Preauthorization 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

Outpatient Pre-certification of inpatient or home health
Press 3

Maternity
Press 4

Benefits
Press 1

Outpatient
Press 2

Pre-certification of inpatient or home health
Press 3

Interruption Permitted

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."

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

• Utilize your key pad when possible
• Avoid using cell phones
• Minimize background noise
• Mute your phone when you are not speaking

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.
Preauthorization is required for certain services. A preauthorization determines medical necessity and the appropriateness of treatment. A predetermination may be used to obtain a benefit assessment but is not required. Predeterminations must be submitted in writing. A submission form is located on our website.

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.

Provider services line. Okay, what is your 10-digit rendering NPI or HMO site number?

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

And you are calling for outpatient preauthorization, is that correct?

Yes
No

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.

To continue your preauthorization request, please continue to hold.

Note: To submit your request online refer to the Electronic Predetermination of Benefits User Guide. If faxing supporting medical documentation for a previously submitted request, please include the request number.

Note: Alpha and numeric characters may be entered by touch tone keypad. The Alpha Touch Tone reference guide is available on page seven for assistance with keying alpha characters.
Interruption Permitted

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

Medical
Behavioral Health
Chemical Dependency

Press 1
Press 2
Press 3

Do you need to request authorization or check the status?

Request authorization
Check status

Press 1
Press 2

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

New request
Extend existing request

Press 1
Press 2

Many outpatient services do not require authorization. Let’s first determine if authorization is required for your outpatient service. Please tell me, what’s the patient’s date of birth?

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

Interruption Permitted

Eligibility Quote

Please be advised that a quote of eligibility and benefits is not a guarantee of payment. All benefit payments are subject to eligibility, medical necessity, and the terms, conditions, limitations, exclusions, and payment levels of the patient’s health benefit plan at the time the services are rendered. Benefit payments are usually not determined based on billed charges and may be significantly less than billed charges. Please note newborn dependents not listed on the membership file may have benefits available.

The system will quote the following applicable information:

- Type of coverage (i.e., PPO, HMO, etc.)
- Current effective date
- Pre-existing waiting period completion date
- Three-character prefix
- Health Care Account (HCA) balance
- PCP name (if applicable)
- PCP effective date (if applicable)
- Termination or cancel date
- Confirmation date

Note: Use the Availity® Authorizations tool to extend requests online or provide the request ID and connect with next available agent.

To get preauthorization requirements, we’ll need the procedure code. Please say or enter a CPT or HCPCS procedure code. If there are any letters, please say it like this, “the letter A 2 3 4 5.”

Okay. Say or enter the next CPT or HCPCS procedure code, or say “that’s it.” I can collect up to 5.

If you do not have a procedure code say “I don’t have one.”

Say or enter the procedure code(s), or say “I don’t have one.”

Note: If you do not have a procedure code, the IVR will quote general preauthorization requirements based on the benefit category instead.
Outpatient Request  
Preauthorization IVR Caller Guide

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

Procedure Code Preauthorization Quote

*At this time the system will quote preauthorization requirements based on the code(s) entered.*

These preauthorization requirements have been saved to a file, your confirmation number is.....

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

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

Would you like for me to fax these preauthorization requirements to you?

Yes  Press 1  
No  Press 2

When preauthorization is NOT required by BCBSIL:

If you have all the information you need, you can go ahead and hang up. Otherwise, we’ll go back to the main menu.

End call or return to the main menu.

When preauthorization IS required by BCBSIL:

Would you like to create the preauthorization request?

Yes  Press 1  
No  Press 2

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

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

Next, say or enter the NPI of the rendering provider, or say “it’s the same as my NPI.”

Situational:

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

Touch tone and voice options are both available.
Now, say or enter the NPI of the attending provider, or say “it’s the same as my NPI.”

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

Touch tone and voice options are both available.

**Interruption Permitted**

**Situation:**
If you choose outpatient place of treatment:

Now, which is the treatment setting?
Hospital, Ambulance or Surgical Center.

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Press 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance</td>
<td>Press 2</td>
</tr>
<tr>
<td>Surgical Center</td>
<td>Press 3</td>
</tr>
</tbody>
</table>

**Interruption Permitted**

**Treatment Type Options**

Which is the treatment type?

**Situation:** Options are based on the place of treatment previously entered.

<table>
<thead>
<tr>
<th>Outpatient</th>
<th>Office</th>
<th>Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Medical Care</td>
<td>• Medical Care</td>
<td>• Home Health</td>
</tr>
<tr>
<td>• Surgical</td>
<td>• Surgical</td>
<td>• Hospice</td>
</tr>
<tr>
<td>• Transplants</td>
<td>• Chiropractic</td>
<td>• Private Duty Nursing</td>
</tr>
<tr>
<td>• MRI/CAT Scan</td>
<td></td>
<td>• Skilled Nursing</td>
</tr>
<tr>
<td>• Therapy</td>
<td></td>
<td>• DME</td>
</tr>
</tbody>
</table>

**Note:** Therapy includes Physical, Occupational and Speech Therapies.

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Press 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance</td>
<td>Press 2</td>
</tr>
<tr>
<td>Surgical Center</td>
<td>Press 3</td>
</tr>
</tbody>
</table>

**Interruption Permitted**

Now, say or enter a CPT or HCPCS procedure code. If the procedure code contains any letters, please say it like this “the letter A 2 3 4 5.”

| Say or enter the procedure code. |

**Interruption Permitted**

How many visits?

Say or enter the number of visits.

**Interruption Permitted**

What’s the start date for this service?
For example, “December tenth, twenty twelve.” You can also say “today.”

The start date format is mm/dd/yyyy.

**Interruption Permitted**
Okay, to review the information, say “review.” Or to submit this request without verifying, say “submit.” You can also say “cancel request.”

Review information
Submit Press 1
Cancel request Press 2

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

Review information
Submit Press 1
Cancel request Press 2

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

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

Yes Press 1
No Press 2
Repeat that Press 3

Okay, to submit this request, say “submit.” If you need to cancel this request, press 2.

Say Submit or press 2 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)

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>=</td>
<td>*21</td>
<td>*22</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D</th>
<th>E</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>=</td>
<td>*31</td>
<td>*32</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>G</th>
<th>H</th>
<th>I</th>
</tr>
</thead>
<tbody>
<tr>
<td>=</td>
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<td>*42</td>
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<table>
<thead>
<tr>
<th>J</th>
<th>K</th>
<th>L</th>
</tr>
</thead>
<tbody>
<tr>
<td>=</td>
<td>*51</td>
<td>*52</td>
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</table>

<table>
<thead>
<tr>
<th>M</th>
<th>N</th>
<th>O</th>
</tr>
</thead>
<tbody>
<tr>
<td>=</td>
<td>*61</td>
<td>*62</td>
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</tbody>
</table>

<table>
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<tr>
<th>P</th>
<th>Q</th>
<th>R</th>
<th>S</th>
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<td>=</td>
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<td>*73</td>
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<table>
<thead>
<tr>
<th>T</th>
<th>U</th>
<th>V</th>
</tr>
</thead>
<tbody>
<tr>
<td>=</td>
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<td>*82</td>
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<table>
<thead>
<tr>
<th>W</th>
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<th>Y</th>
<th>Z</th>
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</thead>
<tbody>
<tr>
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<td>*91</td>
<td>*92</td>
<td>*93</td>
</tr>
</tbody>
</table>

**Group Number**

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

<table>
<thead>
<tr>
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<th>K</th>
<th>3</th>
<th>4</th>
<th>5</th>
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<tbody>
<tr>
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<td>2</td>
<td>*52</td>
<td>3</td>
<td>4</td>
<td>5</td>
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</table>

**Subscriber ID**

<table>
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<th>3</th>
<th>4</th>
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<th>7</th>
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</thead>
<tbody>
<tr>
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<td>1</td>
<td>*62</td>
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<td>3</td>
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<table>
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<th>2</th>
<th>T</th>
<th>7</th>
<th>6</th>
<th>8</th>
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<tbody>
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<td>9</td>
<td>2</td>
<td>*81</td>
<td>7</td>
<td>6</td>
<td>8</td>
</tr>
</tbody>
</table>

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

**Claim Number**

<table>
<thead>
<tr>
<th>Ex. 1</th>
<th>2</th>
<th>1</th>
<th>3</th>
<th>4</th>
<th>F</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>0</th>
<th>X</th>
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<tbody>
<tr>
<td>Press</td>
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<td>3</td>
<td>4</td>
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<td>5</td>
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<td>*92</td>
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</tbody>
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<table>
<thead>
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<th>1</th>
<th>T</th>
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<th>7</th>
<th>6</th>
<th>5</th>
<th>0</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Press</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>*81</td>
<td>8</td>
<td>7</td>
<td>6</td>
<td>5</td>
<td>0</td>
<td>*23</td>
</tr>
</tbody>
</table>

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

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Have questions or need additional education? Email the **Provider Education Consultants**

*Be sure to include your name, direct contact information and Tax ID or Billing NPI.*

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Please note that the fact 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. Obtaining a benefit preauthorization is not a substitute for checking the patient’s eligibility and benefits.

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