

BlueApprovRSM 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 inpatient and/or outpatient prior authorization and recommended clinical review (RCR) requests for medical/surgical, specialty pharmacy drugs, and behavioral health services for Blue Cross and Blue Shield of New Mexico (BCBSNM) members.

BlueApprovR is designed to help simplify the provider submission process by asking for the information to support a medical necessity determination.

Not registered with Availity[®] Essentials?

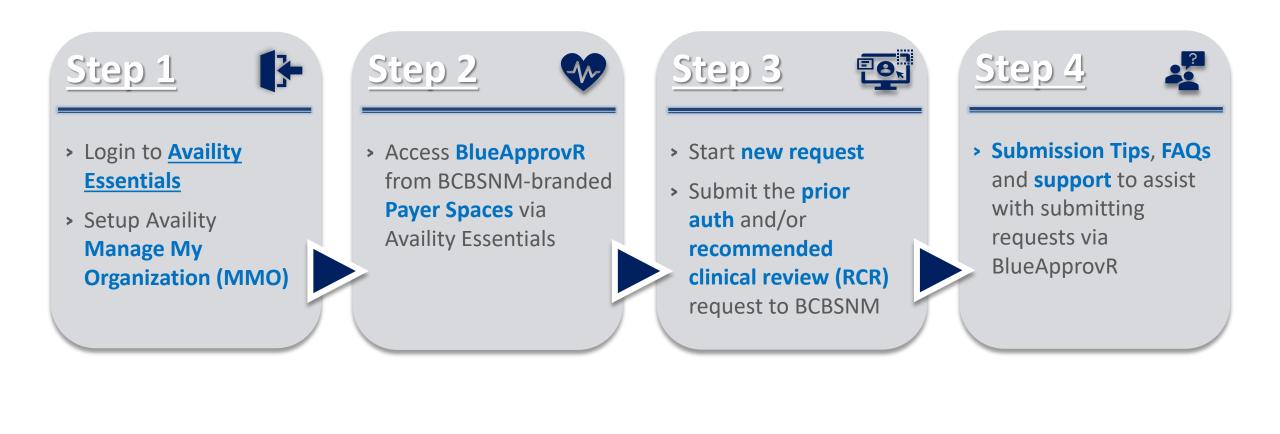
Complete the online guided registration process today via <u>Availity</u>, at no cost.

Jan. 2024

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BlueApprovR User Guide Topics

The following instructions show how users' access BlueApprovR via Availity Essentials and how Availity Administrators and/or users will add providers information to your organization's account.



Step 1: Availity Login & MMO Setup

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

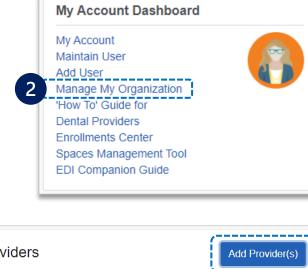
- Go to Availity
- Select Availity Essentials Login
- Enter User ID and Password
- Select Log in





1

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





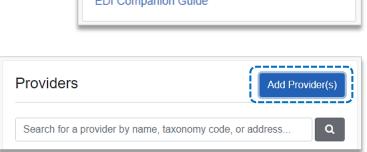
Enter the **Provider Tax ID** and NPI numbers and select Find Provider

	Add Provider						
	LET'S FIND YOUR PROVIDER Tax ID						
	123456789						
	Туре						
	EIN						
3	National Provider ID (NPI)						
	1234567890						
	This is an atypical provider and does not provide health care, as defined under HIPAA regulations. (Examples include: taxi services, respite services, home and vehicle modifications for those with disabilities)						
	Do you need to add many providers to this organization? Upload up to 500 at once via a spreadsheet upload. Cancel Find Provider						

Quick Tips:

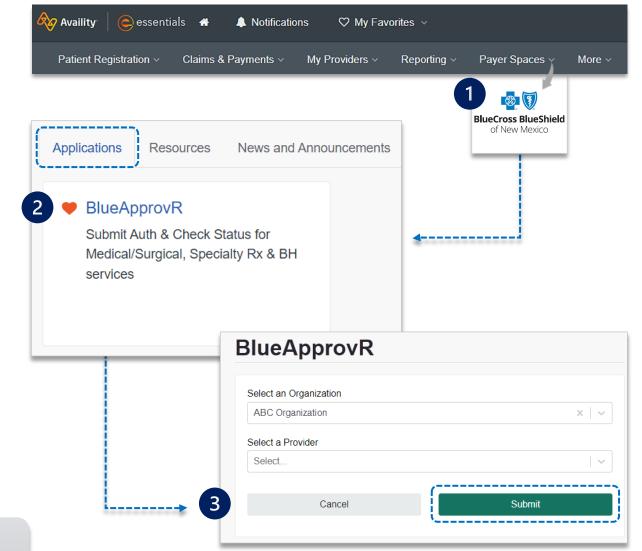
- \rightarrow If you have multiple providers to add to your organization, select "Upload up to 500" at once via spreadsheet upload."
- → For more details, refer to the Manage My Organization User Guide published in the Provider Tools section of our website.

Within Manage My **Organization**, select Add Provider(s)



Step 2: Access BlueApprovR

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



On the BCBSNM Payer Spaces page, select Applications
 Choose BlueApprovR

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

Select your Organization

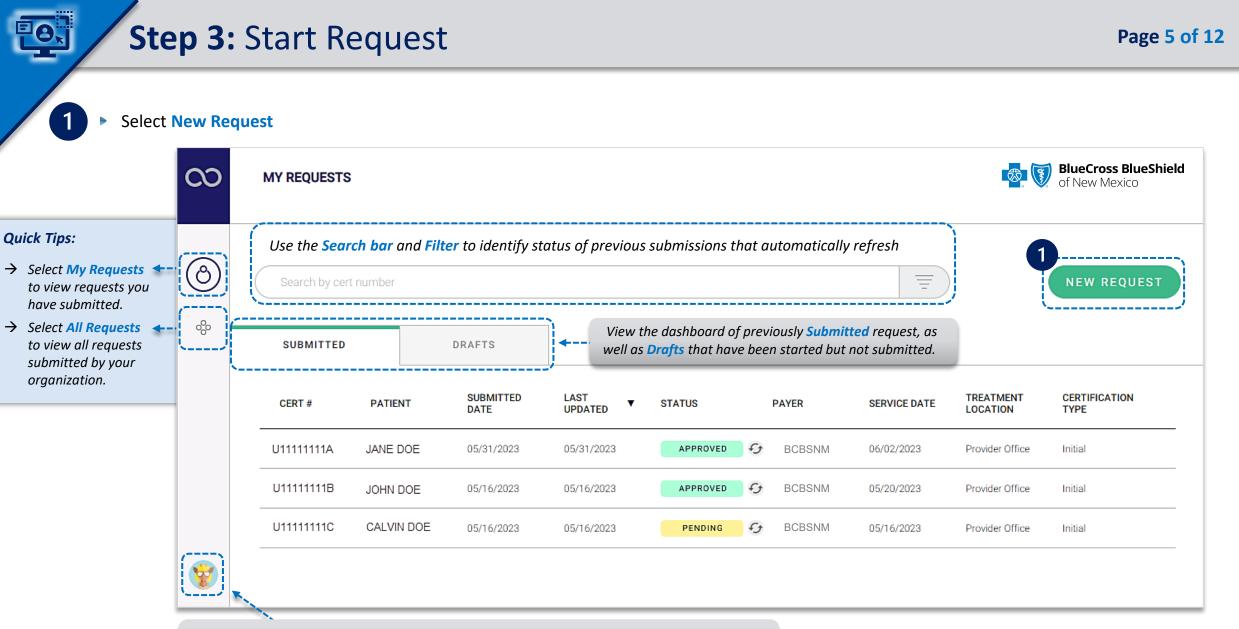
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- Choose the Provider from the Select a Provider drop-down list and select Submit
- Users will be redirected to BlueApprovR

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. Availity Administrators and users should refer to page <u>3</u> for setup instructions.



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

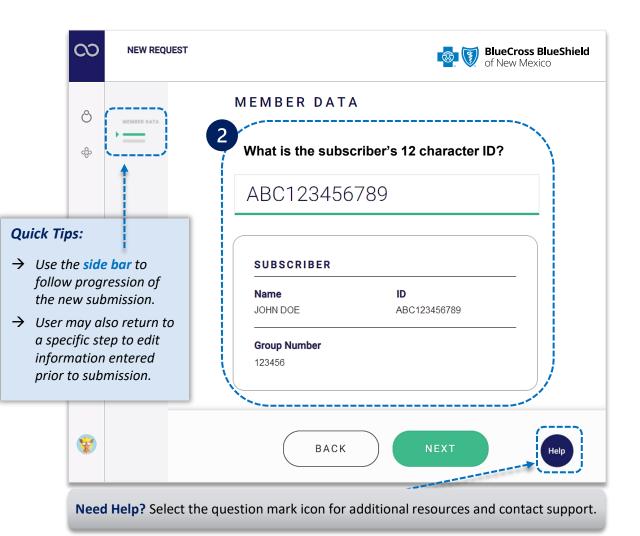


Step 3: Request Submission (continued)

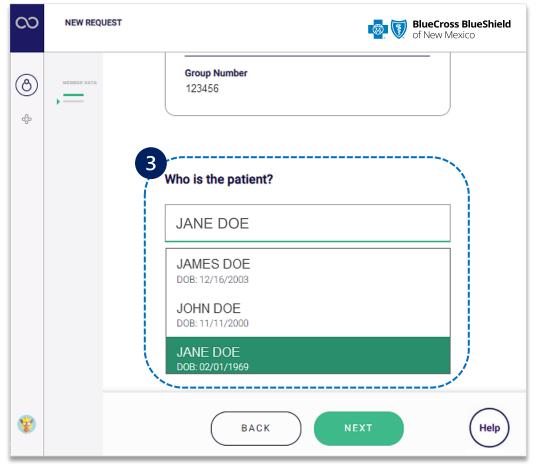


Enter the BCBSNM subscriber's 12 character ID

Click Next

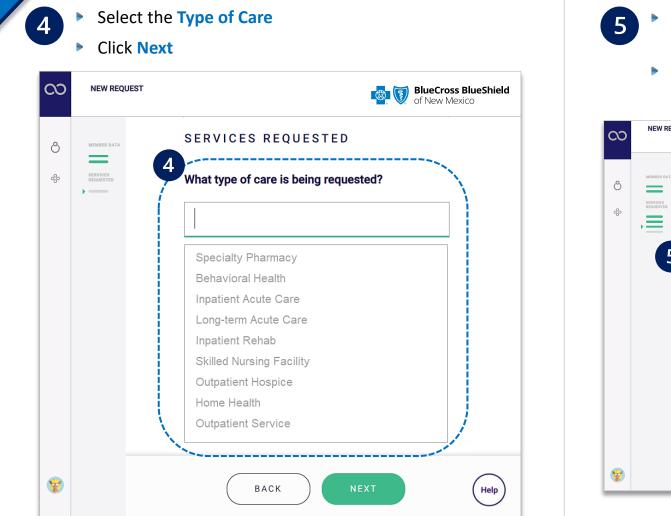


- 3
- Select the applicable Patient Name from the drop-down list
- Confirm the correct patient has been selected
- Click Next

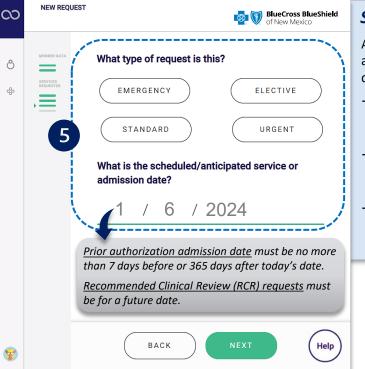




Step 3: Request Submission (continued)



- Based on the Type of Care selected, choose Standard or Urgent
 OR Emergency or Elective for services requested
- Enter the scheduled/anticipated service or admission date



Submission Tips:

An urgent or expedited request may be appropriate when treatment may be delayed due to the below situations:

- → could seriously jeopardize the life and health of the member or the member's ability to regain maximum function.
- → would subject the member to severe pain that cannot be adequately managed without the requested care or treatment.
- → would subject the member to adverse health consequences without the care or treatment that is the subject of the request.

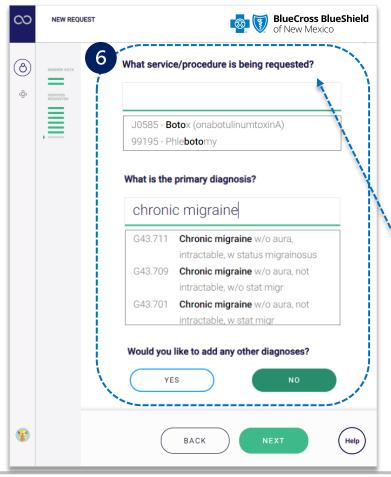
Important Note: If an Inpatient Type of Care is selected, you will be asked if the request is for Medical Service or Procedure. If Medical Service is selected, enter the <u>diagnosis code</u>. If Procedure is selected, enter the <u>service being requested</u> AND <u>diagnosis code</u>.



6

Step 3: Request Submission (continued)

- Enter the Service/Procedure being requested
- Enter the Primary Diagnosis, then select Yes or No to add other diagnosis
- Enter the Place of Treatment (if applicable) and click Next

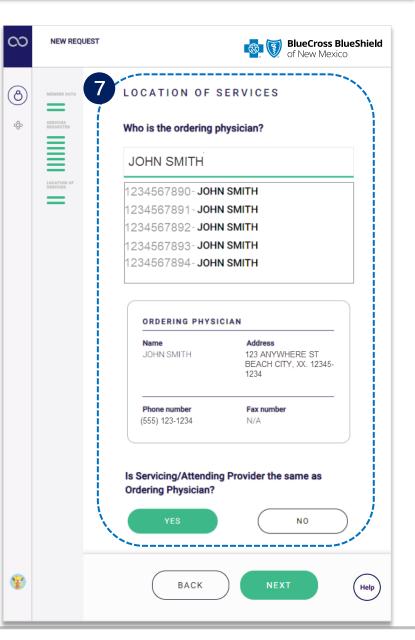




Select the Ordering Physician by entering the provider's name or NPI number

- Enter the street address
- Select Yes if Servicing/Attending Provider is the same as the Ordering Physician
- Select No if Servicing/Attending Provider is not the same – enter the physician's name or NPI
- If applicable, select the Rendering Facility by entering the provider's name or NPI number
 - Enter the street address

When applicable, users will be prompted to answer associated clinical questions. However, clinical questions may not apply to all types of care.

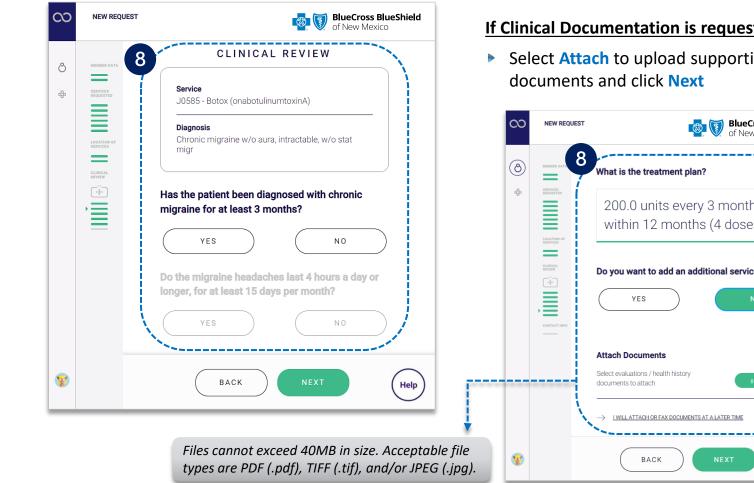




8

Step 3: Request Submission (continued)

Complete all applicable clinical review questions for the service(s) requested

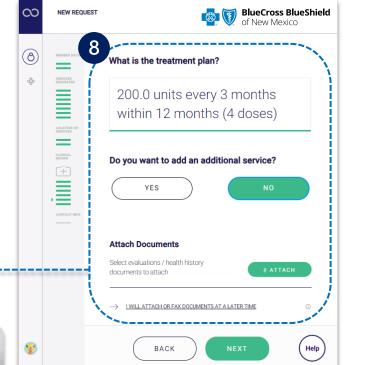


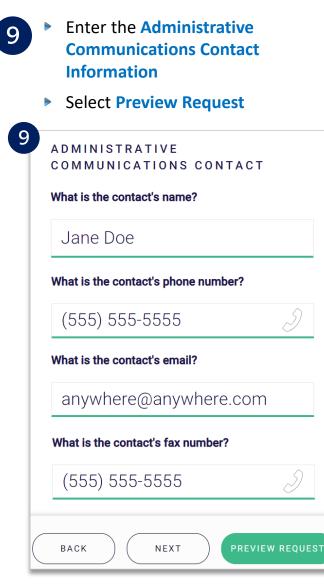
Enter the Treatment Plan

Select Yes to add an additional service OR select No if there is no other service needed

If Clinical Documentation is requested:

Select Attach to upload supporting clinical







Step 3: Preview and Submit Request

10

Preview the final request details and click **Submit Request**

Request Type Standard			Expected Service / Place of treatment Admission Date Provider Office 01/06/2024	
PATIENT AND PROVIDER INFO			PRIOR AUTHORIZATION SERVICE: J0585 - BOTOX (G	ONABOTULINUMTOXINA)
A PATIENT INFO Name JOHN DOE Date of birth 02/01/1969 Relationship Subscriber Sex M	I MEMBER INFO Name JOHN DOE Member ABC123456789 Group 123456	✓ ORDERING PHYSICIAN Name JOHN SMITH NPI 1234567890 Contact phone (555) 555-5555 Address 9123 ANYWHERE ST BEACH CITY, XX. 12345-1234	converting enzyme inhibitors/angiotensin II receptor blockers, beta blockers Yes What is the treatment plan?	s? s per month? s from different classes? (e.g., tricyclic antidepressants, anticonvulsants, angioten
SERVICE PROVIDER Name JOHN SMITH NPI 1234567890 Contact phone (555) 555-5555 Address 9123 ANYWHERE ST BEACH CITY, XX. 12345-1234	Name ANYONE Telephone number (555) 555-5555 Fax number (555) 555-5555 Email			 → Select green arrow to make speci- edits to the information entered in the request prior to submission. weed to edit a piece of information, just click on it. BMIT REQUEST

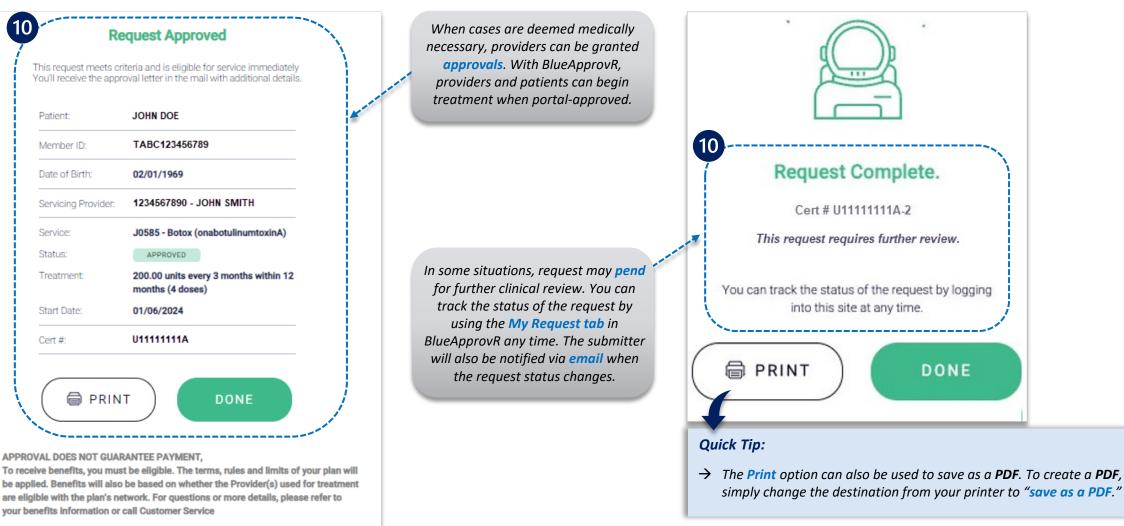


10

Step 3: Confirmation

Receive **Confirmation** for completed requests

Select Print and/or Done



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

Questions	Answers		
Is this used for outpatient radiology testing?	Carelon Medical Benefits Management will continue to support expanded prior authorization requests, where radiology testing and select outpatient procedures will need to be submitted directly to Carelon or eviCore [®] healthcare. BlueApprovR can, and should, be used for those requests that are reviewed directly by BCBSNM.		
What Specialty Pharmacy drugs are in scope?	All clinician administered specialty pharmacy drugs covered under the medical plan that require prior authorization can be submitted through BlueApprovR.		
Can an independent speech therapist who provides therapy in the home use this tool?	No, BCBSNM requires a facility or group to be the rendering facility when a request is made for home care treatment.		
Behavioral Health authorization requests that may be submitted via BlueApprovR.	 Inpatient Substance Abuse Inpatient Mental Health Applied Behavior Analysis, Initial Assessment Electroconvulsive Therapy Transcranial Magnetic Stimulation, Repetitive/Deep Mental Health, Intensive Outpatient Program Substance Abuse, Partial Hospital Program Mental Health, Residential Treatment Center Substance Abuse, Residential Treatment Center 		
Need additional assistance with requesting Behavioral health concurrent review request?	Refer to the BlueApprovR Behavioral Health Concurrent User Guide for detailed instructions.		

Have questions or need	For BlueApprovR education or training, contact the <u>BCBSNM Provider Education Consultants</u> Be sure to include your name, direct contact information & Tax ID and/or billing NPI.	Carelon Medical Benefits Management is an independent company that has contracted with BCBSNM to provide utilization managem for members with coverage through BCBSNM. eviCore is an independent specialty medical benefits management company that provi utilization management services for BCBSNM. eviCore is wholly responsible for its own products and services. BCBSNM makes no e representations or warranties regarding third party vendors and the products and services they offer. Availity is a trademark of Availity	
nuve questions of need	be sure to include your name, anect contact information & tax to and/or binning NFI.	separate company that operates a health information network to provide electronic information exchang	
additional education?	For BlueApprovR technical assistance, contact the BlueApprovR Support Team	provides administrative services to BCBSNM. BCBSNM makes no endorsement, representations or warranties regarding third party vendors the products and services they offer.	
	For technical Availity support, contact Availity Client Services at 800-282-4548	he information provided in this user guide is proprietary and confidential information of BCBSNM pursua greements. This information is not to be distrusted or shared with unauthorized individuals without the ex	