The table below provides the Blue Cross and Blue Shield of Illinois (BCBSIL) automated call flow for outpatient 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.

### System Prompt:
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.

### Touch Tone / Voice Options:
To continue your preauthorization request, please continue to hold.

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| 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 |
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| Many outpatient services do not require pre-certification. To determine if pre-certification is required for our outpatient service, you will need to stay on the line to obtain a benefit quote. | 1. Federal employee or dependent  
2. Non-federal employee or dependent |
| 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?  
1. Federal employee or dependent  
2. Non-federal employee or dependent |
| 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 |
| Provider Services Line. Okay, what is your 10-digit rendering National Provider ID or HMO site number? | Provider Services Line. Okay, what is your 10-digit rendering National Provider ID or HMO site number?  
Situational: If the system does not recognize the NPI, you will be prompted for a Tax ID.  
You can use your touch tone key pad to enter numeric information.  
Note: Professional providers should use the rendering NPI of the individual actually providing services. |
| And you’re calling for outpatient preauthorization, is that correct? | And you’re calling for outpatient preauthorization, is that correct?  
1. Yes  
2. No |
| Okay, preauthorization. Excluding the three letter alpha prefix, what’s the subscriber ID? | Okay, preauthorization. Excluding the three letter alpha prefix, what’s the subscriber ID?  
Situational: If multiple policies are found for your patient, you will also be asked to provide their group number.  
Touch tone and voice are both available options  
Note: ID numbers containing alpha characters can be entered by touch tone keypad (e.g. for letter “R” press *73). |
| Is this for medical, behavioral health or chemical dependency services? | Is this for medical, behavioral health or chemical dependency services?  
1. Medical  
2. Behavioral health  
3. Chemical dependency |
| Do you need to request authorization or check the status? | Do you need to request authorization or check the status?  
1. Request authorization  
2. Check status |
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| And do you want to create a new request or extend an existing request? | 1. New request  
2. Extend existing request |
| Many outpatient services do not require authorization. Let’s first determine if authorization is required for your outpatient service. | The date of birth format is mm/dd/yyyy. |
| Please tell me, what’s the patient’s date of birth? | N/A |
| Please be advised that a quote of eligibility and benefits is not a guarantee of payment. All benefits are subject to eligibility, medical necessity, and the terms, conditions, limitations, and exclusions of the patient’s health benefit plan at the time the services are rendered. Please note newborn dependents not listed on the membership file may have benefits available. | |
| The system will quote the following information:  
• Type of coverage (i.e., PPO, HMO, etc.)  
• Current effective date  
• Pre-existing waiting period completion date  
• Alpha prefix  
• Group number  
• Health Care Account (HCA) balance  
• PCP name if available  
• PCP effective date  
• Termination or cancel date  
• Confirmation number | |
| Tell me a service, for example, “office visit,” or “chiropractic service” or say “list them.” | Tip: To view a complete list of available service categories, please see the BCBSIL IVR Eligibility & Benefits Caller Guide. |
| At this time the system will say… | If preauthorization is not required for your outpatient services, say “yes” or press 1 for benefit details, or say “no” or press 2 to end the call. You can also hang up.  
Tip: For assistance obtaining a full benefit quote, please see the BCBSIL IVR Eligibility & Benefits Caller Guide. |
| Preauthorization is not required for this outpatient service. If you are finished, you can simply hang up. Otherwise, would you like to hear the benefit details? Please say “yes” or “no.” | If preauthorization is required for this outpatient service, please say one of the following:  
1. Benefit details  
2. Request authorization |
| OR | |
Preauthorization Caller Guide: Submitting an Outpatient Request

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<td>You can press pound to skip these instructions. To process this request, I'll need some information including the NPIs for the attending and servicing providers. I'll also need the diagnosis and 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.”</td>
<td><strong>Note:</strong> Voice option must be used here. Touch tone is not an available option.</td>
</tr>
<tr>
<td><strong>Tip:</strong> Press the pound key (#) to skip these instructions.</td>
<td></td>
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<tr>
<td>Next, say or enter the NPI of the attending provider or say “it’s the same as my NPI.”</td>
<td>Enter the attending provider NPI. Touch tone and voice are both available options.</td>
</tr>
<tr>
<td><strong>Situation:</strong> If the system does not recognize the NPI, you will be prompted to provide additional identifiers (i.e., address, zip code, etc.).</td>
<td></td>
</tr>
<tr>
<td>Now, say or enter the NPI of the servicing provider, or say “it’s the same as my NPI.”</td>
<td>Enter the attending provider NPI. Touch tone and voice option are both available.</td>
</tr>
<tr>
<td><strong>Situation:</strong> If the system does not recognize the NPI, you will be prompted to provide additional identifiers (i.e., address, zip code, etc.).</td>
<td></td>
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| Next, say one of the following treatment types. “hospice,” “skilled nursing visit,” “home infusion,” or for physical, occupational and speech therapies, say “therapy.” | 1. Hospice  
2. Skilled nursing visit  
3. Home infusion  
4. Therapy*  

*Therapy includes Physical, Occupational and Speech Therapies.* |
| **And is this an elective or emergency service?** | 1. Elective  
2. Emergency service |
<p>| <strong>Tip:</strong> 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.” | |
| <strong>Note:</strong> If the diagnosis code contains alpha characters, touch tone cannot be utilized. Voice option is required. | |
| Next, say or enter the diagnosis code. | <strong>Tip:</strong> Procedure codes are five digits. |
| Now say or enter a procedure code. If the procedure code contains any letters, please say it like this “the letter A 2 3 4 5.” | <strong>Tip:</strong> Procedure codes are five digits. |
| How many visits? | e.g., For one visit, say or enter “1.” |
| What's the start date for this service? For example, “December tenth, twenty twelve.” You can also say, “today.” | The date of service format is mm/dd/yyyy. |</p>
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<td>And what’s the end date?</td>
<td>The end date format is mm/dd/yyyy.</td>
</tr>
<tr>
<td>Okay. Say or enter the next procedure code, or say “that’s it.”</td>
<td>You can use your touch tone key pad to enter numeric information.</td>
</tr>
</tbody>
</table>
| 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 attending provider is Dr. Jane Doe. The servicing provider is Smith Clinic. For diagnosis code 123.45 the treatment type is Therapy, the treatment setting is Outpatient, and this is an elective treatment. The service code is 99999. For CPT 99999, 2 visits are requested starting May 1st, 2012 and ending May 2nd, 2012. Is this all correct? Say “yes,” “no,” or “repeat that.” | 1. Submit  
2. Cancel |
| Okay. To submit this request, say “submit.” If you need to cancel this request, press 2. |                                                                  |

Please note that the fact that a service has been preauthorized/pre-certified 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 applicable on the date services were rendered.