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.”

2) Preauthorization

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

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?
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 Press 1
No Press 2

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.

Note: The Predetermination Form is located in the Forms section on the Provider website.

To continue your preauthorization request, please continue to hold.
Is this for medical, behavioral health or chemical dependency service?

Do you need to request authorization or check the status?

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

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.

Medical
Behavioral Health
Chemical Dependency

Request authorization
Check status

New request
Extend existing request

Medical
Press 1
Behavioral Health
Press 2
Chemical Dependency
Press 3

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

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

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.”

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

Say or enter the procedure code(s), or say “I don’t have one.”
Thanks. Next, what is the place of treatment, outpatient, office, or home?

Outpatient
Office
Home

Yes
No

End call or return to the main menu.

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.

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

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.
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

Now, say or enter the NPI of the attending 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.

Situational:
If you choose outpatient place of treatment:
Now, which is the treatment setting?
Hospital, Ambulance or Surgical Center.

Hospital
Press 1
Ambulance
Press 2
Surgical Center
Press 3

Treatment Type Options
Which is the treatment type?

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

Outpatient
- Medical Care
- Surgical
- Transplants
- MRI/CAT Scan
- Therapy

Office
- Medical Care
- Surgical
- Chiropractic

Home
- Home Health
- Hospice
- Private Duty Nursing
- Skilled Nursing
- DME
- Therapy

Note: Therapy includes Physical, Occupational and Speech Therapies.

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.

How many visits?

Say or enter the number of visits.

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

Interruption Permitted

Interruption Permitted

Interruption Permitted

Interruption Permitted

Interruption Permitted
What's the end date?

The end date format is mm/dd/yyyy.

Okay, Say or enter the next CPT or HCPCS procedure code, or say “that’s it.”

Say or enter the next procedure code or say “that’s it.”

Since this outpatient 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.

Say or enter the ICD-10 diagnosis code.

Note: Diagnosis codes can be up to six digits. 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.”

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
Cancel request

Note: Upload and attached medical documentation online via Availity’s Authorizations tool. For more information, view the Authorizations User Guide.

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

Yes
No
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 outpatient 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 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)

### Group Number

<table>
<thead>
<tr>
<th>Letter</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>*21</td>
</tr>
<tr>
<td>B</td>
<td>*22</td>
</tr>
<tr>
<td>C</td>
<td>*23</td>
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<td>*93</td>
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<tr>
<td>Z</td>
<td>*94</td>
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### Subscriber ID

<table>
<thead>
<tr>
<th>Example 1</th>
<th>Example 2</th>
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<tbody>
<tr>
<td>Y N 1 2 3 4</td>
<td>*93 *62 1 2 3 4</td>
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<tr>
<td>Press</td>
<td>Press</td>
</tr>
<tr>
<td>0 9 2 T 7 6 8</td>
<td>0 9 2 *81 7 6 8</td>
</tr>
</tbody>
</table>

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

### Claim Number

<table>
<thead>
<tr>
<th>Example 1</th>
<th>Example 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 1 3 4 F 5 6 7 0 X</td>
<td>2 1 3 4 *33 5 6 7 0 *92</td>
</tr>
<tr>
<td>Press</td>
<td>Press</td>
</tr>
<tr>
<td>2 0 1 T 8 7 6 5 0 C</td>
<td>2 0 1 *81 8 7 6 5 0 *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](mailto:ProviderEducationConsultants@Availity.com)

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

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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