BlueCross BlueShield of Oklahoma

BCBSOK Medical Management

800-672-2378

IVR Hours of Availability: Monday-Friday 6:00 a.m. – 11:30 p.m. (CT), Saturday 6:00 a.m. – 3:30 p.m. (CT), Sunday – Closed

The table below provides the Blue Cross and Blue Shield of Oklahoma (BCBSOK) automated call flow for outpatient preauthorization requests. The left column includes what callers will hear the system say. The right column outlines the options callers may use to respond, along with any special instructions, tips and reminders.

The majority of outpatient services do not require preauthorization. Please note that the automated phone system will only accept requests for services that require preauthorization (reference page 3 for details).

It is highly recommended that providers obtain an eligibility and benefit quote prior to services rendered to determine if preauthorization is required.

Helpful Hints:
- Utilize your key pad when possible.
- Please do not utilize cell phones.
- Minimize background noise.
- Mute your phone when not speaking.

System Prompt:	Touch Tone / Voice Options:
Welcome to the Blue Cross and Blue Shield of Oklahoma Medical Services Department. First, if you know your party's extension, say "extension." Otherwise, please continue to hold.	To continue your preauthorization request, please continue to hold.
If you're a health care provider, say "provider." If you're a member, say "member."	1. Providers 2. Members
To ensure your call is directed to the appropriate area, please choose from one of the following options. For inquires regarding mental health and chemical dependency, say "1." For medical surgical outpatient services, say "2." For medical surgical preauthorization of inpatient, home health or referrals, say "3." For case management, say "4." For attending physician or ordering provider request for a peer to peer conversation to discuss a non certification determination, say "5."	You can use your touch tone key pad to enter numeric information. 1. Mental health or chemical dependency 2. Medical surgical outpatient services 3. Medical surgical preauthorization for inpatient or home health 4. Case management 5. Peer to peer conversation

System Prompt:	Touch Tone / Voice Options:
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 your patient a member or dependent of the Federal Employee Program?	1. Federal employee or dependent 2. **Non-federal employee or dependent**
Provider Services Line. Okay, what is your 10-digit rendering National Provider ID? *Situational: If the system does not recognize the NPI, you will be prompted for a Tax ID.*	You can use your touch tone key pad to enter numeric information. **Note:** Professional providers should use the rendering NPI of the individual actually providing services.
And you're calling for outpatient preauthorization, is that correct?	1. **Yes** 2. No
Okay, preauthorization. Excluding the three letter alpha prefix, what's the subscriber ID? *Situational: If multiple policies are found for your patient, you will also be asked to provide their group number.*	Touch tone and voice are both available options **Note:** ID numbers containing alpha characters can be entered by touch tone keypad (e.g. for letter "R" press *73).
Do you need to request authorization or check the status?	1. **Request authorization** 2. Check status
And do you want to create a new request or extend an existing request?	1. **New request** 2. Extend existing request
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?	The date of birth format is mm/dd/yyyy.
Please be advised that a quote of eligibility and benefits is not a guarantee of payment. All benefits are subject to eligibility, medical necessity, and the terms, conditions, limitations, and exclusions of the patient's health benefit plan at the time the services are rendered. Please note newborn dependents not listed on the membership file may have benefits available. The system will quote the following information: • Type of coverage (i.e., PPO, HMO, etc.) • Current effective date • Pre-exisiting waiting period completion date • Alpha prefix • Group number • Health Care Account (HCA) balance • PCP name if available • PCP effective date • Termination or cancel date • Confirmation number	N/A

System Prompt:	Touch Tone / Voice Options:
Tell me a service, for example, "office visit," or "chiropractic service" or say "list them."	**Tip:** To view a complete list of available service categories, please see the BCBSOK IVR Eligibility & Benefits Caller Guide.
At this time the system will say… Preauthorization is not required for this outpatient service. If you are finished, you can simply hang up. Otherwise, would you like to hear the benefit details? Please say "yes" or "no." *OR* Preauthorization is required for this outpatient service. Would you like to hear "benefit details" first or "request authorization?"	**If preauthorization is not required for your outpatient services, say "yes" or press 1 for benefit details, or say "no" or press 2 to end the call. You can also hang up.** **Tip:** For assistance obtaining a full benefit quote, please see the BCBSOK IVR Eligibility & Benefits Caller Guide. If preauthorization is required for your outpatient service, please say one of the following: 1. Benefit details 2. **Request authorization**
You can press pound to skip these instructions. To process this request, I'll need some information including the NPIs for the attending and servicing providers. I'll also need the diagnosis and 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."	**Note:** Voice option must be used here. Touch tone is not an available option. **Tip:** Press the pound key (#) to skip these instructions.
Next, 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 to provide additional identifiers (i.e., address, zip code, etc.).*	Enter the attending provider NPI. Touch tone and voice are both available options.
Now, say or enter the NPI of the servicing provider, 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.).*	Enter the attending provider NPI. Touch tone and voice option are both available.
Next, say one of the following treatment types. "hospice," "skilled nursing visit," "home infusion," or for physical, occupational and speech therapies, say "therapy."	1. Hospice 2. Skilled nursing visit 3. Home infusion 4. Therapy* *Therapy includes Physical, Occupational and Speech Therapies.*
And is this an elective or emergency service?	1. Elective 2. Emergency service

System Prompt:	Touch Tone / Voice Options:
Next, say or enter the diagnosis code.	**Tip:** Diagnosis codes can be up to six digits maximum. When entering a diagnosis code using your touch tone key pad, press the star key (*) to enter the decimal point. If utilizing the voice option, say "dot." **Note:** If the diagnosis code contains alpha characters, touch tone cannot be utilized. Voice option is required.
Now say or enter a procedure code. If the procedure code contains any letters, please say it like this "the letter A 2 3 4 5."	**Tip:** Procedure codes are five digits.
How many visits?	*e.g.,* For one visit, say or enter "1."
What's the start date for this service? For example, "December tenth, twenty twelve." You can also say, "today."	The date of service format is mm/dd/yyyy.
And what's the end date?	The end date format is mm/dd/yyyy.
Okay. Say or enter the next procedure code, or say "that's it."	You can use your touch tone key pad to enter numeric information.
To review the information, say "verify information." Or to submit this request without verifying, say "submit." You can also say "cancel request."	1. Verify information 2. Submit 3. Cancel request
Sure. To confirm, this request is for… **Example:** … John Smith. The attending provider is Dr. Jane Doe. The servicing provider is Smith Clinic. 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 visits are requested starting May 1st, 2012 and ending May 2nd, 2012. Is this all correct? Say "yes," "no," or "repeat that."	1. Yes 2. No 3. Repeat that
Okay. To submit this request, say "submit." If you need to cancel this request, press 2.	1. Submit 2. Cancel