

Behavioral Health Outpatient Preauthorization 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

- Utilize your key pad 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 HMOSM and Blue Cross Medicare Advantage PPOSM.

1) Getting Started



Welcome to the Blue Cross Blue Shield of Oklahoma Medical Services Department.

Para asistencia en español, oprima siete.

For information in English, please stay on the line for assistance.



If you know your parties extension say "extension" otherwise please continue to hold.

Interruption Permitted

Say "extension" or remain silent if you do not have one.



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 key pad to enter numeric characters.



Is your patient a member of the Federal Employee Program?

Interruption Permitted

Yes
No

Press 1
Press 2

2) Preauthorization



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: Use the [Availity® Authorizations tool](#) to extend requests online or provide the request ID and connect with next available agent.

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

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Please say behavioral health, peer to peer or other.

Interruption Permitted

Behavioral health

Peer to peer
Other

Press 1

Press 2
Press 3



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.



Thanks I'll just look that up. Which can I help you with eligibility and benefits, claims, preauthorization or other services?

Interruption Permitted

Eligibility and benefits
Claims
Preauthorization
Other services

Press 1
Press 2
Press 3
Press 4



Okay, preauthorization. Excluding the three character prefix, what's the subscribers 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 five](#) for assistance with keying alpha characters.



That's 999999999. Is that correct?

Interruption Permitted

Yes
No

Press 1
Press 2



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

Interruption Permitted

Medical
Behavioral Health
Chemical Dependency

Press 1
Press 2
Press 3



Do you need to request authorization or check the status?

Interruption Permitted

Request authorization
Check status

Press 1
Press 2

- Utilize your key pad when possible
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OK, Inpatient, Outpatient, Home or Referral?

Interruption Permitted

Inpatient	Press 1
Outpatient	Press 2
Home	Press 3
Referral	Press 4



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



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

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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.....



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 BCBSOK:

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 BCBSOK:

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.



To process this request, you'll need to speak to someone from our Managed Care unit.

Interruption Permitted

Remain on the line while you are being connected with a Behavioral Health Customer Advocate.

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
<hr/>		
D	=	*31
E	=	*32
F	=	*33
<hr/>		
G	=	*41
H	=	*42
I	=	*43
<hr/>		
J	=	*51
K	=	*52
L	=	*53
<hr/>		
M	=	*61
N	=	*62
O	=	*63
<hr/>		
P	=	*71
Q	=	*72
R	=	*73
S	=	*74
<hr/>		
T	=	*81
U	=	*82
V	=	*83
<hr/>		
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.

Please note that the fact a service has been preauthorized/pre-certified 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 applicable on the date services were rendered. Obtaining a benefit preauthorization is not a substitute for checking the patient's eligibility and benefits.

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