

# Inpatient Request Authorization 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 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 members.*

## 1) Getting Started



Welcome to the Blue Cross and Blue Shield of Oklahoma Medical Services Department. If you know your party's extension, say "Extension." Otherwise, please continue to hold.

*Interruption Permitted*

To continue your preauthorization request, please continue to hold.



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 keypad to enter numeric characters.



Is your patient a member of the Federal Employee Program?

*Interruption Permitted*

Yes  
**No**

Press 1  
**Press 2**

## 2) Authorization and Referral Management



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.



Please say behavioral health, peer to peer or other.

*Interruption Permitted*

Behavioral Health  
Peer to Peer  
**Other**

Press 1  
Press 2  
**Press 3**

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

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**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.



**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 6](#) for assistance with keying alpha characters.



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

*Interruption Permitted*

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



**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



**Okay. Inpatient, outpatient, or home?**

*Interruption Permitted*

- Inpatient** **Press 1**
- Outpatient Press 2
- Home Press 3

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

*Interruption Permitted*

**New Request**  
Extend Existing Request

**Press 1**  
**Press 2**

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



Please tell me, what's the patient's date of birth?

*Interruption Permitted*

The date of birth format is mm/dd/yyyy.



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 attending provider during this stay or say, "it's the same as my NPI."

**Situational:**

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

*Interruption Permitted*

**Touch tone and voice are both available options.**



Okay. Please say or enter the NPI for the inpatient facility?

*Interruption Permitted*

**Say or enter the facility NPI number.**



What's the treatment setting?

*Interruption Permitted*

Hospital	Press 1
Rehab	Press 2
Intermediate Care	Press 3
Skilled Nursing Facility	Press 4

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 **Treatment Type Options**

What's the treatment type?

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

**Hospital**

- Medical Care
- Long Term Care
- Hospice
- Neonatal
- Surgical
- Maternity
- Transplants

**Rehab**

- Long-Term Care
- Rehab

**Skilled Nursing Facility**

- Medical Care
- Rehab

**Note:** Medical applies to anything that does not fall in the preceding inpatient categories.



And is this an elective or emergency service?

*Interruption Permitted*

Elective Press 1  
Emergency Service Press 2



Okay. Tell me the admission date for this inpatient request. For example, December tenth, twenty twenty-four. You can also say "today."

*Interruption Permitted*

The admission date format is mm/dd/yyyy.



And how many days are you requesting?

*Interruption Permitted*

Say or enter the number of days.



Now say or enter a CPT or a HCPCS code.

*Interruption Permitted*

Say or enter the procedure code.

**Note:** Procedure codes are required based on the treatment setting and treatment type previously entered.



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."

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Since this inpatient stay ends on or after October 1<sup>st</sup>, 2015, this request needs to be processed using an ICD10 diagnosis code. Please tell me the ICD10 diagnosis code or say "one moment" if you need to find it.

*Interruption Permitted*

Say or enter the ICD-10 diagnosis code.

**Note:** Diagnosis codes can be up to six digits maximum. 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

Submit  
Cancel Request

Press 1

Press 2

Press 3

**Note:** Upload and attach medical documentation online via [Avality Authorizations](#).



Okay, sure. To confirm, this request is for... *see example*

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

*Interruption Permitted*

Yes

No

Repeat That

Press 1

Press 2

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 inpatient, and this is an elective treatment. The service code is 99999. For CPT 99999, 2 days are requested starting September 13<sup>st</sup>, 2024."



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

*Interruption Permitted*

Submit

Cancel

Press 1

Press 2

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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
<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

<b>Ex. 1</b>	<b>Y</b>	<b>N</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>Press</b>	*93	*62	1	2	3	4
<b>Ex. 2</b>	<b>1</b>	<b>2</b>	<b>K</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Press</b>	1	2	*52	3	4	5

### Subscriber ID

<b>Ex. 1</b>	<b>A</b>	<b>1</b>	<b>N</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
<b>Press</b>	*21	1	*62	2	3	4	5	6	7
<b>Ex. 2</b>	<b>0</b>	<b>9</b>	<b>2</b>	<b>T</b>	<b>7</b>	<b>6</b>	<b>8</b>		
<b>Press</b>	0	9	2	*81	7	6	8		

**Note:** Exclude three-character prefix when entering the subscriber ID.

### Claim Number

<b>Ex. 1</b>	<b>2</b>	<b>1</b>	<b>3</b>	<b>4</b>	<b>F</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>0</b>	<b>X</b>
<b>Press</b>	2	1	3	4	*33	5	6	7	0	*92
<b>Ex. 2</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>T</b>	<b>8</b>	<b>7</b>	<b>6</b>	<b>5</b>	<b>0</b>	<b>C</b>
<b>Press</b>	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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