



# Pre-Service Review for Out-of-Area Members

Electronic Provider Access (EPA) is a tool that enables providers to initiate online pre-service reviews for out-of-area Blue Plan members. The term “pre-service review,” as used with this tool, refers to benefit preauthorization, pre-certification, pre-notification and prior approval functions. Conducting a pre-service review is not a substitute for checking eligibility and benefits. The EPA tool is available to Blue Cross and Blue Shield of Oklahoma (BCBSOK) independently contracted providers who are registered Availity™ Web Portal users. Listed below are the steps for locating the appropriate landing page to submit a pre-service review for out-of-area and local members for BCBSOK providers.

## What You Need to Begin

- **User ID** – Each user will be assigned a unique User ID by their organization’s Primary Access Administrator.
- **Password** – New users are supplied a temporary password by their Primary Access Administrator.

### Step 1:

Go to the **Auths and Referrals** menu and select *Referrals* or *Authorizations*

## Step 2:

After clicking on **Authorizations**,\* select the following:

- Pre-service review for **local member** – select **BCBSOK** from the drop-down menu
- Pre-service review for **out-of-area member** – select *Other Blue Plans* – **BCBSOK**

Organization and three-character prefix of the member ID number are also required fields. For Federal employees, enter the first three characters of the member ID.

**\*Note: Steps 2 through 4 are similar for Referrals. [OK, TX]**

Availity™ Who controls my access? Region: Illinois 1 800 AVAILITY Contact Support Log Out

Home User View Free Training Payer Resources Knowledge Base Help

Eligibility and Benefits  
Auths and Referrals  
Referrals  
Authorizations  
Online Batch Management

Claims Management  
Availity Payer List  
EDI File Management  
Patient Care Summary  
My Account  
Reporting  
Payer Support

### Authorizations

Includes notification, pre-certification, pre-authorization and prior approval

\* indicates a required field

\* Payer: ? BCBSIL  
Select One  
BCBSIL  
OTHER BLUE PLANS-BCBSIL

\* Organization: OTHER BLUE PLANS-BCBSIL

#### Request Information

\* Member Alpha Prefix: ? ABC

Is this pre-authorization required for an out-of-area member? You can check here

## Step 3:

Use the radio button to select the **Requesting Provider Type**. From the drop-down menu, select the **Requesting Provider** from **Express Entry**. If the provider is not listed in Express Entry, the provider information can be entered manually before clicking **Submit**.

\* Requesting Provider Type:  Provider  Facility

\* Express Entry - Requesting Provider: ?

\* Specialty / Taxonomy: ?

\* Requesting Provider Last Name: ?

\* Requesting Provider First Name: ?

Tax ID: ?

\* NPI: ?

\* Address 1: ?

Address 2: ?

\* City: ?

\* State: ?

\* ZIP Code: ? - ?

Submit Clear

## Step 4: Pre-Service Review Landing Page

Based on the **three-character prefix**, you will be re-directed to the plan specific landing page as shown in the scenarios below. Click the appropriate preauthorization option from the list provided.

### Scenario A – BCBSOK Member

Example of pre-service review landing page for **BCBSOK** Member

The screenshot shows the Blue Cross Blue Shield of Illinois logo on the left. The main heading is "Pre-Service Review for Out-of-Area and Local Members". Below this, it says "Blue Cross and Blue Shield of Illinois Welcomes ABR Test Clinic". A message states: "You have been routed from Blue Cross and Blue Shield of Illinois to Blue Cross and Blue Shield of Illinois to conduct a pre-service review for a Blue Cross and Blue Shield of Illinois member". The instruction "Please choose from the following options:" is followed by a list of links: "Med-Surg/Behavioral", "Outpatient High-Tech Diagnostic Imaging", "Pharmacy", and "Medical Policy". At the bottom, there is a small disclaimer: "A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association. © Copyright 2014 Health Care Service Corporation. All Rights Reserved."

**\*Note:** Please contact your Availity Primary Access Administrator (PAA) to complete a BCBS Pre-Auth Registration for Single Sign-On if the Med-Surg/Behavioral link is not displayed as an option on the landing page.

### Scenario B – Out-of-Area Member Availity Portal

Example of pre-service review landing page in Availity for an out-of-area member

The screenshot shows the Regence BlueShield logo on the left. The main heading is "Pre-Service Review for Out-of-Area and Local Members". Below this, it says "Regence BlueShield Welcomes SHAZLA AHMED". A message states: "You have been routed from BCBS OF IL to Regence BlueShield to conduct pre-authorization review for a Regence BlueShield member". The instruction "Please choose from the following pre-authorization options:" is followed by a list of links: "Physical Medicine Program (CareCore National, LLC)", "Radiology (AIM Specialty Health™)", "Regence BlueShield", and "View Regence Medical Policy". A note states: "Note: Electronic pre-authorization is only available for physical medicine and radiology. For all other pre-authorizations, click the Regence BlueShield link for instructions on how to obtain pre-authorizations."

### Scenario C – Out-of-Area Member Non-Availity Portal

For payers that do not use Availity, an alert message will be received stating that you will be routed to a third party site to initiate your pre-service review.

The screenshot shows a navigation menu on the left with "Auths and Referrals" selected. The main heading is "Blue Cross Blue Shield Association". Below this, there is a warning message: "You are about to leave Availity's secure site and enter a third-party site, which may require a separate log-in. Availity provides the link to this site for your convenience and reference only. Availity cannot control such sites, does not necessarily endorse and is not responsible for their content, products, or services." At the bottom, there are "Submit" and "Cancel" buttons.

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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.