

# Behavioral Health Inpatient 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

**1 of 4**

- 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 4](#) 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
<b>Request Authorization and Referral</b>	<b>Press 2</b>
Check the Status	Press 3



Okay. Inpatient, outpatient or home?

*Interruption Permitted*

<b>Inpatient</b>	<b>Press 1</b>
Outpatient	Press 2
Home	Press 3



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

*Interruption Permitted*

<b>New Request</b>	<b>Press 1</b>
Extend Existing Request	Press 2



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

*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
<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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