

Behavioral Health Inpatient 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 **Press 1**
Peer to peer Press 2
Other 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 Press 1
Claims Press 2
Preauthorization **Press 3**
Other services 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 three](#) for assistance with keying alpha characters.

 That's 123456789. Is that correct?


Interruption Permitted

Yes Press 1
No Press 2

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


Interruption Permitted

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

 OK, Inpatient, Outpatient, Home or Referral?

Interruption Permitted

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

 Please hold while I connect you. This call may be recorded.

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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