

## Avoiding Administrative Claim Denials

Blue Cross Medicare Advantage<sup>SM</sup> (BCMA) Health Plan wants to help you avoid administrative claim denials. To prevent denials from occurring, a list of administrative claim denials that providers may receive has been created, along with tips on how to avoid them. The table below has been created as a tool to help you avoid administrative claim denials.

| Administrative Claim Denials and Tips to Avoid Them   |   |
|---|---|
| Denials   | Tips  |
| <p><b>No Referral</b></p> <p>A referral to an out-of-plan or out-of-network provider which is necessary due to network inadequacy or continuity of care must be reviewed by the BCMA Utilization Management Department prior to a BCMA patient receiving care. The BCMA HMO referring physician or professional provider must call the number on the back of the member's ID card to request an out-of-plan or out-of-network referral authorization. For requests that are approved, the Utilization Management Department will forward an approval letter to the out-of-plan or out-of-network physician or professional provider.</p>  | <p>Referral requests can be submitted via:</p> <ul style="list-style-type: none"> <li>▪ Phone call to the Customer Service number on the back of the member's ID card</li> <li>▪ Fax to the UM Preauthorization Department at 855.874.4711</li> </ul> <p>Refer to the BCMA Health Plan section of the Provider Reference Manual on <a href="http://bcbsnm.com/provider">bcbsnm.com/provider</a> to determine referral information.</p>  |
| <p><b>No Inpatient Notification</b></p> <p>BCMA Health Plan requires an inpatient notification for all members who are admitted for inpatient care, regardless of whether BCMA Health Plan is the primary or secondary insurer. Admitting physicians and professional providers are responsible for contacting the Utilization Management Department to request preauthorization for additional days if an extension of the approved length of stay is required. Blue Cross Medicare Advantage UM personnel will assist with coordinating all services identified as necessary in the discharge planning process. Plan providers and hospital admitting departments are responsible for notifying BCMA Health Plan within the following timelines:</p> <ul style="list-style-type: none"> <li>▪ All Inpatient admissions (Elective &amp; Urgent/Emergent) must be reported <b>within one business day.</b></li> </ul> | <p>Use one of the following options to obtain an inpatient notification via:</p> <ul style="list-style-type: none"> <li>▪ iExchange (provider portal)</li> <li>▪ Phone call to the Customer Service number on the back of the member's ID card</li> <li>▪ Fax to the UM Preauthorization Department at 855.874.4711</li> </ul> <p>Refer to the BCMA Health Plan section of the Provider Reference Manual on <a href="http://bcbsnm.com/provider">bcbsnm.com/provider</a> to determine referral information.</p> |
| <p><b>No Authorization</b></p> <p>BCMA Health Plan requires plan providers to obtain prior authorization for certain services, drugs, devices and equipment in order to be covered.</p>   | <p>Use one of the following options to obtain a prior authorization via:</p> <ul style="list-style-type: none"> <li>▪ iExchange (provider portal)</li> <li>▪ Phone call to the Customer Service number on the back of the member's ID card</li> <li>▪ Fax to the UM Preauthorization Department at 855.874.4711</li> </ul> <p>Refer to the BCMA Health Plan section of the Provider Reference Manual on <a href="http://bcbsnm.com/provider">bcbsnm.com/provider</a> to determine referral information.</p>     |