

## **Check Authorization by Procedure Code IVR Caller Guide**

800-972-8088

Hours of Availability: Monday - Friday 6:00 a.m. to 11:30 p.m. (CT); Saturday 6:00 a.m. to 6:00 p.m. (CT); Sunday - Closed

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Utilize your keypad when possible

· Avoid using cell phones

Minimize background noise

· Mute your phone when you are not speaking

This caller guide does not apply to Medicare Advantage or Illinois Medicaid.

# 1) Getting Started



Welcome to the Blue Cross Blue Shield of Illinois Provider Services Line. To direct your call, please say "medical", "pharmacy", "dental" or "behavioral health."

Interruption Permitted

| Medical  | Press 1 |
|----------|---------|
| Pharmacy | Press 2 |

Dental Press 3 **Behavioral Health** Press 4 Note: You can use your touch tone keypad to enter numeric information.



In order to get eligibility or benefits, we'll need your rendering NPI. For claims or any other inquiries, we'll need your billing NPI.

Now, what is your 10-digit 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 number.

**Note:** Professional providers should use the rendering NPI of the individual rendering the services.

# 2) Authorization Check by Procedure Code



Which can I help you with? "Eligibility & benefits", "claims", "authorization and referral management" or "other services"?

Interruption Permitted

| Eligibility & Benefits            | Press 1 |
|-----------------------------------|---------|
| Claims                            | Press 2 |
| <b>Authorization and Referral</b> | Press 3 |

Management

Other Services Press 4 **Note:** At a later point you will have the option to return here (Main Menu).



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: Alpha and numeric characters may be entered by touch tone keypad. The Alpha Touch Tone reference quide is available on page 5 for assistance keying alpha characters.

| Utilize your keypad when possible  | Avoid using ce                              | ll phones                         | Minimize background noise  | • Mute your p                 | ohone when you are not speaking |
|--|---|-----------------------------------|----------------------------|-------------------------------|---------------------------------|
| Do you need to "check procedure requirements", request authoriza and referral," or "check the statu  | ation<br>s"?                                | Requiren                          | Authorization and          | Press 1 Press 2 Press 3       |                                 |
| Please tell me, what's the patient date-of-birth?  Interruption Period   |   | The date                          | of birth format is mm/dd,  | /үүүу.                        |                                 |
| And which is this for, "behavioral health," "medical services," or "cl dependency?"  Interruption Peri   | hemical                                     | Behavior<br>Medical S<br>Chemical |                            | Press 1<br>Press 2<br>Press 3 |                                 |
| Please say or enter a CPT or HCPC procedure code. If there are any please say it like this, "the letter of the code of the cod | letters,<br>A 2345."<br>or HCPCS<br>" I can | Say or en                         | nter the procedure code(s) |                               |                                 |
| This service will be rendered out correct?   |   | Yes<br>No                         |                            | Press 1<br>Press 2            |                                 |
| If No: Next, what's the place of treatme outpatient, office or home?  Interruption Peri  | <b>,</b> ,                                  | Outpatie<br>Office<br>Home        | nt                         | Press 1<br>Press 2<br>Press 3 |                                 |
| At this time, the system will quote These preauthorization requirem  | e authorization                             | -                                 |                            |                               |                                 |

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

Interruption Permitted •



Press 1 Press 2 Note: Fax numbers can be entered by touch tone or spoken. They should also be entered as ###-###, without the preceding 1.



When authorization 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

End call or return to the main menu.



When authorization IS required by BCBSIL:

Would you like to create the preauthorization request?

### If Yes:

Refer to the <u>Outpatient Authorization</u>
<u>Caller Guide</u> for navigational assistance
with requesting authorization via phone.

Interruption Permitted

Yes No Press 1 Press 2 quote authorization requirements for the code(s) entered you will be connected with the next available agent.

Note: If the IVR is unable to

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## Customer Advocate assistance has been removed for the benefit categories in blue.

Non-FEP Benefit Category Key Words (Alphabetically Listed)

- **Observation Care Services** 
  - ✓ Diagnostic
- ✓ Hospital Visit
- ✓ Labs
- √ X-rays
- Abortion
- Acupuncture
- Air Ambulance
- Allergy
  - ✓ Allergy Treatment
  - ✓ Allergy Testing
  - Consultation ✓ Office Visit
- **Anesthesia**
- **Assistant Surgeon**
- Behavioral Health
- ✓ Day Psychiatric
- ✓ Adult Family Counseling
- ✓ Child Family Counseling
- √ Group Psychotherapy
- Individual Psychotherapy
- Psychological Testing
- Residential Treatment
- ✓ Mental Visit
- ✓ Applied Behavior Analysis
- Biofeedback
- Birth Control
- Cardiac Rehab
- **CAT Scan**
- Catastrophic Protection
- Chemical Dependency
  - Day Psychiatric
  - Adult Family Counseling
  - Child Family Counseling
  - ✓ Detoxification
  - Group Psychotherapy
  - Individual Psychotherapy
  - Intensive Chemical Dependency
  - ✓ Mental Visit
  - ✓ Partial Hospitalization
  - Residential Treatment
- Chemotherapy
  - √ Chemotherany
  - ✓ Radiation Therapy
- ✓ Office Visit
- **Chiropractic Services**
- ✓ Acupuncture
- **Diagnostic Medical**
- **Muscle Manipulation**
- Orthotics
- Office Visit
- **Physical Therapy**
- √ X-rays

- Circumcision
- Colonoscopy
  - ✓ Medical Colonoscopy
  - ✓ Routine Colonoscopy
- Consultations
- **Coordinated Home Care**
- Dental
- Diabetic Management
- Dialysis
- Drugs
- Durable Medical Equipment
  - **DME Purchase**
  - DME Rental
  - ✓ DME Repair and Replacement
- EKG
- **Emergency Accident Care**
- **Emergency Medical Care**
- **Emergency Room** 
  - ✓ Emergency Accident Care and Services
  - **Emergency Medical Care and** Services
- **Extended Care Facility**
- Family Planning
- **Ground Ambulance**
- Hearing
  - ✓ Hearing Aide
  - ✓ Routine Hearing Test
- Hospice
- Hospital
  - ✓ Daily Room and Board
  - ✓ Hospital Visit
- Hydrotherapy
- Infertility
  - ✓ Artificial Insemination
  - ✓ Diagnostic Medical
  - ✓ In Vitro Fertilization
  - ✓ Labs
  - ✓ Office Visit
  - ✓ X-ray
- Infusion Therapy
- ✓ DME
- ✓ Drugs
- ✓ Medical Supplies
- ✓ Nursing
- **Inhalation Therapy**
- Injections
  - ✓ Injections
- ✓ Office Visit
- Laboratory
- Lupron

- Mammogram
  - Medical mammogram
- ✓ Routine Mammogram
- Maternity
  - ✓ Normal Global Maternity (Member/Spouse/Dependent)
  - ✓ Initial Office Visit
- ✓ Ultrasound **Medical Supplies** Medical Therapeutic
- Medicare
- **Mixed Therapy** 
  - **Occupational Therapy**
  - **Physical Therapy**
  - ✓ Speech Therapy
- MRI
  - Naprapathic Services
  - ✓ Consultation
  - ✓ Muscle Manipulation
  - Orthotics
  - ✓ Office Visit
  - √ Physical Therapy
  - ✓ X-ravs
- **Nutritional Counseling**
- Occupational Therapy
- **Office Services** ✓ Injections
  - ✓ Office Diagnostic Medical
  - Procedure
  - ✓ Office Labs
- ✓ Office Visit
- Office Surgery ✓ Office X-rays
- Office Visit
- Organ Transplant
- Orthotics
- Pap Smear
  - ✓ Medical Pap Smear
- ✓ Routine Pap Smear
- **Pathology**
- **PET Scan**
- **Physical Exam Physical Therapy**
- - **Podiatry**
  - ✓ Injection
  - ✓ Orthotics ✓ Office Visit
  - ✓ Physical Therapy
  - Surgery **Routine Foot Care**
  - X-rays

- **Preventive Care** 
  - ✓ Routine Immunizations
  - ✓ Routine Office, Well Visit or **Physical Exam**
  - Routine Colonoscopy Screening
  - **Routine Colorectal Cancer Screening Lab**
  - **Routine Colorectal Cancer**
  - Screening X-ray
  - **Routine Diagnostic**
  - **Routine Lab**
  - **Routine Mammogram**
  - Routine Pap Smear
  - **Routine Prostate Test**
  - ✓ Well Child
  - ✓ Routine Well Woman Exam
  - **Patient Education and Training**
- · Private Duty Nursing
- Prosthetics
- **PSA** 
  - **Medical Prostate Test**
  - ✓ Routine Prostate Test
- Respiratory Therapy Rolfing
- **Routine Vision** 
  - Prosthetics ✓ Frames
  - ✓ Bifocal Lens
  - Contact Lens ✓ Lenticular Lens
  - ✓ Singular Vision Lens
  - ✓ Trifocal Lens
- ✓ Routine Vision Test Second Opinion
- Self Injectable
- Sleep Study Smoking
- Speech Therapy
- Sterilization
  - **Elective Sterilization**
- ✓ Medical Necessary Sterilization
- Stress Test
- Surgery
- Telemedicine/Telehealth
  - √ Physical Therapy
  - ✓ Office Visit ✓ Orthotic Appliance
- ✓ X-rays
- **Ultrasound (Non-pregnancy Related)**
- **Urgent Care** Wigs X-ray

## FEP Benefit Category Key Words (Alphabetically Listed)

- **Accidental Injury**
- Acupuncture
- Allergy Anesthesia
- **Assistant Surgery** Cardiac Rehab
- Catastrophic Protection **Chiropractic Services**

Dental

**Diabetic Education & Nutrition** Counseling

**Durable Medical Equipment** 

- Diagnostic Labs & X-rays Dialysis
  - **Family Planning Foot Care**
  - **Hearing Services** Hospice & Home Nursing Care
- Infusion Therapy
- **Inpatient Benefits**
- Maternity Medicare
- Mental Condition or Substance Abuse Office Visit
- **Oral Surgery** Orthotics/Prosthetics

- · Outpatient Benefits with **Professional Day Surgery**
- Physical, Occupational, Speech Therapy
- **Preventive Care**
- **Skilled Nursing Care** Telemedicine/Telehealth
- Vision Wigs

- Avoid using cell phones
- Minimize background noise
- · Mute your phone when you are not speaking

## **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)

| A | = | *21 |
|---|---|-----|
| В | = | *22 |
| С | = | *23 |
| D | = | *31 |
| Е | = | *32 |
| F | = | *33 |
| G | = | *41 |
| Н | = | *42 |
| I | = | *43 |
| J | = | *51 |
| K | = | *52 |
| L | = | *53 |
| M | = | *61 |
| N | = | *62 |
| 0 | = | *63 |
| Р | = | *71 |
| Q | = | *72 |
| R | = | *73 |
| S | = | *74 |
| Т | = | *81 |
| U | = | *82 |
| V | = | *83 |
| W | = | *91 |
| Χ | = | *92 |
| Υ | = | *93 |
| Z | = | *94 |
|   |   |     |

# **Group Number**

| Ex. 1 | Υ   | 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 | Α   | 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 | Т   | 8   | 7 | 6 | 5 | 0 | С   |
| Press | 2 | 0 | 1 | *81 | 8   | 7 | 6 | 5 | 0 | *23 |

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

Have questions or need additional education? Email our Provider Education Consultants.

Be sure to include your name, direct contact information & Tax ID or billing NPI.

Checking eligibility and/or benefit information and/or obtaining prior authorization 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, including, but not limited to, exclusions and limitations applicable on the date services were rendered. Certain employer groups may require prior authorization or pre-notification through other vendors. If you have any questions, call the number on the member's ID card. Regardless of any prior authorization or benefit determination, the final decision regarding any treatment or service is between the patient and the health care provider.