

Behavioral Health Inpatient Authorization IVR Caller Guide

September 2024

Hours of Availability: Monday - Friday 5:00 a.m. to 10:30 p.m. (MT); Saturday 5:00 a.m. to 5:00 p.m. (MT); Sunday - Closed

1 of 3

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 Medicare Advantage members.

1) Getting Started



Welcome to the Blue Cross Blue Shield Behavioral Health Services.

Para asistencia en español, oprima siete

For information in English, please stay on the line for assistance.



First, if you're a member in a crisis or a true-life threatening situation say "yes" or press 1. All other callers please remain on the line.

Interruption Permitted

Yes No Press 1

Press 2

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



Okay. If you know your party's extension, say "extension."

Interruption Permitted

Say "Extension" or remain silent if you do not have one.



To direct your call please say one of the following, "Provider" or "Member."

Interruption Permitted

Provider Member Press 1

Press 2



In order to get eligibility or benefits we'll need your rendering NPI or HMO site number. For claims or any other inquiries, we'll need your billing NPI. Now what is your 10-digit NPI or HMO site number?

Situational:

If the system does not recognize the NPI, you will be prompted for a Tax ID.

Interruption Permitted

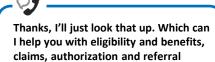
Say or enter your NPI or 3-digit HMO site number.

· Avoid using cell phones

• Minimize background noise

· Mute your phone when you are not speaking

2) Authorization and Referral Management



management, or other services?

Interruption Permitted

	Eligibility and Benefits	Press 1		
	Claims	Press 2		
	Authorization and Referral	Press 3		
	Management			
	Other Services	Press 4		

Note: Use <u>Availity® Essentials</u> <u>Authorizations</u> to submit your requests online.



Okay. Authorization and referral management. 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 three for assistance with keying alpha characters.



That's 123456789. Is that correct?

Interruption Permitted

Yes Press 1 No Press 2



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 check procedure code requirements, request authorization and referral, or check the status?

Interruption Permitted •

Check Procedure Code	Press 1
Check Procedure Code	Press 1

Requirements

Request Authorization and Press 2

Referral

Check the Status Press 3



Okay. Inpatient, outpatient, home or referral?

Interruption Permitted

Inpatient	Press 1
Outpatient	Press 2
Home	Press 3
Referral	Press 4



And do you want to create a new request or extend an existing request?

Interruption Permitted

New Request	Press 1
Extend Existing Request	Press 7



Please hold while I connect you. This call may be recorded.

with a Behavioral Health Customer Advocate.

Remain on the line while you are being connected

Interruption Permitted

- 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)

0, 11000	_, _, 0 0.	
А	=	*21
В	=	*22
С	=	*23
D	=	*31
Е	=	*32
F	=	*33
G	=	*41
Н	=	*42
I	=	*43
J	=	*51
K	=	*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
Υ	=	*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	Α	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	С
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 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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