

Check Status 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 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 Blue Cross Medicare Advantage (HMO)SM and Blue Cross Medicare Advantage (PPO)SM.

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 status 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) 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 status request, please continue to hold.

Note: To submit your request online refer to the [Electronic Predetermination of Benefits User Guide](#).

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



Please say behavioral health, peer to peer or other.

Interruption Permitted

Behavioral health
Peer to peer
Other

Press 1
Press 2
Press 3

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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.



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

Note: To check status online refer to the [Avality® Authorizations User Guide](#).



Okay, preauthorization. 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 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



Okay. Inpatient, outpatient, home or referral?

Interruption Permitted

Inpatient
Outpatient
Home
Referral

Press 1
Press 2
Press 3
Press 4

- Utilize your keypad when possible
- Avoid using cell phones
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- Mute your phone when you are not speaking



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

Situational:

The request ID is a 10-digit ID and is required to continue. If the request provided is not recognized, you will be prompted to use Availity's Authorization tool to locate the request ID or try again with a different request ID.

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
No

Press 1
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." To transfer to our Managed Care Unit, say "Managed care."

Interruption Permitted

Repeat that
Check another status
Request authorization
Managed Care

Press 1
Press 2
Press 3
Press 4

- Utilize your keypad when possible
- Avoid using cell phones
- 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 a lpha-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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