Preauthorization Caller Guide: Submitting an Inpatient Request

BCBSIL Medical Management
800-572-3089

IVR Hours of Availability: Monday – Friday 6:00 a.m. – 11:30 p.m. (CT), Saturday 6:00 a.m. – 3:30 p.m. (CT), Sunday – Closed

The table below provides the Blue Cross and Blue Shield of Illinois (BCBSIL) automated call flow for inpatient preauthorization requests. The left column includes what callers will hear the system say. The right column outlines the options callers may use to respond, along with any special instructions, tips and reminders.

### Helpful Hints:
- Utilize your key pad when possible.
- Please do not utilize cell phones.
- Minimize background noise.
- Mute your phone when not speaking.

<table>
<thead>
<tr>
<th>System Prompt:</th>
<th>Touch Tone / Voice Options:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome to the Blue Cross and Blue Shield of Illinois Medical Management Department. If you know your party’s extension, say “Extension.” Otherwise, please continue to hold.</td>
<td>To continue your preauthorization request, please continue to hold.</td>
</tr>
</tbody>
</table>
| If you’re a health care provider, say “Provider.” If you’re a member, say “Member.” | 1. Providers  
2. Members |
| 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.” | You can use your touch tone key pad to enter numeric information.  
1. Benefits  
2. Outpatient services or high tech imaging  
3. Pre-certification of inpatient admissions or home health services  
4. Special Beginnings for expectant mothers |
| For mental health or chemical dependency, say “mental health.” For all other inquiries, say “other.” | 1. Mental health or chemical dependency  
2. Other |
| 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. | 1. Federal employee or dependent  
2. Non-federal employee or dependent |
| Is the patient a federal employee or dependent? | |

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### System Prompt:

| 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. | 1. BCBSIL  
2. BCBSOK  
3. BCBSTX  
4. BCBSNM |
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<td>Provider Services Line. Okay, what is your 10-digit rendering National Provider ID or HMO site number?</td>
<td>You can use your touch tone key pad to enter numeric information.</td>
</tr>
<tr>
<td><strong>Situational:</strong> If the system does not recognize the NPI, you will be prompted for a Tax ID.</td>
<td><strong>Note:</strong> Professional providers should use the rendering NPI of the individual actually providing services.</td>
</tr>
<tr>
<td>Okay, preauthorization. Excluding the three letter alpha prefix, what’s the subscriber ID?</td>
<td>Touch tone and voice are both available options</td>
</tr>
<tr>
<td><strong>Situational:</strong> If multiple policies are found for your patient, you will also be asked to provide their group number.</td>
<td><strong>Note:</strong> ID numbers contain alpha characters can be entered by touch tone keypad (e.g. for letter “R” press *73).</td>
</tr>
</tbody>
</table>
| Do you need to request authorization or check the status? | 1. Request authorization  
2. Check status |
| Okay, authorization for inpatient or home? | 1. Inpatient  
2. Home |
| And do you want to create a new request or extend an existing request? | 1. New request  
2. Extend existing request |
| Please tell me, what’s the patient’s date of birth? | 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.” | **Note:** Voice option must be used here. Touch tone is not an available option. |
| Next, say or enter the NPI of the attending provider during this stay or say “it’s the same as my NPI.” | Touch tone and voice are both available options. |
| **Situational:** If the system does not recognize the NPI, you will be prompted to provide additional identifiers (i.e., address, zip code, etc.). | |
| Are you the facility? | 1. Yes  
2. No |
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| Next, say one of the following treatment types; “surgical,” “maternity,” “hospice,” “neo-natal,” “rehab” “transplant,” or for anything else, say “medical.” | 1. Surgical  
2. Maternity  
3. Hospice  
4. Neo-natal  
5. Rehab  
6. Transplant  
7. Medical* |
| What’s the treatment setting? Acute, L-tac, rehab, skilled nursing facility or sub-acute? | 1. Acute  
2. L-tac  
3. Rehab  
4. Skilled nursing facility  
5. Sub-acute |
| And is this an elective or emergency admission? | 1. Elective  
2. Emergency service |
| Tell me the admission date for this inpatient request. For example, “December tenth, twenty twelve.” You can also say “today.” | You can use your touch tone key pad to enter numeric information.  
The admission date format is mm/dd/yyyy. |
| Next say or enter the diagnosis code. | Tip: Diagnosis codes can be up to six digits maximum. When entering a diagnosis code using your touch tone key pad, press the star key ( * ) to enter the decimal point. If utilizing the voice option, say “dot.”  
Note: If the diagnosis code contains alpha characters, touch tone cannot be utilized. Voice option is required. |
| How many days are you requesting? | Speak the number of days you are requesting for your inpatient service. You can also enter this information by using your touch tone key pad. |
| To review the information, say “verify information.” Or to submit this request without verifying, say “submit.” You can also say “cancel request.” | 1. Verify information  
2. Submit  
3. Cancel request |
| Sure. To confirm, this request is for… | 1. Yes  
2. No  
3. Repeat that |
| **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 an inpatient, and this is an elective treatment. The service code is 99999. For CPT 99999, 2 days are requested starting May 1st, 2012.  
Is this all correct? Say “yes,” “no” or “repeat that.” | |
| Okay. To submit this request, say “submit.” If you need to cancel this request, press 2. | 1. Submit  
2. Cancel |