Outpatient Specialty Prior Authorization	Blue Cross and Blue Shield of Oklahoma (BCBSOK)

Prior Authorizations

Outpatient Specialty Prior Authorization

Prior Authorization Requirements – www.eviCore.com/healthplan/bcbsok_m
Web Portal – www.eviCore.com
- Request prior authorizations and check case status online 24/7
- Upload clinical documents and use pause/start feature to complete initiated cases

Call Center – 855-252-1117 (toll free)
- Business Hours: Monday – Friday 6 a.m. to 6 p.m. (CT); Saturday and Sunday, 9 a.m. to noon
- Request prior authorizations and check case status
- Discuss questions re: prior authorizations and case decisions
- Change facility or CPT® Code(s) on an existing case

Peer to Peer or Provider to Provider Consultation – 855-252-1117 (toll free)
- Urgent requests only
- Standard requests – **www.eviCore.com**

Blue Cross and Blue Shield of Oklahoma (BCBSOK)

Prior Authorization Requirements – bcbsok.com/provider/network/bma.html
- Review inpatient and outpatient services requiring prior authorization through BCBSOK
- Obtain Prior Authorization Code List and Prior Authorization Form

Medicare Advantage – 877-774-8592 (toll free)
- Business hours: Monday – Friday 8 a.m. to 8 p.m. (CT)
- Check eligibility and benefits, or check online through Availity® – **availity.com**
- Request prior authorization information
- Request peer to peer or provider to provider consultation

Online – availity.com
- Submit an electronic 278 transaction, 24/7, through Availity or your preferred vendor portal

Medical Policy – bcbsok.com/provider/standards/
- Review active and pending policies and policy updates

Appeals

Pre-service Appeals Process (Administered by BCBSOK)

BCBSOK will administer the pre-service appeals process for denied or partially denied benefit prior authorization requests that are submitted through eviCore or BCBSOK. When submitting a pre-service appeal, always follow the directions included within the denial letter.

Submit your request and supporting documentation by mail or fax.

Mailing Address:
Blue Cross Medicare Advantage℠
C/O Appeals and Grievances
PO Box 4288
Scranton, PA 18505

Fax: 855-674-9185

For expedited appeals, call:
- Individual plans: 877-774-8592 (toll free)
- Employer plans: 877-299-1008 (toll free)
- TTY: 711

Claims

Claims Filing (Administered by BCBSOK) – bcbsok.com/provider/claims

Submit electronic claims (837 transactions):
- Via Availity or your preferred vendor portal
- Use BCBSOK Electronic Payer ID – 66006

Mail paper claims to:
Blue Cross Medicare Advantage
C/O Claims Department
PO Box 3686
Scranton, PA 18505

Phone: 877-774-8592 (toll free)
Fax: 855-674-9192

Claims Reminders
- Utilize the HCFA form for all claims submissions
- Complete field number "17" on the CMS claims form
- Add the authorization number to "Box 23"

Support

eviCore Provider Services – 800-646-0418 (toll free)
- Select option 1 to request case status, authorization, clinical review or a determination letter
- Select option 2 for Web Portal registration questions
- Select option 4 to speak with a representative or to request an authorization be resent to the health plan

eviCore Client Services – clientservices@evicore.com
- Report eligibility/other issues experienced during authorization case creation
- Request training on program processes

Training and Reference Information – www.eviCore.com/healthplan/bcbsok_m
- Provider Overview Tutorials, FAQs and Quick Reference Guide
- Clinical Guidelines and CPT Code information

Network Consultant:
Email: OklahomaMedicareAdvantageNetwork@bcbsok.com

Training and Reference Information – bcbsok.com/provider/network/bma.html
- Access Medicare Advantage forms, tips and tools
- Sign up for Availity webinar training at **bcbsok.com/provider/training**

Blue Review℠ – bcbsok.com/provider/news
- Sign up to receive monthly newsletter by email

This guide is intended to be used for quick reference and may not contain all the necessary information. For detailed information, please email OklahomaMedicareAdvantageNetwork@bcbsok.com.

eviCore healthcare (eviCore) is an independent specialty medical benefits management company that provides utilization management services for Blue Cross and Blue Shield of Oklahoma.

Availity is a trademark of Availity, L.L.C., a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSOK.

Prior Authorization Checklist

Please have the following when requesting prior authorization:

Patient/Member
- ☐ First, middle and last name
- ☐ Date of birth
- ☐ Gender
- ☐ Address
- ☐ Home and cellphone numbers
- ☐ Health plan, member and group ID numbers

Ordering Provider and Facility/Site
- ☐ Name
- ☐ Primary specialty
- ☐ Tax identification number (TIN)
- ☐ National provider identifier (NPI)
- ☐ Phone and fax numbers
- ☐ Office contact and email address

Procedure
- ☐ Valid CPT codes

Diagnosis
- ☐ Diagnosis, if known or rule out
- ☐ Valid ICD-10 codes
- ☐ Date of last visit

Clinical Information
- ☐ Primary reason for the service request
- ☐ Date of the first office visit with any physician for the current condition
- ☐ Date of the most recent office visit for the current condition
- ☐ Current symptoms
- ☐ Length of physician-directed treatment or observation for the current condition
- ☐ How symptoms have changed with physician-directed treatment or observation since onset of the current condition
- ☐ What conditions have been found by a medical professional on a physical exam performed for the current condition
- ☐ Any other conditions present in the medical history

Submitter
- ☐ Ordering physician, facility or other

Prior Authorization Forms
For specialized outpatient services, check eviCore Clinical Worksheets for more details about specific service areas and clinical solutions: **www.eviCore.com/provider/online-forms**
BCBSOK Medicare Advantage form: **bcbsok.com/pdf/forms/bma_prior_auth_form.pdf**

Expedited Review
Call 877-774-8592 for urgent service after hours, weekends and holidays.

Avoid Administrative Claim Denials
Call 877-774-8592 or fax 855-874-4711 to obtain:
- Referrals for out-of-plan or out-of-network providers before a patient receives care
- Inpatient notification for post-stabilization care after an ER admission (report within one business day)
- Prior authorization for the services, drugs and devices listed on **bcbsok.com/provider/network/bma.html**
  - Click "eviCore Prior Authorization Program" for specialized outpatient services
  - For other services, click "Prior Authorization Requirements"

Check Claim Status Online
At **availity.com**, the Availity Claim Research Tool provides the equivalent of an Explanation of Benefits (EOB), including line-item breakdowns.

Member Rewards
At **BlueRewardsOK.com**, Medicare Advantage members can sign up to earn rewards for completing selected screenings, managing chronic conditions or seeing a physician for a physical.