

2) Preauthorization

Interruption Permitted

For medical surgical outpatient services, say "outpatient." For medical surgical preauthorizations of inpatient, home health or referrals, say "preauthorization." For mental health or chemical dependency, say "behavioral health."	Outpatient Inpatient or home health preauthorization or referral Behavioral health	Press 1 Press 2 Press 3
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?	Federal employee or dependent Non-federal employee or dependent	Press 1 Press 2

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

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.

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To continue your preauthorization request, please continue to hold.

Note: To submit your request online refer to the *Electronic* Predetermination of Benefits User Guide.

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If faxing supporting medical documentation for a previously submitted request, please include the request number.

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.

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Say or enter your NPI number.

Note: Professional providers should use the rendering NPI of the individual who is providing services.

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.

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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 quide is available on page 6 for assistance keying alpha characters.

Do you need to request authorization or check the status?

Request authorization	
Check status	

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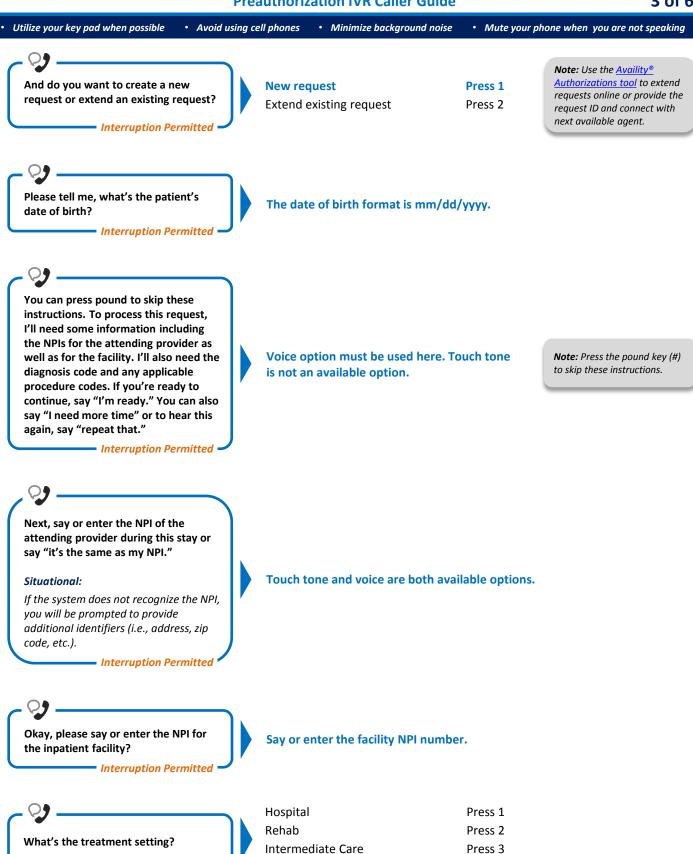
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Inpatient Home Referral

Press 1
Press 2
Press 3

Press 1

Press 2



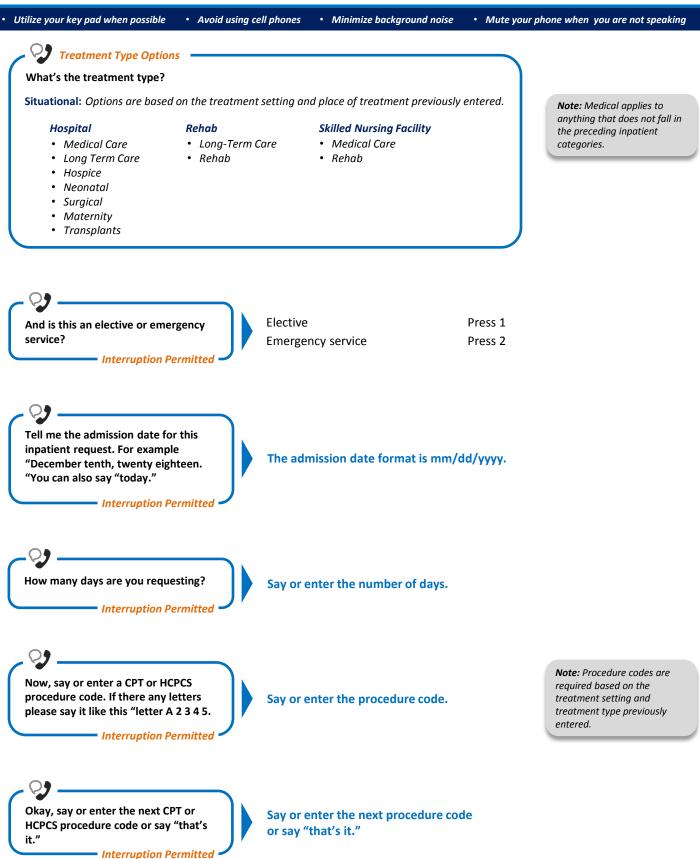
Skilled Nursing Facility

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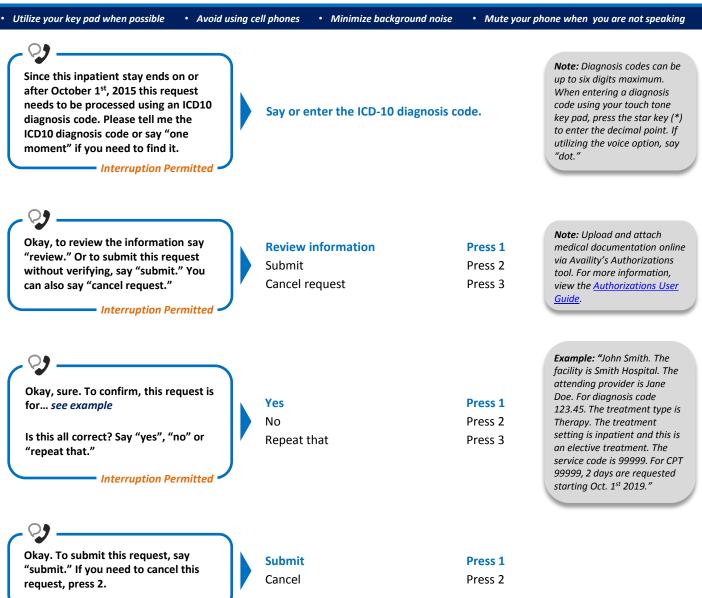
Press 4

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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)

А	=	*21
B	=	*22
C	=	*23
	-	23
D	=	*31
E	=	*32
F	=	*33
G	=	*41
Н	=	*42
I	=	*43
J	=	*51
К	=	*52
L	=	*53
М	=	*61
Ν	=	*62
0	=	*63
Р	=	*71
Q	=	*72
R	=	*73
S	=	*74
Т	=	*81
U	=	*82
V	=	*83
W	=	*91
Х	=	*92
Y	=	*93
z	=	*94

Group Number

Ex. 1	Y	Ν	1	2	3	4
Press	*93	*62	1	2	3	4
Ex. 2	1	2	к	3	4	5
Press	1	2	*52	3	4	5

Subscriber ID

Ex. 1	Α	1	Ν	2	3	4	5	6	7
Press	*21	1	*62	2	3	4	5	6	7
Ex. 2	0	9	2	т	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	х
Press	2	1	3	4	*33	5	6	7	0	*92
Ex. 2	2	0	1	т	8	7	6	5	0	С

Note: The claim number should be 13 digits.

Have questions or need additional education? Email the <u>Provider Education Consultants</u>. 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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