



# Inpatient Request Preauthorization IVR Caller Guide

Hours of Availability: Monday – Friday 5:00 a.m. – 10:30 p.m. (MT); Saturday 5:00 a.m. – 5:00 p.m. (MT); 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 members.*

## 1) Getting Started



Welcome to Blue Cross Blue Shield of Montana.  
Para asistencia en español, oprima siete.

**For information in English, please stay on the line for assistance.**



If you're a Healthcare provider, please press "1". Otherwise, please stay on the line.

**Healthcare provider**  
No

**Press 1**  
**Press 2**

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

*Interruption Permitted*



To arrange for a Peer call back, Press "1". To initiate an Expedited appeal, Press "2". For Benefits, eligibility or claim inquiry, Press "3". For Mental health or chemical dependency, Press "4". For Outpatient services, Press "5". For Precertification of Inpatient services, Press 6. For the Special Beginnings Program for expectant mothers, Press "7".

|                                      |                |
|--------------------------------------|----------------|
| Peer call back                       | Press 1        |
| Expedited appeal                     | Press 2        |
| Benefits, eligibility, claims        | Press 3        |
| Mental health or chemical dependency | Press 4        |
| Outpatient precertification          | Press 5        |
| <b>Inpatient precertification</b>    | <b>Press 6</b> |
| Special Beginning Program            | Press 7        |

*Interruption Permitted*

## 2) Preauthorization



Certification does not guarantee that the care and services the subscriber receives are eligible at the time of admission or procedure. It only assures that the proposed treatment meets the plans' 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.

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If the patient is a Federal Employee or Dependent, press "1". All other callers, press "2".

*Interruption Permitted*

Federal patient  
All others

Press 1  
Press 2



Preauthorization is required for certain services. A preauthorization determines medical necessity and the appropriateness of treatment.



In order to get eligibility or benefits, we'll need your rendering NPI. For claims or any other inquiries, we'll need your billing NPI. Now, what's your 10-digit 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.

*Note: Professional providers should use the rendering NPI of the individual rendering the services.*



Which can I help you with? "Eligibility & benefits", "Claims", "Preauthorization", or "Joining the network"?

*Interruption Permitted*

Eligibility and benefits  
Claims  
Preauthorization  
Joining the network

Press 1  
Press 2  
Press 3  
Press 4

*Note: Use the [Availity® Essentials Authorizations tool](#) to submit your requests online.*



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 6](#) 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

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 Okay. "Inpatient", "Outpatient" or "Home"?  
*Interruption Permitted*

**Inpatient** Press 1  
Outpatient Press 2  
Home Press 3


 And do you want to create a "New request" or "Extend an existing request"?  
*Interruption Permitted*

**New request** Press 1  
Extend existing request Press 2

**Note:** Use the [Avality® Authorizations tool](#) to extend requests online or provide the request ID and connect with next available agent.


 Please tell me, what's the patient's date of birth?  
*Interruption Permitted*

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


 You can press pound to skip these instructions. To process this request, I'll need some information including the NPIs for the attending provider as well as for the facility. I'll also need the diagnosis code and any applicable procedure codes. If you're ready to continue, say "I'm ready." You can also say "I need more time" or to hear this again, say "repeat that."  
*Interruption Permitted*

**Voice option must be used here.  
Touch tone is not an available option.**

**Note:** Press the pound key (#) to skip these instructions.

 Next, say or enter the NPI of the attending provider during this stay or say, "it's the same as my NPI."  
*Situational:*  
*If the system does not recognize the NPI, you will be prompted to provide additional identifiers (i.e., address, zip code, etc.).*  
*Interruption Permitted*

**Touch tone and voice are both available options.**

 Okay, please say or enter the NPI for the inpatient facility?  
*Interruption Permitted*

**Say or enter the facility NPI number.**

 What's the treatment setting?  
*Interruption Permitted*

Hospital Press 1  
Rehab Press 2  
Intermediate Care Press 3  
Skilled Nursing Facility Press 4

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 **Treatment Type Options**

What's the treatment type?

**Situational:** Options are based on the treatment setting and place of treatment previously entered.

**Hospital**

- Medical Care
- Long Term Care
- Hospice
- Neonatal
- Surgical
- Maternity
- Transplants

**Rehab**

- Long-Term Care
- Rehab

**Skilled Nursing Facility**


- Medical Care
- Rehab

**Note:** Medical applies to anything that does not fall in the preceding inpatient categories.

 And is this an Elective or Emergency service?


*Interruption Permitted*

Elective Press 1  
Emergency service Press 2

 Okay, tell me the admission date for this inpatient request. For example, "December tenth, twenty eighteen." "You can also say "today."

*Interruption Permitted*

The admission date format is mm/dd/yyyy.

 And how many days are you requesting?

*Interruption Permitted*


Say or enter the number of days.

 Now say or enter a CPT or a HCPCS code.

*Interruption Permitted*

Say or enter the procedure code.

**Note:** Procedure codes are required based on the treatment setting and treatment type previously entered.

 Okay, say or enter the next CPT or HCPCS procedure code or say, "that's it."

*Interruption Permitted*

Say or enter the next procedure code or say, "that's it."

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Since this inpatient stay ends on or after October 1<sup>st</sup>, 2015, this request needs to be processed using an ICD10 diagnosis code. Please tell me the ICD10 diagnosis code or say "one moment" if you need to find it.

*Interruption Permitted*

Say or enter the ICD-10 diagnosis code.

**Note:** Diagnosis codes can be up to six digits maximum. When entering a diagnosis code using your touch tone keypad, press the star key (\*) to enter the decimal point. If utilizing the voice option, say "dot."



Okay, to review the information say "Review". Or to submit this request without verifying, say "Submit." You can also say "Cancel request."

*Interruption Permitted*

Review information

Submit  
Cancel request

Press 1

Press 2

Press 3

**Note:** Upload and attach medical documentation online via Availity's Authorizations tool. For more information, view the [Authorizations User Guide](#).



Okay, sure. To confirm, this request is for... *see example*

Is this all, correct? Say "Yes", "No" or "Repeat that."

*Interruption Permitted*

Yes

No  
Repeat that

Press 1

Press 2

Press 3

**Example:** "John Smith. The facility is Smith Hospital. The attending provider is Jane Doe. For diagnosis code 123.45. The treatment type is Therapy. The treatment setting is inpatient, and this is an elective treatment. The service code is 99999. For CPT 99999, 2 days are requested starting Oct. 1<sup>st</sup>, 2019."



Okay. To submit this request, say "Submit." If you need to Cancel this request, press "2".

*Interruption Permitted*

Submit

Cancel

Press 1

Press 2

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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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