



BlueCross BlueShield
of Oklahoma

2019 eviCore Preauthorization Process & Available Resources

January 2019

eviCore Preauthorization Process

1. Check Member/Patient Eligibility and Benefits and authorization requirements

- Availity: Availity.com (**Preferred Method**)
- Interactive Voice Response: 800-496-5774

2. Request preauthorization/prior authorization through eviCore

- **Web Portal:** <https://www.evicore.com/>
- **Phone:** 855-252-1117

3. eviCore will make a medical necessity determination

- eviCore healthcare is committed to reviewing all requests and giving case decisions in less than three business days.
- When cases indicate a medically urgent condition, eviCore healthcare will give a decision within 72 hours of receiving all necessary demographic and clinical information.
- If no response is received, the case will be reviewed based on the initial clinical documentation. If a response is received, the preauthorization/prior authorization (for medical necessity under the applicable benefit plan/product) will be processed within 3 business days from receipt of the additional information.
- For Medicare only - Prior to issuing a denial for a request, outreach will be made by eviCore to offer the referring provider a Peer-to-Peer discussion with an eviCore Certified Genetic Counselor or Medical Director of the same or similar specialty type to review the decision. If a denial still stands after a Peer-to-Peer discussion, the referring provider will receive a denial letter that contains the reason for denial as well as Reconsideration and Appeal rights and processes.

eviCore Preauthorization Process (Continued)

4. **Submit claim to BCBSOK**

- There are no changes to the claims submissions process. Claims should be submitted to BCBSOK.

5. **If a post-service pre-claim authorization request is needed:**

- Provider should submit a retrospective request to eviCore no later than three business days after the date of service for Commercial Membership. Instructions can be found at <https://www.evicore.com/>
- For Medicare Advantage members, medically necessary care can be authorized for up to 7 calendar days after the date of service.

Provider Resources

Preauthorization Landing Page - BCBSOK

www.bcbsok.com/provider

Clinical Resources

Prior Authorization



The screenshot shows the BCBSOK website's Preauthorization landing page. At the top, there are navigation tabs for 'Welcome', 'Employers', 'Producers', and 'Providers', with 'Providers' selected. To the right, there are links for 'Feedback' and 'Text Size: A A A'. The main header features the BlueCross BlueShield of Oklahoma logo, 'Company Information', 'Contact Us', and a search bar. Below the header is a horizontal menu with options: 'Home', 'Network Participation', 'Claims and Eligibility', 'Education and Reference Center', 'Clinical Resources' (highlighted with a blue arrow), 'Pharmacy Program', and 'Standards and Requirements'. The main content area is titled 'Prior Authorization' and includes a 'Print' icon. On the left, a 'Clinical Resources' sidebar lists: 'Quality Improvement', 'Prior Authorization', 'Behavioral Health Program', 'Bridges to Excellence', 'Clinical Practice Guidelines', and 'Preventive Care Guidelines'. The main text states: 'This page provides a summary of pre-service requirements and recommendations for Blue Cross and Blue Shield of Oklahoma (BCBSOK) providers. Call the number on the back of the member's ID card if you have any questions.' Below this is an 'Eligibility and Benefits Reminder' section. On the right, a 'Related Links' box contains: 'EPA FAQs', 'Medical Policies', 'Pre-Cert/Pre-auth Router (out-of-area members)', and 'Proton Beam Radiation Therapy Physician Worksheet'.

Welcome Employers Producers **Providers** Feedback Text Size: A A A

 **BlueCross BlueShield of Oklahoma** Company Information Contact Us Search

Home Network Participation Claims and Eligibility Education and Reference Center **Clinical Resources** Pharmacy Program Standards and Requirements

Clinical Resources

- Quality Improvement
- Prior Authorization
- Behavioral Health Program
- Bridges to Excellence
- Clinical Practice Guidelines
- Preventive Care Guidelines

Prior Authorization Print

This page provides a **summary of pre-service requirements and recommendations** for Blue Cross and Blue Shield of Oklahoma (BCBSOK) providers. **Call the number on the back of the member's ID card** if you have any questions.

Eligibility and Benefits Reminder: An eligibility and benefits inquiry should be completed first to confirm membership, verify coverage and determine whether or not pre-certification (also known as pre-notification or preauthorization) is required. This includes prior authorization for high-tech imaging services.

 **Related Links**

- [EPA FAQs](#)
- [Medical Policies](#)
- [Pre-Cert/Pre-auth Router \(out-of-area members\)](#)
- [Proton Beam Radiation Therapy Physician Worksheet](#)

Preauthorization Landing Page - eviCore

www.evicore.com/healthplan/bcbs

Click on Blue Cross and Blue Shield of Oklahoma

Select BCBSOK – Commercial or BCBSOK - Medicare



LOGIN: [PROVIDERS](#) | [PLANS](#)

Clinical Guidelines and Forms

PROVIDER SHORTCUTS

HOME

ABOUT

APPROACH

SOLUTIONS

RESOURCES

INSIGHTS

CAREERS

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Blue Cross and Blue Shield Resources

Blue Cross and Blue Shield of Illinois, Blue Cross and Blue Shield of Montana, Blue Cross and Blue Shield of New Mexico, Blue Cross and Blue Shield of Oklahoma and Blue Cross and Blue Shield of Texas implementations.

eviCore healthcare (eviCore) is an independent company that provides preauthorization for selected care categories for Blue Cross and Blue Shield of Illinois, Blue Cross and Blue Shield of Montana, Blue Cross and Blue Shield of New Mexico, Blue Cross and Blue Shield of Oklahoma and Blue Cross and Blue Shield of Texas. Please select your state below to access additional program details for Commercial, Medicare, and/or Medicaid membership. Services performed without a preauthorization may be denied for payment, and the rendering provider may not seek reimbursement from the member.

[Blue Cross and Blue Shield of Illinois](#)

[Blue Cross and Blue Shield of Montana](#)

[Blue Cross and Blue Shield of New Mexico](#)

[Blue Cross and Blue Shield of Oklahoma](#)

[Blue Cross and Blue Shield of Texas](#)