BlueCross BlueShield of Oklahoma

Utilization Management Denials Provider Guide

(Commercial Networks Only)

Utilization Management Appeals are related to clinical services provided to the Blue Cross and Blue Shield of Oklahoma (BCBSOK) member and include utilization management decisions.

Type	Timeframe to submit request	BlueCard® Member
Peer to Peer: Before an appeal, the attending or ordering provider may request a peer-to-peer conversation with a Medical Director regarding an adverse authorization/pre-determination decision.	after adverse determination and before appeal	Contact Member's Plan
Expedited Pre-Service Appeals: A request, usually by telephone or fax, for an additional review of an adverse determination. This category applies to urgent care requests which are defined as any request for medical care or treatment with respect to which the application of the time periods for making non-urgent care decisions could seriously jeopardize the life or health of the member or the ability of the member to regain maximum function, or in the opinion of a physician with knowledge of the member's medical condition, would subject the member to severe pain that cannot be adequately managed without the care or treatment that is the subject of the request. Click HERE for the Expedited Pre-Service Appeals Form.	180 calendar days from date of notice of original adverse determination	Contact Member's Plan
Standard Appeals: (These could be appeals for Pre-service-*prior to claims submission* or Post-service-*after claims submission*) A written request to review an adverse authorization/recommended clinical review (pre-determination) decision prior to claim submission*.	180 calendar days from date of notice of original adverse determination	Contact Member's Plan
Post Claim Appeals: Upon receipt of adverse claim determination, provider may submit a written request to review a non-approved service or procedure that does not meet The Plan's requirements for Medical Necessity or is Experimental/Investigational/Unproven*.	180 calendar days from date of notice of original adverse determination	Submit to BCBSOK
Lack of Information Denials: Occurs when BCBSOK does not receive the necessary clinical information to complete a request. BCBSOK will issue the medical necessity denial if the clinical information is not received within 72 hours for an urgent request and 15 calendar days for a non-urgent request. Providers may submit the required clinical information for reconsideration using the electronic Claim Reconsideration Requests tool in Availity**.	Open	Contact Member's Plan

Submit by Mail

Type	BCSBOK Retail Member	BCBSOK ASO Group Member; BCBSOK Fully Insured Member	FEP® Member	BlueCard® Member
Standard	Claim Review Section PO Box 655924 Dallas, TX 75265-5924	Appeal Coordinator, BCBSOK PO Box 655924 Dallas, TX 75265-5924		Contact Member's Plan
Post Claim	Same address as above	Same address as above		Appeal Coordinator, BCBSOK PO Box 655924 Dallas, TX 75265-5924

Submit by Fax

Type	BCSBOK Retail Member	BCBSOK ASO Group Member; BCBSOK Fully Insured Member	FEP® Member	BlueCard® Member
Expedited	918-551-2011	918-551-2011	972-766-9776	Contact Member's Plan
Standard	918-551-2011	888-235-2936	888-368-3406	Contact Member's Plan
LOI Denial	800-220-4045	800-220-4045	800-220-4045	Contact Member's Plan

Submit by Phone

Type	BCSBOK Retail Member, BCBSOK ASO Group Member and BCBSOK Fully Insured Group Member	FEP® Member	BlueCard® Member
Peer to Peer	800-981-2795	800-981-2795	Contact Member's Plan
Expedited	800-496-5774	800-672-2378	Contact Member's Plan

For utilization management denials for members managed by Carelon®, please visit **https://providerportal.com/**

*For information regarding the Electronic Clinical Claim Appeal Requests tool in Availity®, please visit https://www.bcbsok.com/provider/education/education-reference/tools/ecc-appeal-requests

**For information regarding the Electronic Claim Reconsideration Requests tool in Availity®, please visit https://www.bcbsok.com/provider/education/education-reference/tools/claim-reconsideration-requests

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