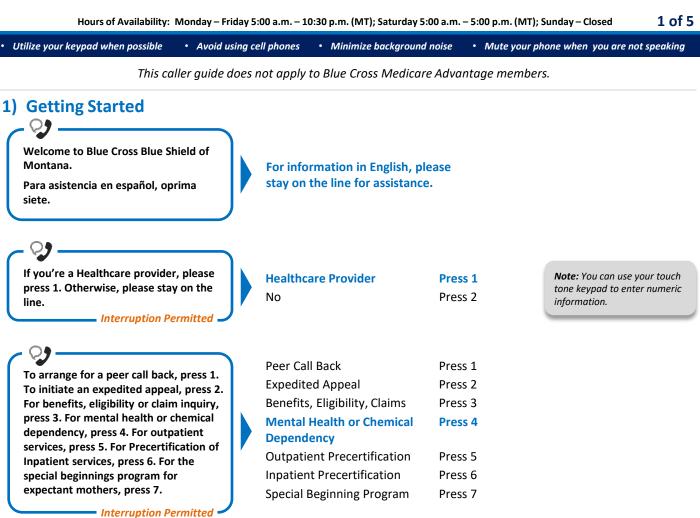


855-31<u>3-8914</u>

February 2025

Behavioral Health Outpatient

Authorization IVR Caller Guide



2) Authorization and Referral Management

Is the patient a federal employee or dependent?

Federal Employee or DependentPress 1All OthersPress 2

Interruption Permitted

<u>.</u>୧୮

Authorization is required for certain services and determines medical necessity and appropriateness of treatment. Certification does not guarantee that services are eligible at time of admission or procedure, as it only assures the treatment meets the plan's medical necessity guidelines. Please call us back if you anticipate the length of stay will exceed the certificated days or the patient needs continued services. A recommended clinical review is optional and can be submitted online or by mail if services may not be covered based on medical necessity. Refer to our provider website for more information regarding utilization management and preservice reviews.

Behavioral Health Outpatient Authorization IVR Caller Guide

Utilize your keypad when possible
 Avoid using cell phones
 Minimize background noise
 Mute your phone

• Mute your phone when you are not speaking

the services.

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? Say or enter your NPI number. Situational: *If the system does not recognize the* NPI, you will be prompted for a Tax ID. Interruption Permitted **Eligibility and Benefits** Which can I help you with? Eligibility Claims and benefits, claims, authorization and Authorization and Referral referral management, or joining the Management network? Joining the Network Interruption Permitted Okay. Authorization and referral management. Excluding the threecharacter 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 <u>page 5</u> for assistance with keying alpha characters.

That's 123456789. Is that correct?

Yes No Press 1 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

Press 1		

Press 2

Press 3

Press 4

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

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

Behavioral Health Outpatient Authorization IVR Caller Guide

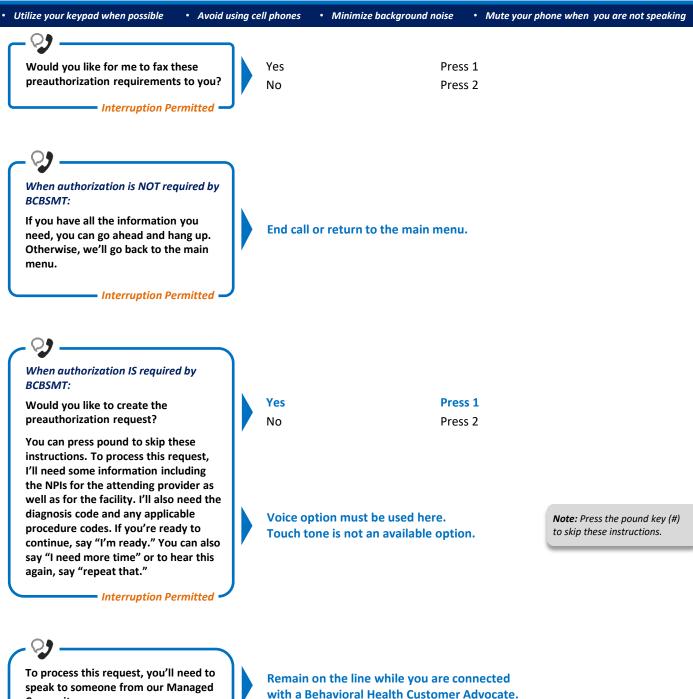
Utilize your keypad when possible Avoid using	cell phones • Minimize backg	round noise • Mute your p	bhone when you are not speaking
	Check Procedure Code Requirements	Press 1	
Do you need to check procedure code requirements, request authorization and referral, or check the status?	 Request Authorization a Referral 	nd Press 2	
Interruption Permitted	Check the Status	Press 3	
	Inpatient	Press 1	
Okay. Inpatient, outpatient or home?	Outpatient Home	Press 2 Press 3	
And do you want to create a new request or extend an existing	New Request	Press 1	
request?	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?	• The date of birth format	is mm/dd/yyyy.	
Interruption Permitted			
 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, "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." 	Say or enter the procedu code(s) or say, "I don't h		Note: If you do not have a procedure code, the IVR will quote general authorization requirements based on the benefit category instead.
Thanks. Next, what is the place of treatment, outpatient, office, or home?	Outpatient Office Home	Press 1 Press 2 Press 3	
Procedure Code Authorization Quote —			

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.....

Behavioral Health Outpatient Authorization IVR Caller Guide

4 of 5



with a Behavioral

– Interruption Permitted 🚄

Care unit.

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
C	=	*23
D	=	*31
Е	=	*32
F	=	*33
G	=	*41
Н	=	*42
I	=	*43
J	=	*51
K	=	*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
X	=	*92
Ŷ	=	*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
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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