



Submitting an Outpatient Pharmacy Preauthorization

The iEXCHANGE® Web tool supports direct submission and processing of outpatient preauthorization requests for the following physician administered medications: Avastin, Myobloc, Reclast, Botox, and Remicade. Listed below are the steps for submitting an outpatient pharmacy preauthorization to Blue Cross and Blue Shield of Oklahoma (BCBSOK). iEXCHANGE is available 24 hours a day, 7 days a week – with the exception of the third Sunday of every month when the system will be unavailable from 11 a.m. to 3 p.m. (CT). If you are an out-of-area provider, please go to step 2. For assistance with iEXCHANGE access, please reference the Pre-Service Review tip sheet for BCBSOK Members.

Direct Access (Available to BCBSOK contracted providers only)

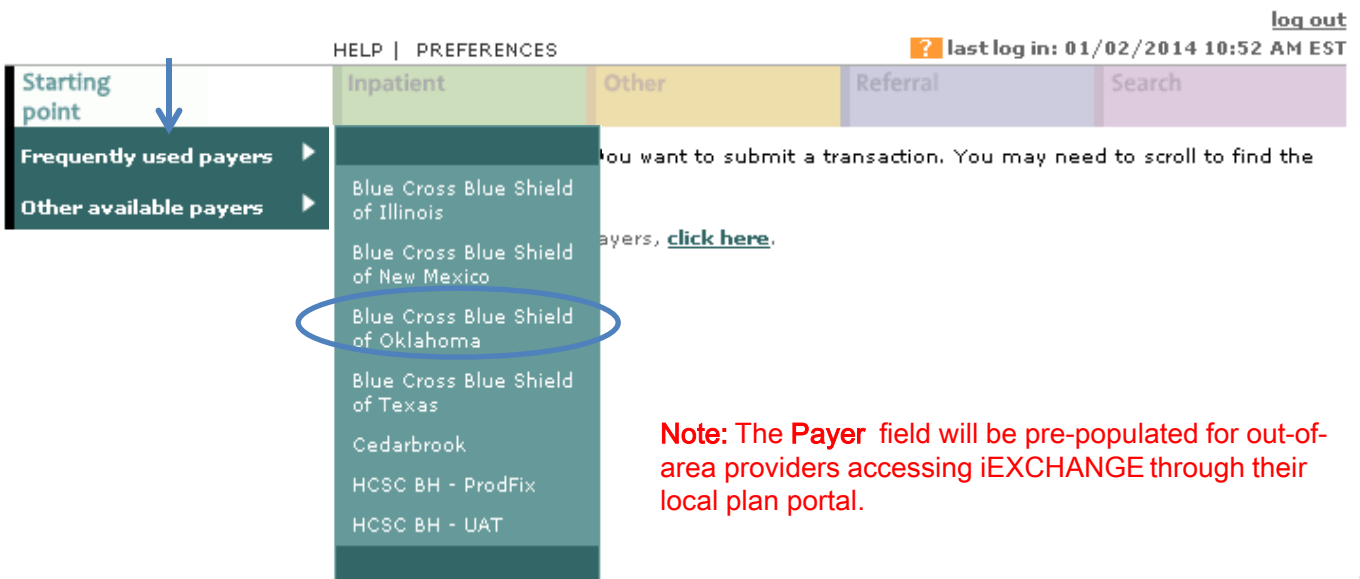
- **User ID** – Each user will be assigned a unique User ID by their organization’s iEXCHANGE Administrator.
- **iExchange ID** – A unique number Blue Cross and Blue Shield of Illinois (BCBSOK) assigns to provider organizations registered with iEXCHANGE.
- **Password** – New users are supplied a temporary password by their iEXCHANGE Administrator.



* For Single Sign-On (SSO) access for local contracted providers, reference Pre-Service Review tip sheet for Out-of-area Members

Submitting a Request:

1. After logging into iEXCHANGE, users can access *Frequently Used Payers* from the **Starting Point** menu. From the payer list, select Blue Cross Blue Shield of Oklahoma. This will enable the iEXCHANGE toolbar.

HELP | PREFERENCES ? last log in: 01/02/2014 10:52 AM EST [log out](#)

Starting point

Frequently used payers

Other available payers

- Inpatient
- Other
- Referral
- Search

Blue Cross Blue Shield of Illinois

Blue Cross Blue Shield of New Mexico

Blue Cross Blue Shield of Oklahoma

Blue Cross Blue Shield of Texas

Cedarbrook

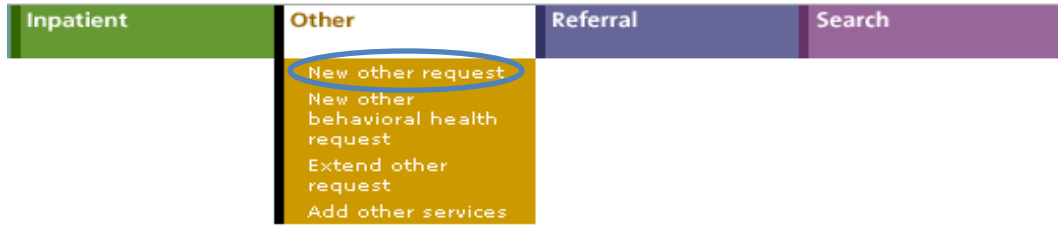
HCSC BH - ProdFix

HCSC BH - UAT

You want to submit a transaction. You may need to scroll to find the payers, [click here](#).

Note: The Payer field will be pre-populated for out-of-area providers accessing iEXCHANGE through their local plan portal.

2. After clicking the **Other** tab, select **New Other Request**.



Other instructions
 Use this page to select the other transaction you wish to perform. Depending on the payer you have selected, you can choose to submit a new other request, other request extension, other clinical review, new other behavioral health request, other behavioral health request extension, or prior auth request.

New other request
 Click the **New other request** link, above. A blank Other request entry page appears. You can add a member ID and all request information for this member.

3. **Out-of-area providers only** – If multiple providers have been identified, you will be prompted to select the submitting provider in order to initiate your request. If not, go to step 4.

Provider Selection
 Multiple providers have been identified. In order to enter or search for a treatment request, the submitting provider must be identified. Please select a provider from the list below. If you are unable to find the provider in the list, please indicate as directed below and contact the member's home plan for further assistance.

Note: The MCO ID selected for the initial request must be retained for extension and search requests.

	Name	MCO ID	NPI	Address	Specialty	Phone
<input type="button" value="Select"/>	Providence St Mary Medical Center	X430000000074966401	1386895886	401 W Poplar St Walla Walla WA 99362-2846	General Acute Care Hospital	(509) 525-3320
<input type="button" value="Select"/>	Providence St Mary Medical Ctr	X93200006714804201	1386895886	401 W Poplar St Walla Walla WA 99362-2846	General Acute Care Hospital	(509) 525-3320
<input type="button" value="Select"/>	Providence St Mary Medical Ctr	X93200006714804101	1386895886	401 W Poplar St Walla Walla WA 99362-2846	General Acute Care Hospital	(509) 525-3320

4. From the **Other request entry** screen, click the **Member Search** button. Users will be asked to supply the BCBSOK Member ID number to continue their search. After entering the Member ID, click **Submit Search**.

Member ID search

Member ID
 Enter the ID of an individual member

Date of birth
 optional
 Enter the member's date of birth / /

First name
 optional
 Enter the first name of the member

Note: Enter the **Member ID** minus the three-character prefix. Include the letter "R" for federal employees.

Note: If multiple policies exist, users will be asked to supply the member's date of birth.

5. From the patient listing, select **View existing requests** to review additional requests for the member. Then click the **Select** button.

	Member ID	Member name	Date of birth
View details <input type="button" value="Select"/> View existing requests View patient clinical summary	123456789	Doe, John	04/10/58

Note: *View existing requests* must be selected in order for the **Select** button to be enabled.

6. After the Member ID has populated to the **Other request entry** screen, please provide the following information: **Submitting provider, Servicing provider, Attending physician, Treatment setting** and **Primary diagnosis**.*

*The **Servicing provider, Attending physician** and **Primary diagnosis** can be selected from their corresponding drop-down lists; otherwise, users can utilize the **Provider search** and **Diagnosis search** buttons to manually add this information. The **Submitting provider** field will be pre-populated for out-of-area providers accessing iEXCHANGE through their local plan portal.

Other request entry
 Once you enter the General information and Services information click **Next step**. iEXCHANGE evaluates your other request and displays the Other request preview page.

Tip (BCBSOK Providers): A **Submitting provider** submits a preauthorization request on behalf of the **Servicing provider**. To add additional names to this list, contact your iEXCHANGE Administrator.

Notification date 01/03/2014 (mm/dd/yyyy)

Member ID AAAA009999997

Submitting provider Jane Doe 1122334455
[Submitting provider summary](#)

Servicing provider Jane Doe 1122334455
 Select a servicing provider from the list or search for ID
[Servicing provider summary](#)

Attending physician Jane Doe 1122334455
 Select attending physician from the list or search for ID
[Attending physician summary](#)

Treatment setting Outpatient

Primary diagnosis 714.0
 Enter Diagnosis code or Select from Short list

Secondary diagnosis (optional)

Secondary diagnosis (optional)

Tip: The **Servicing provider** is the individual conducting the actual services for the member.

Tip: The **Attending physician** is the supervising physician at the facility where services are being rendered.

7. For **Service 1**, please provide the *Procedure code*, *Unit(s)*, *Treatment type*, *Start date* and *End date*.*

*The *Procedure code* can be selected from the corresponding drop-down list; otherwise, users can utilize the *Procedure search* button to manually add this information.

Service 1

➔ **Procedure**
Enter Procedure code or Select from Short list

J1745

➔ **Unit(s)**

4540

➔ **Treatment type**

Medical

➔ **Start date**

01 / 03 / 2014 (mm/dd/yyyy)

➔ **End date**

01 / 04 / 2014 (mm/dd/yyyy)

Tip: To add additional procedure codes to the drop-down list, or add additional names to this list, contact your iEXCHANGE Administrator.

8. Users also have the option to add additional service lines and notes to their preauthorization request. Once all necessary fields have been completed, select *Next step* to move to the **Other request preview** screen.

Additional notes (optional)

iEXCHANGE Notes **Note:** Contact Name, Phone and Email will pre-populate for an out-of-area provider in the *Additional notes* field.

9. From the **Other request preview** screen, users can select the medication specific **PAA Initial RRQ** under **Additional criteria**.

Note: OK Medicaid providers will **not** be requested to complete a PAA Initial RRQ.

Summary/Additional criteria

This section displays the projected status for the service(s) requested. The additional criteria link appears for a service if the additional criteria can affect the review outcome status of the service. If you complete the additional criteria you may receive an approval for the service.

Note: Once you access and complete the additional criteria for a service, the edit function is disabled for the request. Complete your preview of the entire request before accessing the additional criteria link. Also note that on requests for multiple services, additional criteria may be required for more than one service. Once you complete the additional criteria for a service you can access and complete the additional criteria for other services, if applicable.

Affects status Accessed

Service	Code	Start/end date	Units	Projected status	Additional criteria
1	J1745	01/03/2014 - 01/04/2014	4540	PEND	<input type="button" value="PAA Remicade Initial"/>

10. Please complete all questions, then select *Done*. The user will be returned to the **Other request preview** screen.

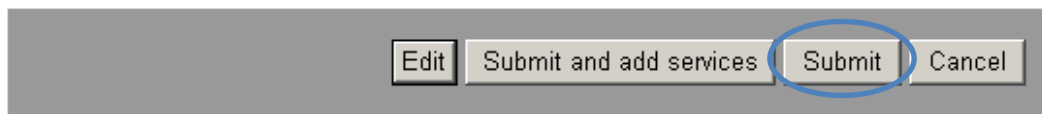


11. Scroll down on the **Other request screen** to review the information for accuracy. If the information is correct, click *Submit*.

Other request preview
 Review your other request information here. If everything is correct, click the **Submit** button to save your request and open the Other request confirmation page. If you need to make any changes, scroll down to the bottom of the page and click **Edit** to make the necessary modifications.

The status of this other request was current when you clicked Next step. However, the status may change when you click **Submit** if eligibility or other data changed in the interim. The request reference number will be assigned when you click **Submit**.

If supported by the payer, you have an option to select to add additional services to the request. Click the **Submit and add services** button to save your request with the services already entered and open the Additional other services entry page.



12. The **Other request confirmation** page will display the assigned **Request ID** and the status of your request.

Other request confirmation
 This page contains other request information including the request ID and status (authorized or pend), the member's name and ID, as well as service information. Additional provider information also appears. When you clicked the Submit button, iEXCHANGE re-evaluated the data that appeared in the Preview. The other request status may have changed if eligibility or other data changed in the interim.

Request ID: 13354AAAAAP

Summary				
Service	Code	Start/end date	Units	Status
1	J1745	01/03/2014-01/04/2014	4540	PEND

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. Aerial, iExchange and Medecision® are trademarks of Medecision, Inc., a separate company that offers collaborative health care management solutions for payers and providers. BCBSOK makes no endorsement, representations or warranties regarding any products or services offered by Availity or Medecision. The vendors are solely responsible for the products or services they offer. If you have any questions regarding any of the products or services they offer, you should contact the vendor(s) directly.

Please note that verification of eligibility and benefits information, and/or the fact that any pre-service review has been conducted, 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 applicable on the date services were rendered.