BlueCross BlueShield of Illinois

800-572-3089

Outpatient Request
Authorization IVR Caller Guide

February 2025

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

- *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 and Blue Shield of Illinois 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) Authorization and Referral Management

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

Interruption Permitted

Outpatient	Press 1
Authorization and Referral Management	**Press 2**
Behavioral Health	Press 3

Note: *To submit your request online refer to the BlueApprovR℠ or Availity® Essentials Attachments: Recommended Clinical Review Requests pages. If faxing supporting medical documentation for a previously submitted request, please include the request number.*

Is the patient a federal employee or dependent?

Interruption Permitted

Federal Employee or Dependent	Press 1
Non-Federal Employee or Dependent	**Press 2**

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.

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If the member has Blue Cross and Blue Shield of Illinois coverage press 1. If Blue Cross and Blue Shield of Oklahoma coverage press 2. If Blue Cross and Blue Shield of Texas coverage, press 3. If Blue Cross and Blued Shield of New Mexico coverage, press 4. If Blue Cross and Blue Shield of Montana coverage, press 5.

Interruption Permitted

BCBSIL	**Press 1**
BCBSOK	Press 2
BCBSTX	Press 3
BCBSNM	Press 4
BCBSMT	Press 5

Provider services line. Okay. What is your 10-digit rendering 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 or 3-digit HMO site number.

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

Interruption Permitted

Yes	**Press 1**
No	Press 2

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 seven for assistance with keying alpha characters.*

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

Interruption Permitted

Medical	**Press 1**
Behavioral Health	Press 2
Chemical Dependency	Press 3

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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

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.

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 Authorization Quote

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…..

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

Interruption Permitted

Yes	Press 1
No	Press 2

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, "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: *If you do not have a procedure code, the IVR will quote general authorization requirements based on the benefit category instead.*

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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?

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

Yes	**Press 1**
No	Press 2

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.

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

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Treatment Type Options

Which is the treatment type?

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

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*

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

Now, say or enter a CPT or HCPCS procedure code. If the procedure code contains any letters, please say it like this "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 twenty-four. 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."

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."*

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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 attached medical documentation online via Availity's Authorizations.*

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 September 13st, 2024."*

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.

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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.