

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

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- 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 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

No

Press 1

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



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
All Others

Press 1
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 and benefits, claims, authorization and referral management, or joining the network?

Interruption Permitted

Eligibility and Benefits
Claims
Authorization and Referral Management
Joining the Network

Press 1
Press 2
Press 3
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
No

Press 1
Press 2




Is this for medical, behavioral health or chemical dependency services?

Interruption Permitted


Medical
Behavioral Health
Chemical Dependency

Press 1
Press 2
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.....

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

Yes
No

Press 1
Press 2

Interruption Permitted



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.

End call or return to the main menu.

Interruption Permitted



When authorization IS required by BCBSMT:

Would you like to create the preauthorization request?

Yes
No

Press 1
Press 2

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."

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

Interruption Permitted

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.

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

Interruption Permitted

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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
<hr/>		
D	=	*31
E	=	*32
F	=	*33
<hr/>		
G	=	*41
H	=	*42
I	=	*43
<hr/>		
J	=	*51
K	=	*52
L	=	*53
<hr/>		
M	=	*61
N	=	*62
O	=	*63
<hr/>		
P	=	*71
Q	=	*72
R	=	*73
S	=	*74
<hr/>		
T	=	*81
U	=	*82
V	=	*83
<hr/>		
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.

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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