

**Check Authorization by Procedure Code
IVR Caller Guide**

July 2024

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 5

- 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 Blue Shield Provider Line. To direct your call, please say “medical”, “pharmacy”, “dental” or “behavioral health.”

Interruption Permitted

Medical
Pharmacy
Dental
Behavioral Health

Press 1
Press 2
Press 3
Press 4

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



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 rendering the services.

2) Authorization Check by Procedure Code



Which can I help you with? “Eligibility & benefits”, “claims”, “authorization and referral management” or “other services”?

Interruption Permitted

Eligibility & Benefits
Claims
Authorization and Referral Management
Other Services

Press 1
Press 2
Press 3
Press 4

Note: At a later point you will have the option to return here (Main Menu).



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 5](#) for assistance keying alpha characters.



Do you need to “check procedure code requirements”, request authorization and referral,” or “check the status”?

Interruption Permitted

Check Procedure Code Requirements
Request Authorization and Referral
Check the Status

Press 1
Press 2
Press 3

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

Interruption Permitted

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



And which is this for, "behavioral health," "medical services," or "chemical dependency?"

Interruption Permitted

Behavioral Health	Press 1
Medical Services	Press 2
Chemical Dependency	Press 3



Please say or enter a CPT or HCPCS procedure code. If there are any letters, please say it like this, "the letter A 2345."

Okay. Say or enter the next CPT or HCPCS procedure code or say, "that's it." I can collect up to 5.

Interruption Permitted

Say or enter the procedure code(s).



This service will be rendered outpatient, correct?

Interruption Permitted

Yes	Press 1
No	Press 2



If No:
Next, what's the place of treatment, outpatient, office or home?

Interruption Permitted

Outpatient	Press 1
Office	Press 2
Home	Press 3

Procedure Code Authorization Quote

At this time, the system will quote authorization requirements based on the code(s) entered.

These preauthorization requirements have been saved to a file; your confirmation number is...



Would you like for me to fax these preauthorization requirements to you?

Interruption Permitted

Yes	Press 1
No	Press 2

Note: Fax numbers can be entered by touch tone or spoken. They should also be entered as ###-###-####, without the preceding 1.

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When authorization is NOT required by BCBSOK:

If you have all the information you need, you can go ahead and hang up. Otherwise, we'll go back to the main menu.

End call or return to the main menu.

Interruption Permitted



When authorization IS required by BCBSOK:

Would you like to create the preauthorization request?

If Yes:

Refer to the [Outpatient Authorization Caller Guide](#) for navigational assistance with requesting authorization via phone.

Yes
No

Press 1
Press 2

Interruption Permitted

Note: If the IVR is unable to quote authorization requirements for the code(s) entered you will be connected with the next available agent.

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Customer Advocate assistance has been removed for the benefit categories in blue.

Non-FEP Benefit Category Key Words (Alphabetically Listed)

- **Observation Care Services**
 - ✓ Diagnostic
 - ✓ Hospital Visit
 - ✓ Labs
 - ✓ X-rays
- Abortion
- Acupuncture
- **Air Ambulance**
- **Allergy**
 - ✓ Allergy Treatment
 - ✓ Allergy Testing
 - ✓ Consultation
 - ✓ Office Visit
- **Anesthesia**
- **Assistant Surgeon**
- Behavioral Health
 - ✓ Day Psychiatric
 - ✓ Adult Family Counseling
 - ✓ Child Family Counseling
 - ✓ Group Psychotherapy
 - ✓ Individual Psychotherapy
 - ✓ Psychological Testing
 - ✓ Residential Treatment
 - ✓ Mental Visit
 - ✓ Applied Behavior Analysis
- Biofeedback
- Birth Control
- Cardiac Rehab
- **CAT Scan**
- Catastrophic Protection
- Chemical Dependency
 - ✓ Day Psychiatric
 - ✓ Adult Family Counseling
 - ✓ Child Family Counseling
 - ✓ Detoxification
 - ✓ Group Psychotherapy
 - ✓ Individual Psychotherapy
 - ✓ Intensive Chemical Dependency
 - ✓ Mental Visit
 - ✓ Partial Hospitalization
 - ✓ Residential Treatment
- Chemotherapy
 - ✓ Chemotherapy
 - ✓ Radiation Therapy
 - ✓ Office Visit
- **Chiropractic Services**
 - ✓ Acupuncture
 - ✓ Diagnostic Medical
 - ✓ Muscle Manipulation
 - ✓ Orthotics
 - ✓ Office Visit
 - ✓ Physical Therapy
 - ✓ X-rays
- Circumcision
- **Colonoscopy**
 - ✓ Medical Colonoscopy
 - ✓ Routine Colonoscopy
- **Consultations**
- **Coordinated Home Care**
- Dental
- Diabetic Management
- **Dialysis**
- Drugs
- Durable Medical Equipment
 - ✓ DME Purchase
 - ✓ DME Rental
 - ✓ DME Repair and Replacement
- **EKG**
- Emergency Accident Care
- Emergency Medical Care
- Emergency Room
 - ✓ Emergency Accident Care and Services
 - ✓ Emergency Medical Care and Services
- **Extended Care Facility**
- Family Planning
- **Ground Ambulance**
- Hearing
 - ✓ Hearing Aide
 - ✓ Routine Hearing Test
- **Hospice**
- **Hospital**
 - ✓ Daily Room and Board
 - ✓ Hospital Visit
- Hydrotherapy
- Infertility
 - ✓ Artificial Insemination
 - ✓ Diagnostic Medical
 - ✓ In Vitro Fertilization
 - ✓ Labs
 - ✓ Office Visit
 - ✓ X-ray
- Infusion Therapy
 - ✓ DME
 - ✓ Drugs
 - ✓ Medical Supplies
 - ✓ Nursing
- **Inhalation Therapy**
- Injections
 - ✓ Injections
 - ✓ Office Visit
- **Laboratory**
- Lupron
- **Mammogram**
 - ✓ Medical mammogram
 - ✓ Routine Mammogram
- Maternity
 - ✓ Normal Global Maternity (Member/Spouse/Dependent)
 - ✓ Initial Office Visit
 - ✓ Ultrasound
- **Medical Supplies**
- Medical Therapeutic
- Medicare
- **Mixed Therapy**
 - ✓ Occupational Therapy
 - ✓ Physical Therapy
 - ✓ Speech Therapy
- **MRI**
- Naprapathic Services
 - ✓ Consultation
 - ✓ Muscle Manipulation
 - ✓ Orthotics
 - ✓ Office Visit
 - ✓ Physical Therapy
 - ✓ X-rays
- Nutritional Counseling
- Occupational Therapy
- **Office Services**
 - ✓ Injections
 - ✓ Office Diagnostic Medical Procedure
 - ✓ Office Labs
 - ✓ Office Visit
 - ✓ Office Surgery
 - ✓ Office X-rays
- **Office Visit**
- Organ Transplant
- Orthotics
- **Pap Smear**
 - ✓ Medical Pap Smear
 - ✓ Routine Pap Smear
- **Pathology**
- **PET Scan**
- **Physical Exam**
- **Physical Therapy**
- Podiatry
 - ✓ Injection
 - ✓ Orthotics
 - ✓ Office Visit
 - ✓ Physical Therapy
 - ✓ Surgery
 - ✓ Routine Foot Care
 - ✓ X-rays
- **Preventive Care**
 - ✓ Routine Immunizations
 - ✓ Routine Office, Well Visit or Physical Exam
 - ✓ Routine Colonoscopy Screening
 - ✓ Routine Colorectal Cancer Screening Lab
 - ✓ Routine Colorectal Cancer Screening X-ray
 - ✓ Routine Diagnostic
 - ✓ Routine Lab
 - ✓ Routine Mammogram
 - ✓ Routine Pap Smear
 - ✓ Routine Prostate Test
 - ✓ Well Child
 - ✓ Routine Well Woman Exam
 - ✓ Patient Education and Training
- **Private Duty Nursing**
- **Prosthetics**
- **PSA**
 - ✓ Medical Prostate Test
 - ✓ Routine Prostate Test
- Respiratory Therapy
- Rolfing
- Routine Vision
 - ✓ Prosthetics
 - ✓ Frames
 - ✓ Bifocal Lens
 - ✓ Contact Lens
 - ✓ Lenticular Lens
 - ✓ Singular Vision Lens
 - ✓ Trifocal Lens
 - ✓ Routine Vision Test
- Second Opinion
- Self Injectable
- Sleep Study
- Smoking
- Speech Therapy
- **Sterilization**
 - ✓ Elective Sterilization
 - ✓ Medical Necessary Sterilization
- Stress Test
- Surgery
- Telemedicine/Telehealth
- TMJ
 - ✓ Physical Therapy
 - ✓ Office Visit
 - ✓ Orthotic Appliance
 - ✓ X-rays
- **Ultrasound (Non-pregnancy Related)**
- Urgent Care
- Wigs
- **X-ray**

FEP Benefit Category Key Words (Alphabetically Listed)

- **Accidental Injury**
- **Acupuncture**
- **Allergy**
- Anesthesia
- **Assistant Surgery**
- Cardiac Rehab
- Catastrophic Protection
- **Chiropractic Services**
- Dental
- **Diabetic Education & Nutrition Counseling**
- **Diagnostic Labs & X-rays**
- Dialysis
- Durable Medical Equipment
- **Family Planning**
- **Foot Care**
- Hearing Services
- Hospice & Home Nursing Care
- Infusion Therapy
- **Inpatient Benefits**
- **Maternity**
- Medicare
- Mental Condition or Substance Abuse
- **Office Visit**
- Oral Surgery
- Orthotics/Prosthetics
- Outpatient Benefits with Professional Day Surgery
- **Physical, Occupational, Speech Therapy**
- **Preventive Care**
- Skilled Nursing Care
- **Telemedicine/Telehealth**
- **Vision**
- Wigs

- 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
<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 our [Provider Education Consultants](#).

Be sure to include your name, direct contact information & 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.