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• Minimize background noise

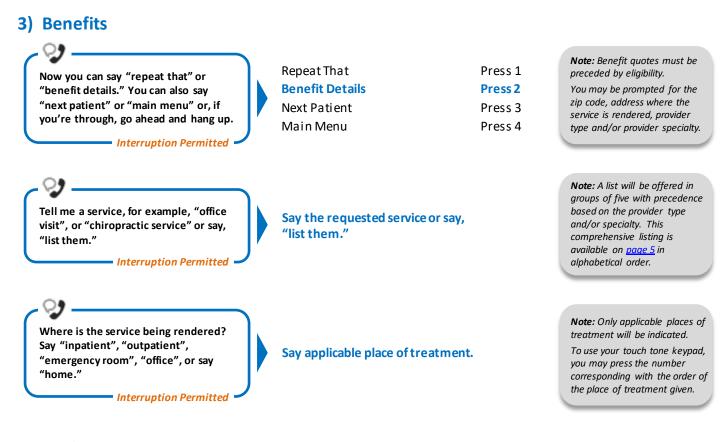
#### Eligibility Quote

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 might 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 information (if applicable):

- Type of coverage (i.e., PPO, HMO, etc.)
- Current effective date
- Pre-existing waiting period completion date
- Three-character prefix
- Group number

- Medicare information
- Health Care Account (HCA) balance
- PCP name & effective date
- Termination or cancel date
- Confirmation number



#### Benefits Quote -

## The system will quote the following information (if applicable):

- If the service is/is not covered
- Copay amount
- Deductible amount per calendar/contract year and amount met year to date
- Coinsurance amount

- Out-of-pocket limit per calendar/contract year and amount met year to date
- Benefit maximum and amount met year to date
- Lifetime max amount and amount met year to date
- Preauthorization requirements
- Timely filing period
- Confirmation number

## Eligibility & Benefits IVR Caller Guide

Repeat Benefit Information

Check Preauthorization by

**Check Another Benefit** 

Procedure code

Claims Address

Next Patient

Main Menu



Avoid using cell phones

• Minimize background noise

• Mute your phone when you are not speaking



Would you like for me to fax this information to you?

## If Yes:

What's your fax number, including the area code? Thanks, I'll fax the information to you. You should receive it within the next 24-hours.

Interruption Permitted

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The benefits quoted were based on the provider's network participation. If you would like to receive the contrasting level of benefits say, "contrasting benefits."

Otherwise, say "repeat benefit information," "check another benefit," or "check preauthorization requirement by procedure code." You can also say "next patient," "claims address" or "main menu."

Interruption Permitted

## Yes No

Press 1 Press 2

Press 1

Press 2

Press 3

Press 4

Press 5

Press 6

**Note:** Fax numbers can be entered by touch tone or spoken. They should also be entered in ########## format, without the preceding 1.

#### Note: A quote of the contrasting level of benefits is not available for members covered under the following contracts: Health Maintenance Organization (HMO), Traditional, Exclusive Provider Option (EPO), Medicare Supplement and/or Federal Employee Program (FEP).

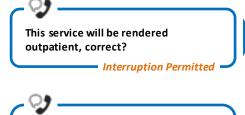
# If checking preauthorization by procedure code:

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.

Interruption Permitted

Interruption Permitted



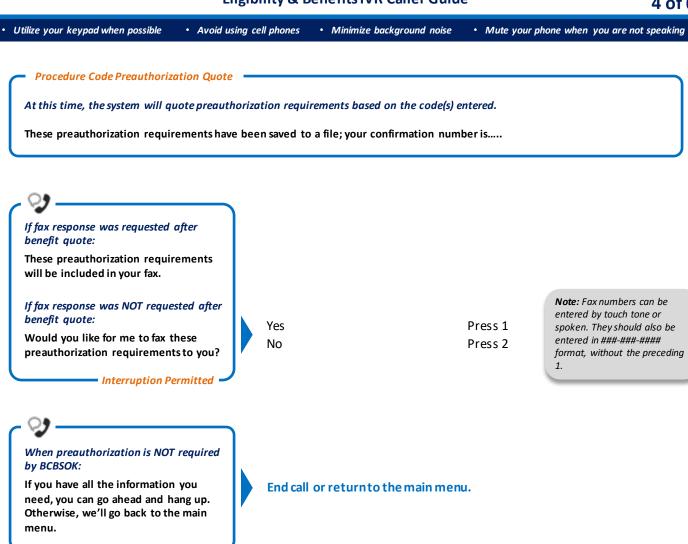
If No: Next, what's the place of treatment, outpatient, office or home? Say or enter the procedure code(s).

Yes No

Outpatient Office Home Press 1 Press 2 **Note:** The IVR will voice back the place of treatment used for the benefit quote.

Press	1
Press	2
Press	3

3 of 6



Interruption Permitted

When preauthorization IS required by BCBSOK:

Would you like to create the preauthorization request?

If Yes:

Refer to the BCBSOK Outpatient Preauthorization Caller Guide for navigational assistance with requesting preauthorization via phone.

Interruption Permitted

Yes

No

Press 1 Press 2

Note: If the IVR is unable to quote preauthorization requirements for the code(s) entered you will be connected with the next available agent.

Mammogram

Maternity

Medicare

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MRI

✓ Medical mammogram

✓ Routine Mammogram

✓ Initial Office Visit

✓ Ultrasound

Medical Therapeutic

Medical Supplies

Mixed Therapy

✓ Normal Global Maternity

**Occupational Therapy** 

Muscle Manipulation

✓ Office Diagnostic Medical

**Physical Therapy** 

Speech Therapy

Naprapathic Services

✓ Consultation

✓ Orthotics

✓ X-rays

**Office Services** 

✓ Injections

Procedure

Office Labs

✓ Office Visit ✓ Office Surgery

✓ Office X-rays

Medical Pap Smear

**Routine Pap Smear** 

Organ Transplant

**Office Visit** 

Orthotics

Pap Smear

Pathology

**PET Scan** 

Podiatry

~ Surgery

1 X-rays

FEP Benefit Category Key Words (Alphabetically Listed)

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Physical Exam

**Physical Therapy** 

✓ Injection

✓ Orthotics

✓ Office Visit

Infusion Therapy

Maternity

Medicare

**Office Visit** 

**Oral Surgery** Orthotics/Prosthetics

Abuse

**Inpatient Benefits** 

Mental Condition or Substance

✓ Physical Therapy

**Routine Foot Care** 

✓ Office Visit

✓ Physical Therapy

Nutritional Counseling

Occupational Therapy

(Member/Spouse/Dependent)

**Preventive Care** 

Physical Exam

Screening Lab

Screening X-ray

**Routine Lab** 

Well Child

**Private Duty Nursing** 

**Respiratory Therapy** 

**Routine Vision** 

✓ Frames

✓ Prosthetics

✓ Bifocal Lens

✓ Contact Lens

✓ Trifocal Lens

Second Opinion

Speech Therapy

Self Injectable

Sleep Study

Sterilization

Stress Test

TMJ

• Surgery

•

Smoking

✓ Lenticular Lens ✓ Singular Vision Lens

✓ Routine Vision Test

✓ Elective Sterilization

Telemedicine/Telehealth

✓ Physical Therapy

· Outpatient Benefits with

Skilled Nursing Care

Professional Day Surgery

Telemedicine/Telehealth

Physical, Occupational, Speech

✓ Orthotic Appliance

✓ Office Visit

✓ X-rays

Urgent Care

Wigs

X-ray

Therapy Preventive Care

Vision

Wigs

Medical Necessary Sterilization

Ultrasound (Non-pregnancy Related)

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 $\checkmark$ 

Rolfing

**Prosthetics** 

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• PSA

**Routine Diagnostic** 

**Routine Pap Smear** 

**Routine Mammogram** 

**Routine Prostate Test** 

**Medical Prostate Test** 

✓ Routine Prostate Test

✓ Routine Well Woman Exam

Patient Education and Training

**Routine Immunizations** 

✓ Routine Office, Well Visit or

**Routine Colorectal Cancer** 

Routine Colonoscopy Screening **Routine Colorectal Cancer** 

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## Customer Advocate assistance has been removed for the benefit categories in blue.

Non-FEP Benefit Category Key Words (Alphabetically Listed)

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- **Observation Care Services** 
  - 1 Diagnostic
  - **Hospital Visit**
  - Labs
  - ✓ X-rays
  - Abortion
- Acupuncture
- Air Amhulance
- Allergy
  - **Allergy Treatment**
  - **Allergy Testing**
  - Consultation
  - 1 **Office Visit**
- Anesthesia
- **Assistant Surgeon**
- Behavioral Health
- Day Psychiatric  $\checkmark$ 
  - Adult Family Counseling ~
  - ~ Child Family Counseling
  - ✓ Group Psychotherapy
  - ✓ Individual Psychotherapy
  - **Psychological Testing** 1
  - ~ **Residential Treatment**
  - ✓ Mental Visit
  - ✓ Applied Behavior Analysis
- Biofeedback
- Birth Control
- Cardiac Rehah
- **CAT Scan**
- Catastrophic Protection
- **Chemical Dependency**
- ✓ Day Psychiatric
- Adult Family Counseling
- Child Family Counseling ~
- ~ Detoxification
- Group Psychotherapy
- ✓ Individual Psychotherapy
- Intensive Chemical Dependency ~
- ~ Mental Visit
- ✓ Partial Hospitalization
- 1 **Residential Treatment**
- Chemotherany
  - ✓ Chemotherapy
  - ✓ Radiation Therapy
- ✓ Office Visit
- **Chiropractic Services**
- Acupuncture
- **Diagnostic Medical**
- 1 **Muscle Manipulation**
- Orthotics
- **Office Visit**

**Accidental Injury** 

Assistant Surgery

**Catastrophic Protection** 

**Chiropractic Services** 

Cardiac Rehab

Acupuncture

Anesthesia

Allergy

Dental

- Physical Therapy
- ✓ X-rays

- Colonoscopy Medical Colonoscopy
- Routine Colonoscopy Consultations
- **Coordinated Home Care**

Circumcision

- Dental
- Diabetic Management
- Dialysis
- Drugs
- **Durable Medical Equipment**
- ✓ DME Purchase
- ✓ DME Rental
- ✓ DME Repair and Replacement
- EKG
- Emergency Accident Care
- **Emergency Medical Care**
- Emergency Room
  - Emergency Accident Care and Services
  - 1 **Emergency Medical Care and** Services
- **Extended Care Facility**
- Family Planning
- Ground Ambulance
- Hearing
- ✓ Hearing Aide
- ✓ Routine Hearing Test
- Hospice
- Hospital
- **Daily Room and Board** ✓ Hospital Visit
- Hydrotherapy
- Infertility
- ✓ Artificial Insemination
  - Diagnostic Medical
  - ✓ In Vitro Fertilization
  - ✓ Labs
- ✓ Office Visit
- ✓ X-ray
- Infusion Therapy
- ✓ DMF
- ✓ Drugs
- ✓ Medical Supplies

**Diabetic Education & Nutrition** 

Diagnostic Labs & X-rays

**Durable Medical Equipment** 

Hospice & Home Nursing Care

✓ Nursing Inhalation Therapy Injections

Laboratory

Counseling

**Family Planning** 

**Hearing Services** 

Dialysis

Foot Care

Lupron

✓ Injections

✓ Office Visit

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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
В	=	*22
С	=	*23
D	=	*31
E	=	*32
F	=	*33
G	=	*41
Н	=	*42
I	=	*43
J	=	*51
К	=	*52
L	=	*53
М	=	*61
N	=	*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.

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.

Have questions or need additional education? Email the Provider Education Consultants.

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Be sure to include your name, direct contact information & Tax ID or billing NPI.