



Inpatient Request Authorization IVR Caller Guide

Hours of Availability: Monday – Friday 6:00 a.m. – 11:30 p.m. (CT); Saturday 6:00 a.m. – 6:00 p.m. (CT); Sunday – Closed

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

This caller guide does not apply to Medicare Advantage or Illinois Medicaid.

1) Getting Started



Welcome to the Blue Cross and Blue Shield of Illinois Medical Management Department. If you're a health care provider, say "Provider." If you're a member, say "Member."

Interruption Permitted

Providers
Member

Press 1
Press 2

Note: You can use your touch tone keypad to enter numeric information.

2) Authorization and Referral Management



For benefits, say "Benefits." For outpatient services or high-tech imaging, say "Outpatient." For pre-certification of inpatient admissions or home health services, say "Pre-certification." For the Special Beginnings program for expectant mothers, say "Maternity."

Interruption Permitted

Benefits **Press 1**
 Outpatient Services or High-Tech Imaging **Press 2**
Pre-certification of Inpatient or Home Health **Press 3**
 Maternity **Press 4**



For mental health or chemical dependency, say "mental health." For all other inquiries, say "other."

Interruption Permitted

Mental health or Chemical Dependency **Press 1**
Other **Press 2**



Certification does not guarantee that the care and services the subscriber receives are eligible at time of admission or procedure. It only assures the proposed treatment meets the plan guidelines for medical necessity. If you anticipate that the patient's length of stay will exceed the certified days or need for continued services, please call us back. Is the patient a federal employee or dependent?

Interruption Permitted

Federal Employee or Dependent **Press 1**
Non-Federal Employee or Dependent **Press 2**

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If the member has Blue Cross and Blue Shield of Illinois coverage press 1. If Blue Cross and Blue Shield of Oklahoma coverage press 2. If Blue Cross and Blue Shield of Texas coverage, press 3. If Blue Cross and Blue Shield of New Mexico coverage, press 4. If Blue Cross and Blue Shield of Montana coverage, press 5.

Interruption Permitted

- | | |
|---------------|----------------|
| BCBSIL | Press 1 |
| BCBSOK | Press 2 |
| BCBSTX | Press 3 |
| BCBSNM | Press 4 |
| BCBSMT | Press 5 |



In order to get eligibility and benefits we'll need your rendering NPI or HMO site number. For claims or any other inquiries, we'll need your billing NPI or HMO site number. Now what is your 10-digit NPI or HMO site number?

Situational:

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

Interruption Permitted

Say or enter your NPI or 3-digit HMO site number.



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 Management | Press 3 |
| Other Services | Press 4 |



Okay. Authorization and referral management. Excluding the three-character 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 six](#) for assistance with keying alpha characters.



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

Interruption Permitted

- | | |
|---------------------|----------------|
| Medical | Press 1 |
| Behavioral Health | Press 2 |
| Chemical Dependency | Press 3 |

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

Interruption Permitted

- Check Procedure Code Requirements Press 1
- Request Authorization and Referral** **Press 2**
- Check the Status Press 3



Okay. Inpatient, outpatient, home or referral?

Interruption Permitted

- Inpatient** **Press 1**
- Outpatient Press 2
- Home Press 3
- Referral Press 4



And do you want to create a new request or extend an existing request?

Interruption Permitted

- New Request** **Press 1**
- Extend Existing Request Press 2



Please tell me, what's the patient's date of birth?

Interruption Permitted

The date of birth format is mm/dd/yyyy.



You can press pound to skip these instructions. To process this request, I'll need some information including the NPIs for the attending provider as well as for the facility. I'll also need the diagnosis code and any applicable procedure codes. If you're ready to continue, say "I'm ready." You can also say "I need more time" or to hear this again, say "repeat that."

Interruption Permitted

**Voice option must be used here.
Touch tone is not an available option.**



Next, say or enter the NPI of the rendering provider during this stay or say, "it's the same as my NPI."

Situational:

If the system does not recognize the NPI, you will be prompted to provide additional identifiers (i.e., address, zip code, etc.).

Interruption Permitted

Touch tone and voice are both available options.

Note: Use [Availity® Essentials Authorizations](#) to extend requests online or provide the request ID and connect with next available agent.
If faxing supporting medical documentation for a previously submitted request, please include the request number.

Note: Press the pound key (#) to skip these instructions.

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Okay. Please say or enter the NPI for the inpatient facility?

Interruption Permitted

Say or enter the facility NPI number.



What's the treatment setting?

Interruption Permitted

Hospital	Press 1
Rehab	Press 2
Intermediate Care	Press 3
Skilled Nursing Facility	Press 4



Treatment Type Options

What's the treatment type?

Situational: Options are based on the treatment setting and place of treatment previously entered.

Hospital

- Medical Care
- Long Term Care
- Hospice
- Neonatal
- Surgical
- Maternity
- Transplants

Rehab

- Long-Term Care
- Rehab

Skilled Nursing Facility

- Medical Care
- Rehab

Note: Medical applies to anything that does not fall in the preceding inpatient categories.



And is this an elective or emergency admission?

Interruption Permitted

Elective	Press 1
Emergency Service	Press 2



Tell me the admission date for this inpatient request. For example, December tenth, twenty twenty-four. You can also say "today."

Interruption Permitted

The admission date format is mm/dd/yyyy.



How many days are you requesting?

Interruption Permitted

Say or enter the number of days.



Okay, say or enter a CPT or HCPCS procedure code. If there any letters, please say it like this "letter A 2 3 4 5."

Interruption Permitted

Say or enter the procedure code.

Note: Procedure codes are required based on the treatment setting and treatment type previously entered.

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Okay, say or enter the next CPT or HCPCS procedure code or say, "that's it."

Interruption Permitted

Say or enter the next procedure code or say, "that's it."



Since this inpatient stay ends on or after October 1, 2015, this request needs to be processed using an ICD-10 diagnosis code. Please tell me the ICD-10 diagnosis code or say one moment if you need time to find it.

Interruption Permitted

Say or enter the ICD-10 diagnosis code.

Note: Diagnosis codes can be up to six digits maximum. When entering a diagnosis code using your touch tone keypad, press the star key (*) to enter the decimal point. If utilizing the voice option, say "dot."



Okay. To review the information, say "review." Or to submit this request without verifying, say "submit." You can also say "cancel request."

Interruption Permitted

Review Information

Submit
Cancel Request

Press 1

Press 2

Press 3

Note: Upload and attached medical documentation online via [Availity Authorizations](#).



Sure. To confirm, this request is for...
see example

Is this all, correct? Say "yes", "no" or "repeat that."

Interruption Permitted

Yes

No

Repeat That

Press 1

Press 2

Press 3

Example: "John Smith. The facility is Smith Hospital. The attending provider is Jane Doe. For diagnosis code 123.45. The treatment type is Therapy. The treatment setting is inpatient, and this is an elective treatment. The service code is 99999. For CPT 99999, 2 days are requested starting September 13st, 2024."



Okay. To Submit this request, say "submit." If you need to cancel this request, press 1.

Interruption Permitted

Say Submit or press 1 to cancel request.

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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):

- 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)

A	=	*21
B	=	*22
C	=	*23
<hr/>		
D	=	*31
E	=	*32
F	=	*33
<hr/>		
G	=	*41
H	=	*42
I	=	*43
<hr/>		
J	=	*51
K	=	*52
L	=	*53
<hr/>		
M	=	*61
N	=	*62
O	=	*63
<hr/>		
P	=	*71
Q	=	*72
R	=	*73
S	=	*74
<hr/>		
T	=	*81
U	=	*82
V	=	*83
<hr/>		
W	=	*91
X	=	*92
Y	=	*93
Z	=	*94

Group Number

Ex. 1	Y	N	1	2	3	4
Press	*93	*62	1	2	3	4
Ex. 2	1	2	K	3	4	5
Press	1	2	*52	3	4	5

Subscriber ID

Ex. 1	A	1	N	2	3	4	5	6	7
Press	*21	1	*62	2	3	4	5	6	7
Ex. 2	0	9	2	T	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	X
Press	2	1	3	4	*33	5	6	7	0	*92
Ex. 2	2	0	1	T	8	7	6	5	0	C
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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