

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

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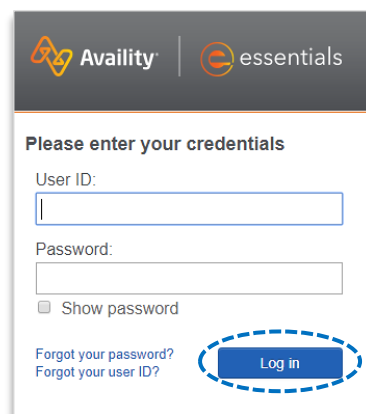
Getting Started

- ▶ 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.



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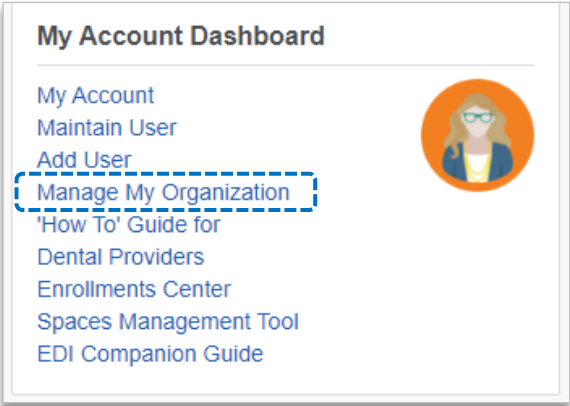


Manage My Organization Setup – Administrator Functionality

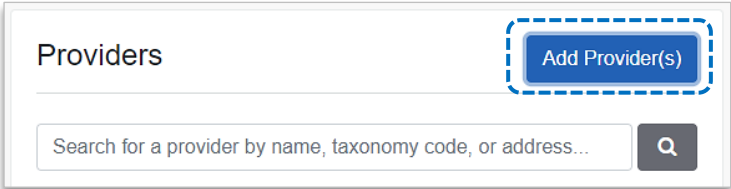
Availity Administrators are encouraged to add Requesting, Rendering and Servicing provider information to Manage My Organization. This step will lessen the need for users to manually enter all required provider information in the authorization request.

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

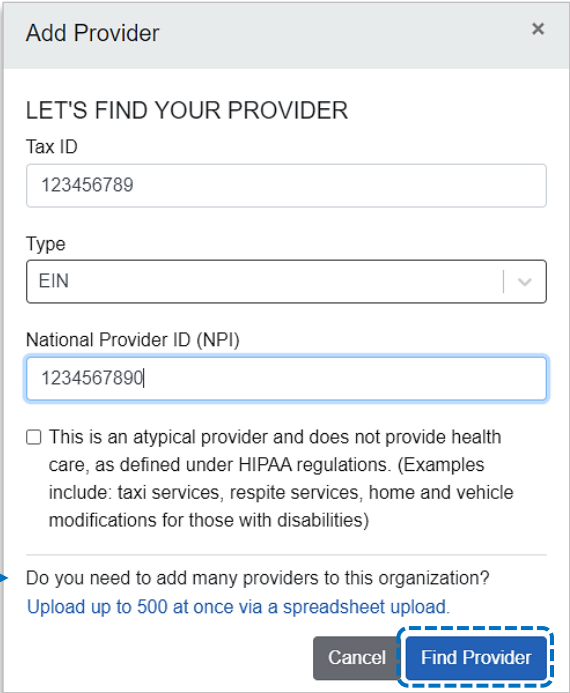
Note: *Manage My Organization* is only accessible to assigned Availity Administrators.



- ▶ 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** Identifiers Addresses Review

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 Provider Information **Identifiers** Addresses Review

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 Provider Information Identifiers **Addresses** Review

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 Provider Information Identifiers Addresses **Review**

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

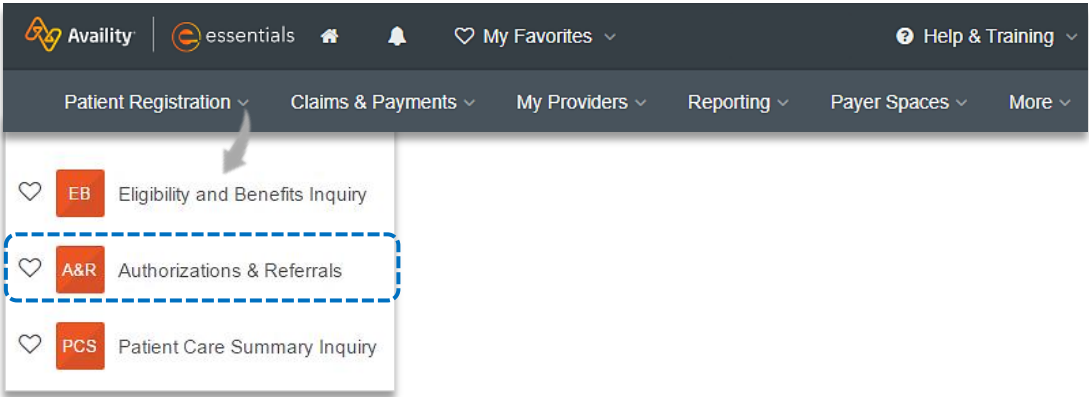
?
☐ This provider is a part of my organization
☐ This is a third-party not directly affiliated with my organization (example: referred-to provider)
☒ **I certify that this provider's information and relationship to my organization information is correct**

Back Submit



Accessing Authorizations

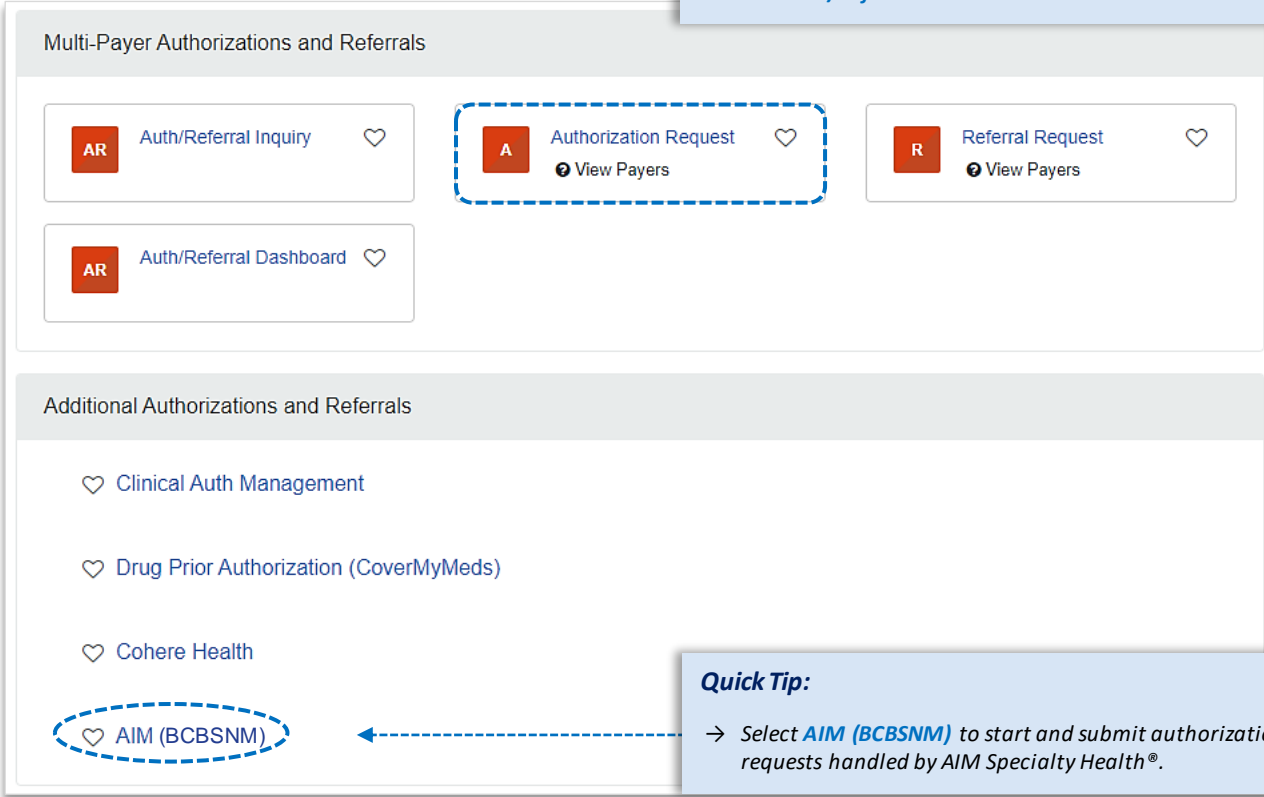
- ▶ Select **Patient Registration** from the navigation menu
- ▶ Select **Authorizations & Referrals**



- ▶ Next, choose **Authorization Request**

Quick Tip:

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



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
ABC Clinic

Payer
BCBSNM

Request Type
Inpatient Authorization

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

BlueCross BlueShield of New Mexico

PATIENT INFORMATION

Select a Patient

SHOW OPTIONAL FIELDS

Member ID
ABC12345789

Relationship to Subscriber
Self

Patient First Name
Jane

Patient Last Name
Doe

Patient Date of Birth
03/30/1974

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**
- **Address**
- **Name**
- **Contact Name**
- **NPI Number**
- **Contact Phone Number**
- **Specialty / Taxonomy**
- **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

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

Review and Submit

SERVICE INFORMATION

☐ SHOW OPTIONAL FIELDS

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 ▼

DIAGNOSIS CODE(S)

☐ SHOW OPTIONAL FIELDS

Diagnosis Code ⓘ

O779 - Labor and delivery complicated by fetal stress unspe... ▼

➕ Add another diagnosis code

PROCEDURE CODE(S)

☐ SHOW OPTIONAL FIELDS

Procedure Code ⓘ

59510 - CESAREAN DELIVERY ▼

Type

CPT/HCPCS ▼

➕ Add another procedure code

MESSAGE

☐ SHOW OPTIONAL FIELDS

Provider Notes ⓘ optional

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**

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

1

2

3

4

Start an AuthorizationAdd Service InformationRendering Provider/FacilityReview and Submit

SERVICE PROVIDER

SHOW OPTIONAL FIELDS

Select a Provider optional ⓘ

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

Rendering Provider Role

Attending Physician

First Name

JOHN

Last Name ⓘ

DOE

NPI ⓘ

1234567890

Address Line 1

123 ANYWHERE ST

City

SAME PLACE

State

New Mexico

ZIP Code

12345

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

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

► Select **Next**

SERVICE PROVIDER

FACILITY

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

SAME PLACE

State

New Mexico

ZIP Code

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**

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

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 to Step 1](#)

[Back](#) [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)

A Authorization Response

[Give Feedback](#) [Go to Dashboard](#) [New Request](#)

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

[Print](#)

Certificate Information

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

- ▶ 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).

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

[Print](#) [Add Clinical Documents](#)

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.



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

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

BlueCross BlueShield of New Mexico

PENDING REVIEW

Authorization - Outpatient

Certificate #

U99999AIOV

Patient Information

DOE, JANE
BCBS ABC123456789
DOB: 03/30/1984

Service Information

2022-06-13 – 2022-06-13

Reason

NA

BlueCross BlueShield of New Mexico

APPROVED

Authorization - Inpatient

Certificate #

U99999AADF

Patient Information

DOE, JANE
BCBS ABC123456789
DOB: 03/30/1984

Service Information

2022-06-01 – 2022-06-03

Reason

NA

BlueCross BlueShield of New Mexico

ERROR

Authorization - Outpatient

Certificate #

NA

Patient Information

DOE, JANE
BCBS ABC123456789
DOB: 03/30/1984

Service Information

2022-6-01 – 2022-06-01

Reason

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

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

ABC Clinic

Payer

BCBSNM

Request Type

Inpatient Authorization

Next

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

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 ⓘ
ABC123456789

Relationship to Subscriber ⓘ
Self x ▾

Patient Date of Birth
03/30/1984 


REQUESTING PROVIDER


☐ SHOW OPTIONAL FIELDS

NPI ⓘ
1234567890

SERVICE INFORMATION

☐ SHOW OPTIONAL FIELDS

From Date
12/01/2021 

To Date
12/31/2021 

Authorization or Referral Number optional

Clear

Submit

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 |
| 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? 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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