

BlueApprovRSM

Behavioral Health Concurrent Review User Guide

*Information in this user guide is currently **NOT** applicable to Medicare Advantage or Federal Employee Program[®] (FEP[®]) members.*

BlueApprovR allows providers to submit concurrent requests for behavioral health prior authorization requests that have been previously submitted and approved through BlueApprovR. As a reminder, this tool is used to submit behavioral health inpatient and/or outpatient prior authorization requests for Blue Cross and Blue Shield of New Mexico (BCBSNM) members.

Behavioral health prior authorization concurrent reviews may also be known as extensions. Instructions in this user guide shows users how to request a concurrent review to extend the units of a previously approved request.

Not registered with Availity[®] Essentials?

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

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The following instructions show how Availity Administrators and/or users will add providers information (Tax ID and NPI number) to your organization's Availity account. Next, you will learn how to access **BlueApprovR** via Availity Essentials.

Step 1



- > Login to [Availity Essentials](#)
- > Setup Availity [Manage My Organization \(MMO\)](#)

Step 2



- > Access [BlueApprovR](#) from BCBSNM-branded [Payer Spaces](#) via Availity Essentials

Step 3



- > Locate the [initial behavioral health request](#)
- > Request [Concurrent Review](#) for a previously approved request and [submit](#)

Step 4



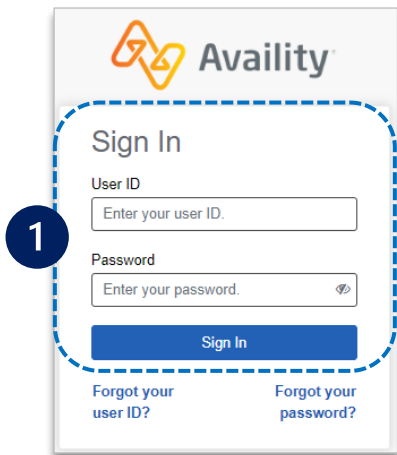
- > [Submission Tips, FAQs](#) and [support](#) to assist with submitting initial and concurrent review requests using BlueApprovR



Step 1: Availity Login & Add Provider

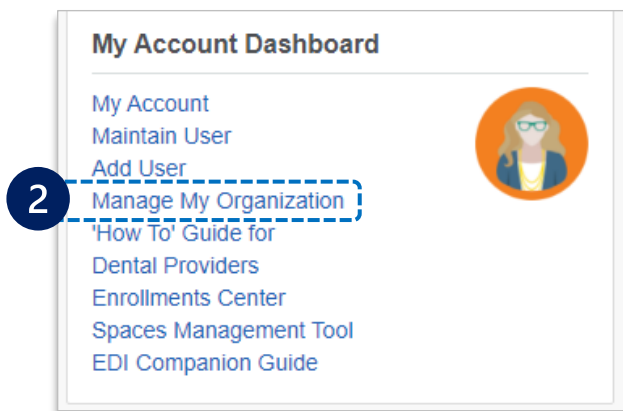
1 Assigned users can access this tool by following the instructions below:

- ▶ 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 box with the number '1' highlights the 'Sign In' section, which includes fields for 'User ID' and 'Password', and a 'Sign In' button. Below the fields are links for 'Forgot your user ID?' and 'Forgot your password?'.

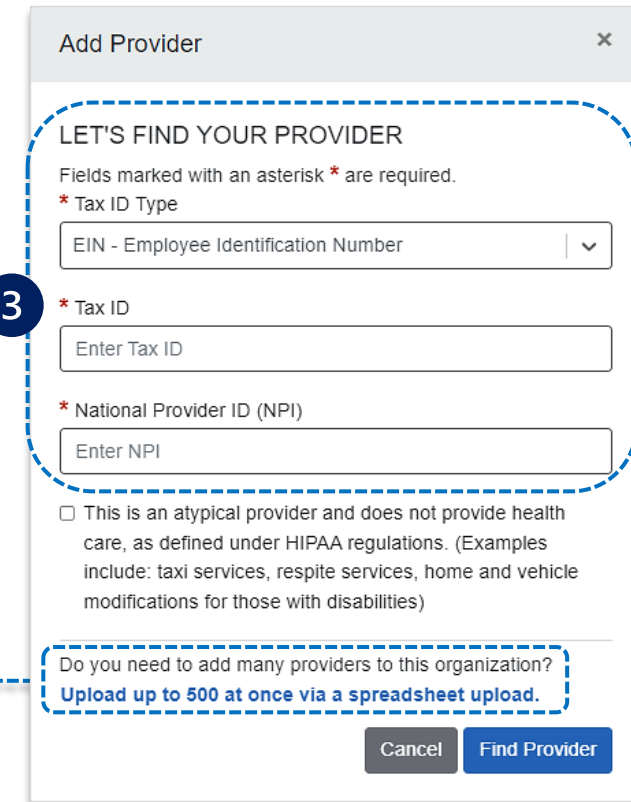
2 Select [Manage My Organization](#) from *My Account Dashboard* on the Availity homepage



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

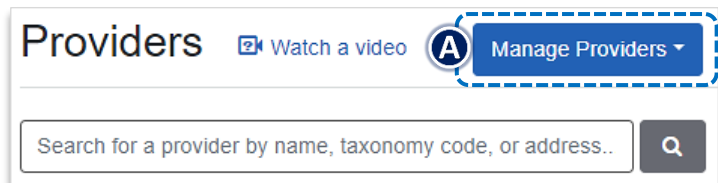
3

- ▶ 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' form. A blue dashed box with the number '3' highlights the 'LET'S FIND YOUR PROVIDER' section. It includes a dropdown for 'Tax ID Type' (set to 'EIN - Employee Identification Number'), and input fields for '* Tax ID' and '* National Provider ID (NPI)'. There is a checkbox for 'This is an atypical provider...' and a 'Find Provider' button. A callout box says 'Do you need to add many providers to this organization? Upload up to 500 at once via a spreadsheet upload.'

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



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

Quick Tips:

- If you have multiple providers to add to your organization, select **"Upload up to 500 at once via spreadsheet upload."**
- Refer to pages [5](#) and [6](#) for more detailed instructions.



Step 2: Access BlueApprovR

- 1 ▶ Select **Payer Spaces** from the navigation menu
▶ Choose **Blue Cross and Blue Shield of New Mexico**

- 2 ▶ On the BCBSNM Payer Spaces page, select **Applications**
▶ Choose **BlueApprovR**

Note: Contact your Avality administrator if **BlueApprovR** is not available in the **Applications** tab via BCBSNM-branded Payer Spaces section.

- 3 ▶ Select your **Organization**
▶ Choose the **Provider** from the **Select a Provider** drop-down list and select **Submit**
▶ *Users will be redirected to **BlueApprovR***

Important Note: Your organization's NPI number must be added to **Manage My Organization** for the provider information to display in the Select a Provider drop-down. Avality Administrators and users should refer to the [Manage My Organization User Guide](#) for additional assistance.

The screenshot illustrates the user interface for accessing BlueApprovR. At the top, the Avality navigation bar includes 'Patient Registration', 'Claims & Payments', 'My Providers', 'Reporting', 'Payer Spaces', and 'More'. A dropdown menu under 'Payer Spaces' shows 'BlueCross BlueShield of New Mexico'. Below this, the 'Applications' tab is selected, displaying a list of services including 'BlueApprovR' (Submit Auth & Check Status for Medical/Surgical, Specialty Rx & BH services). A modal window titled 'BlueApprovR' is open, featuring a 'Select an Organization' dropdown (set to 'ABC Organization'), a 'Select a Provider' dropdown (set to 'Select...'), and 'Cancel' and 'Submit' buttons. Dashed blue arrows and numbered callouts (1, 2, 3) indicate the step-by-step navigation path.



Step 3: Locate Initial Request

- 1 From the **My Requests** page, select the **All Requests** tab on the left menu to view requests previously submitted by your organization

Quick Tips:

- Select **My Requests** to view requests you have submitted.
- Select **All Requests** to view each request submitted by your organization via BlueApprovR.

MY REQUESTS

Use the **Search bar** and **Filter** to identify status of previous submissions that automatically refresh.

NEW REQUEST

SUBMITTED

DRAFTS

1

View the dashboard of previously **Submitted** request, as well as **Drafts** that have been started but not submitted.

CERT #	PATIENT	SUBMITTED DATE	LAST UPDATED ▼	STATUS	PAYER	SERVICE DATE	TREATMENT LOCATION	CERTIFICATION TYPE
U1111111A	JANE DOE	05/31/2023	05/31/2023	APPROVED	BCBSNM	06/02/2023	Provider Office	Initial
U1111111B	JOHN DOE	05/16/2023	05/16/2023	APPROVED	BCBSNM	05/20/2023	Provider Office	Initial
U1111111C	CALVIN DOE	05/16/2023	05/16/2023	PENDING	BCBSNM	05/16/2023	Provider Office	Initial

Select your **User Profile** to track transaction counts, Ordering Physicians, Rendering Facilities/Physicians/Providers, update your contact information, and personalize the experience.

Not for Distribution



Step 3: Locate Initial Request

- 2 On the **All Requests** page, select the **initial behavioral health request** that needs a concurrent review

ALL REQUESTS

BlueCross BlueShield of New Mexico

U11111111A

NEW REQUEST

Cert #	Patient	Submitter Email	Submitted Date	Last Updated	Status	Service Date	Certification Type
U11111111A	JANE DOE	anyone@anywhere.com	09/25/2023	1hr 25mins ago	APPROVED	09/25/2023	Initial

Important Reminder: Behavioral health concurrent requests may also be known as extensions. These instructions show users how to request a concurrent review to extend the unit(s) of a previously approved request submitted through BlueApprovR.

- 3 For request eligible for concurrent review, select **+ Concurrent Request** after opening the **initial behavioral health request**

U11111111A

BlueCross BlueShield of New Mexico

Submitted to
Blue Cross and Blue Shield of New Mexico

Request Type: Standard | Date Submitted: 01/12/2024 | Status: APPROVED

PRINT CERTIFICATION

+ CONCURRENT | DISCHARGE PATIENT



Step 3: Complete Clinical Questions

BlueApprovR allows users to bypass previously collected information and prompts users with the applicable clinical questions necessary to request concurrent review and receive determination.

- 4 Answer **each question** according to the newest clinical information available

Quick Tip:
 → Use the **side bar** to follow progression and/or return to a specific step to edit information prior to submission.

4 Does the member have any of the risk factors listed below? Please select all that apply.

- Suicide attempt
- Overdose
- Frequent readmission
- Housing instability
- Financial distress
- Absence of an adequate support system
- Other
- Not applicable

4

Is the member currently in imminent danger to self or others?

▶

Is the member currently actively psychotic with command-type auditory hallucinations?

▶

Is 24-hour medical monitoring required for the member?

▶

Can the member discharge to a lower level of care?



Step 3: Complete Clinical Questions *(continued)*

- 4 ▶ Continue answering **each question** according to the newest clinical information available, then **Attach clinical documentation** *(if applicable)*
- 5 ▶ Enter the **Administrative Communications Contact Information** and select **Preview Request**

4

What are the barriers to the member discharging to a lower level of care?

information

What is the current treatment plan?

information

What is the current discharge plan?

information

How many additional inpatient days are being requested?

3

If clinical documentation is requested:
Select **Attach** to upload supporting clinical documents and click **Next**

4

What is the treatment plan?

200.0 units every 3 months within 12 months (4 doses)

Do you want to add an additional service?

YES NO

Attach Documents

Select evaluations / health history documents to attach

ATTACH

→ I WILL ATTACH OR FAX DOCUMENTS AT A LATER TIME

BACK NEXT

Note: Files cannot exceed 40MB in size. Acceptable file types are PDF (.pdf), TIFF (.tif), and/or JPEG (.jpg).

5

ADMINISTRATIVE COMMUNICATIONS CONTACT

What is the contact's name?

Jane Doe

What is the contact's phone number?

(555) 555-5555

What is the contact's email?

anywhere@anywhere.com

What is the contact's fax number?

(555) 555-5555

BACK NEXT PREVIEW REQUEST



Step 3: Preview Request

6 ▶ Preview the **Patient and Provider Info** for the concurrent request

NEW REQUEST

Certification Type Concurrent Review	Medical Service (IP) Inpatient Mental Health	Requested Units 3	Start Date 09/28/2023
End Date 10/01/2023	Request Type Standard		

6 **PATIENT AND PROVIDER INFO**

PATIENT INFO

Name
JANE DOE

Date of birth
02/03/1988

Relationship
Subscriber

Sex
F

MEMBER INFO

Name
JANE DOE

Member
ABC123456789

Group
999999

ORDERING PHYSICIAN

Name
JOHN SMITH

NPI
1234567890

Contact phone
(999) 999-9999

Address
123 S ANYWHERE ST
CITY, NM.
12345-0000

6

SERVICE PROVIDER

Name
JOHN SMITH

NPI
1234567890

Contact phone
(999) 999-9999

Address
123 S ANYWHERE ST
CITY, NM.
12345-0000

RENDERING PROVIDER

Name
BEHAVIORAL HEALTH HOSPITAL

NPI
1234567890

Contact phone
(999) 999-9999

Contact fax
(999) 999-9999

Address
123 S ANYWHERE ST
CITY, NM.
12345-0000

ADMINISTRATIVE COMMUNICATIONS CONTACT

Name
Jane Doe

Telephone number
(555) 555-5555

Fax number
(555) 555-5555

Email
anywhere@anywhere.com



- 6 Complete the concurrent **Preview request**
- Once attestation is complete select **Submit Request**

01/17/2024

PRIOR AUTHORIZATION | SERVICE: (IP) INPATIENT MENTAL HEALTH

Diagnosis
F30.11: MANIC EPISODE WITHOUT PSYCHOTIC SYMPTOMS, MILD

Does the member have any of the risk factors listed below? Please select all that apply.

Overdose

Is the member currently in imminent danger to self or others?
Yes

Is the member currently actively psychotic with command-type auditory hallucinations?
No

Is 24-hour medical monitoring required for the member?
No

Can the member discharge to a lower level of care?
No

What are the barriers to the member discharging to a lower level of care?
housing

What is the current treatment plan?
3 more days

What is the current discharge plan?
3 days

How many additional inpatient days are being requested?**12**

ATTACHMENTS

Attach Documents **ATTACH**

6 Proof read your request. If you need to edit a piece of information, just click on it.

SUBMIT REQUEST

Quick Tip:
→ Select **green arrow** to make specific edits to the information entered in the request prior to submission.

- 7 Receive **Confirmation** for completed requests
- Select **Print** and/or **Done**

7 **Request Approved**

This request meets criteria and is eligible for service immediately. You'll receive the approval letter in the mail with additional details.

Patient: JANE DOE

Service: (RTC) Substance Use, Residential Treatment Center

Status: **APPROVED**

Treatment: 1 Residential Treatment Center Day(s)

Start Date: 10/01/2023

Cert #: U11111111B-2

PRINT **DONE**

When cases are deemed medically necessary, providers can be granted **approvals**. With BlueApprovR, providers and patients can begin treatment when portal-approved.

7 **Request Complete.**

Cert # U11111111A-2

This request requires further review.

You can track the status of the request by logging into this site at any time.

PRINT **DONE**

In some situations, request may **pend** for further clinical review. You can track the status of the request by using the **My Request tab** in BlueApprovR any time.



Step 3: Viewing Initial & Concurrent Reviews

- 8 ▶ Select the **My Requests** or **All Requests tabs** to view initial and/or concurrent review requests
- ▶ All **concurrent review requests** have the same *initial certification number* but differentiated by the - **suffix # (e.g., -1, -2)** at the end of the cert number, as shown in the example below

∞

ALL REQUESTS

NEW REQUEST

Cert #	Patient	Submitter Email	Submitted Date	Last Updated ▼	Status	Service Date	Certification Type
U11111111A-1	JANE DOE	anyone@anywhere.com	09/25/2023	3 days 23hrs ago	APPROVED	09/28/2023	Concurrent
U11111111A	JOHN DOE	anyone@anywhere.com	09/25/2023	4 days 0hrs ago	APPROVED	09/25/2023	Initial
U11111111B	CALVIN DOE	anyone@anywhere.com	08/10/2023	08/10/2023	CONTACT PAYER	08/12/2023	Initial
U11111111C	MARY DOE	anyone@anywhere.com	07/27/2023	07/27/2023	NO ACTION REQUIRED	07/28/2023	Initial
U11111111D	JACK DOE	anyone@anywhere.com	05/31/2023	05/31/2023	APPROVED	06/02/2023	Initial



Refer to the [Submission Tips](#) and [Frequency Asked Questions \(FAQs\)](#) listed below to further assist with submissions.

Questions	Answers
Are there any behavioral health services that cannot be submitted for concurrent review through BlueApprovR?	- Yes, Psych/neuro psych testing, Applied behavioral analysis assessment/therapy, and Transcranial magnetic stimulation cannot be submitted for concurrent review at this time.
Will BlueApprovR allow for duplicate submission?	- No, duplicate requests will reject if the start and end dates overlap.
Are you able to request the patient discharge via BlueApprovR?	- No, discharge is not supported through BlueApprovR and will need to be submitted through your normal channel method.
Can clinicals be added after concurrent review requests are submitted?	- Yes, just like with initial requests, you will have the ability to attach clinicals later by selecting “I will attach or fax documents at a later time” when a request requires clinicals for further review.
Is there a size limitation for attaching clinical documents to requests?	- Yes, there is an individual size limit of 40MB. - There is not an aggregated file size limit (e.g., you can attach 10 files if the total size of all files does not exceed 40MB). - Acceptable file types are PDF (.pdf), TIFF (.tif), and/or JPEG (.jpg).

Need additional assistance?

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

BlueApprovR technical assistance, contact [BlueApprovR Support Team](#)

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

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