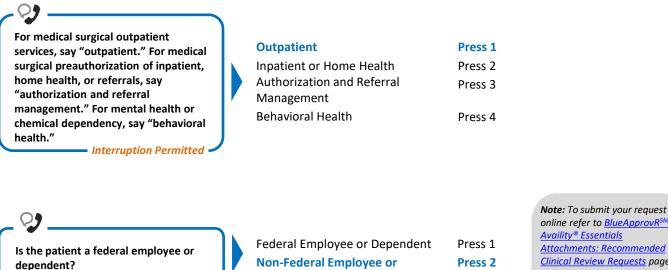




# 2) Authorization and Referral Management

Interruption Permitted



Dependent

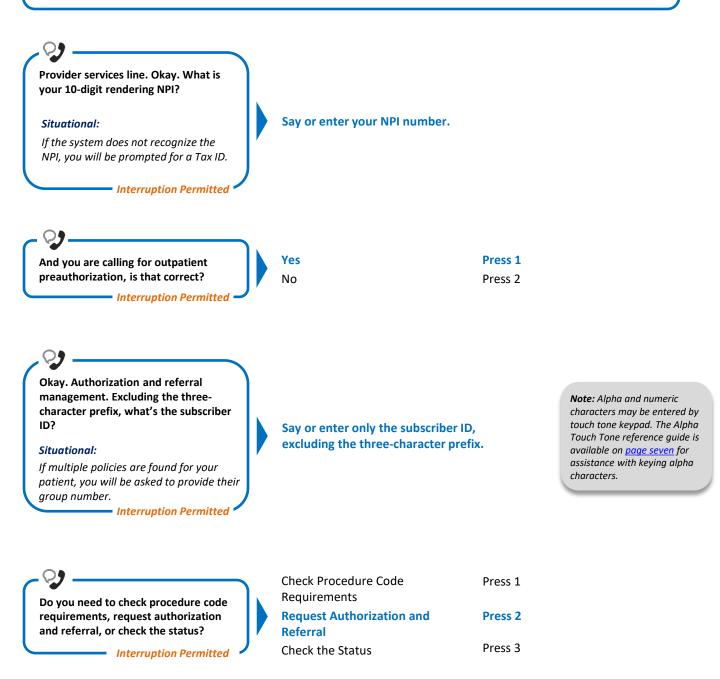
online refer to BlueApprovR<sup>SM</sup> or Availity<sup>®</sup> Essentials Attachments: Recommended Clinical Review Requests pages. If faxing supporting medical

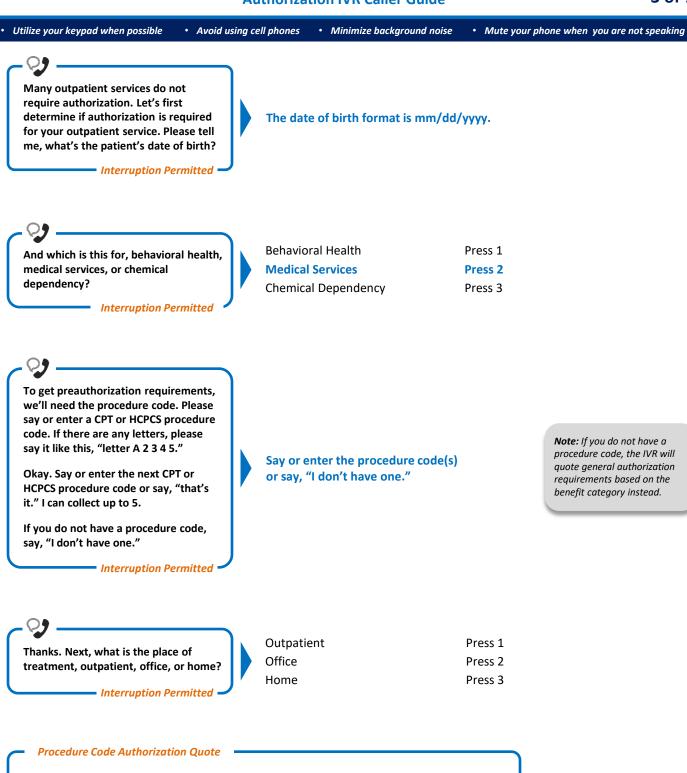
documentation for a previously submitted request, please include the request number.

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



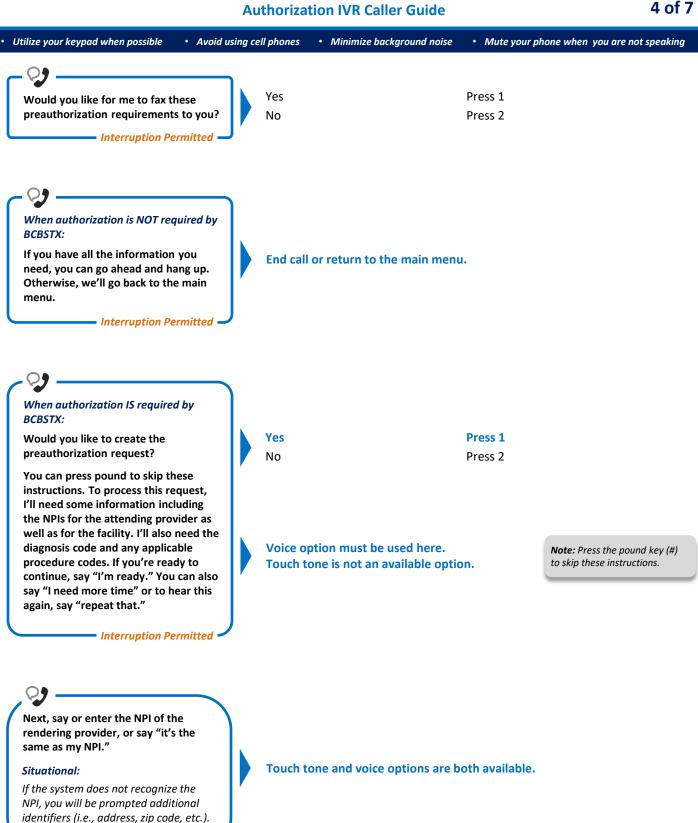
Authorization is required for certain services and determines medical necessity and appropriateness of treatment. Certification does not guarantee that services are eligible at time of admission or procedure, as it only assures the treatment meets the plan's medical necessity guidelines. Please call us back if you anticipate the length of stay will exceed the certificated days or the patient needs continued services. A recommended clinical review is optional and can be submitted online or by mail if services may not be covered based on medical necessity. Refer to our provider website for more information regarding utilization management and preservice reviews.





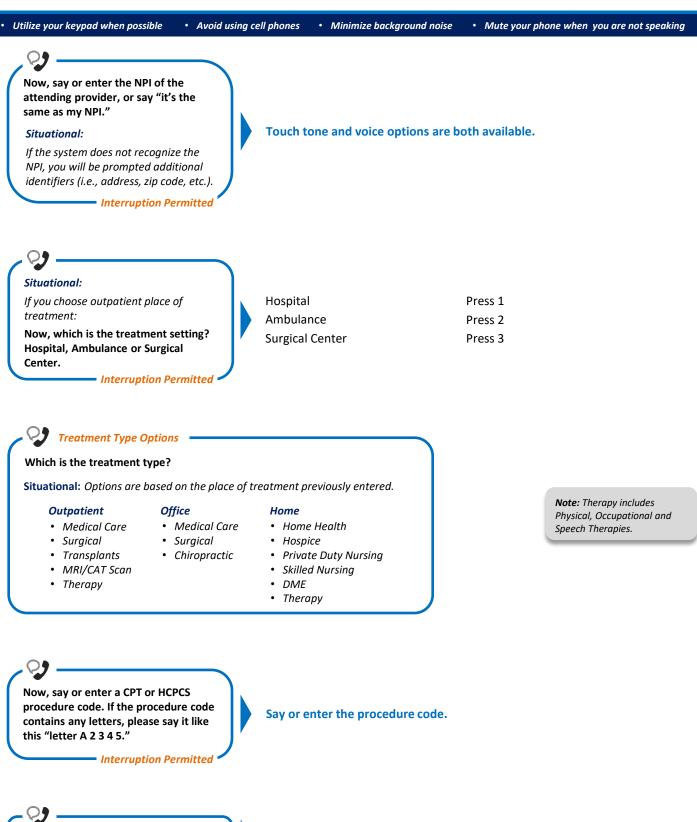
At this time, the system will quote authorization requirements based on the code(s) entered.

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



Interruption Permitted

5 of 7



Say or enter the number of visits.

How many visits?

Interruption Permitted

6 of 7



Interruption Permitted

s • 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
C	=	*23
Ľ	-	25
D	=	*31
Е	=	*32
F	=	*33
G	=	*41
Н	=	*42
Ι	=	*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	Ν	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 our Provider Education Consultants.

Be sure to include your name, direct contact information and 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.

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