



Avoiding Administrative Claim Denials

Blue Cross Medicare Advantage 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.

Administrative Claim Denials and Tips to Avoid Them	
Denials	Tips
<p>No Referral 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 Utilization Management Department prior to a patient receiving care. The Blue Cross Medicare Advantage 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 may be submitted via:</p> <ul style="list-style-type: none"> ▪ Phone call to the Customer Service number on the back of the member’s ID card ▪ Fax to the UM Preauthorization Department at 855.874.4711
<p>No Inpatient Notification for Post Stabilization Care following an Emergency Room (ER) admission Blue Cross Medicare Advantage requires an inpatient notification within one (1) business day for all members who are admitted for inpatient care, following an ER admission, regardless of whether Blue Cross Medicare Advantage 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 Blue Cross Medicare Advantage</p>	<p>Use one of the following options to obtain an inpatient notification for Post Stabilization Care following an ER admission via:</p> <ul style="list-style-type: none"> ▪ Phone call to the Customer Service number on the back of the member’s ID card to connect with the UM Preauthorization Department ▪ Fax to the UM Preauthorization Department at 855.874.4711

<p>within the following timelines:</p> <ul style="list-style-type: none"> ▪ All Inpatient admissions for post stabilization care following an ER admission must be reported within one business day. <p><i>Note: Notification of admission for all elective inpatient stays is requested for care coordination and discharge planning.</i></p>	
<p>No Authorization</p> <p>Blue Cross Medicare Advantage requires plan providers to obtain prior authorization for certain services, drugs, devices and equipment in order to be covered. The current Prior Authorization list is available on the BCBSOK provider website bcbsok.com/provider under the Medicare Advantage section.</p>	<p>Use one of the following options to obtain a prior authorization via:</p> <ul style="list-style-type: none"> ▪ Phone call to the Customer Service number on the back of the member's ID card ▪ Fax to the UM Preauthorization Department at 855.874.4711