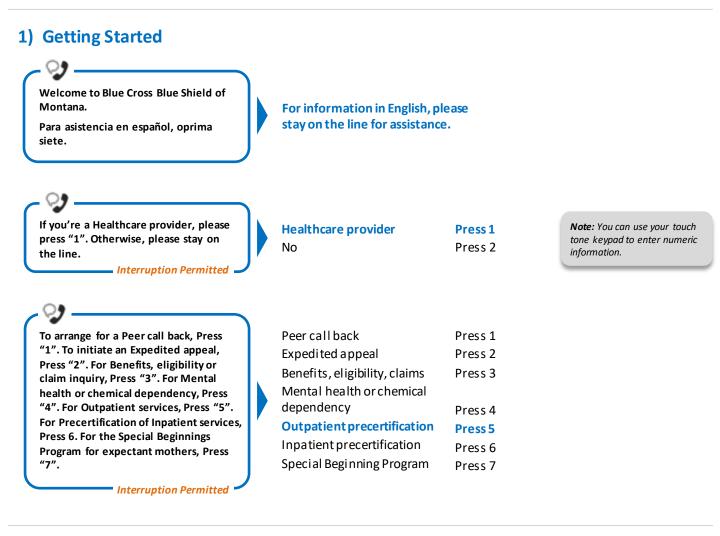**BlueCross BlueShield of Montana**

855-313-8914

**Outpatient Request**
**Preauthorization IVR Caller Guide**

*June 2022*

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      **1 of 7**

- *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.**

*Interruption Permitted*

| | |
|---|---|
| **Healthcare provider** | **Press 1** |
| No | Press 2 |

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

**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".**

*Interruption Permitted*

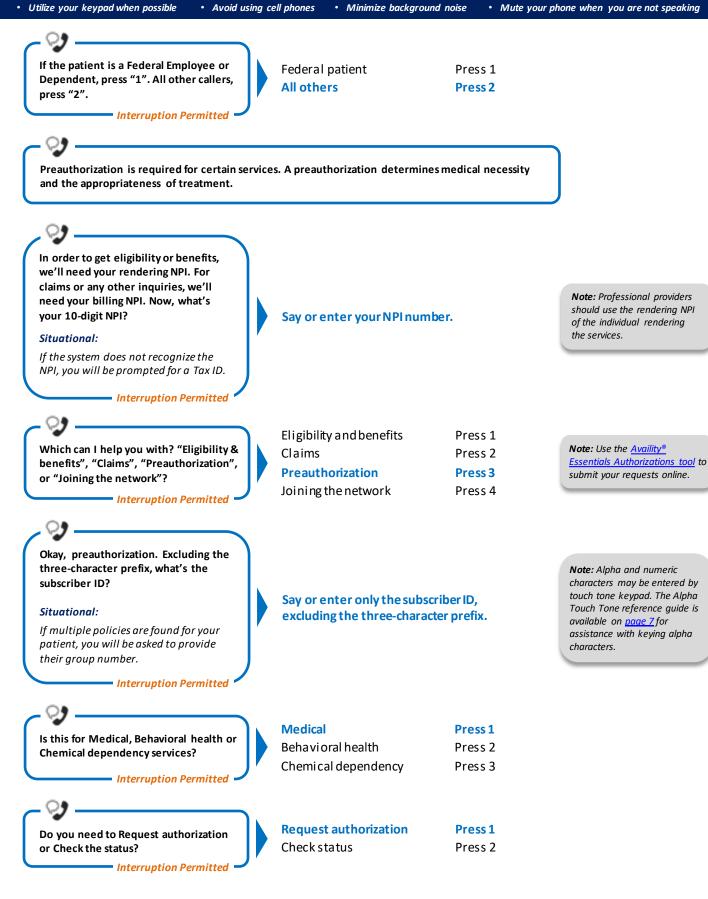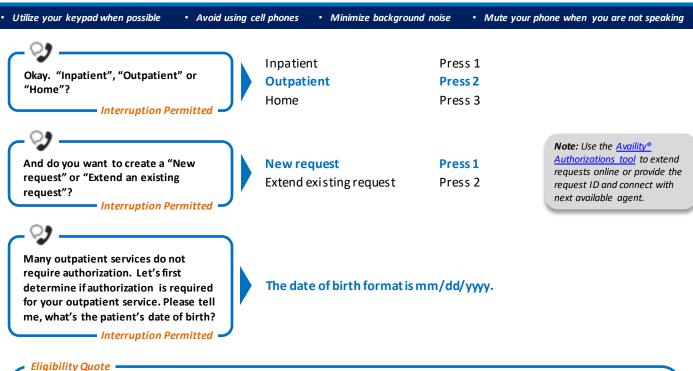| | |
|---|---|
| Peer call back | Press 1 |
| Expedited appeal | Press 2 |
| Benefits, eligibility, claims | Press 3 |
| Mental health or chemical dependency | Press 4 |
| **Outpatient precertification** | **Press 5** |
| Inpatient precertification | Press 6 |
| Special Beginning Program | Press 7 |

## 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.**

*• Utilize your keypad when possible    • Avoid using cell phones    • Minimize background noise    • Mute your phone when you are not speaking*

---

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

*Interruption Permitted*

| | |
|---|---|
| Federal patient | Press 1 |
| **All others** | **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 | Press 1 |
| Claims | Press 2 |
| **Preauthorization** | **Press 3** |
| Joining the network | 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 7](#) for assistance with keying alpha characters.*

---

**Is this for Medical, Behavioral health or Chemical dependency services?**

*Interruption Permitted*

| | |
|---|---|
| **Medical** | **Press 1** |
| Behavioral health | Press 2 |
| Chemical dependency | Press 3 |

---

**Do you need to Request authorization or Check the status?**

*Interruption Permitted*

| | |
|---|---|
| **Request authorization** | **Press 1** |
| Check status | Press 2 |

*• Utilize your keypad when possible • Avoid using cell phones • Minimize background noise • Mute your phone when you are not speaking*

---

**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 Availity® Authorizations tool to extend requests online or provide the request ID and connect with next available agent.*

---

**Many outpatient services do not require authorization. Let's first determine if authorization is required for your outpatient service. Please tell me, what's the patient's date of birth?**

*Interruption Permitted*

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

---

**Eligibility Quote**

Please be advised that a quote of eligibility and benefits is not a guarantee of payment. All benefit payments are subject to eligibility, medical necessity, and the terms, conditions, limitations, exclusions, and payment levels of the patient's health benefit plan at the time the services are rendered. Benefit payments are usually not determined based on billed charges and may be significantly less than billed charges. Please note newborn dependents not listed on the membership file may have benefits available.

*The system will quote the following applicable information:*

- *Type of coverage (i.e., PPO, HMO, etc.)*
- *Current effective date*
- *Pre-existing waiting period completion date*
- *Three-character prefix*
- *Health Care Account (HCA) balance*
- *PCP name (if applicable)*
- *PCP effective date (if applicable)*
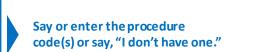- *Termination or cancel date*
- *Confirmation date*

---

**To get preauthorization requirements, we'll need the procedure code. Please say or enter a CPT or HCPCS procedure code. If there are any letters, please say it like this, "the letter A 2 3 4 5."**

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

**If you do not have a procedure code, say, "I don't have one."**

*Interruption Permitted*

**Say or enter the procedure code(s) or say, "I don't have one."**
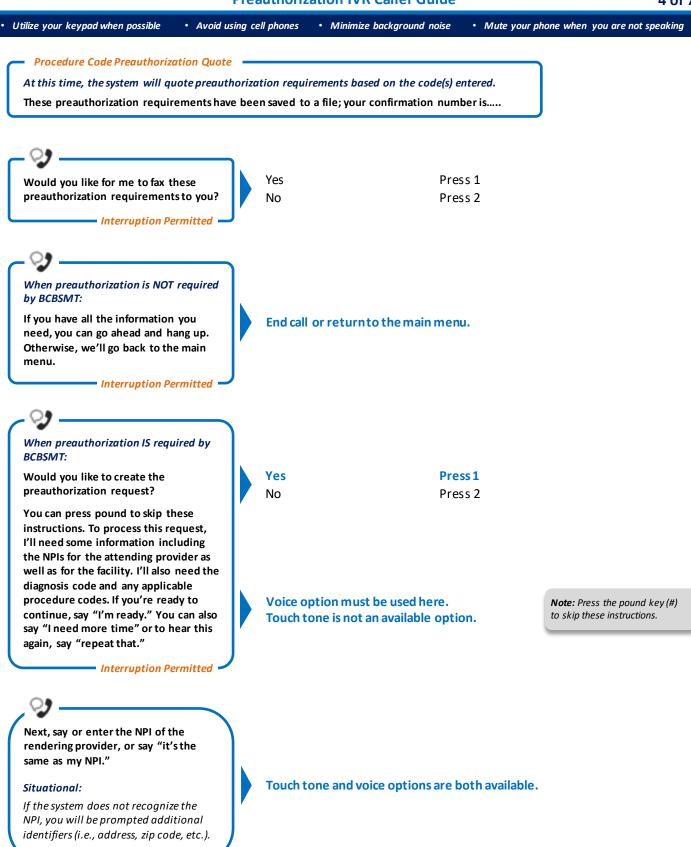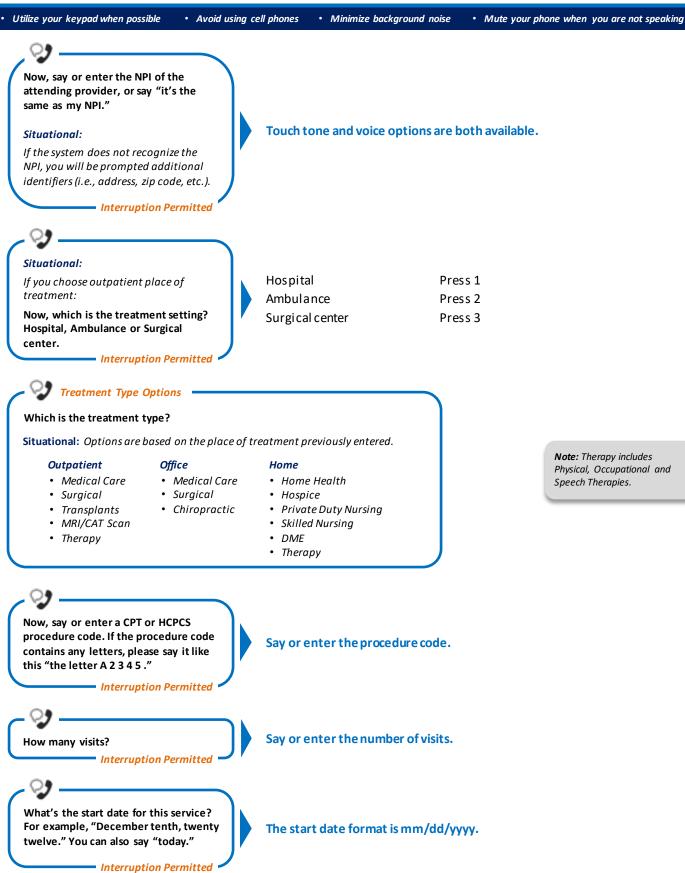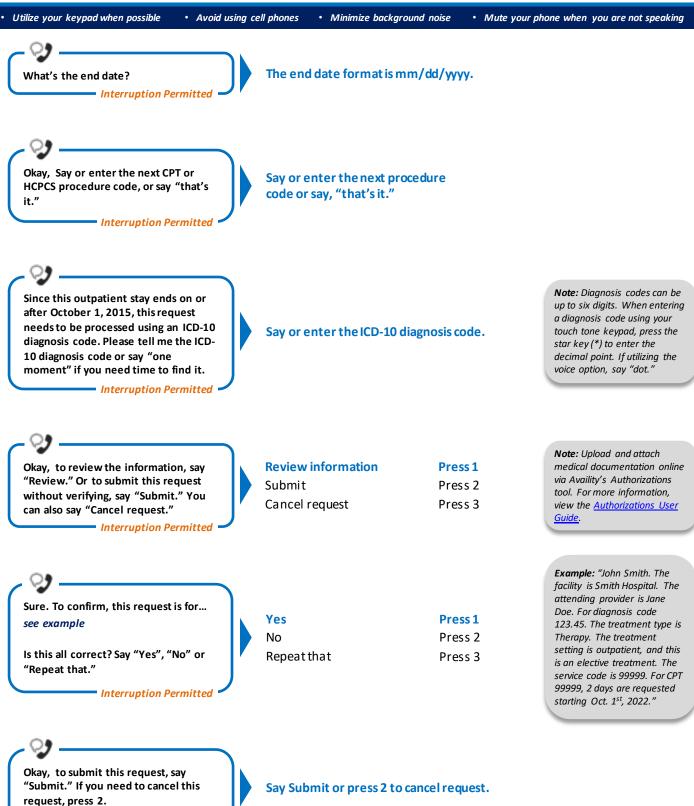
*Note: If you do not have a procedure code, the IVR will quote general preauthorization requirements based on the benefit category instead.*

---

**Thanks. Next, what is the place of treatment, Outpatient, Office, or Home?**

*Interruption Permitted*

| | |
|---|---|
| Outpatient | Press 1 |
| Office | Press 2 |
| Home | Press 3 |

*• Utilize your keypad when possible     • Avoid using cell phones     • Minimize background noise     • Mute your phone when you are not speaking*

---

**Procedure Code Preauthorization Quote**

*At this time, the system will quote preauthorization 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

---

*When preauthorization is NOT required by BCBSMT:*

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

*Interruption Permitted*

**End call or return to the main menu.**

---

*When preauthorization IS required by BCBSMT:*

**Would you like to create the preauthorization request?**

**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*

**Yes                             Press 1**
No                              Press 2

**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 rendering provider, or say "it's the same as my NPI."**

*Situational:*

*If the system does not recognize the NPI, you will be prompted additional identifiers (i.e., address, zip code, etc.).*

*Interruption Permitted*

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

- *Utilize your keypad when possible* • *Avoid using cell phones* • *Minimize background noise* • *Mute your phone when you are not speaking*

---

**Now, say or enter the NPI of the attending provider, or say "it's the same as my NPI."**

*Situational:*

*If the system does not recognize the NPI, you will be prompted additional identifiers (i.e., address, zip code, etc.).*

*Interruption Permitted*

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

---

*Situational:*

*If you choose outpatient place of treatment:*

**Now, which is the treatment setting? Hospital, Ambulance or Surgical center.**

*Interruption Permitted*

▶

| | |
|---|---|
| Hospital | Press 1 |
| Ambulance | Press 2 |
| Surgical center | Press 3 |

---

**Treatment Type Options**

**Which is the treatment type?**

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

| *Outpatient* | *Office* | *Home* |
|---|---|---|
| • *Medical Care* | • *Medical Care* | • *Home Health* |
| • *Surgical* | • *Surgical* | • *Hospice* |
| • *Transplants* | • *Chiropractic* | • *Private Duty Nursing* |
| • *MRI/CAT Scan* | | • *Skilled Nursing* |
| • *Therapy* | | • *DME* |
| | | • *Therapy* |

*Note: Therapy includes Physical, Occupational and Speech Therapies.*

---

**Now, say or enter a CPT or HCPCS procedure code. If the procedure code contains any letters, please say it like this "the letter A 2 3 4 5 ."**

*Interruption Permitted*

▶ **Say or enter the procedure code.**

---

**How many visits?**

*Interruption Permitted*

▶ **Say or enter the number of visits.**

---

**What's the start date for this service? For example, "December tenth, twenty twelve." You can also say "today."**

*Interruption Permitted*

▶ **The start date format is mm/dd/yyyy.**

- *Utilize your keypad when possible* • *Avoid using cell phones* • *Minimize background noise* • *Mute your phone when you are not speaking*

---

**What's the end date?**

*Interruption Permitted*

**The end date format is mm/dd/yyyy.**

---

**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."**

---

**Since this outpatient stay ends on or after October 1, 2015, this request needs to be processed using an ICD-10 diagnosis code. Please tell me the ICD-10 diagnosis code or say "one moment" if you need time to find it.**

*Interruption Permitted*

**Say or enter the ICD-10 diagnosis code.**

*Note: Diagnosis codes can be up to six digits. 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** | **Press 1** |
| Submit | Press 2 |
| Cancel request | Press 3 |

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

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**Sure. To confirm, this request is for…**
*see example*

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

*Interruption Permitted*

| | |
|---|---|
| **Yes** | **Press 1** |
| No | Press 2 |
| Repeat that | 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 outpatient, and this is an elective treatment. The service code is 99999. For CPT 99999, 2 days are requested starting Oct. 1st, 2022."*

---

**Okay, to submit this request, say "Submit." If you need to cancel this request, press 2.**

*Interruption Permitted*

**Say Submit or press 2 to cancel request.**

• *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 the [Provider Education Consultants](#).

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