

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

1 of 4

- 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, Blue Cross Medicare Advantage (PPO)SM, or Texas STAR, STAR Kids and CHIP.

1) Getting Started



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

Interruption Permitted

Providers
Member

Press 1
Press 2

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

2) Preauthorization



For medical surgical outpatient services, say "Outpatient." For medical surgical preauthorization of inpatient, home health, or referrals, say "Preauthorization." For mental health or chemical dependency, say "Behavioral health."

Interruption Permitted

**Outpatient
Preauthorization**
Behavioral health

Press 1
Press 2
Press 3

Note: To check status of an outpatient request, choose option 1. To check status of an inpatient request, choose option 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
**Non-federal employee or
dependent**

Press 1
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 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.



Provider services line. Okay, what is your 10-digit rendering NPI?

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.



And you are calling for outpatient preauthorization, is that correct?

Interruption Permitted

Yes
No

Press 1
Press 2

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



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.



Do you need to request authorization or check the status?

Interruption Permitted

Request authorization
Check status

Press 1
Press 2

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

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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

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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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