



UNM Health Benefit Determination step by step for access to the BCBS Extended Network:

The process begins with the referral (request for authorization) from the UNM Health Network Provider to the UNM Health Customer Care Team. Benefit Determinations can be submitted by calling the UNM Health Customer Care at 505-925-2432 or toll-free 1-844-866-2224. UNM Health then verifies the following criteria.

Step 1

UNM Health Customer Care verifies that the service is **not a service** offered within the UNM Health Provider Network or not available within 90 days.

- a. The referring UNM Health Network Provider is key in making the determination. The referring UNM Health Network Provider or appointed personnel (Patient Care Coordinator or MA) will document the referral in the medical record or send the referral documentation via fax or email to the UNM Health Care Team.
- b. If approved, UNM Health Customer Care will submit the Benefit Determination form to the Utilization Management team for submission into the claims system. UNM Health Customer Care will communicate directly with the provider, UM team and member to facilitate the Benefit Determination process.

Step 2

The appropriate medical documentation supporting the use of the Tier 2 services must be verified for the appropriate service requested (i.e. correct diagnosis for the appropriate specialty and CPT Code)

- a. If the service requires a prior authorization, to determine medical necessity, the request and prior authorization form would need to be sent to the UNM Health Care Team to coordinate the review process and determination.
- b. UNM Health Customer Care will notify the provider and member of the final medical review determination.