

Providers

Member

Note: You can use your touch

tone keypad to enter numeric

information.

Press 1

Press 2

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross®, Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

2) Preauthorization

Shield of Texas Medical Management

Department. If you're a health care

provider, say "Provider." If you're a

Interruption Permitted

Interruption Permitted

member, say "Member."

Solution of the service of the servi	Outpatient Inpatient or home health preauthorization or referral Behavioral health	Press 1 Press 2 Press 3
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?	Federal employee or dependent Non-federal employee or dependent	Press 1 Press 2

Outpatient Request

Preauthorization IVR Caller Guide 2 of 7 • Utilize your keypad when possible • Avoid using cell phones • Minimize background noise Mute your phone when you are not speaking Preauthorization is required for certain Note: To submit your request services. A preauthorization online refer to the *Electronic* determines medical necessity and the Predetermination of Benefits appropriateness of treatment. A <u>User Guide</u> 🖪. To continue your preauthorization predetermination may be used to If faxing supporting medical request, please continue to hold. obtain a benefit assessment but is not documentation for a previously required. Predeterminations must be submitted request, please include the request number. submitted in writing. A submission form is located on our website. Interruption Permitted Provider services line. Okay, what is your 10-digit rendering NPI? Situational: Say or enter your NPI number. If the system does not recognize the NPI, you will be prompted for a Tax ID. Interruption Permitted Press 1 Yes And you are calling for outpatient preauthorization, is that correct? No Press 2 Interruption Permitted Okay, preauthorization. Excluding the three-character prefix, what's the Note: Alpha and numeric subscriber ID? characters may be entered by touch tone keypad. The Alpha Say or enter only the subscriber ID, Situational: Touch Tone reference guide is excluding the three-character prefix. available on page seven for If multiple policies are found for your assistance with keying alpha patient, you will be asked to provide their characters. group number. Interruption Permitted Do you need to request authorization **Request authorization** Press 1 or check the status? Check status Press 2

Interruption Permitted

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

Interruption Permitted

New request Extend existing request Press 1 Press 2

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



Many outp

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?

Interruption Permitted =

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."

Interruption Permitted

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

Say or enter the procedure code(s) or say, "I don't have one." **Note:** In you do not have a procedure code, the IVR will quote general preauthorization requirements based on the benefit category instead.

OutpatientPress 1OfficePress 2HomePress 3

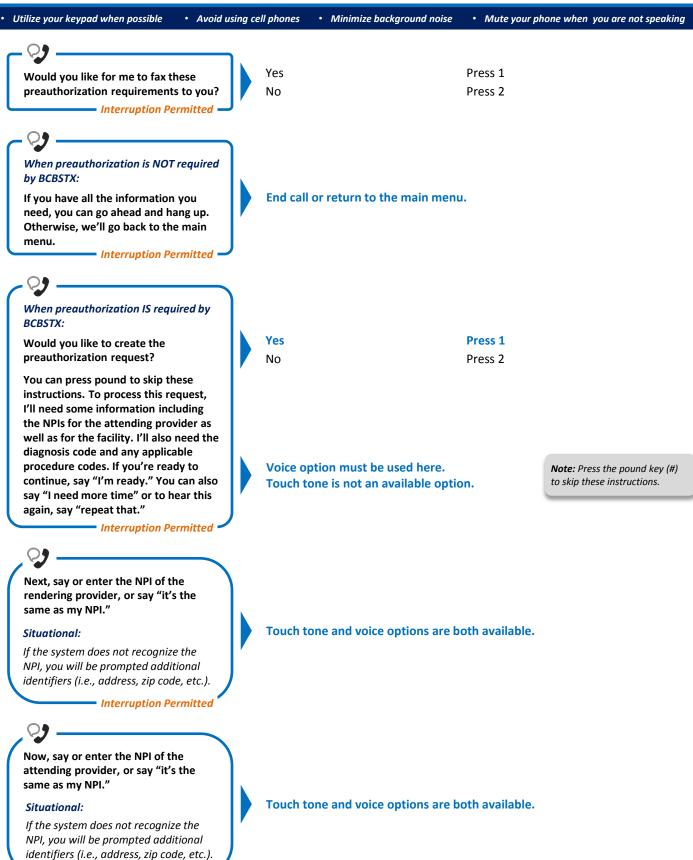
Interruption Permitted

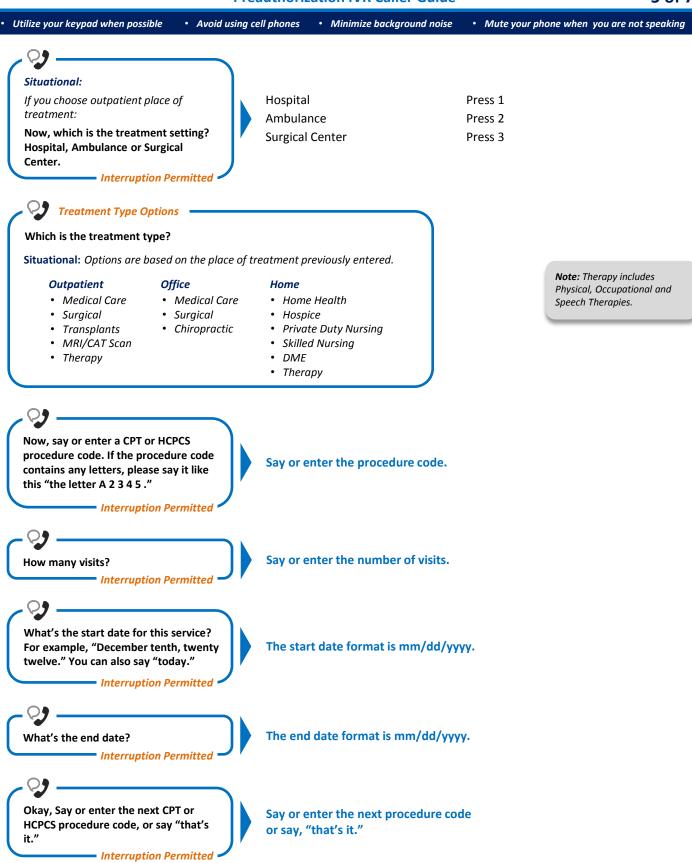
Procedure Code Preauthorization Quote

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

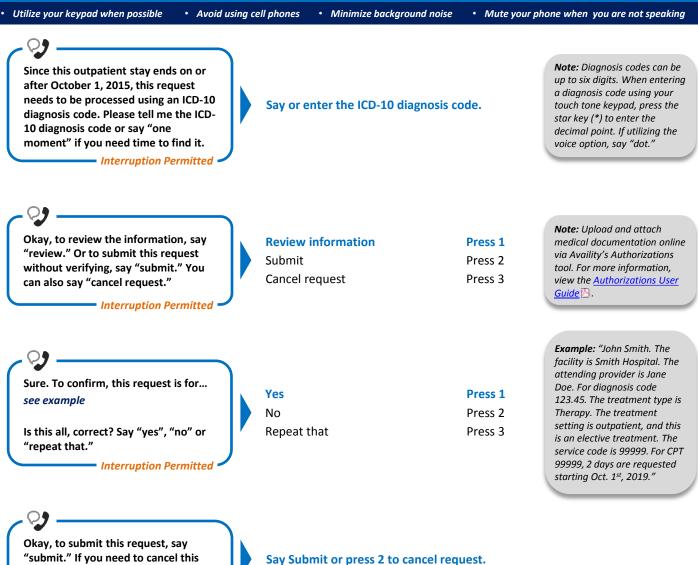
These preauthorization requirements have been saved to a file; your confirmation number is.....

4 of 7





6 of 7



Interruption Permitted

request, press 2.

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)

А	=	*21
B	=	*22
C		*23
C	=	25
D	=	*31
E	=	*32
F	=	*33
G	=	*41
Н	=	*42
- 1	=	*43
J	=	*51
К	=	*52
L	=	*53
М	=	*61
Ν	=	*62
0	=	*63
Р	=	*71
Q	=	*72
R	=	*73
S	=	*74
т	=	*81
U	=	*82
V	=	*83
W	=	*91
Х	=	*92
Y	=	*93
Z	=	*94

Group Number

Ex. 1	Y	Ν	1	2	3	4
Press	*93	*62	1	2	3	4
Ex. 2	1	2	к	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	т	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	х
Press	2	1	3	4	*33	5	6	7	0	*92
Ex. 2	2	0	1	т	8	7	6	5	0	С

Note: The claim number should be 13 digits.

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.

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.

Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSTX. BCBSTX makes no endorsement, representations or warranties regarding any products or services provided by third party vendors such as Availity. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly.