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.”

Press 1: Providers
Press 2: Member

2) Preauthorization

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.”

Press 1: Benefits
Press 2: Outpatient services or high tech imaging
Press 3: Pre-certification of inpatient admissions or home health services
Press 4: Other Services

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

Press 1: Mental health or chemical dependency
Press 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. Is the patient a federal employee or dependent?

Press 1: Federal employee or dependent
Press 2: Non-federal employee or dependent

This caller guide does not apply to Blue Cross Community Health PlansSM, Blue Cross Community MMAi (Medicare-Medicaid Plan)SM, Blue Cross Medicare Advantage (HMO)SM and Blue Cross Medicare Advantage (PPO)SM.
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.

**BCBSIL** Press 1
**BCBSOK** Press 2
**BCBSTX** Press 3
**BCBSNM** Press 4

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.

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

Okay, preauthorization. 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.

**Say or enter only the subscriber ID, excluding the three-character prefix.**

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

**Medical**
**Press 1**

**Behavioral Health**
**Press 2**

**Chemical Dependency**
**Press 3**

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.
Do you need to request authorization or check the status?

Request authorization
Check status

Press 1
Press 2

Okay, inpatient, outpatient, home or referral?

Inpatient
Outpatient
Home
Referral

Press 1
Press 2
Press 3
Press 4

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

New request
Extend existing request

Press 1
Press 2

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.”

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.).

Touch tone and voice are both available options.
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 eighteen.” 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.
Okay, say or enter the next CPT or HCPCS procedure code or say that’s it.

<table>
<thead>
<tr>
<th>Review information</th>
<th>Press 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Submit</td>
<td>Press 2</td>
</tr>
<tr>
<td>Cancel request</td>
<td>Press 3</td>
</tr>
</tbody>
</table>

Note: 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.”

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

| Yes                                                                                | Press 1 |
| No                                                                                 | Press 2 |
| Repeat that                                                                       | 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 Oct. 1st 2019.”

Okay, to Submit this request, say “submit.” If you need to cancel this request, press 1.

Say Submit or press 1 to cancel request.
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)*

### Group Number

<table>
<thead>
<tr>
<th>Ex. 1</th>
<th>Y</th>
<th>N</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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<tbody>
<tr>
<td>Press</td>
<td>*93</td>
<td>*62</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<table>
<thead>
<tr>
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<th>4</th>
<th>5</th>
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<td>*52</td>
<td>3</td>
<td>4</td>
<td>5</td>
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</table>

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

### Subscriber ID

<table>
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<th>N</th>
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<th>4</th>
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<tr>
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<td>*62</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<table>
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<td>*81</td>
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<td>6</td>
<td>8</td>
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</tbody>
</table>

**Note:** The claim number should be 13 digits.

### Claim Number

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<th>3</th>
<th>4</th>
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<th>6</th>
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<th>X</th>
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<tbody>
<tr>
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<table>
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<tbody>
<tr>
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<td>7</td>
<td>6</td>
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<td>*23</td>
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</table>

**Note:** The claim number should be 13 digits.