



Submitting an Inpatient Behavioral Health Preauthorization Request - Blue Cross Community CentennialSM

The iEXCHANGE Web tool supports direct submissions and provides online approval of benefits for preauthorization requests. Listed below are the steps for submitting an inpatient behavioral health request to Blue Cross and Blue Shield of New Mexico (BCBSNM) for Blue Cross Community Centennial members. iEXCHANGE is available 24 hours a day, 7 days a week -- with the exception of every third Sunday of the month when the system is unavailable from 10 a.m. to 2 p.m. (MT).

Direct Access (Available to BCBSNM contracted providers only)

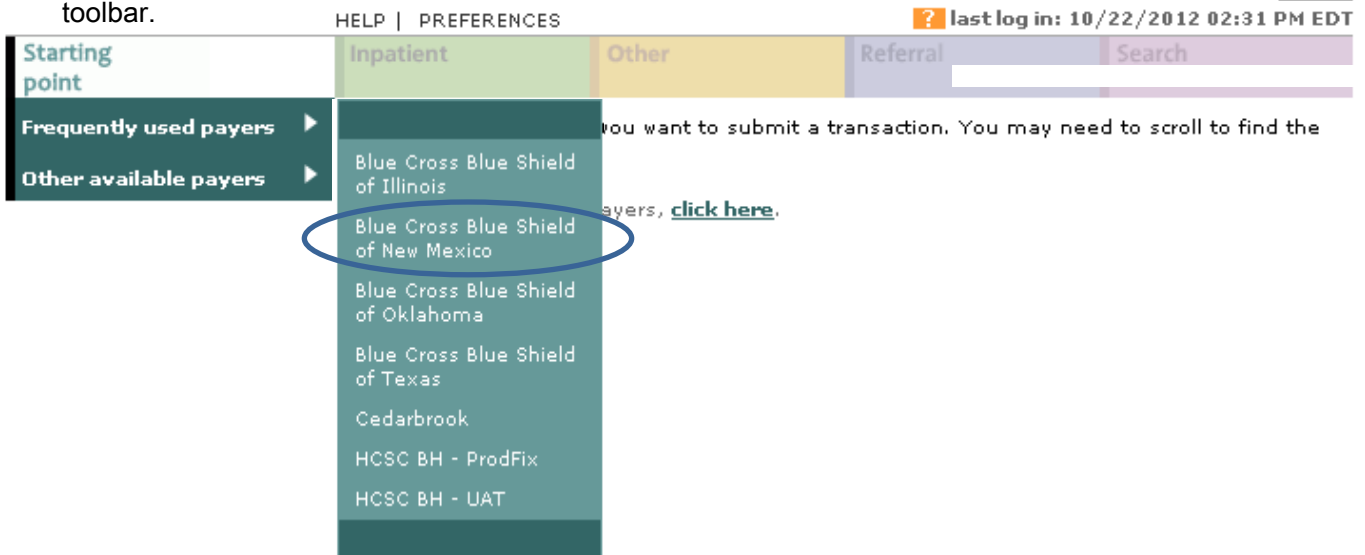
- **User ID** – Each user will be assigned a unique User ID by their organization’s iEXCHANGE Administrator.
- **iEXCHANGE ID** – A unique number BCBSNM assigns to provider organizations registered with iEXCHANGE.
- **Password** – New users are supplied a temporary password by their iEXCHANGE Administrator.



* For Single Sign-On (SSO) access for local contracted providers, reference the Pre-Service Review tip sheet for assistance when servicing an out-of-area member.

Submitting a Request

1. After logging into iEXCHANGE, users can access *Frequently used payers* from the **Starting point** menu. From the payer list, select Blue Cross Blue Shield of New Mexico. This will activate the iEXCHANGE toolbar.



Services are funded in part under contract with the State of New Mexico.

2. After clicking the *Inpatient* tab, select *New inpatient behavioral health request* to begin your request.

Inpatient	Other	Referral	Search
New inpatient request New inpatient behavioral health request			

Inpatient instructions

Use this page to select the inpatient transaction you wish to perform. Depending on the payer you have selected, you can choose to submit a new inpatient request, inpatient request extension, inpatient clinical review, new inpatient behavioral health request, or inpatient behavioral health extension request.

▶ New inpatient request

Click the **New inpatient request** link, above. A blank Inpatient request entry page appears. You can add a member ID and all request information for this member.

▶ New inpatient behavioral health request

Click the **New inpatient behavioral health request** link, above. A blank inpatient behavioral health request entry page appears. You can add a member ID and all request information for this member.

3. From the **Inpatient request entry** screen, click the *Member search* button. Enter the Member ID, then click *Submit search*.

Member search

Note: Enter the **Member ID** minus the three-character prefix. Include the letter "R" for federal employees.

Member ID search

Member ID

Enter the ID of an individual member

Date of birth

optional

Enter the member's date of birth

 / /

First name

optional

Enter the first name of the member

Submit search

Clear form

Cancel

4. From the patient listing, select *View existing requests* to review additional requests for the member. Then click the *Select* button.

	Member ID	Member name	Date of birth
View details View existing requests View patient clinical summary ?	A0P701012345678901	Doe, Jane	03/11/1952

Note: *View existing requests* must be selected in order for the **Select** button to be enabled.

5. After the Member ID has populated to the Inpatient behavioral health request entry screen, please provide the following information: *Submitting provider, Facility, Treatment setting, Treatment type, Admit date, Axis I, Requested length of stay Attending physician.* * Users also must complete the *Emergency field.*

*The *Facility, Axis I, and Attending physician* can be selected from their corresponding drop-down lists; otherwise, users can utilize the *Provider* and *Diagnosis search* buttons to manually add this information.

Inpatient behavioral health request entry

Once you enter the General information and services information click **Next step**. iEXCHANGE evaluates your inpatient behavioral health request and displays the Inpatient behavioral health request preview page.

Notification date 12/18/2013 (mm/dd/yyyy)

Member ID AOP701012345678901 Member search

Submitting provider Dr. John Doe - 1122334455 Submitting provider summary

Facility Main Hospital - 5544332211 Facility summary Provider search

Treatment setting Group Home

Treatment type MH

Admit date 12 / 23 / 13 (mm/dd/yyyy)

Is this an emergency? No

Axis I, II, III diagnosis Diagnosis search Add

Tip: The **Submitting provider** is the organization submitting the actual preauthorization request. To add additional names to your **Submitting provider** list, contact your iEXCHANGE Administrator.

Tip: After entering diagnosis, click the **Add** button to include the diagnosis to the requests.

Delete	Axis	Diagnosis code	Diagnosis description	Primary
Delete	I	298.9	Unspecified psychosis	<input checked="" type="checkbox"/>

Axis IV

(optional)
Select all problems that apply

Select problem(s)
<input type="checkbox"/> PROBLEMS WITH PRIMARY SUPPORT GROUP
<input type="checkbox"/> PROBLEMS RELATED TO SOCIAL ENVIRONMENT
<input type="checkbox"/> EDUCATIONAL PROBLEMS
<input type="checkbox"/> OCCUPATIONAL PROBLEMS
<input type="checkbox"/> HOUSING PROBLEMS
<input type="checkbox"/> ECONOMIC PROBLEMS
<input type="checkbox"/> PROBLEMS WITH ACCESS TO HEALTH CARE SERVICES
<input type="checkbox"/> PROBLEMS RELATED TO INTERACTION WITH THE LEGAL SYSTEM/CRIME
<input type="checkbox"/> OTHER PSYCHOLOGICAL AND ENVIRONMENTAL PROBLEMS

Axis V

(optional)
Add value from 0-100

[View Global Assessment of Functioning Scale Guide](#)

Requested length of stay

Attending physician
Select attending physician from the list or search for ID
Dr. John Doe - 1122334455
[Attending physician summary](#)

LOS bed type
(optional)

Tip: The Attending physician is the supervising physician at the facility where services are being rendered.

6. Under **Principle service**, please provide the *Procedure code*, *Schedule date* and *Servicing provider*.*

*The Procedure code and Servicing provider can be selected from their corresponding drop-down lists; otherwise, users can utilize the *Procedure search* and *Provider search* buttons to manually add this information.

Principal service (optional)

Procedure
Enter Procedure code or Select from Short list
999.99

Scheduled date
12 / 23 / 2013 (mm/dd/yyyy)

Servicing provider
Select a servicing provider from the list or search for ID
Main Hospital - 5544332211
[Servicing provider summary](#)

7. Users also have the option to add additional service lines and notes to their preauthorization request. Once all necessary fields have been completed, select *Next step* to move to the **Inpatient behavioral health preview** screen.

Additional notes (optional)

iEXCHANGE Notes

Informational

The status of the LOS will be pended. Please complete the attached questionnaire. Based on the score the status may change to Approve.

Inpatient behavioral health request preview

Review your inpatient behavioral health request information here. If everything is correct, click the **Submit** button to save your request and open the Inpatient behavioral health request confirmation page. If you need to make any changes, scroll down to the bottom of the page and click **Edit** to make the necessary modifications.

The status of this inpatient behavioral health request was current when you clicked Next step. However, the status may change when you click **Submit** if eligibility or other data changed in the interim. The request reference number will be assigned when you click **Submit**.



8. Scroll down on the inpatient behavioral health request preview screen to locate the link to complete the questionnaire.


10. Click the **NM Centennial** questionnaire to open the form for completion.

Summary/Additional criteria

This section displays the projected status for the length of stay requested. The additional criteria link appears for the length of stay if the additional criteria can affect the review outcome status of the length of stay. If you complete the additional criteria you may receive an approval for the length of stay.

Note: Once you access and complete the additional criteria for a length of stay, the edit function is disabled for the request. Complete your preview of the entire request before accessing the additional criteria link.

 Affects status
 Accessed
 View/Print responses

LOS start/end date	Days	Projected status	Additional criteria
12/23/13 - 12/26/13	3	PEND	 NM Centennial

11. In order to achieve the maximum score, it is recommended to complete the questionnaire in it's entirety.

Inpatient behavioral health request questionnaire

Once you complete the following questionnaire click **Done**. iEXCHANGE evaluates your questionnaire responses and returns to the Inpatient behavioral request preview page. Please note that completing the questionnaire can affect the request status - if you complete the questionnaire you may receive an approval.

Member Data

Member	Doe, Jane
Member ID	AOP701012345678901

NM Centennial

1. Name of Person Completing Form

2. Phone Number of Person Completing Form

3. Fax Number of Person Completing Form

4. Name of Person Completing the Evaluation

10. Click **Done** after completing the questionnaire.



11. Scroll down on the **Inpatient behavioral health request preview** screen to review the entered information for accuracy. If the information is correct, click **Submit**.

Inpatient behavioral health request preview
Review your inpatient behavioral health request information here. If everything is correct, click the **Submit** button to save your request and open the Inpatient behavioral health request confirmation page. If you need to make any changes, scroll down to the bottom of the page and click **Edit** to make the necessary modifications.

The status of this inpatient behavioral health request was current when you clicked Next step. However, the status may change when you click **Submit** if eligibility or other data changed in the interim. The request reference number will be assigned when you click **Submit**.



12. The **Inpatient request confirmation** page will display the assigned **Request ID** and the status of your request.

Inpatient behavioral health request confirmation
This page contains inpatient behavioral health request information including the request ID and status (authorized or pend), the member's name and ID, as well as service information. Additional provider information also appears. When you clicked the Submit button, iEXCHANGE re-evaluated the data that appeared in the Preview. The inpatient request status may have changed if eligibility or other data changed in the interim.

Request ID: **13356AAAAAL**

Summary		
LOS start/end date	Days	Status
12/23/2013 - 12/26/2013	3	PEND

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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.