

Pre-Service Review for BCBSNM Members

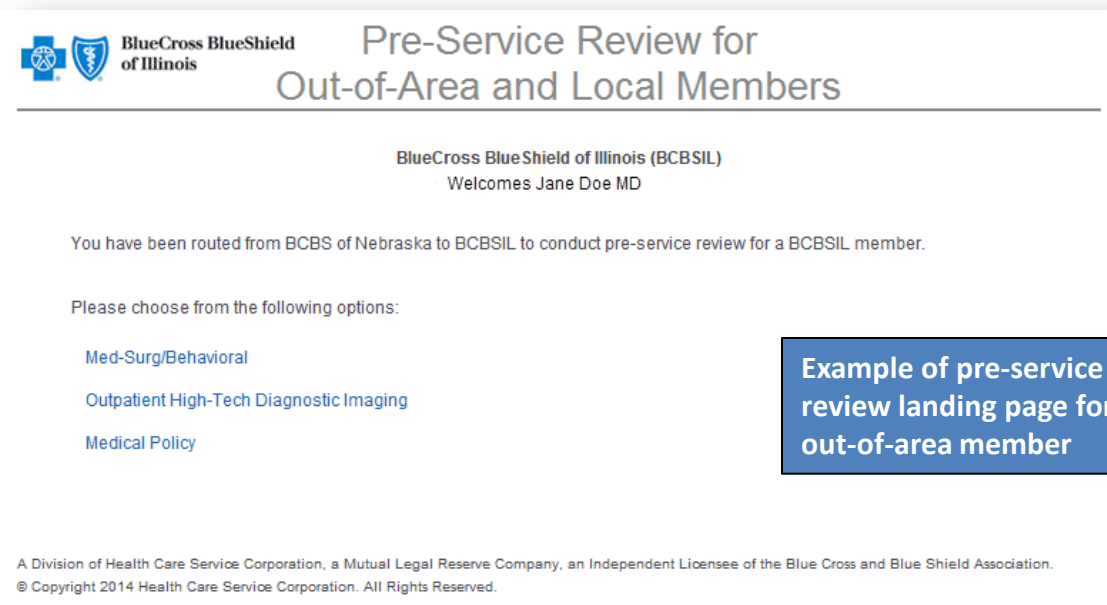
Electronic Provider Access (EPA) is a tool that will enable providers to initiate online pre-service reviews for out-of-area Blue Plan members. The term “pre-service review,” as used with this tool, refers to benefit preauthorization, pre-certification, pre-notification and prior approval functions. Conducting a pre-service review is not a substitute for checking eligibility and benefits. Listed below are the steps for locating the appropriate landing page to submit a pre-service review for out-of-area and local members for out-of-area providers.

Step 1:

If you are an out-of-area provider, please use your local plan’s portal to be routed to the **BCBSNM Pre-Service Review** landing page.

Step 2:

Once you have been routed to the **BCBSNM Pre-Service Review** landing page, click the appropriate **Pre-Service Review** option from the list provided.



The screenshot shows the landing page for a pre-service review. At the top left is the BlueCross BlueShield of Illinois logo. The main heading is "Pre-Service Review for Out-of-Area and Local Members". Below this, it says "BlueCross BlueShield of Illinois (BCBSIL) Welcomes Jane Doe MD". A message states: "You have been routed from BCBS of Nebraska to BCBSIL to conduct pre-service review for a BCBSIL member." Underneath, it asks the user to "Please choose from the following options:" and lists three options: "Med-Surg/Behavioral", "Outpatient High-Tech Diagnostic Imaging", and "Medical Policy". A blue callout box on the right side of the screenshot contains the text: "Example of pre-service review landing page for an out-of-area member". At the bottom of the page, there is a small disclaimer: "A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association. © Copyright 2014 Health Care Service Corporation. All Rights Reserved."

The Med-Surg/Behavioral option will route you to the iEXCHANGE portal to complete the pre-service review. For assistance with iEXCHANGE, please refer to the iEXCHANGE web page.

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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.