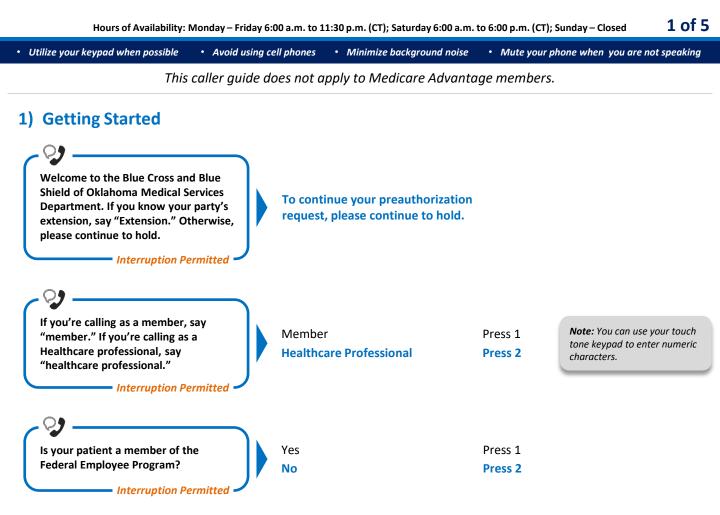


800-672-2378

September 2024



# 2) Authorization and Referral Management

Preauthorization is required for certain Note: To submit your request services. A preauthorization online refer to <u>BlueApprovR<sup>SM</sup></u> or determines medical necessity and the Availity® Essentials appropriateness of treatment. A Attachments: Recommended To continue your preauthorization predetermination may be used to Clinical Review Requests pages. request, please continue to hold. obtain a benefit assessment but is not If faxing supporting medical documentation for a previously required. Predeterminations must be submitted request, please submitted in writing. A submission include the request number. form is located on our website. Interruption Permitted **Behavioral Health** Press 1 Please say behavioral health, peer to Peer to Peer Press 2 peer or other. Other Press 3 Interruption Permitted

Blue Cross and Blue Shield of Oklahoma, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

• Utilize your keypad when possible • Avoid using cell phones • Minimize background noise · Mute your phone when you are not speaking

Okay. What's your 10-digit billing National Provider ID?

#### Situational:

If the system does not recognize the NPI, you will be prompted for a tax ID.

Interruption Permitted

Say or enter your NPI number.

Note: Professional providers should use the rendering NPI of the individual who is providing services.

Which can I help you with, eligibility and benefits, claims, authorization and referral management or other services?

Interruption Permitted

Eligibility and Benefits	Press 1
Claims	Press 2
Authorization and Referral	Press 3
Management	
Other Services	Press 4

Okay. Authorization and referral management. Excluding the threecharacter prefix, what's the subscriber ID?

#### Situational:

If multiple policies are found for your patient, you will be asked to provide their group number.

Interruption Permitted

Say or enter only the subscriber ID, excluding the three-character prefix. Note: Alpha and numeric characters may be entered by touch tone keypad. The Alpha Touch Tone reference guide is available on page 5 for assistance with keying alpha characters.

Is this for medical, behavioral health or chemical dependency services?

Interruption Permitted

Do you need to check procedure code requirements, request authorization and referral, or check the status?

Interruption Permitted

Interruption Permitted

Okay. Inpatient, outpatient, home or referral?

wedical	Press 1
Behavioral Health	Press 2
Chemical Dependency	Press 3

	Check Procedure Code Requirements	Press 1		
	Request Authorization and Referral	Press 2		
	Check the status	Press 3		

Inpatient Outpatient Home Referral

Madical

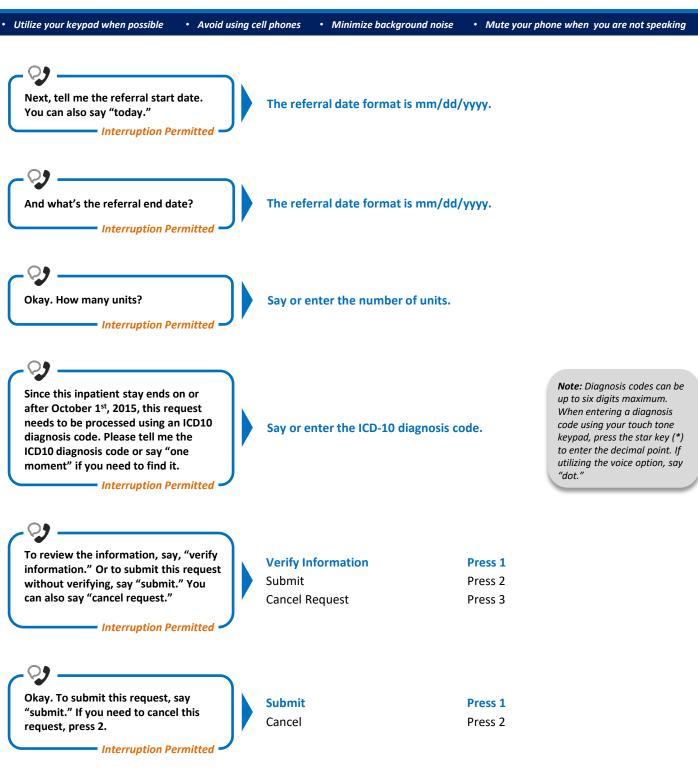
Press 1 Press 2 Press 3 Press 4

Duese 1

Note: Referral requests may be submitted online using **Availity Essentials** Authorizations & Referrals.



Interruption Permitted



• Minimize background noise

• Mute your phone when you are not speaking

#### **Alpha Touch-Tone Reference**

Alpha touch-tone is available as an alternative to voicing alpha-numeric mixed information.

To enter a subscriber ID, group or claim number containing alpha character(s):

• Avoid using cell phones

- 1) Press the star key (\*) to begin a letter sequence
- 2) Press the number key containing the desired letter (e.g., press 2 for A, B or C)
- 3) Press 1, 2, 3 or 4 to indicate the position the letter is listed on the selected key (e.g., press \*21 to enter A)

	А	=	*21
	В	=	*22
	С	=	*23
1	D	=	*31
	Е	=	*32
	F	=	*33
1	G	=	*41
	Н	=	*42
	Ι	=	*43
ľ	J	=	*51
	К	=	*52
	L	=	*53
	М	=	*61
	Ν	=	*62
	0	=	*63
	Р	=	*71
	Q	=	*72
	R	=	*73
	S	=	*74
	Т	=	*81
	U	=	*82
	V	=	*83
	W	=	*91
	Х	=	*92
	Y	=	*93
	Z	=	*94

# **Group Number**

Ex. 1	Y	Ν	1	2	3	4
Press	*93	*62	1	2	3	4
Ex. 2	1	2	к	3	4	5
Press	1	2	*52	3	4	5

### **Subscriber ID**

Ex. 1	Α	1	Ν	2	3	4	5	6	7
Press	*21	1	*62	2	3	4	5	6	7
Ex. 2	0	9	2	т	7	6	8		
Press	0	9	2	*81	7	6	8		

Note: Exclude three-character prefix when entering the subscriber ID.

#### **Claim Number**

Ex. 1	2	1	3	4	F	5	6	7	0	х
Press	2	1	3	4	*33	5	6	7	0	*92
Ex. 2	2	0	1	т	8	7	6	5	0	с
Press	2	0	1	*81	8	7	6	5	0	*23

Note: The claim number should be 13 digits.

### Have questions or need additional education? Email our Provider Education Consultants.

Be sure to include your name, direct contact information and Tax ID or Billing NPI.

Checking eligibility and/or benefit information and/or obtaining prior authorization 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. Certain employer groups may require prior authorization or pre-notification through other vendors. If you have any questions, call the number on the member's ID card. Regardless of any prior authorization or benefit determination, the final decision regarding any treatment or service is between the patient and the health care provider.

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