855-313-8914

Behavioral Health Outpatient
Preauthorization IVR Caller Guide

June 2022

Hours of Availability: Monday − Friday 5:00 a.m. − 10:30 p.m. (MT); Saturday 5:00 a.m. − 5:00 p.m. (MT); Sunday − Closed   **1 of 5**

- *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 Blue Cross Medicare Advantage members.

1) Getting Started

Welcome to Blue Cross Blue Shield of Montana.

Para asistencia en español, oprima siete.

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

If you're a Healthcare provider, please press "1". Otherwise, please stay on the line.

Interruption Permitted

Healthcare provider	**Press 1**
No	Press 2

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

To arrange for a Peer call back, Press "1". To initiate an Expedited appeal, Press "2". For Benefits, eligibility or claim inquiry, Press "3". For Mental health or chemical dependency, Press "4". For Outpatient services, Press "5". For Precertification of Inpatient services, Press 6. For the Special Beginnings Program for expectant mothers, Press "7".

Interruption Permitted

Peer call back	Press 1
Expedited appeal	Press 2
Benefits, eligibility, claims	Press 3
Mental health or chemical dependency	**Press 4**
Outpatient precertification	Press 5
Inpatient precertification	Press 6
Special Beginning Program	Press 7

2) Preauthorization

Certification does not guarantee that the care and services the subscriber receives are eligible at the time of admission or procedure. It only assures that the proposed treatment meets the plans' 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.

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If the patient is a Federal Employee or Dependent, press "1". All other callers, press "2".

Interruption Permitted

Federal patient	Press 1
All others	**Press 2**

Preauthorization is required for certain services. A preauthorization determines medical necessity and the appropriateness of treatment.

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

Situational:

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

Interruption Permitted

Say or enter your NPI number.

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

Which can I help you with? "Eligibility & benefits", "Claims", "Preauthorization", or "Joining the network"?

Interruption Permitted

Eligibility and benefits	Press 1
Claims	Press 2
Preauthorization	**Press 3**
Joining the network	Press 4

Note: Use the Availity® Essentials Authorizations tool to submit your requests online.

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.

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 5 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

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

Do you need to Request authorization or Check the status?

Interruption Permitted

Request authorization	**Press 1**
Check status	Press 2

Okay. "Inpatient", "Outpatient" or "Home"?

Interruption Permitted

Inpatient	Press 1
Outpatient	**Press 2**
Home	Press 3

And do you want to create a "New request" or "Extend an existing request"?

Interruption Permitted

New request	**Press 1**
Extend existing request	Press 2

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?

Interruption Permitted

The date of birth format is mm/dd/yyyy.

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 may 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 applicable information:

- *Type of coverage (i.e., PPO, HMO, etc.)*
- *Current effective date*
- *Pre-existing waiting period completion date*
- *Three-character prefix*
- *Health Care Account (HCA) balance*

- *PCP name (if applicable)*
- *PCP effective date (if applicable)*
- *Termination or cancel date*
- *Confirmation date*

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.

If you do not have a procedure code, say, "I don't have one."

Interruption Permitted

Say or enter the procedure code(s) or say, "I don't have one."

Note: If you do not have a procedure code, the IVR will quote general preauthorization requirements based on the benefit category instead.

Thanks. Next, what is the place of treatment, outpatient, office, or home?

Interruption Permitted

Outpatient	Press 1
Office	Press 2
Home	Press 3

Procedure Code Preauthorization Quote

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

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

Would you like for me to fax these preauthorization requirements to you?

Interruption Permitted

Yes	Press 1
No	Press 2

When preauthorization is NOT required by BCBSMT:

If you have all the information you need, you can go ahead and hang up. Otherwise, we'll go back to the main menu.

Interruption Permitted

End call or return to the main menu.

When preauthorization IS required by BCBSMT:

Would you like to create the preauthorization request?

You can press pound to skip these instructions. To process this request, I'll need some information including the NPIs for the attending provider as well as for the facility. I'll also need the diagnosis code and any applicable 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."

Interruption Permitted

Yes	**Press 1**
No	Press 2

**Voice option must be used here.
Touch tone is not an available option.**

Note: Press the pound key (#) to skip these instructions.

To process this request, you'll need to speak to someone from our Managed Care unit.

Interruption Permitted

Remain on the line while you are connected with a Behavioral Health Customer Advocate.

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
B	=	*22
C	=	*23
D	=	*31
E	=	*32
F	=	*33
G	=	*41
H	=	*42
I	=	*43
J	=	*51
K	=	*52
L	=	*53
M	=	*61
N	=	*62
O	=	*63
P	=	*71
Q	=	*72
R	=	*73
S	=	*74
T	=	*81
U	=	*82
V	=	*83
W	=	*91
X	=	*92
Y	=	*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	A	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	C
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 the Provider Education Consultants.

Be sure to include your name, direct contact information and Tax ID or Billing NPI.