



	Outpatient Specialty Prior Authorization	Blue Cross and Blue Shield of Oklahoma (BCBSOK)
Prior Authorizations	<p>Prior Authorization Requirements – www.eviCore.com/healthplan/bcbsok_m Web Portal – www.eviCore.com</p> <ul style="list-style-type: none"> Request prior authorizations and check case status online 24/7 Upload clinical documents and use pause/start feature to complete initiated cases <p>Call Center – 855-252-1117 (toll free)</p> <ul style="list-style-type: none"> 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 <p>Peer to Peer or Provider to Provider Consultation – 855-252-1117 (toll free)</p> <ul style="list-style-type: none"> Urgent requests only Standard requests – www.eviCore.com 	<p>Prior Authorization Requirements – bcbsok.com/provider/network/bma.html</p> <ul style="list-style-type: none"> Review inpatient and outpatient services requiring prior authorization through BCBSOK Obtain Prior Authorization Code List and Prior Authorization Form <p>Medicare Advantage – 877-774-8592 (toll free)</p> <ul style="list-style-type: none"> 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 <p>Online – availity.com</p> <ul style="list-style-type: none"> Submit an electronic 278 transaction, 24/7, through Availity or your preferred vendor portal <p>Medical Policy – bcbsok.com/provider/standards/</p> <ul style="list-style-type: none"> Review active and pending policies and policy updates
Appeals	<p>Pre-service Appeals Process (Administered by BCBSOK)</p> <p>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.</p>	<p>Submit your request and supporting documentation by mail or fax.</p> <p>Mailing Address: Blue Cross Medicare AdvantageSM C/O Appeals and Grievances PO Box 4288 Scranton, PA 18505</p> <p>Fax: 855-674-9185</p> <p>For expedited appeals, call:</p> <ul style="list-style-type: none"> Individual plans: 877-774-8592 (toll free) Employer plans: 877-299-1008 (toll free) TTY: 711
Claims	<p>Claims Filing (Administered by BCBSOK) – bcbsok.com/provider/claims</p> <p>Submit electronic claims (837 transactions):</p> <ul style="list-style-type: none"> Via Availity or your preferred vendor portal Use BCBSOK Electronic Payer ID – 66006 	<p>Mail paper claims to: Blue Cross Medicare Advantage C/O Claims Department PO Box 3686 Scranton, PA 18505</p> <p>Phone: 877-774-8592 (toll free) Fax: 855-674-9192</p> <p>Claims Reminders</p> <ul style="list-style-type: none"> 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	<p>eviCore Provider Services – 800-646-0418 (toll free)</p> <ul style="list-style-type: none"> 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 <p>eviCore Client Services – clientservices@evicore.com</p> <ul style="list-style-type: none"> Report eligibility/other issues experienced during authorization case creation Request training on program processes <p>Training and Reference Information – www.eviCore.com/healthplan/bcbsok_m</p> <ul style="list-style-type: none"> Provider Overview Tutorials, FAQs and Quick Reference Guide Clinical Guidelines and CPT Code information 	<p>Network Consultant: Email: OklahomaMedicareAdvantageNetwork@bcbsok.com</p> <p>Training and Reference Information – bcbsok.com/provider/network/bma.html</p> <ul style="list-style-type: none"> Access Medicare Advantage forms, tips and tools Sign up for Availity webinar training at bcbsok.com/provider/training <p>Blue ReviewSM – bcbsok.com/provider/news</p> <ul style="list-style-type: none"> 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.

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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.