



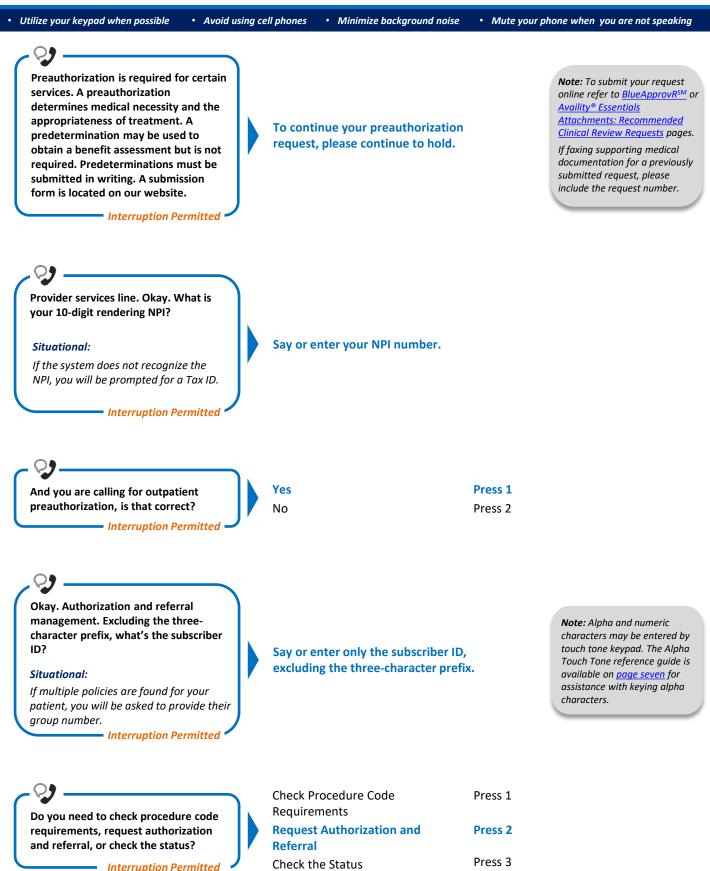
# 2) Authorization and Referral Management

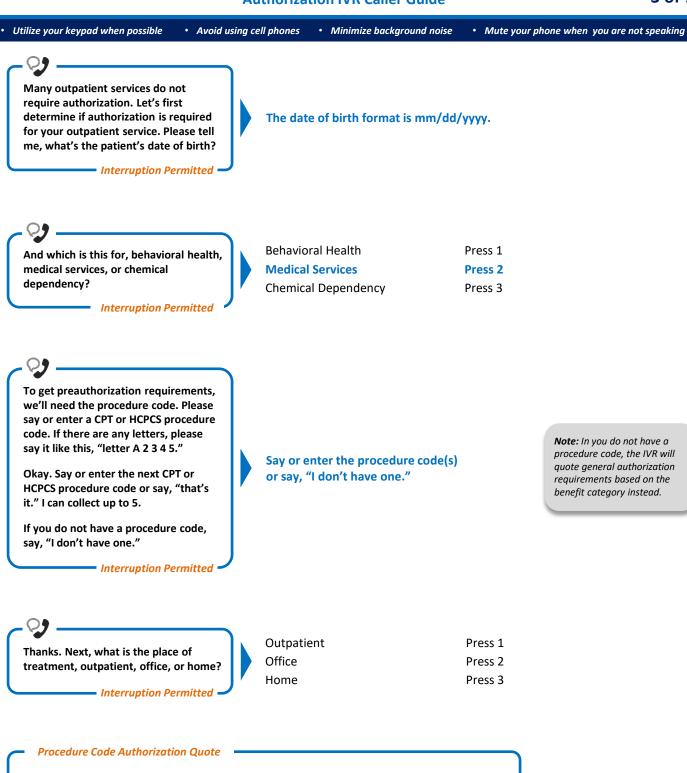
need for continued services, please call us back. Is the patient a federal employee or dependent?

Interruption Permitted

#### For medical surgical outpatient Outpatient Press 1 services, say "outpatient." For medical surgical preauthorization of inpatient, Inpatient or Home Health Press 2 home health, or referrals, say Authorization and Referral Press 3 "authorization and referral Management management." For mental health or **Behavioral Health** Press 4 chemical dependency, say "behavioral health." Interruption Permitted Certification does not guarantee that the care and services the subscriber receives are eligible at time of admission or procedure. It only assures Federal Employee or Dependent Press 1 the proposed treatment meets the plan guidelines for medical necessity. If **Non-Federal Employee or** Press 2 you anticipate that the patient's length Dependent of stay will exceed the certified days or

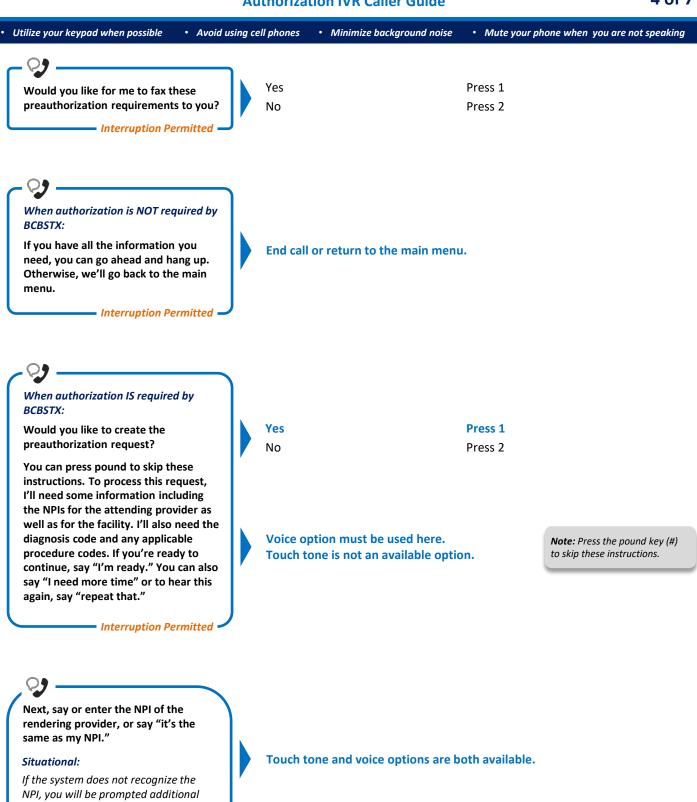
2 of 7





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

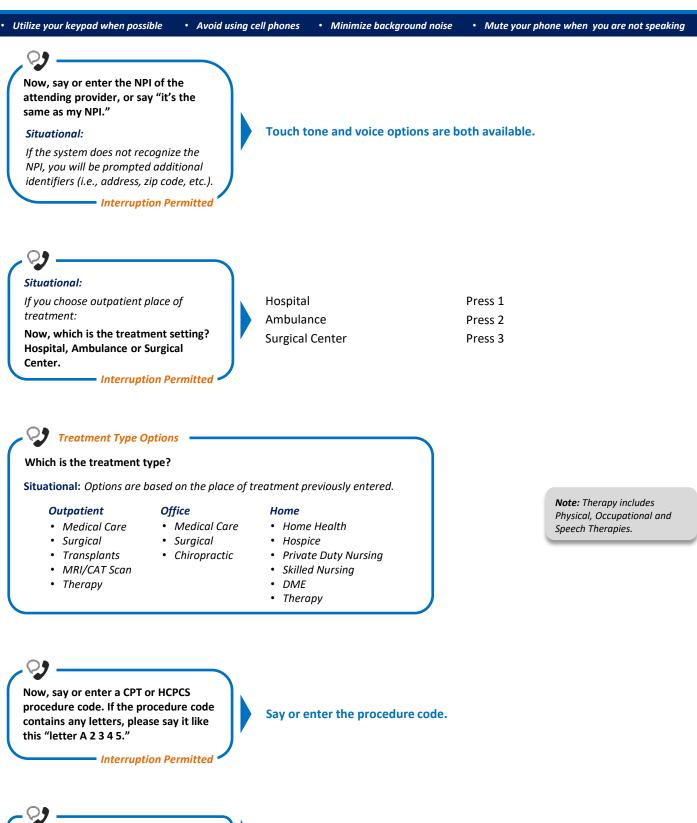
These preauthorization requirements have been saved to a file; your confirmation number is.....



Interruption Permitted

identifiers (i.e., address, zip code, etc.).

5 of 7



Say or enter the number of visits.

How many visits?

Interruption Permitted

6 of 7



Interruption Permitted

es • 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
В	=	*22
C		*23
Ľ	=	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
F., 3	•	-								
EX. Z	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 our Provider Education Consultants.

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

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