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)TM.

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.”

Providers
Member
Press 1
Press 2

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

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.”

Benefits
Press 1

Outpatient
Press 2

Pre-certification of inpatient or home health
Press 3

Maternity
Press 4

Federal employee or dependent
Press 1

Non-federal employee or dependent
Press 2

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
Interruption Permitted

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.

To continue your preauthorization request, please continue to hold.

Interruption Permitted

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.

Interruption Permitted

BCBSIL
BCBSOK
BCBSTX
BCBSNM

Press 1
Press 2
Press 3
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.

Interruption Permitted

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

Interruption Permitted

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

Yes
No

Press 1
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.

Interruption Permitted

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.

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 keying alpha characters.
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

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

Medical
Press 1
Behavioral Health
Press 2
Chemical Dependency
Press 3

Do you need to request authorization or check the status?

Request authorization
Press 1
Check status
Press 2

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

New request
Press 1
Extend existing request
Press 2

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

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?

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

Medical
Press 1
Behavioral Health
Press 2
Chemical Dependency
Press 3

Do you need to request authorization or check the status?

Request authorization
Press 1
Check status
Press 2

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

New request
Press 1
Extend existing request
Press 2

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

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.”

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

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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.

Interruption Permitted

Thanks. Next, what is the place of treatment, outpatient, office, or home?

- Outpatient  Press 1
- Office  Press 2
- Home  Press 3

When preauthorization IS required by BCBSIL:

Would you like to create the preauthorization request?

- Yes  Press 1
- No  Press 2

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.

Outpatient Request
Preauthorization IVR Caller Guide

Interruption Permitted

End call or return to the main menu.

Interruption Permitted

Thanks. Next, what is the place of treatment, outpatient, office, or home?

Interruption Permitted

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

Interruption Permitted

When preauthorization is NOT required by BCBSIL:

End call or return to the main menu.

Interruption Permitted

When preauthorization IS required by BCBSIL:

End call or return to the main menu.

Interruption Permitted

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

Now, say or enter the NPI of the servicing 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.

Next, say one of the following treatment types, “hospice,” “skilled nursing visit,” “home infusion,” or for physical, occupational and speech therapies, say “therapy.”

_Hospice_ Press 1
_Skilled Nursing Visit_ Press 2
_Home Infusion_ Press 3
_Therapy_ Press 4

_Note:_ Therapy includes Physical, Occupational and Speech Therapies.

And is this an elective or emergency service?

_Elective_ Press 1
_Emergency_ Press 2

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._

_Say or enter the number of visits._

Outpatient Request
Preauthorization IVR Caller Guide

- Utilize your key pad when possible
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Okay, to review the information, say “verify information.” Or to submit this request without verifying, say “submit.” You can also say “cancel request.”

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.

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.

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

Verify information

Press 1

Submit

Press 2

Cancel request

Press 3

Yes

Press 1

No

Press 2

Repeat that

Press 3

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

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

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

Say Submit or press 2 to cancel request.

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.”

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 outpatient and this is an elective treatment. The service code is 99999. For CPT 99999, 2 days are requested starting Oct. 1st 2019.”
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

Ex. 1  Y       N    1    2    3    4
Press *93   *62   1    2    3    4
Ex. 2    1    2   K    3    4    5
Press    1    2   *52   3    4    5

Subscriber ID

Ex. 1  A       1   N    2    3    4    5    6    7
Press  *21    1   *62   2    3    4    5    6    7
Ex. 2    0    9    2    T    7    6    8
Press    0    9    2   *81    7    6    8

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

Claim Number

Ex. 1    2    1    3    4   F    5    6    7    0    X
Press    2    1    3    4   *33   5    6    7    0   *92
Ex. 2    2    0    1    T    8    7    6    5    0    C
Press    2    0    1   *81    8    7    6    5    0   *23

Note: The claim number should be 13 digits.

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.

Have questions or need additional education? Email the Provider Education Consultants at PECS@bcbsil.com
Be sure to include your name, direct contact information & Tax ID or Billing NPI.