Check Status

Authorization IVR Caller Guide

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 check status of an outpatient request, choose option 1. To check status of an inpatient request, choose option 2.*

For mental health or chemical dependency, say "mental health." For all other inquiries, say "other."

Interruption Permitted

Mental Health or Chemical Dependency	Press 1
Other	**Press 2**

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

In order to get eligibility and benefits we'll need your rendering NPI or HMO site number. For claims or any other inquiries, we'll need your billing NPI or HMO site number. Now, what is your 10-digit 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.

Thanks, I'll just look that up. 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 four* *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**

Note: *To check status online refer to the Availity Essentials Authorizations page for more information.*

And you're calling for outpatient preauthorization, is that correct?

Interruption Permitted

Yes	Press 1
No	Press 2

Note: *You will only receive this prompt if outpatient was selected.*

What's the Request ID? For help finding it, say "more information."

Situational:

If you don't know the Request ID or an authorization request cannot be matched to the information spoken, additional patient identifiers will be required.

Interruption Permitted

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

Note: *Request ID's start with five digits and are followed by a combination of five letters or numbers.*

That's 11001AAA99. Is that correct?

Interruption Permitted

Yes	Press 1
No	Press 2

Status Examples

Inpatient Response Example:

Here's the most recent status for this request. This inpatient request has been approved for xx number of days. The start date is mm/dd and the end date is mm/dd.

Outpatient Response Example:

Here's the most recent status for this request. The request has been approved as follows: procedure code 99999 approved for xx units. The start date is mm/dd and the end date is mm/dd.

To hear that again, say "repeat that." If you're finished, just hang up. To continue using this system, say "check another status" or "request authorization and referral management." To transfer to our Managed Care Unit, say "managed care."

Interruption Permitted

Repeat That	Press 1
Check Another Status	Press 2
Request Authorization and Referral Management	Press 3
Managed Care	Press 4

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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)

Letter		Code
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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