1234567890

Primary Specialty/Taxonomy
363L00000X Physician Assistants & Advanced Pr...

Back Next

2 Identifiers

Looks like there's a match!

Please review and/or update all of this provider's identifiers.

PROVIDER SEARCH RESULTS:

Village ABC Clinic

Primary Tax ID
Tax ID
123456789

Type
EIN

+ Add additional Tax ID

Identifiers
+ Add identifier

Back Next

- ▶ **Step 3:** Review and/or update the provider **Address** and select **Next**
- ▶ **Step 4:** Review all information, choose the **provider's relationship to your organization**, then click **"I certify that this provider's information and relationship to my organization information is correct"** and **Submit**

3 Addresses

Looks like there's a match!

Please add all of the address and service location information for this provider.

Village ABC Clinic

Physical/Billing

123 Anywhere Drive
Suite 000
City, State 12345

+ Add an address

Back Next

4 Review

What is the provider's relationship to your organization?
(Select one)

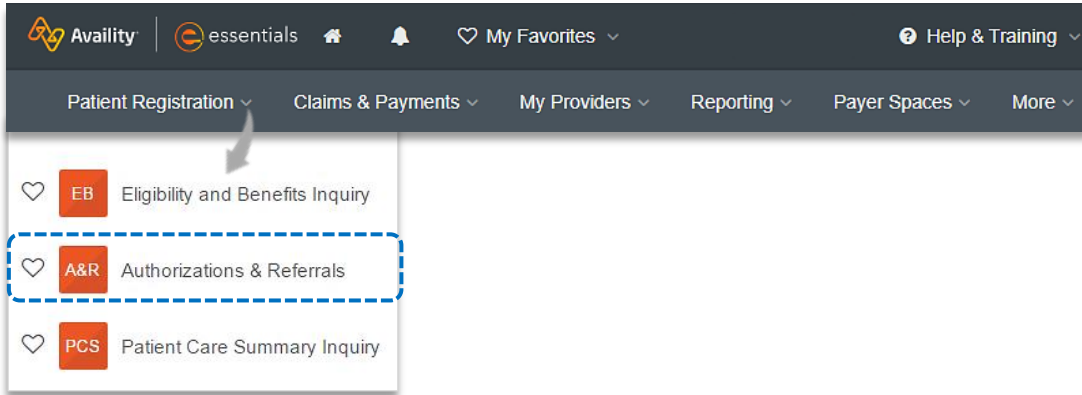
?
 This provider is a part of my organization
 This is a third-party not directly affiliated with my organization (example: referred-to provider)
 I certify that this provider's information and relationship to my organization information is correct

Back Submit



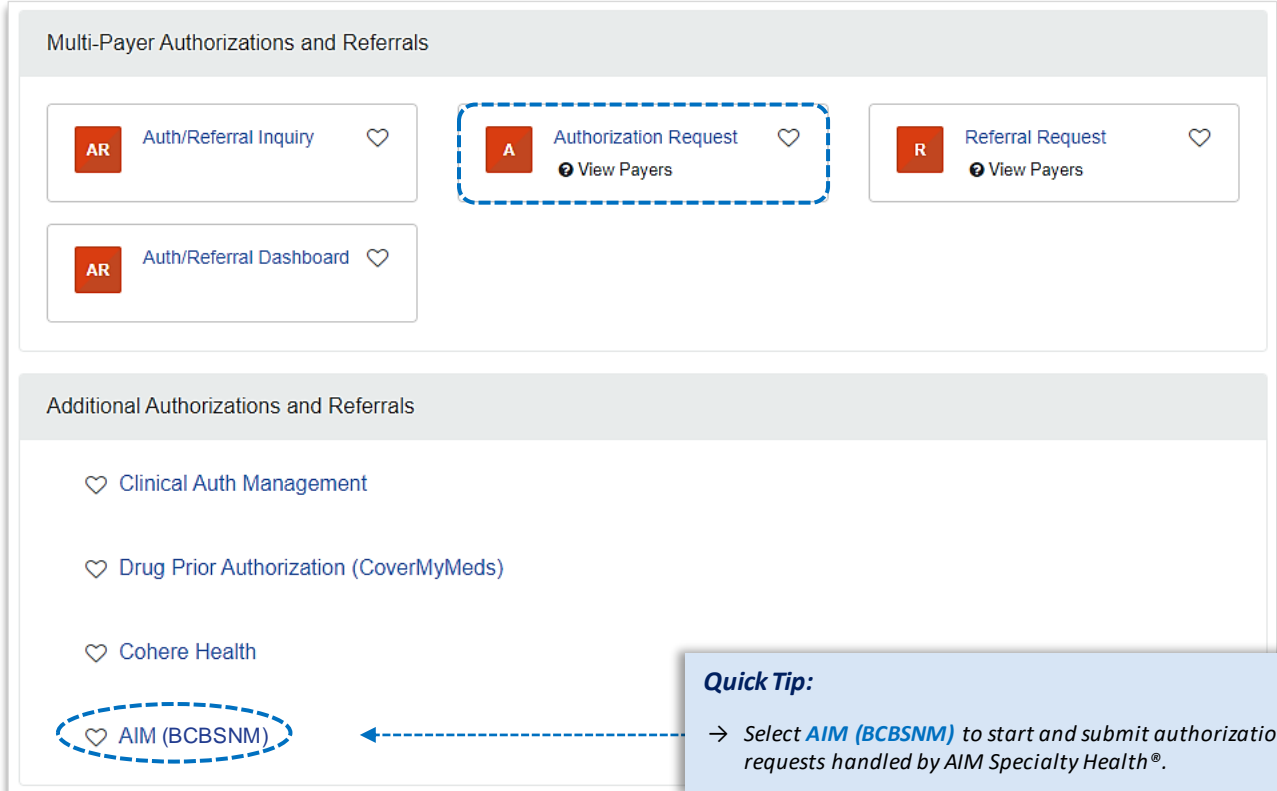
Accessing Authorizations

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



Quick Tips:
→ 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.*

1) Start Authorization

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

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

PATIENT INFORMATION

SHOW OPTIONAL FIELDS

Select a Patient

Search by any combination of patient name (first and last), DOB, or Member ID.

Member ID

Relationship to Subscriber

Patient First Name

Patient Last Name

Patient Date of Birth

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



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](#) and [page 3](#) for setup instructions.

REQUESTING PROVIDER SHOW OPTIONAL FIELDS

Select a Provider optional ⓘ

Select Provider ...

Provider Type
Provider Organization

Name ⓘ
ABC Medical

NPI ⓘ
1234567890

Specialty / Taxonomy ⓘ
207V00000X – Obstetrics & Gynecology

Address Line 1
123 Anywhere Street

City
Longview

State
NM

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.



1) Check if Authorization is Required – Outpatient Only

- ▶ 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?

Quick Tip:
→ Check if authorization is required is only applicable to outpatient.

- ▶ 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 •

Place of Service •

PROCEDURE CODE(S) SHOW OPTIONAL FIELDS

Procedure Code •

Type •

From Date •

To Date •

Procedure Quantity •

Procedure Quantity Type •

Add another procedure code

Back **Next**



1) Check if Authorization is Required – Outpatient Only (continued)

▶ Results include prior authorization requirements for the entered procedure code(s):

- A** Auth Required
- B** No Auth Required
- C** Undetermined

- ▶ Select **Print**
- ▶ Select **Back** to go to the previous screen
- ▶ Select **Next** to continue to the next step

Print

Authorization - Undetermined

Service Type 2 - Surgical	Place of Service 22 - On Campus-Outpatient Hospital	Service From - To Date NA
Procedure Code 1 59510 - CESAREAN DELIVERY	Quantity 1 Units	Procedure From - To Date 2022-11-19 - 2022-11-19
Status Auth Required		
Message Procedure codes are supported for preauthorization requirement only and are not used for benefit determination		
Vendor Name BCBSNM	Phone 888-898-0070	
Network Status In Network		

Back **Next**

Print

No Authorization Required

Service Type 2 - Surgical	Place of Service 22 - On Campus-Outpatient Hospital	Service From - To Date NA
Procedure Code 1 33250 - ABLATE HEART DYSRHYTHM FOCUS	Quantity 1 Units	Procedure From - To Date 2022-11-19 - 2022-11-19
Status NO AUTH REQUIRED		
Message Procedure codes are supported for preauthorization requirement only and are not used for benefit determination		
Vendor Name BCBSNM	Phone 888-898-0070	
Network Status In Network		

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

Back **Next**

Print

Authorization - Undetermined

Service Type 2 - Surgical	Place of Service 22 - On Campus-Outpatient Hospital	Service From - To Date NA
Procedure Code 1 59510 - CESAREAN DELIVERY	Quantity 1 Units	Procedure From - To Date 2022-11-19 - 2022-11-19
Status UNDETERMINED		
Message Procedure codes are supported for preauthorization requirement only and are not used for benefit determination		
Vendor Name BCBSNM	Phone 888-898-0070	
Network Status In Network		

Back **Next**



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
Review and Submit

SERVICE INFORMATION

Service Type ⓘ
69 - Maternity x

Admission Date
12/20/2021 📅

Admission Type
Elective x

Quantity ⓘ
7

Place of Service
21 - Inpatient Hospital x

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

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

Quick Tip:

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



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 Review and Submit

SHOW OPTIONAL FIELDS

SERVICE PROVIDER

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 NM 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

FACILITY

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 NM 12345

Back
Next



4) 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)

- ▶ Select **Add Clinical Documentation** when supporting documentation is required by BCBSNM to complete the request

Note: 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).

Quick Tip:
→ Instructional **messaging** will display for requests that pended 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
- ▶ Select the **request card** to view authorization details

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

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

Auth/Referral Dashboard

[Give Feedback](#)

[New Request](#)

Search

Sort by: Last Updated

List View Detail View

Filter List
Applied Filters: STATUS: ALL TYPE: ALL ORGANIZATION: ALL PAYER: ALL DATE RANGE: LAST 14 DAYS

All Items Followed Items Drafts Trash

PENDING REVIEW		Authorization - Outpatient							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Certificate #</td> <td style="width: 30%;">Patient Information</td> <td style="width: 20%;">Service Information</td> <td style="width: 30%;">Reason</td> </tr> <tr> <td>U99999AIOV</td> <td>DOE, JANE BCBS ABC123456789 DOB: 03/30/1984</td> <td>2022-06-13 – 2022-06-13</td> <td>NA</td> </tr> </table>	Certificate #	Patient Information	Service Information	Reason	U99999AIOV	DOE, JANE BCBS ABC123456789 DOB: 03/30/1984	2022-06-13 – 2022-06-13	NA	
Certificate #	Patient Information	Service Information	Reason						
U99999AIOV	DOE, JANE BCBS ABC123456789 DOB: 03/30/1984	2022-06-13 – 2022-06-13	NA						
APPROVED		Authorization - Inpatient							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Certificate #</td> <td style="width: 30%;">Patient Information</td> <td style="width: 20%;">Service Information</td> <td style="width: 30%;">Reason</td> </tr> <tr> <td>U99999AADF</td> <td>DOE, JANE BCBS ABC123456789 DOB: 03/30/1984</td> <td>2022-06-01 – 2022-06-03</td> <td>NA</td> </tr> </table>	Certificate #	Patient Information	Service Information	Reason	U99999AADF	DOE, JANE BCBS ABC123456789 DOB: 03/30/1984	2022-06-01 – 2022-06-03	NA	
Certificate #	Patient Information	Service Information	Reason						
U99999AADF	DOE, JANE BCBS ABC123456789 DOB: 03/30/1984	2022-06-01 – 2022-06-03	NA						
ERROR		Authorization - Outpatient							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Certificate #</td> <td style="width: 30%;">Patient Information</td> <td style="width: 20%;">Service Information</td> <td style="width: 30%;">Reason</td> </tr> <tr> <td>NA</td> <td>DOE, JANE BCBS ABC123456789 DOB: 03/30/1984</td> <td>2022-6-01 – 2022-06-01</td> <td>NA</td> </tr> </table>	Certificate #	Patient Information	Service Information	Reason	NA	DOE, JANE BCBS ABC123456789 DOB: 03/30/1984	2022-6-01 – 2022-06-01	NA	
Certificate #	Patient Information	Service Information	Reason						
NA	DOE, JANE BCBS ABC123456789 DOB: 03/30/1984	2022-6-01 – 2022-06-01	NA						



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	Date of Birth 1984-03-30	Gender Female	
Transaction Type Inpatient Authorization	Organization ABC CLINIC	Payer BCBSNM	

Update

Certificate Information

Certification Number U9999AADF	Status CERTIFIED IN TOTAL
-----------------------------------	--

Service Information

Service Type 69 - Maternity	Place of Service 21 - Inpatient Hospital	Admission - Discharge Date 2021-20-12 – 2021-27-12
--------------------------------	---	---

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

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.

**This payer option should be selected for all BCBSNM members, including Medicare Advantage.*



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 BCBSNM [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.

Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSNM. BCBSNM makes no endorsement, representations or warranties regarding third party vendors and the products and services they offer.