



**Oklahoma 2009 Utilization / Case Management Changes  
Effective Sept. 14, 2009**

In an effort to standardize the Utilization and Case Management processes for Blue Cross and Blue Shield of Oklahoma, the following changes will take effect Sept. 14, 2009:

- All calls related to Case Management (CM) will originate in the Provider Customer Service Unit (PIU) at 1-800-496-5774. The caller will be transferred to a Health Coordinator (HC) in the CM department. The HC will call the member to arrange an appointment to speak with the case manager.
- Wheelchair authorizations will now be handled through the pre-authorization process. CM can no longer accept these requests via fax. To request a wheelchair authorization please call the PIU at 1-800-496-5774.
- Referrals for Hospice, Home Health, Long Term Acute Care, Skilled Nursing Facility, Rehabilitation, and Home Infusion will now be handled through the Utilization Management (UM) Department.
- Precertification/Authorization may be requested via fax at 1-800-220-4045, or by calling our UM department directly at 1-800-672-2378. A UM clerk will start the process and provide a reference number. If clinical information is required, the caller will be transferred to a confidential voicemail or a UM nurse may call and request the information needed in order to determine medical necessity. If the necessary information is not available during the call, the submitter will be given two business days to respond. If it is determined the request does not meet medical necessity criteria, the submitter will receive a call to advise of the denial.
  - Helpful Fax and Voicemail numbers to expedite your request:

	<u>FAX</u>	<u>Voicemail</u>
Bluelincs	918-549-3048	918-551-2411
Episodic	918-549-3049	918-551-2412
Cardiac	918-549-3047	918-551-2413
Mental Health	918-549-3050	918-551-2414
Med Surg	918-549-3044	918-551-2415

- The UM clerks can now authorize Home Health services to include nursing visits, home physical therapy, occupational therapy, speech therapy, and home hospice care. Regardless of the quantity authorized, member benefit limits will apply.
- The UM department will no longer verify benefits prior to authorizing services. Their determination will be based only on medical necessity. Please verify member benefits (including visit limitations) prior to requesting authorization and/or precertification.
- Verbal and written notification will be given for approvals and administrative denials until the new contracts go into effect. After that date, these responses will only be sent to the provider's office via mail.

For questions regarding these changes, please contact the PIU at 1-800-496-5774.