Check Status

Authorization IVR Caller Guide

Hours of Availability: Monday – Friday 6:00 a.m. – 11:30 p.m. (CT); Saturday 6:00 a.m. – 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 or Illinois Medicaid.

1) Getting Started

Welcome to the Blue Cross and Blue Shield of Illinois Medical Management Department. If you're a health care provider, say "provider." If you're a member, say "member."

Interruption Permitted

Providers	**Press 1**
Member	Press 2

***Note:** You can use your touch tone keypad to enter numeric information.*

2) Authorization and Referral Management

For benefits, say "benefits." For outpatient services or high-tech imaging, say "outpatient." For pre-certification of inpatient admissions or home health services, say "pre-certification." For the special beginnings program for expectant mothers, say "maternity."

Interruption Permitted

Benefits	Press 1
Outpatient	**Press 2**
Pre-certification	**Press 3**
Maternity	Press 4

***Note:** To check status of an outpatient request, choose option 2. To check status of an inpatient request, choose option 3.*

For mental health or chemical dependency, say "mental health." For all other inquiries, say "other."

Interruption Permitted

Mental Health or Chemical Dependency	Press 1
Other	**Press 2**

Certification does not guarantee that the care and services the subscriber receives are eligible at time of admission or procedure. It only assures the proposed treatment meets the plan guidelines for medical necessity. If you anticipate that the patient's length of stay will exceed the certified days or need for continued services, please call us back. Is the patient a federal employee or dependent?

Interruption Permitted

Federal Employee or Dependent	Press 1
Non-Federal Employee or Dependent	**Press 2**

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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 BlueApprovR℠ or Availity® Essentials Attachments: Recommended Clinical Review Requests pages. If faxing supporting medical documentation for a previously submitted request, please include the request number.*

If the member has Blue Cross and Blue Shield of Illinois coverage press 1. If Blue Cross and Blue Shield of Oklahoma coverage press 2. If Blue Cross and Blue Shield of Texas coverage, press 3. If Blue Cross and Blued Shield of New Mexico coverage, press 4. If Blue Cross and Blue Shield of Montana coverage, press 5.

Interruption Permitted

BCBSIL	**Press 1**
BCBSOK	Press 2
BCBSTX	Press 3
BCBSNM	Press 4
BCBSMT	Press 5

In order to get eligibility and benefits we'll need your rendering NPI or HMO site number. For claims or any other inquiries, we'll need your billing NPI or HMO site number. Now, what is your 10-digit NPI or HMO site number?

Situational:

If the system does not recognize the NPI, you will be prompted for a Tax ID.

Interruption Permitted

Say or enter your NPI or 3-digit HMO site number.

Thanks, I'll just look that up. 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 four for assistance with keying alpha characters.*

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

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**

Note: *To check status online refer to the Availity Essentials Authorizations page for more information.*

And you're calling for outpatient preauthorization, is that correct?

Interruption Permitted

Yes	Press 1
No	Press 2

Note: *You will only receive this prompt if outpatient was selected.*

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	Press 1
No	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 and referral management." To transfer to our Managed Care Unit, say "managed care."

Interruption Permitted

Repeat That	Press 1
Check Another Status	Press 2
Request Authorization and Referral Management	Press 3
Managed Care	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 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
D	=	*31
E	=	*32
F	=	*33
G	=	*41
H	=	*42
I	=	*43
J	=	*51
K	=	*52
L	=	*53
M	=	*61
N	=	*62
O	=	*63
P	=	*71
Q	=	*72
R	=	*73
S	=	*74
T	=	*81
U	=	*82
V	=	*83
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 our Provider Education Consultants.

Be sure to include your name, direct contact information and Tax ID or Billing NPI.