

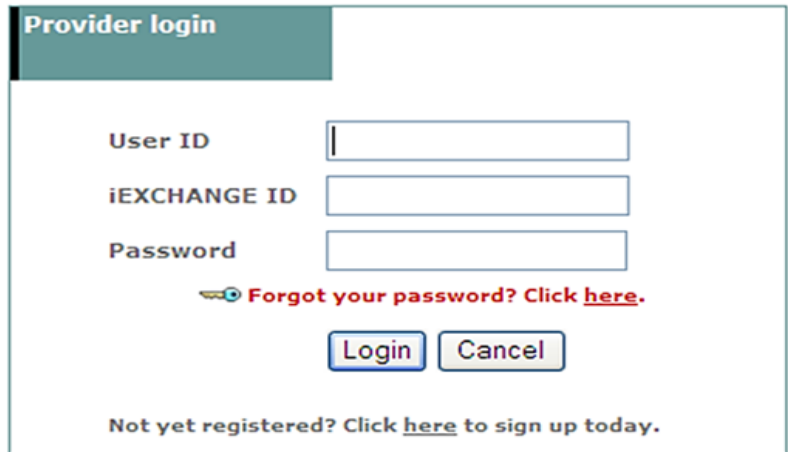


Submitting a Referral Request

The iEXCHANGE web-based tool supports direct submissions and provides online approval of benefits for preauthorization requests. Listed below are the steps to submit a referral request to Blue Cross and Blue Shield of Oklahoma (BCBSOK). iEXCHANGE is available 24 hours a day, 7 days a week – with the exception of every third Sunday of the 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 Oklahoma contracted providers only)

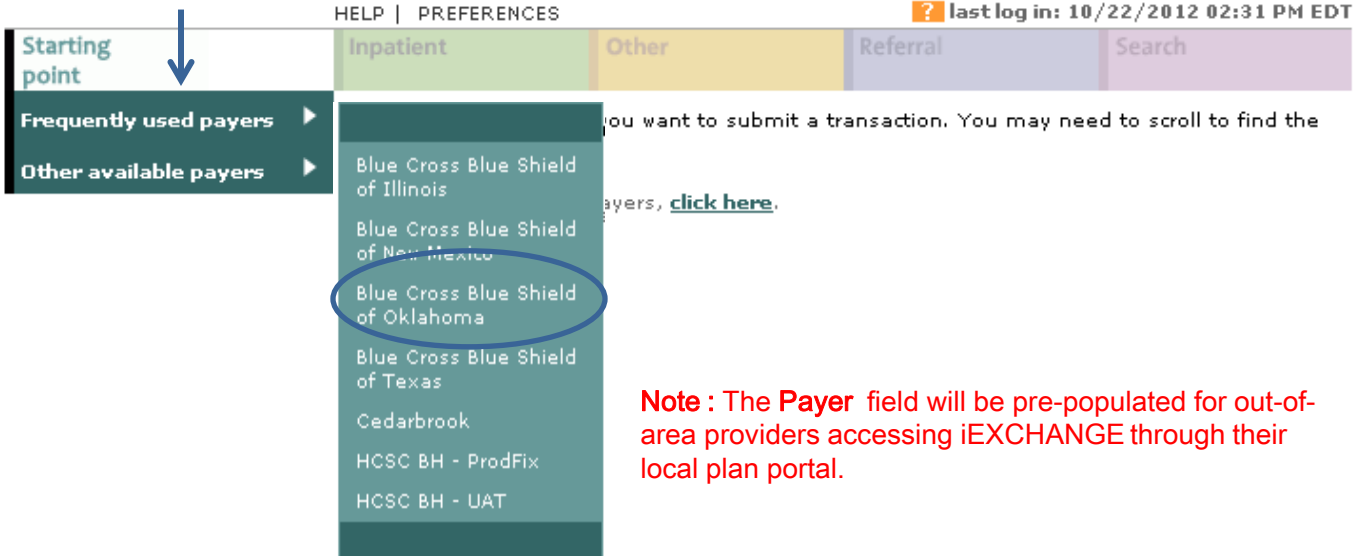
- **User ID** – Each user will be assigned a unique User ID by their organization’s iEXCHANGE Administrator.
- **iEXCHANGE ID** – A unique number BCBSOK assigns to provider organizations registered with iEXCHANGE.
- **Password** – New users are supplied a temporary password by their iEXCHANGE Administrator.



* For Single Sign on (SSO) access for local contracted providers, reference the Pre-Service Review tip sheet for assistance when servicing Out-of-area Members.

Submitting a Referral

1. After logging into iEXCHANGE, users can access *Frequently used payers* from the **Starting point** menu. From the payer list, users can select Blue Cross Blue Shield of Oklahoma. This will activate the iEXCHANGE toolbar.

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

HELP | PREFERENCES



Referral instructions

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

New referral request

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

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	X43000000074966401	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

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

- After clicking the **Referral** tab, select *New referral request*.

- 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 referral request. If not, go to step 4.

- From the **Referral 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*.

5. From the patient listing, select [View existing requests](#) to view other requests already submitted for the member. Then click the [Select](#) button.

	Member ID	Member name	Date of birth
View details 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 **Referral request entry** screen, please provide the following information: [Submitting provider](#), [Servicing provider](#), [Treatment setting](#) and [Primary diagnosis](#).*

*The [Servicing provider](#) 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. Users can also contact their iEXCHANGE Administrator to have additional names added to their [Servicing provider](#) drop-down list or diagnosis codes added to the [Primary diagnosis](#) drop-down list. The [Submitting provider](#) field will be pre-populated for out-of-area providers accessing iEXCHANGE through their local plan portal.

Referral request entry

Once you enter the General information and Services information, click [Next step](#). iEXCHANGE evaluates your request and displays the Referral request preview page.

Notification date	10/24/2012 (mm/dd/yyyy)
Member ID	AAA009999997 <input type="button" value="Member search"/>
Submitting provider	Jane Doe - 1122334455 <input type="button" value="Submitting provider summary"/>
Servicing provider	Jane Doe - 1122334455 <input type="button" value="Servicing provider summary"/> <input type="button" value="Provider search"/>
Treatment setting	Referral <input type="button" value="Diagnosis search"/>
Primary diagnosis	999.9 <input type="button" value="Diagnosis search"/>
Secondary diagnosis (optional)	<input type="text"/>
Secondary diagnosis (optional)	<input type="text"/>

Tip (BCBSOK Providers): The [Submitting provider](#) submits referral requests on behalf of [Servicing providers](#).

Tip: The [Servicing provider](#) is the individual conducting the actual services for the member.

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

*A *Procedure code* can be selected from the corresponding drop-down list; otherwise users can utilize the *Procedure search* button to manually add this information. Users can also contact their iEXCHANGE Administrator to have additional procedure codes added to the drop-down list.

Service 1

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

99244

➔ **Unit(s)**

5

➔ **Start date**

10 / 24 / 2012 (mm/dd/yyyy)

➔ **End date**

10 / 30 / 2012 (mm/dd/yyyy)

8. Users also have the option to add additional service lines and notes to their referral request. Once all necessary fields have been completed, select *Next step* to move to the **Referral 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. Scroll down on the **Referral request preview** screen to review the information for accuracy. If the information is correct, click *Submit*.

Referral request preview

Review your referral request information here. If everything is correct, click the **Submit** button to save your request and open the Referral request confirmation page. If you need to make any changes, scroll down to the correct section or click **Edit** to make the necessary modifications.

The status of this referral 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 case and referral request reference numbers will be assigned when you click **Submit**.

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

Referral request confirmation

This page contains referral request information including the case ID and status (authorized or pend), the member's name and ID, and the referred services. The service information includes the service description, service dates, units/visits, the status of the referral request and the referral request reference numbers. The name and ID of the submitting and servicing providers also appear.

When you clicked the Submit button, iEXCHANGE re-evaluated the data that appeared in the Preview. The request status may have changed if eligibility or other data changed in the interim.

Request ID: **12130AAAAI**

Summary				
Service	Code	Start/end date	Units	Status
1	99244	10/24/2012 - 10/30/2012	5	PENDED

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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.