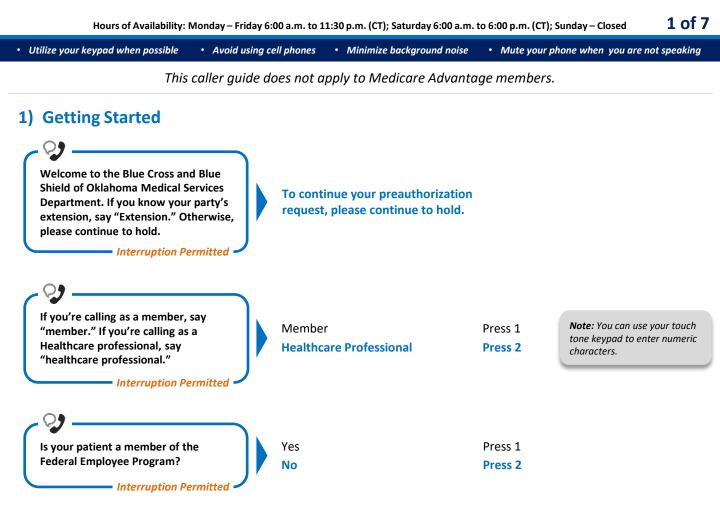


Outpatient Request

Authorization IVR Caller Guide

800-672-2378

February 2025



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.

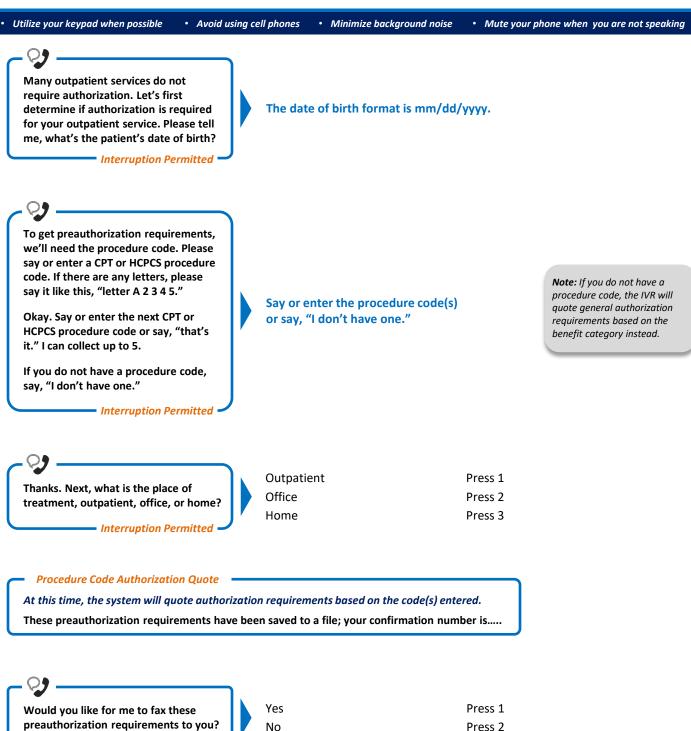
Please say behavioral health, peer to peer or other.	Behavioral Health Peer to Peer Other	Press 1 Press 2 Press 3	Note: To submit your request online refer to <u>BlueApprovRSM</u> or <u>Availity® Essentials</u> <u>Attachments: Recommended</u> <u>Clinical Review Requests</u> pages. If faxing supporting medical documentation for a previously submitted request, please
			submitted request, please include the request number.

Blue Cross and Blue Shield of Oklahoma, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

• Utilize your keypad when possible • Avoid using cell phones • Minimize background noise · Mute your phone when you are not speaking Okay. What's your 10-digit billing **National Provider ID?** Note: Professional providers should use the rendering NPI Say or enter your NPI number. Situational: of the individual who is providing services. If the system does not recognize the NPI, you will be prompted for a tax ID. Interruption Permitted **Eligibility and Benefits** Press 1 Which can I help you with, eligibility Claims Press 2 and benefits, claims, authorization and **Authorization and Referral** Press 3 referral management, or other Management services? Press 4 Other Services Interruption Permitted Okay. Authorization and referral Note: Alpha and numeric management. Excluding the threecharacters may be entered by character prefix, what's the subscriber touch tone keypad. The Alpha ID? Say or enter only the subscriber ID, Touch Tone reference guide is excluding the three-character prefix. Situational: available on page seven for assistance with keying alpha *If multiple policies are found for your* characters. patient, you will be asked to provide their group number. Interruption Permitted Press 1 Medical Is this for medical, behavioral health or **Behavioral Health** Press 2 chemical dependency services? Chemical Dependency Press 3 Interruption Permitted Check Procedure Code Press 1 Requirements Do you need to check procedure code **Request Authorization and** requirements, request authorization Press 2 and referral, or check the status? Referral Interruption Permitted Press 3 Check the Status Inpatient Press 1 Okay. Inpatient, outpatient, home or Outpatient Press 2 referral? Home Press 3 Press 4

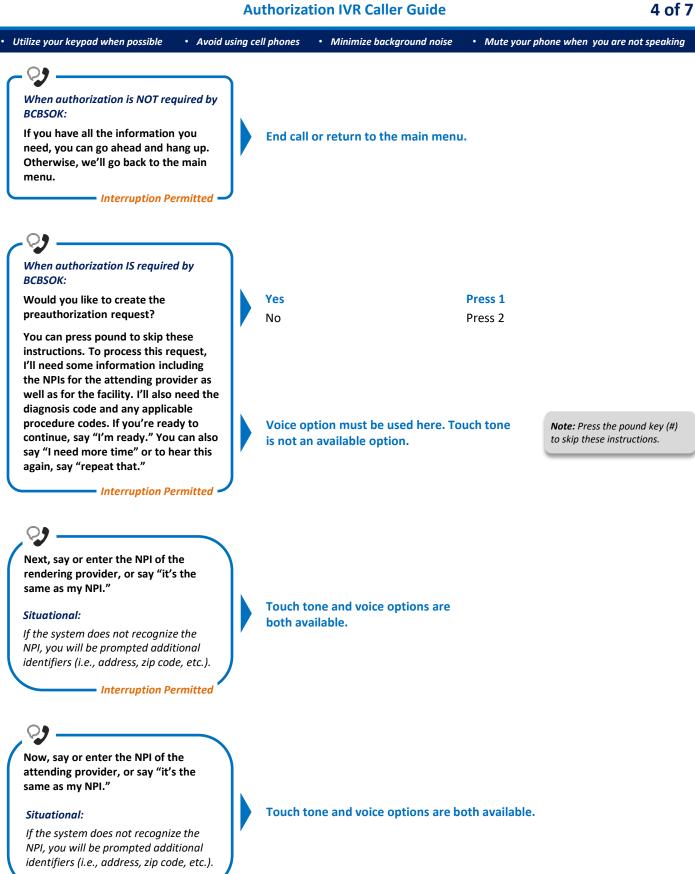
Referral

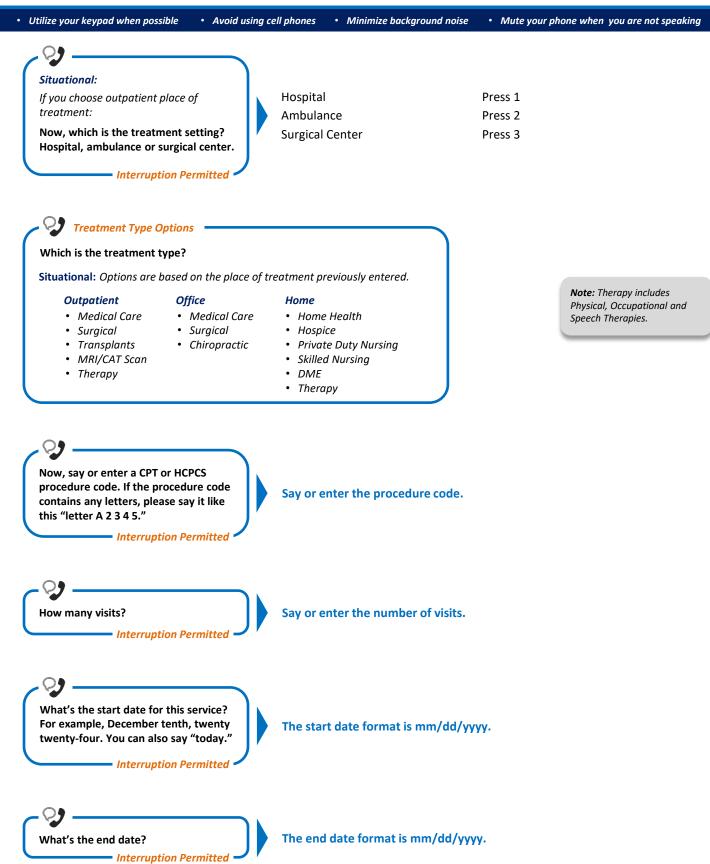
Interruption Permitted



Interruption Permitted

3 of 7





6 of 7



Interruption Permitted

es • Minimize background noise

• Mute your phone when you are not speaking

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)

А	=	*21
В	=	*22
С	=	*23
D	=	*31
E	=	*32
F	=	*33
G	=	*41
H	=	*42
I	=	*43
J	=	*51
К	=	*52
L	=	*53
М	=	*61
Ν	=	*62
0	=	*63
P	=	*71
Q	=	*72
R	=	*73
S	=	*74
т	=	*81
U	=	*82
V	=	*83
W	=	*91
Х	=	*92
Y	=	*93
Z	=	*94

Group Number

Ex. 1	Y	Ν	1	2	3	4
Press	*93	*62	1	2	3	4
Ex. 2	1	2	к	3	4	5
Press	1	2	*52	3	4	5

Subscriber ID

Ex. 1	Α	1	Ν	2	3	4	5	6	7
Press	*21	1	*62	2	3	4	5	6	7
Ex. 2	0	9	2	т	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	х
Press	2	1	3	4	*33	5	6	7	0	*92
Ex. 2	2	0	1	т	8	7	6	5	0	с
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.

Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSOK. BCBSOK makes no endorsement, representations or warranties regarding third party vendors and the products and services they offer.