BlueCross BlueShield of Montana

855-313-8914

February 2025

Behavioral Health Outpatient

Authorization IVR Caller Guide

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

- *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) Authorization and Referral Management

Is the patient a federal employee or dependent?

Interruption Permitted

Federal Employee or Dependent	Press 1
All Others	**Press 2**

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.

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

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 and benefits, claims, authorization and referral management, or joining the network?

Interruption Permitted

Eligibility and Benefits	Press 1
Claims	Press 2
Authorization and Referral Management	**Press 3**
Joining the Network	Press 4

Note: *Use Availity® Essentials Authorizations 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 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

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Do you need to check procedure code requirements, request authorization and referral, or check the status?

Interruption Permitted

Check Procedure Code Requirements	Press 1
Request Authorization and Referral	**Press 2**
Check the Status	Press 3

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.

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."

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 authorization 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 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…..

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

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

Interruption Permitted

Yes	Press 1
No	Press 2

When authorization 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 authorization 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.

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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)

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 our Provider Education Consultants.

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