

The Availity® Essentials **Attachments tool** allows providers to submit electronic **Recommended Clinical Review** (RCR – formerly predetermination of benefits) and attach supporting clinical documentation for Blue Cross and Blue Shield of New Mexico (BCBSNM) members.

A Recommended Clinical Review (RCR) is a voluntary request for written verification of benefits prior to rendering services. BCBSNM recommends submitting a Recommended Clinical Review request if the service may be considered experimental, investigational, or unproven, as indicated within the [BCBSNM Medical Policy](#).

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

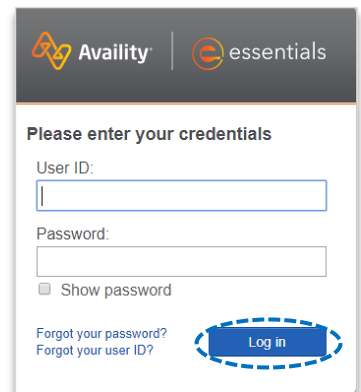
Important Reminder:

Verify the patient’s eligibility and benefits online first. To learn more about checking eligibility and benefits via Availity, refer to the [Eligibility and Benefits User Guide](#).

The information in this user guide does not apply to RCR requests for Medicare Advantage members.

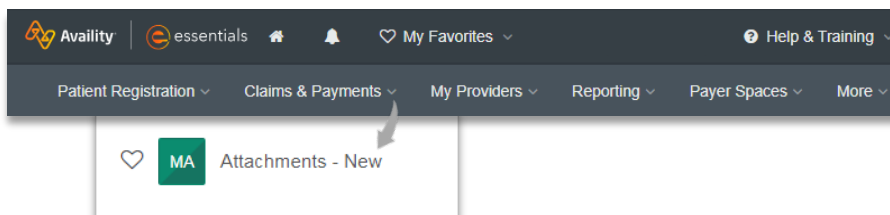
1) Getting Started

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



2) Accessing Attachments

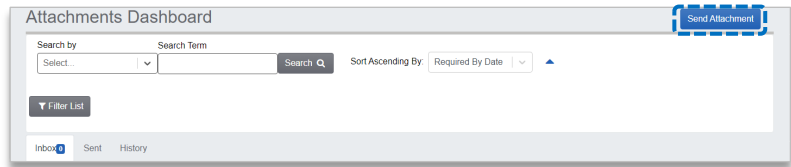
- ▶ Select [Claims & Payments](#) from the navigation menu
- ▶ Select [Attachments - New](#)



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) Accessing Attachments *continued*

- ▶ From the Attachments Dashboard, select **Send Attachment**



3) Recommended Clinical Review Upload & Submit

- ▶ Select **Organization**
- ▶ Select **Payer**
- ▶ Enter **Provider Information**

Recommended Clinical Review (Predetermination) Form Attachments

Organization: ABC Organization

Payer: BCBSNM

Recommended Clinical Review (Predetermination)

Click on the form below, complete and save to your files before uploading supporting documentation using the Add file button at the bottom of this screen. Photos and X-rays should be emailed per the Instructions in the Recommended Clinical Review (Predetermination).

Recommended Clinical Review (Predetermination) Form

Provider

NPI Tax ID

NPI: 1234567890

Organization Individual

Organization Name: ABC Organization

Patient Information

The patient's first and last names must match exactly as they appear on the eligibility and benefits response to prevent the recommended clinical review (predetermination) request from being rejected.

First Name: Jane Middle Name (optional): Last Name: Doe

Subscriber ID: ABC123456789 Date of Birth: 07/17/1984

Claim Information

Urgency **!**

NON-URGENT URGENT

Attach Supporting Documentation

ADDING ATTACHMENTS:

- Do not use this form for any purpose other than to submit a recommended clinical review (predetermination) request
- A total of 10 attachments may be uploaded
- The total file size of all uploads cannot exceed 80MB
- This Health Plan supports file types including .jpeg, .jpg, .pdf, .tif and .tiff.
- File names cannot contain spaces or special characters with the exception of "_" and ".".

* Reason 1: 52034-06 - Payer Letter **▶ Add file for Reason 1**

Clear Values **Send Attachment(s)**

Important Notes:

- All applicable fields are required. If all information is **not** provided, this may cause a delay in processing.
- Enter the patient's name **exactly** how it's returned on the Eligibility & Benefits inquiry. **DO NOT** shorten or use a nickname.
- Inquiries received without the patient information cannot be completed and may be returned to you to supply this information. Procedure CPT/HCPCS and ICD10 diagnosis code(s) for the requested services must be listed on the form.

- ▶ Enter **Patient Information**
- ▶ Select the **Urgency**
- ▶ Select **Add File** to attach the completed **Recommended Clinical Review** and **supporting clinical documentation**
- ▶ Select **Send Attachment(s)**

Quick Tips:

- If adding multiple files, do not **Send Attachment(s)** until all applicable files have been attached.
- Per Medical Policy, if photos and/or X-rays are required for review, please email to **Photo Handling**. The body of the email should include the patient's first and last name, group number, subscriber ID and date of birth.

4) Confirm Receipt of Submission

The **Sent** and **History** tabs within the Attachments tool allows you to confirm if the submitted attachment(s) were received by the payer. You will be notified when a final outcome of the recommended clinical review has been reached.

- ▶ View the **Sent** tab to confirm the submission was successfully sent by the provider organization to the payer

A Attachments Dashboard Provider Verification Send Attachment

Search by patient, name, provider name, etc. Sort Descending By: Filter by status:

Inbox **Sent 2** History

Request	Patient	Payer	Provider	Details
RCR_TEST1_12345678 RECOMMENDEND CLINICAL REVIEW SUBMITTED 08/17/2023	LAST, FIRST 12/20/1974	BlueCross BlueShield of New Mexico	ABC CLINIC 1234567890	➔ 08/22/2023
	ABC123456789 RCR_TEST1_12345678			➔ 08/22/2023
RCR_TEST2_12345678 RECOMMENDEND CLINICAL REVIEW SUBMITTED 08/20/2023	LAST, FIRST 03/30/1995	BlueCross BlueShield of New Mexico	ABC CLINIC 1234567890	➔ 08/25/2023
	ABC123456789 RCR_TEST2_12345678			➔ 08/25/2023

- ▶ View the **History** tab to confirm if your submission was accepted or rejected by the payer

A Attachments Dashboard Provider Verification Send Attachment

Search by patient, name, provider name, etc. Sort Descending By: Filter by status:

Inbox Sent **History 2**

Request	Patient	Payer	Provider	Details
RCR_TEST3_12345678 RECOMMENDEND CLINICAL REVIEW ACCEPTED 7/06/2023	DOE, JOHN 01/15/1980	BlueCross BlueShield of New Mexico	ABC CLINIC 1234567890	➔ 07/31/2023
	ABC123456789 RCR_TEST3_12345678			➔ 07/31/2023
RCR_TEST4_55555555 RECOMMENDEND CLINICAL REVIEW REJECTED 8/04/2023	DOE, JANE 04/01/1969	BlueCross BlueShield of New Mexico	ABC CLINIC 1234567890	➔ 08/04/2023
	ABC999999999 RCR_TEST4_55555555			➔ 08/04/2023

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.

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