

Submitting an Outpatient Preauthorization Request

The iEXCHANGE Web-based tool supports direct submissions and provides online approval of benefits for preauthorization requests. Listed below are the steps to submit a medical/surgical preauthorization request to Blue Cross and Blue Shield of New Mexico (BCBSNM). iEXCHANGE is available 24 hours a day, 7 days a week – with the exception of every third Sunday of the month when the system will be unavailable from 10 a.m. to 2 p.m. (MT). If you are an out-of-area provider, please go to step 2. For assistance with iEXCHANGE access, please reference the Pre-Service Review tip sheet for BCBSXX Members.

Direct Access (Available to BCBSNM contracted providers only)

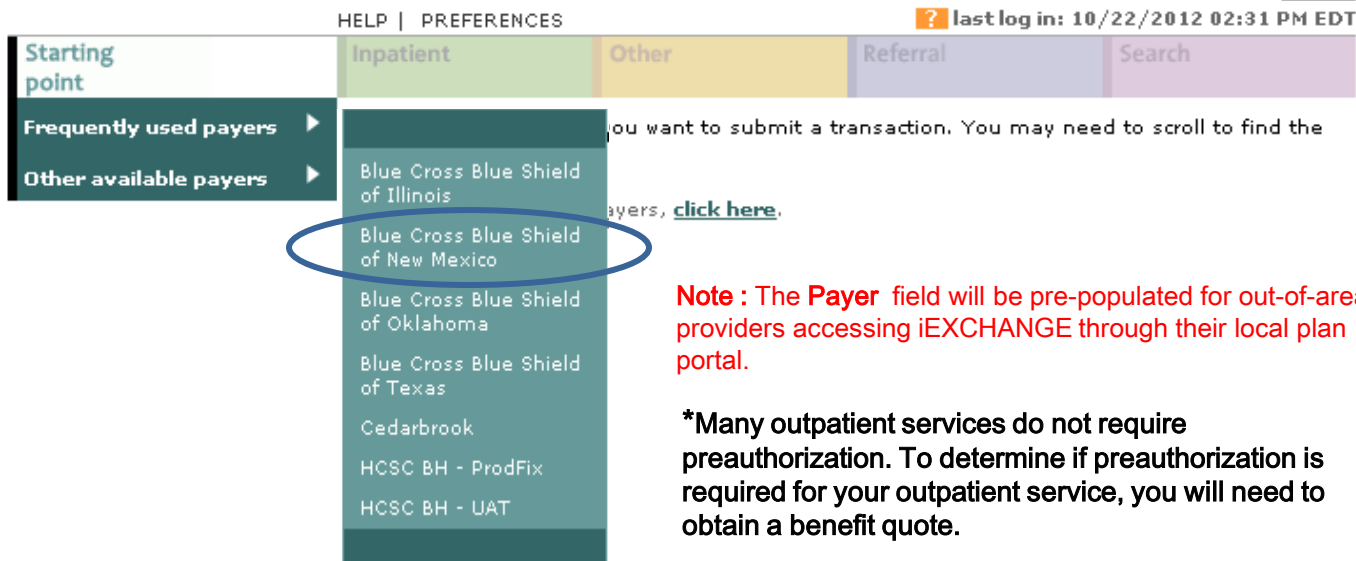
- **User ID** – Each user will be assigned a unique User ID by their organization's iEXCHANGE Administrator.
- **iEXCHANGE ID** – A unique number BCBSNM assigns to provider organizations registered with iEXCHANGE.
- **Password** – New users are supplied a temporary password by their iEXCHANGE Administrator.



* For Single Sign-On (SSO) access for local contracted providers, please reference the Pre-Service Review tip sheet for Out-of-area Members.

Submitting a Request

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



HELP | PREFERENCES ? last log in: 10/22/2012 02:31 PM EDT [log out](#)

Starting point | Inpatient | Other | Referral | Search

Frequently used payers ▶ you want to submit a transaction. You may need to scroll to find the

Other available payers ▶ payers, [click here](#).

- Blue Cross Blue Shield of Illinois
- Blue Cross Blue Shield of New Mexico**
- Blue Cross Blue Shield of Oklahoma
- Blue Cross Blue Shield of Texas
- Cedarbrook
- HCSC BH - ProdFix
- HCSC BH - UAT

Note : The **Payer** field will be pre-populated for out-of-area providers accessing iEXCHANGE through their local plan portal.

***Many outpatient services do not require preauthorization. To determine if preauthorization is required for your outpatient service, you will need to obtain a benefit quote.**

- After clicking the **Other** tab, select *New other request*.

HELP | PREFERENCES

Inpatient **Other** Referral Search

New other request
Extend other request

Other instructions

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

New other request

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

Extend other request

Click the **Extend other request** link, above. You will first search for the other treatment you wish to extend.

- Out-of-area providers only** – If multiple providers have been identified, you will be prompted to select the submitting provider in order to initiate your request. If not, go to step 4.

Provider Selection

Multiple providers have been identified. In order to enter or search for a treatment request, the submitting provider must be identified. Please select a provider from the list below. If you are unable to find the provider in the list, please indicate as directed below and contact the member's home plan for further assistance.

Note: The MCO ID selected for the initial request must be retained for extension and search requests.

	Name	MCO ID	NPI	Address	Specialty	Phone
Select	Providence St Mary Medical Center	X430000000074966401	1386895886	401 W Poplar St Walla Walla WA 99362-2846	General Acute Care Hospital	(509) 525-3320
Select	Providence St Mary Medical Ctr	X93200006714804201	1386895886	401 W Poplar St Walla Walla WA 99362-2846	General Acute Care Hospital	(509) 525-3320
Select	Providence St Mary Medical Ctr	X93200006714804101	1386895886	401 W Poplar St Walla Walla WA 99362-2846	General Acute Care Hospital	(509) 525-3320

- From the **Other request entry** screen, click the *Member search* button. Users will be asked to supply the BCBSNM Member ID number to continue their search. After entering the Member ID, 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

Note: If multiple policies exist, users will be asked to supply the member's date of birth.

- 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 <input type="button" value="Select"/> View existing request View patient clinical summary	123456789	Doe, John	04/10/58

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

- After the Member ID has populated to the **Other request entry** screen, please provide the following information: *Submitting provider, Servicing provider, Attending physician, Treatment setting* and *Primary diagnosis*.*

*The *Servicing provider, Attending physician* and *Primary diagnosis* can be selected from their corresponding drop-down lists; otherwise, users can utilize the *Provider search* and *Diagnosis search* buttons to manually add this information. The **Submitting provider** field will be pre-populated for out-of-area providers accessing iEXCHANGE through their local plan portal.

Other request entry

Once you enter the General information and Services information click **Next step**. iEXCHANGE evaluates your other request and displays the Other request preview page.

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

Notification date 10/24/2012 (mm/dd/yyyy)

Member ID AAA009999997
Enter or Search for ID

Submitting provider Jane Doe - 1122334455

Servicing provider Jane Doe - 1122334455
Select a servicing provider from the list or search for ID

Attending physician Jane Doe - 1122334455
Select attending physician from the list or search for ID

Treatment setting Provider Office

Primary diagnosis 999.9
Enter Diagnosis code or Select from Short list

Secondary diagnosis (optional)

Secondary diagnosis (optional)

Tip: The **Servicing provider** is the individual conducting the actual services for the member.

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

7. For **Service One**, please provide the *Procedure code, Unit(s), Treatment type, Start date* and *End date*.*

*The *Procedure code* can be selected from the corresponding drop-down list; otherwise, users can utilize the *Procedure search* button to manually add this information.

Service One

➔ **Procedure**
Enter Procedure code or Select from Short list

➔ **Unit(s)**

➔ **Treatment type**

➔ **Start date**

➔ **End date**

99999

5

Physical Therapy

10 / 24 / 2012 (mm/dd/yyyy)

10 / 30 / 2012 (mm/dd/yyyy)

Procedure search

Tip: To add additional procedure codes to the drop-down list, contact your iEXCHANGE Administrator.

8. 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 **Other request preview** screen.

Note: Contact Name, Phone and Email will pre-populate for an out-of-area provider.

Additional notes (optional)

iEXCHANGE Notes

Next step Cancel

9. Scroll down on the **Other request preview** to review the information for accuracy. If the information is correct, click *Submit*.

Other request preview

Review your other request information here. If everything is correct, click the **Submit** button to save your request and open the Other 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 other 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**.

If supported by the payer, you have an option to select to add additional services to the request. Click the **Submit and add services** button to save your request with the services already entered and open the Additional other services entry page.

Edit Submit and add services Submit Cancel

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

Other request confirmation

This page contains other 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 other request status may have changed if eligibility or other data changed in the interim.

Request ID: 12130AAAAI

Summary

Service	Code	Start/end date	Units	Status
1	99999	10/24/2012 - 10/30/2012	5	APPROVED

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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.