BlueCross BlueShield of Texas

800-441-9188

Outpatient Request
Preauthorization IVR Caller Guide

Aug. 2021

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 Blue Cross Medicare Advantage (HMO)ᔆᴹ, Blue Cross Medicare Advantage (PPO)ᔆᴹ, or Texas STAR, STAR Kids and CHIP.

1) Getting Started

Welcome to the Blue Cross and Blue Shield of Texas Medical Management Department. If you're a health care provider, say "Provider." If you're a member, say "Member."

Interruption Permitted

Providers	**Press 1**
Member	Press 2

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

2) Preauthorization

For medical surgical outpatient services, say "Outpatient." For medical surgical preauthorization of inpatient, home health, or referrals, say "preauthorization." For mental health or chemical dependency, say "behavioral health."

Interruption Permitted

Outpatient	**Press 1**
Inpatient or home health preauthorization or referral	Press 2
Behavioral health	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?

Interruption Permitted

Federal employee or dependent	Press 1
Non-federal employee or dependent	**Press 2**

Preauthorization is required for certain services. A preauthorization determines medical necessity and the appropriateness of treatment. A predetermination may be used to obtain a benefit assessment but is not required. Predeterminations must be submitted in writing. A submission form is located on our website.

Interruption Permitted

To continue your preauthorization request, please continue to hold.

Note: To submit your request online refer to the Electronic Predetermination of Benefits User Guide ⬛.

If faxing supporting medical documentation for a previously submitted request, please include the request number.

Provider services line. Okay, what is your 10-digit rendering NPI?

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.

And you are calling for outpatient preauthorization, is that correct?

Interruption Permitted

Yes	**Press 1**
No	Press 2

Okay, preauthorization. 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 seven for assistance with keying alpha characters.

Do you need to request authorization or check the status?

Interruption Permitted

Request authorization	**Press 1**
Check status	Press 2

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

Interruption Permitted

New request	**Press 1**
Extend existing request	Press 2

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

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

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.

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

Interruption Permitted

Outpatient	Press 1
Office	Press 2
Home	Press 3

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…..

• *Utilize your keypad when possible*   • *Avoid using cell phones*   • *Minimize background noise*   • *Mute your phone when you are not speaking*

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

Interruption Permitted

| Yes | Press 1 |
| No | Press 2 |

When preauthorization is NOT required by BCBSTX:

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 preauthorization IS required by BCBSTX:

Would you like to create the preauthorization request?

| **Yes** | **Press 1** |
| No | Press 2 |

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.

Next, 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 additional identifiers (i.e., address, zip code, etc.).

Interruption Permitted

Touch tone and voice options are both available.

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

Situational:

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

Interruption Permitted

Touch tone and voice options are both available.

Situational:

If you choose outpatient place of treatment:

Now, which is the treatment setting? Hospital, Ambulance or Surgical Center.

Interruption Permitted

Hospital	Press 1
Ambulance	Press 2
Surgical Center	Press 3

Treatment Type Options

Which is the treatment type?

Situational: *Options are based on the place of treatment previously entered.*

Note: *Therapy includes Physical, Occupational and Speech Therapies.*

Outpatient	*Office*	*Home*
• *Medical Care*	• *Medical Care*	• *Home Health*
• *Surgical*	• *Surgical*	• *Hospice*
• *Transplants*	• *Chiropractic*	• *Private Duty Nursing*
• *MRI/CAT Scan*		• *Skilled Nursing*
• *Therapy*		• *DME*
		• *Therapy*

Now, say or enter a CPT or HCPCS procedure code. If the procedure code contains any letters, please say it like this "the letter A 2 3 4 5 ."

Interruption Permitted

Say or enter the procedure code.

How many visits?

Interruption Permitted

Say or enter the number of visits.

What's the start date for this service? For example, "December tenth, twenty twelve." You can also say "today."

Interruption Permitted

The start date format is mm/dd/yyyy.

What's the end date?

Interruption Permitted

The end date format is mm/dd/yyyy.

Okay, Say or enter the next CPT or HCPCS procedure code, or say "that's it."

Interruption Permitted

Say or enter the next procedure code or say, "that's it."

- *Utilize your keypad when possible*   • *Avoid using cell phones*   • *Minimize background noise*   • *Mute your phone when you are not speaking*

Since this outpatient stay ends on or after October 1, 2015, this request needs to be processed using an ICD-10 diagnosis code. Please tell me the ICD-10 diagnosis code or say "one moment" if you need time to find it.

Interruption Permitted

Say or enter the ICD-10 diagnosis code.

Note: Diagnosis codes can be up to six digits. 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."

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

Interruption Permitted

Review information	**Press 1**
Submit	Press 2
Cancel request	Press 3

Note: Upload and attach medical documentation online via Availity's Authorizations tool. For more information, view the [Authorizations User Guide](#) .

Sure. To confirm, this request is for…
see example

Is this all, correct? Say "yes", "no" or "repeat that."

Interruption Permitted

Yes	**Press 1**
No	Press 2
Repeat that	Press 3

Example: "John Smith. The facility is Smith Hospital. The attending provider is Jane Doe. For diagnosis code 123.45. The treatment type is Therapy. The treatment setting is outpatient, and this is an elective treatment. The service code is 99999. For CPT 99999, 2 days are requested starting Oct. 1st, 2019."

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

Interruption Permitted

Say Submit or press 2 to cancel request.

- *Utilize your keypad when possible* • *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
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 the [Provider Education Consultants](#).

Be sure to include your name, direct contact information and Tax ID or Billing NPI.