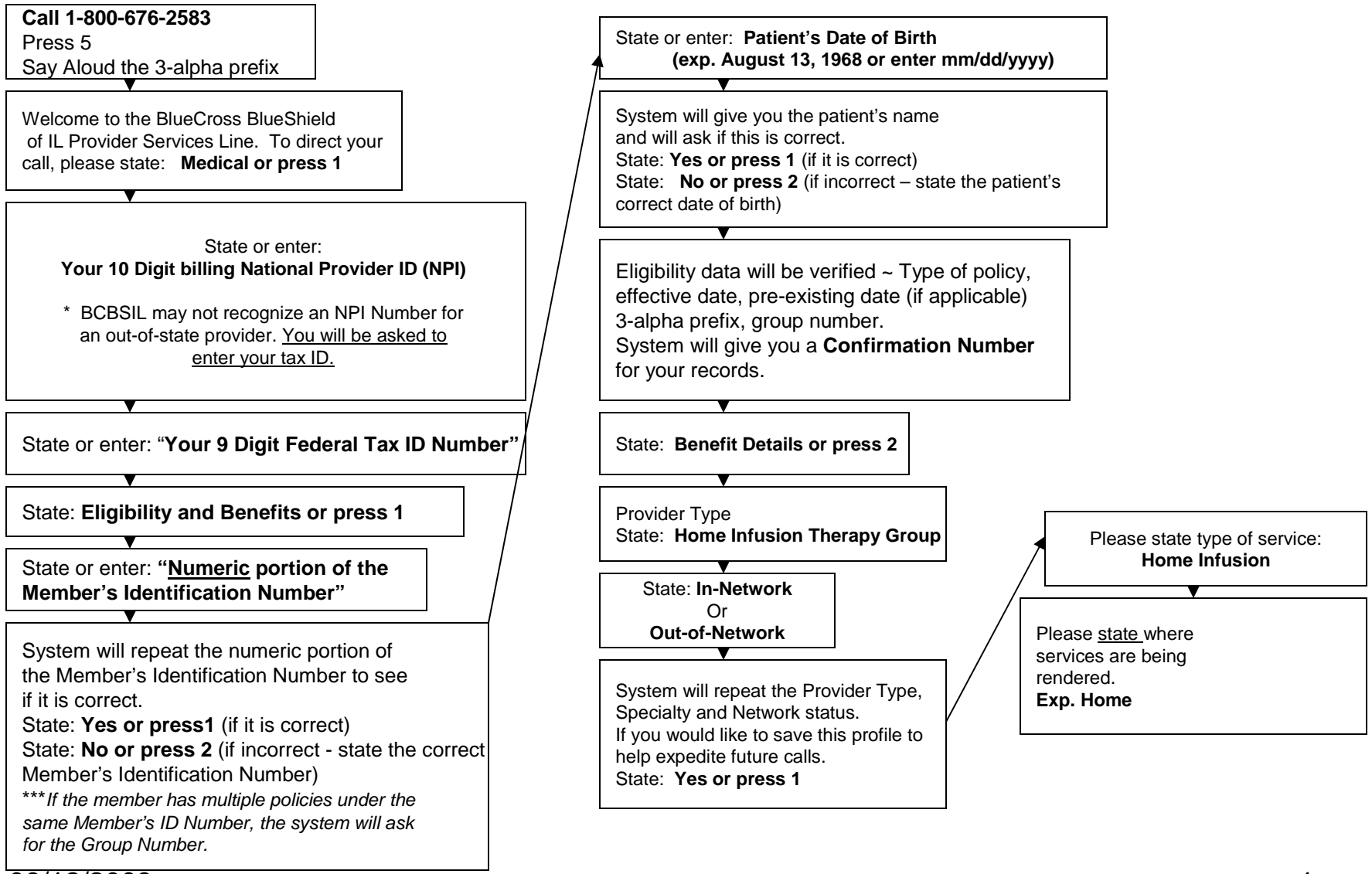




**IVR - Interactive Voice Response System ~ Out of State Providers**

**Home Infusion**

[www.bcbsil.com/provider](http://www.bcbsil.com/provider)



**IVR - Interactive Voice Response System ~ Out of State Providers  
Home Infusion**

**Use this sheet after you have set up and saved your Provider Profile on the IVR**

[www.bcbsil.com/provider](http://www.bcbsil.com/provider)

Call 1-800-676-2583  
Press 5  
Say Aloud the 3-alpha prefix

Welcome to the BlueCross BlueShield  
of IL Provider Services Line. To direct your  
call, please state: **Medical or press 1**

State or enter:  
**Your 10 Digit billing National Provider ID (NPI)**  
  
\* BCBSIL may not recognize an NPI Number for  
an out-of-state provider. You will be asked to  
enter your tax ID.

State or enter: "Your 9 Digit Federal Tax ID Number"

State: **Eligibility and Benefits or press 1**

State or enter: "**Numeric portion of the Member's  
Identification Number**"

System will repeat the numeric portion of  
the Member's Identification Number to see  
if it is correct.  
State: **Yes or press 1** (if it is correct)  
State: **No or press 2** (if incorrect - state the correct  
Member's Identification Number)  
*\*\*\*If the member has multiple policies under the  
same Member's ID Number, the system will ask  
for the Group Number.*

State or enter: **Patient's Date of Birth**  
(exp. August 13, 1968 or enter mm/dd/yy)

System will give you the patient's name  
and will ask if this is correct.  
State: **Yes or press 1** (if it is correct)  
State: **No or press 2** (if incorrect – state the patient's  
correct date of birth)

Eligibility data will be verified ~ Type of policy,  
effective date, pre-existing date (if applicable)  
3-alpha prefix, group number.  
System will give you a **Confirmation Number**  
for your records.

State: **Benefit Details or press 2**

I have you as a **Home Infusion Therapy Group**,  
specializing in **Home Infusion Therapy** and you  
are **In-Network or Out-Of-Network**.  
Is that right?  
State: **Yes or press 1**

Please state type of service:  
**Home Infusion**

Please state where  
services are being  
rendered.  
**Exp. Home**