

**Electronic Eligibility and Benefits Tip Sheet
Facility/Institution (Type-2)**

How to use tip sheet:

To obtain the required Member Benefit Category described in Column A on the portal please select BOTH the associated the Place of Treatment (Column B) and Type of Benefits (Column C) for the benefit information requested. The inquiry is based on the provider ID (NPI) submitted. Blue Cross Blue Shield of Oklahoma returns either Facility or Professional benefits, but not both.

Please Note: The rendering NPI (type 1) must be used instead of the billing NPI (type 2) to ensure accuracy of the benefit information.

| Provider Benefit Information Needed (A) | Portal Drop Down Options | |
|--|--|--|
| | Place of Treatment / Service (B) | Type of Benefits Requested (C) |
| No Benefits but only Coverage/Eligibility information needed | Any Place of Treatment | General Benefits |
| Inpatient Hospital Services | | |
| Allergy Testing, Inpatient | Inpatient-Hospital | Allergy Testing |
| Allergy Treatment, Inpatient | Inpatient-Hospital | Allergy Testing |
| Ambulance | Other-Unlisted Facility | Licensed Ambulance |
| Cardiac Rehabilitation Program, Inpatient | Inpatient-Hospital | Cardiac Rehabilitation |
| CAT Scan Inpatient | Inpatient-Hospital | Diagnostic Medical |
| Chemotherapy, Inpatient | Inpatient-Hospital | Chemotherapy |
| Hospice | Inpatient-Hospital, Outpatient-Home Inpatient, Home | Hospice Hospice |
| Inpatient Hospital | Inpatient-Hospital | Medical Care |
| Laboratory, Inpatient | Inpatient-Hospital | Diagnostic Medical |
| MRI Inpatient | Inpatient-Hospital | Diagnostic Medical |
| Nursing Services, Outpatient | Inpatient-Hospital, Home | Private Duty Nursing |
| Obstetrical Normal | Inpatient-Hospital | Maternity |
| Radiation Therapy, Inpatient | Inpatient | Radiation Therapy |
| Skilled Nursing Daily Room And Board | Inpatient-Hospital | Skilled Nursing Care |
| Skilled Nursing | Inpatient-Hospital | Skilled Nursing Care - Daily Room & Board |
| Speech Therapy, Inpatient | Inpatient-Hospital | Speech Therapy |
| Surgery | Inpatient | Surgical |
| X-Ray, Inpatient | Inpatient-Hospital | Diagnostic Medical |
| Outpatient Hospital Services | | |
| Allergy Testing, Outpatient | Outpatient-Hospital | Allergy Testing |
| Allergy Treatment, Outpatient | Outpatient-Hospital | Allergy Testing |
| Cardiac Rehabilitation Program, Outpatient | Outpatient-Hospital | Cardiac Rehabilitation |
| Cat Scan Outpatient | Outpatient-Hospital | MRI/CAT Scan |
| Chemo / Radiation Therapy | Hospital - Outpatient | Radiation Therapy |
| Coordinated Home Care | Home | Home Health Care |
| Diagnostic Lab | Hospital-Outpatient | Diagnostic Lab |
| Diagnostic Medical Procedure, Outpatient | Outpatient-Hospital | Diagnostic Medical |
| Diagnostic Xray | Hospital-Outpatient | Diagnostic X-Ray |
| Durable Medical Equipment | Hospital-Outpatient, Home Hospital-Outpatient, Home | Durable Medical Equipment Purchase Durable Medical Equipment Rental |
| Emergency Medical Care Emergency Room Services | Outpatient-Hospital, Emergency Room - Hospital | Emergency Services |
| Emergency Room | Hospital-Outpatient, Emergency Room - Hospital | Hospital - Outpatient |
| Functional Occupational Therapy, Outpatient | Outpatient-Hospital | Occupational Therapy |
| Hearing Test, Outpatient | Outpatient-Hospital | Audiology Exam |
| Hospice | Inpatient-Hospital, Outpatient-Home | Hospice |
| Hospital Visit | Outpatient-Hospital | Hospital - Outpatient |
| Immunizations, Outpatient | Outpatient-Hospital Outpatient-Hospital | Well Baby Care Immunizations |
| Laboratory, Outpatient | Outpatient-Hospital | Diagnostic Medical |
| Malignant Chemotherapy, Outpatient | Outpatient-Hospital | Chemotherapy |
| MRI Outpatient | Outpatient-Hospital | MRI/CAT Scan |
| Physical/Mechano-Therapy, Outpatient | Outpatient-Hospital | Physical Medicine |
| Preventive Care | Outpatient-Hospital | Routine Physical |
| Routine Diagnostic Medical Procedure | Outpatient-Hospital | Routine Physical |
| Routine Laboratory Test | Outpatient-Hospital | Routine Physical |
| Routine Mammogram | Outpatient-Hospital | Routine Physical |
| Routine Pap Smear | Outpatient-Hospital | Routine Physical |
| Routine Vision Exam | Outpatient-Hospital Outpatient-Hospital | Vision (Optometry) Routine Exam |
| Routine Xray Test | Outpatient-Hospital | Routine Physical |
| Speech Therapy, Outpatient | Outpatient-Hospital | Speech Therapy |
| Surgery | Outpatient-Hospital | Hospital - Ambulatory Surgical |
| X-Ray, Outpatient | Outpatient-Hospital | Diagnostic Medical |
| Behavioral Health Services | | |
| Day Psychiatric Room And Board | Inpatient-Hospital | Psychiatric - Inpatient |
| | Inpatient-Hospital | Psychiatric - Outpatient |
| | Outpatient-Hospital | Psychiatric - Inpatient |
| | Outpatient-Hospital | Psychiatric - Outpatient |
| | Outpatient-Hospital | Substance Abuse |
| Day/Night Psychiatric Room And Board | Inpatient-Hospital | Substance Abuse |
| Family Counseling Adult, Outpatient | Outpatient-Hospital | Substance Abuse |
| Family Counseling Child, Outpatient | Outpatient-Hospital | Substance Abuse |
| Group Psychotherapy, Inpatient | Inpatient-Hospital | Psychotherapy |
| | Inpatient-Hospital | Substance Abuse |
| Group Psychotherapy, Outpatient | Outpatient-Hospital | Psychotherapy |
| | Outpatient-Hospital | Substance Abuse |
| Individual Psychotherapy, Inpatient | Inpatient-Hospital | General Benefits |
| | Inpatient-Hospital | Psychotherapy |
| | Inpatient-Hospital | Substance Abuse |

**Electronic Eligibility and Benefits Tip Sheet
Facility/Institution (Type-2)**

How to use tip sheet:

To obtain the required Member Benefit Category described in Column A on the portal please select BOTH the associated the Place of Treatment (Column B) and Type of Benefits (Column C) for the benefit information requested. The inquiry is based on the provider ID (NPI) submitted. Blue Cross Blue Shield of Oklahoma returns either Facility or Professional benefits, but not both.

Please Note: The rendering NPI (type 1) must be used instead of the billing NPI (type 2) to ensure accuracy of the benefit information.

| Provider Benefit Information Needed (A) | Portal Drop Down Options | |
|---|----------------------------------|--------------------------------|
| | Place of Treatment / Service (B) | Type of Benefits Requested (C) |
| Individual Psychotherapy, Outpatient | Outpatient-Hospital | Psychotherapy |
| | Outpatient-Hospital | Substance Abuse |
| Night Psychiatric Room And Board | Inpatient-Hospital | Psychiatric - Inpatient |
| | Inpatient-Hospital | Psychiatric - Outpatient |
| Partial Hospitalization (Intensive) | Inpatient-Hospital | Substance Abuse |
| | Inpatient-Hospital | Psychiatric - Inpatient |
| | Inpatient-Hospital | Psychiatric - Outpatient |
| | Outpatient-Hospital | Psychiatric - Inpatient |
| | Outpatient-Hospital | Psychiatric - Outpatient |
| | Outpatient-Hospital | Substance Abuse |
| Psychological Testing, Inpatient | Inpatient-Hospital | Substance Abuse |
| Psychological Testing, Outpatient | Outpatient-Hospital | Substance Abuse |
| Residential Treatment Facility | Inpatient-Hospital | Substance Abuse |
| | Inpatient-Hospital | Psychotherapy |
| | Inpatient-Hospital | Psychiatric - Inpatient |
| Shock Therapy, Inpatient | Inpatient-Hospital | Psychotherapy |
| | Inpatient-Hospital | Psychiatric - Inpatient |
| | Inpatient-Hospital | Substance Abuse |
| Shock Therapy, Outpatient | Outpatient-Hospital | Psychotherapy |
| | Outpatient-Hospital | Psychiatric - Outpatient |
| | Outpatient-Hospital | Substance Abuse |
| Substance Abuse, Inpatient | Inpatient-Hospital | Substance Abuse |
| Substance Abuse, Outpatient | Outpatient-Hospital | Substance Abuse |

**The services listed below are not available but are future enhancements. Please contact Provider Customer Service to inquire about these services:
1-800-451-0287**

| | | |
|---|--|---------------------------------------|
| Accupuncture Treatment, Inpatient | Inpatient-Hospital | Acupuncture |
| Blood | Inpatient | Blood Charges |
| Dialysis, Inpatient | Inpatient-Hospital | Dialysis |
| Inhalation Therapy, Inpatient | Inpatient-Hospital | Inhalation Therapy |
| Orthotics/Prosthetics, Inpatient | Inpatient-Hospital | Prosthetic Device |
| Sterilization, Inpatient | Inpatient-Hospital | Family Planning |
| Therapeutic Abortion, Inpatient | Inpatient-Hospital | Abortion |
| Transplant | Inpatient-Hospital | Transplants |
| Accupuncture Treatment, Outpatient | Outpatient-Hospital | Acupuncture |
| Air Ambulance Base Rate | Other-Unlisted Facility | Air Transportation |
| Blood | Hospital - Outpatient | Blood Charges |
| Contraceptive Drugs - Oral - Brand Name | Outpatient-Hospital | Family Planning |
| Dialysis, Outpatient | Outpatient-Hospital | Dialysis |
| Elective Abortion, Outpatient | Outpatient-Hospital | Abortion |
| Emergency Room | Hospital - Outpatient, Emergency Room - Hospital | Hospital |
| | Hospital - Outpatient, Office, Emergency Room - Hospital | Hospital - Emergency Accident |
| | Hospital - Outpatient, Office, Emergency Room - Hospital | Hospital - Emergency Medical |
| Emergency Room Services, Outpatient | Outpatient-Hospital, Emergency Room - Hospital | Emergency Services |
| Hospital Visit | Outpatient | Hospital |
| Inhalation Therapy, Outpatient | Outpatient-Hospital | Inhalation Therapy |
| Orthotics, Outpatient | Outpatient-Hospital | Prosthetic Device |
| Special Medical Visits, Outpatient | Outpatient-Hospital | Prosthetic Device |
| Sterilization, Outpatient | Outpatient-Hospital | Family Planning |
| Surgery | Hospital - Outpatient | Ambulatory Service Center Facility |
| Therapeutic Abortion, Outpatient | Outpatient-Hospital | Abortion |
| Transplant | Outpatient-Hospital | Transplants |
| Daily Room And Board | Inpatient-Hospital | Psychiatric |
| Day Psychiatric Room And Board | Inpatient-Hospital | Alcoholism |
| | Inpatient-Hospital | Drug Addiction |
| | Inpatient-Hospital | Psychiatric - Room and Board |
| | Inpatient-Hospital | Partial Hospitalization (Psychiatric) |
| | Inpatient-Hospital | Day Care (Psychiatric) |
| Family Counseling Adult, Outpatient | Outpatient-Hospital | Psychiatric |
| Family Counseling Child, Outpatient | Outpatient-Hospital | Psychiatric |
| Group Psychotherapy, Inpatient | Inpatient-Hospital | Psychiatric |
| Group Psychotherapy, Outpatient | Outpatient-Hospital | Psychiatric |
| Individual Psychotherapy, Inpatient | Inpatient-Hospital | Psychiatric |
| Individual Psychotherapy, Outpatient | Outpatient-Hospital | Psychiatric |
| Mental Hlth / Psychiatric | Inpatient | Hospital |
| | Hospital - Outpatient | Hospital |
| Psychological Testing, Inpatient | Inpatient-Hospital | Psychiatric |
| Psychological Testing, Outpatient | Inpatient-Hospital | Psychiatric |
| Substance Abuse, Inpatient | Inpatient-Hospital | Alcoholism |
| | Inpatient-Hospital | Drug Addiction |
| Substance Abuse, Outpatient | Outpatient-Hospital | Alcoholism |
| | Outpatient-Hospital | Drug Addiction |