



Pre-Service Review for Out-of-Area Members

Electronic Provider Access (EPA) is a tool that enables providers to initiate online pre-service reviews for out-of-area Blue Plan members. The term “pre-service review,” as used with this tool, refers to benefit preauthorization, pre-certification, pre-notification and prior approval functions. Conducting a pre-service review is not a substitute for checking eligibility and benefits. The EPA tool is available to Blue Cross and Blue Shield of New Mexico (BCBSNM) independently contracted providers who are registered Availity™ Web Portal users. Listed below are the steps for locating the appropriate landing page to submit a pre-service review for out-of-area and local members for BCBSNM providers.

What You Need to Begin

- **User ID** – Each user will be assigned a unique User ID by their organization’s Primary Access Administrator.
- **Password** – New users are supplied a temporary password by their Primary Access Administrator.

The image shows the Availity login interface. At the top is the Availity logo. Below it are two input fields: 'User ID:' and 'Password:'. There is a checkbox labeled 'Show password as I type'. At the bottom left is a link 'Help! I can't log in!' and at the bottom right is an orange 'Log in' button.

Step 1:

Go to the **Auths and Referrals** menu and select [Authorizations](#).

The screenshot shows the Availity web portal. On the left is a navigation menu with categories like 'Eligibility and Benefits', 'Auths and Referrals', 'Claims Management', 'Availity Payer List', 'EDI File Management', 'Enrollments', 'Patient Care Summary', 'My Account', 'Reporting', 'Payer Support', 'Account Administration', 'Availity Administration', and 'Client Services'. Under 'Auths and Referrals', 'Authorizations' is highlighted with a red circle. In the center is a green button 'Check Eligibility & Benefits' and a grey box with links: 'My Account Information', 'Contact My Administrator', 'Availity Payer List', and 'Welcome New User (PDF)'. Below that is a grey box with 'Value-Added Services' and 'Availity Resources'. On the right, there is a message box 'Availity. Patients. Not Paperwork.', a 'News & Announcements' section with several test announcements, and a link 'Access to Humana's ERA/EFT Enrollment and Maintenance ...'.

Step 2:

After clicking on [Authorizations](#), select the following:

- Pre-service review for **local member** – select BCBSNM from the drop-down menu
- Pre-service review for **out-of-area member** – select *Other Blue Plans* – BCBSNM

Organization and three-character prefix of the member ID number are also required fields. For Federal employees, enter the first three characters of the member ID.

Availity™ Who controls my access?

Region: Illinois 1 800 AVAILITY Contact Support Log Out

Home User View Free Training Payer Resources Knowledge Base Help

Eligibility and Benefits
Auths and Referrals
Referrals
Authorizations
Online Batch Management

Claims Management
Availity Payer List
EDI File Management
Patient Care Summary
My Account
Reporting
Payer Support

Authorizations

[Learn More >>](#)

Includes notification, pre-certification, pre-authorization and prior approval

* indicates a required field

* Payer: ? BCBSIL
Select One

* Organization: BCBSIL
OTHER BLUE PLANS-BCBSIL

Request Information

* Member Alpha Prefix: ? ABC

Is this pre-authorization required for an out-of-area member ? You can check here

Step 3:

Use the radio button to select the **Requesting Provider Type**. From the drop-down menu, select the [Requesting Provider](#) from [Express Entry](#). If the provider is not listed in Express Entry, the provider information can be entered manually before clicking [Submit](#).

* Requesting Provider Type: ☒ Provider ☐ Facility

* Express Entry - Requesting Provider: ? [Dropdown Menu]

* Specialty / Taxonomy: ? [Text Field]

* Requesting Provider Last Name: ? [Text Field]

* Requesting Provider First Name: [Text Field]

Tax ID: ? [Dropdown Menu]

* NPI: ? [Text Field]

* Address 1: [Text Field]

Address 2: [Text Field]

* City: [Text Field]

* State: [Dropdown Menu]

* ZIP Code: [Text Field] - [Text Field]

Submit Clear

Step 4: Pre-Service Review Landing Page

Based on the **three-character prefix**, you will be re-directed to the plan specific landing page as shown in the scenarios below. Click the appropriate preauthorization option from the list provided.

Scenario A – BCBSNM Member

Example of pre-service review landing page for BCBSNM member

The screenshot shows the Blue Cross Blue Shield of Illinois logo at the top left. The title is "Pre-Service Review for Out-of-Area and Local Members". Below the title, it says "Blue Cross and Blue Shield of Illinois Welcomes ABR Test Clinic". The main text states: "You have been routed from Blue Cross and Blue Shield of Illinois to Blue Cross and Blue Shield of Illinois to conduct a pre-service review for a Blue Cross and Blue Shield of Illinois member". Below this, it says "Please choose from the following options:" followed by four links: "Med-Surg/Behavioral", "Outpatient High-Tech Diagnostic Imaging", "Pharmacy", and "Medical Policy". At the bottom, there is a small disclaimer: "A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association. © Copyright 2014 Health Care Service Corporation. All Rights Reserved."

***Note:** Please contact your Availity Primary Access Administrator (PAA) to complete a BCBS Pre-Auth Registration for Single Sign-On if the Med-Surg/Behavioral link is not displayed as an option on the landing page.

Scenario B – Out-of-Area Member Availity Portal

Example of pre-service review landing page in Availity for an out-of-area member

The screenshot shows the Regence Blue Shield logo at the top left. The title is "Pre-Service Review for Out-of-Area and Local Members". Below the title, it says "Regence Blue Shield Welcomes SHAZALA ARMED". The main text states: "You have been routed from BCBS OF IL to Regence BlueShield to conduct pre-authorization review for a Regence BlueShield member". Below this, it says "Please choose from the following pre-authorization options:" followed by four links: "Physical Medicine Program (CareCore National, LLC)", "Radiology (AIM Specialty Health™)", "Regence BlueShield", and "View Regence Medical Policy". A note at the bottom states: "Note: Electronic pre-authorization is only available for physical medicine and radiology. For all other pre-authorizations, click the Regence BlueShield link for instructions on how to obtain pre-authorizations."

Scenario C – Out-of-Area Member Non-Availity Portal

For payers that do not use Availity, an alert message will be received stating that you will be routed to a third party site to initiate your pre-service review.

The screenshot shows a navigation menu on the left with the following items: "Eligibility and Benefits", "Auths and Referrals" (highlighted), "Referrals", "Authorizations", "Auth/Referral Inquiry", "Current Admissions Report", "Claims Missing Referrals", "Referral Report", "Radiology Referral Submission", "Online Batch Management", and "Claims Management". The main content area has the title "Blue Cross Blue Shield Association". Below the title, it says: "You are about to leave Availity's secure site and enter a third-party 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." At the bottom, there are two buttons: "Submit" and "Cancel".

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Please note that verification of eligibility and benefits information, and/or the fact that any pre-service review has been conducted, 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.