



2019 Commercial Benefit Preauthorization Requirements Summary

<p>Always Check Eligibility and Benefits First It is imperative to check eligibility and benefits before services are rendered to determine if preauthorization/pre-notification is required.</p>	<ul style="list-style-type: none"> • Online – Check eligibility and benefits through the Availity® Provider Portal or your preferred web vendor. Refer to the Education and Reference Center / Provider Tools on our Provider website for links to Availity Eligibility and Benefits Tip Sheets, organized by specialty. • By Phone – If you do not have online access, check eligibility and benefits by calling BCBSOK's Interactive Voice Response (IVR) automated phone system at 800-496-5774.
<p>Obtain Preauthorization (if required) Preauthorization requirements are specific to the patient's policy type and procedure(s) being rendered. If preauthorization is required, services performed without preauthorization or that do not meet medical necessity criteria may be denied for payment, and the rendering provider may not seek reimbursement from the member. <i>Preauthorization is not a substitute for checking eligibility and benefits</i></p>	<p>If preauthorization through eviCore is required,</p> <ul style="list-style-type: none"> • View codes that may be impacted – Refer to the eviCore Provider Resource Page • Obtain preauthorization through eviCore: <ul style="list-style-type: none"> - Online – The eviCore Healthcare Web Portal at is available 24x7. After one-time registration, you may access evicore.com to initiate a case, review guidelines, check status, and more. - By Phone – Call eviCore at 855-252-1117, 7 a.m. and 7 p.m. (CT), Monday through Friday. <p>If preauthorization through BCBSOK is required,</p> <ul style="list-style-type: none"> • View codes that may be impacted -- Refer to the 2019 Commercial Benefit Preauthorization Code List, in the Related Resources on our Prior Authorization page. • Obtain preauthorization through BCBSOK: <ul style="list-style-type: none"> - Online – Use iExchange®, our electronic benefit preauthorization/predetermination of benefits tool. You may access iExchange directly or via the Availity Portal. - By phone – Call the number on the member's ID card, or use BCBSOK's IVR at 800-496-5774 (see our Eligibility and Benefits IVR Caller Guide for instructions).
<p>Request Predetermination (if applicable) If preauthorization is not required, check the Medical Policy section of our Provider website to assess if predetermination may be helpful. <i>Predetermination is not a substitute for eligibility and benefits verification or preauthorization (if required).</i></p>	<ul style="list-style-type: none"> • Online – Predetermination of benefits requests and related attachments may be submitted electronically through iExchange. Refer to the iExchange page in the Provider Tools section of our website for an Outpatient Predetermination Request tip sheet and other information. • By Fax – Complete the Predetermination Request Form and fax it to BCBSOK, along with necessary supporting documentation. This form also may be used to request review of a previously denied predetermination of benefits requests.
<p>Important Reminders, Exceptions and Related Resources</p>	
<p>Inpatient Facility Admission Preauthorization Requirements Summary</p>	<p>Preauthorization through BCBSOK is required for admissions to Inpatient Hospital Rehabilitation Hospitals, Residential Treatment Centers, Skilled Nursing Facilities, Long-term Acute Care Hospitals, and In-patient Hospice (some employer groups). Refer to the Clinical Resources section for details.</p>
<p>Government Programs Preauthorization Information</p>	<p>For Blue Cross Medicare Advantage (PPO)SM (MA PPO), refer to the 2019 MA PPO Benefit Preauthorization Requirements Summary List.</p>
<p>Pharmacy Prior Authorization (PA) Program</p>	<p>Prime Therapeutics, our pharmacy benefit manager, conducts all reviews of pharmacy PA requests from physicians for BCBSOK members with prescription drug coverage. To learn more about how to submit an electronic pharmacy PA request, refer to the Pharmacy Programs section.</p>
<p>Behavioral Health Program</p>	<p>BCBSOK manages behavioral health services for all non-HMO members who have behavioral health benefits through group, government and retail products. For preauthorization requirements and related processes refer to the Behavioral Health Program section.</p>
<p>Federal Employee Program® (FEP®)</p>	<p>For FEP members, eligibility and benefits can be obtained by calling 800-972-8382. For FEP members, you must call the local Blue Plan where services are being rendered for preauthorization, regardless of the state in which the member is insured.</p>
<p>Preauthorization for Out-of-Area (BlueCard®) Members</p>	<p>For out-of-area Blue Plan member eligibility and benefits, call the BlueCard Eligibility® Line at 800-676-BLUE (2583). Use the Medical Policy and Pre-certification/Pre-authorization Information for Out-of-Area Members tool in the Standards and Requirements section to go to the member's Home Plan website. If preauthorization is required, see the Pre-Service Review for Out-of-Area Members tip sheet for details on the Electronic Provider Access (EPA) tool for Availity users.</p>

Please note that verification of eligibility and benefits and/or the fact that a service has met medical necessity criteria is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage, including, but not limited to, exclusions and limitations applicable on the date services were rendered.

eviCore healthcare (eviCore) is an independent specialty medical benefits management company that provides utilization management services for BCBSOK. Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSOK. iExchange is a trademark of Meddecision, Inc., a separate company that provides collaborative health care management solutions for payers and providers. BCBSOK contracts with Prime to provide pharmacy benefit management, prescription home delivery and specialty pharmacy services. BCBSOK, as well as several other independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime. BCBSOK makes no endorsement, representations or warranties regarding any products or services offered by third party vendors. If you have any questions about the products or services offered by such vendors, you should contact the vendor(s) directly

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