

Referral Request IVR Caller Guide

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 Texas Medicaid.

1) Getting Started



Welcome to the Blue Cross and Blue Shield of Texas Medical Services Department. If you know your party's extension, say "Extension." Otherwise, please continue to hold.

Interruption Permitted

To continue your preauthorization request, please continue to hold.



If you're calling as a member, say "member." If you're calling as a Healthcare professional, say "healthcare professional."

Interruption Permitted

Member
Healthcare Professional

Press 1
Press 2

Note: You can use your touch tone keypad to enter numeric characters.



Is your patient a member of the Federal Employee Program?

Interruption Permitted

Yes
No

Press 1
Press 2

2) Authorization and Referral Management



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.



Please say behavioral health, peer to peer or other.

Interruption Permitted

Behavioral Health
Peer to Peer
Other

Press 1
Press 2
Press 3

Note: To submit your request online refer to [BlueApprovRSM](#) or [Availity[®] Essentials Attachments: Recommended Clinical Review Requests](#) pages. If faxing supporting medical documentation for a previously submitted request, please include the request number.

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Okay. What's your 10-digit billing National Provider ID?

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 who is providing services.



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

Interruption Permitted

Eligibility and Benefits

Press 1

Claims

Press 2

Authorization and Referral Management

Press 3

Other Services

Press 4



Okay. Authorization and referral management. 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 guide is available on [page 5](#) for assistance with keying alpha characters.



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

Interruption Permitted

Medical

Press 1

Behavioral Health

Press 2

Chemical Dependency

Press 3



Do you need to check procedure code requirements, request authorization and referral, or check the status?

Interruption Permitted

Check Procedure Code Requirements

Press 1

Request Authorization and Referral

Press 2

Check the Status

Press 3



Okay. Inpatient, outpatient, home or referral?

Interruption Permitted

Inpatient

Press 1

Outpatient

Press 2

Home

Press 3

Referral

Press 4

Note: Referral requests may be submitted online using [Availability Essentials Authorizations & Referrals](#).

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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



Please tell me, what's the patient's date of birth?

Interruption Permitted

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



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."

Interruption Permitted

**Voice option must be used here.
Touch tone is not an available option.**

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



Now, say or enter the NPI of the referring provider or say, "it's the same as my NPI."

Situational:

If the system does not recognize the NPI, you will be prompted to provide additional identifiers (i.e., address, zip code, etc.).

Interruption Permitted

Touch tone and voice are both available options.



Now, say or enter the NPI of the rendering provider or say, "it's the same as my NPI."

Situational:

If the system does not recognize the NPI, you will be prompted to provide additional identifiers (i.e., address, zip code, etc.).

Interruption Permitted

Touch tone and voice are both available options.

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Next, tell me the referral start date.
You can also say, "today."

Interruption Permitted

The referral date format is mm/dd/yyyy.



And what's the referral end date?

Interruption Permitted

The referral date format is mm/dd/yyyy.



Okay. How many units?

Interruption Permitted

Say or enter the number of units.



Since this inpatient stay ends on or after October 1st, 2015, this request needs to be processed using an ICD10 diagnosis code. Please tell me the ICD10 diagnosis code or say "one moment" if you need to find it.

Interruption Permitted

Say or enter the ICD-10 diagnosis code.

Note: Diagnosis codes can be up to six digits maximum. When entering a diagnosis code using your touch tone keypad, press the star key (*) to enter the decimal point. If utilizing the voice option, say "dot."



To review the information, say, "verify information." Or to submit this request without verifying, say "submit." You can also say "cancel request."

Interruption Permitted

Verify Information

Submit
Cancel Request

Press 1

Press 2
Press 3



Okay. To submit this request, say "submit." If you need to cancel this request, press 2.

Interruption Permitted

Submit

Cancel

Press 1

Press 2

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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
B	=	*22
C	=	*23

D	=	*31
E	=	*32
F	=	*33

G	=	*41
H	=	*42
I	=	*43

J	=	*51
K	=	*52
L	=	*53

M	=	*61
N	=	*62
O	=	*63

P	=	*71
Q	=	*72
R	=	*73
S	=	*74

T	=	*81
U	=	*82
V	=	*83

W	=	*91
X	=	*92
Y	=	*93
Z	=	*94

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.

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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