

# 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.*

## 1) Getting Started



Welcome to the Blue Cross Blue Shield Behavioral Health Services.

Para asistencia en español, oprima siete.

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



First, if you're a member in a crisis or a true-life threatening situation say "yes" or press 1. All other callers please remain on the line.

*Interruption Permitted*

Yes  
No

Press 1  
Press 2

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



Okay. If you know your party's extension, say "extension."

*Interruption Permitted*

Say "Extension" or remain silent if you do not have one.



To direct your call please say one of the following, "Provider" or "Member."

*Interruption Permitted*

Provider  
Member

Press 1  
Press 2



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

**Situational:**

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

*Interruption Permitted*

Say or enter your NPI or 3-digit HMO site number.

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## 2) Authorization and Referral Management



Thanks, I'll just look that up. Which can I help you with eligibility and benefits, claims, authorization and referral management, or other services?

*Interruption Permitted*

Eligibility and Benefits	Press 1
Claims	Press 2
<b>Authorization and Referral Management</b>	<b>Press 3</b>
Other Services	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 five](#) for assistance with keying alpha characters.



That's 99999999. 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
<b>Behavioral Health</b>	<b>Press 2</b>
Chemical Dependency	Press 3



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, home or referral?

*Interruption Permitted*

Inpatient	Press 1
<b>Outpatient</b>	<b>Press 2</b>
Home	Press 3
Referral	Press 4



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

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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."

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

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*

*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	Press 1
Office	Press 2
Home	Press 3

*Interruption Permitted*

*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.....



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

Yes	Press 1
No	Press 2

*Interruption Permitted*

- Utilize your keypad when possible
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*When authorization is NOT required by BCBSNM:*

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 BCBSNM:*

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.

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

*Interruption Permitted*



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

Remain on the line while you are being 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

<b>Ex. 1</b>	<b>Y</b>	<b>N</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>Press</b>	*93	*62	1	2	3	4
<b>Ex. 2</b>	<b>1</b>	<b>2</b>	<b>K</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Press</b>	1	2	*52	3	4	5

### Subscriber ID

<b>Ex. 1</b>	<b>A</b>	<b>1</b>	<b>N</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
<b>Press</b>	*21	1	*62	2	3	4	5	6	7
<b>Ex. 2</b>	<b>0</b>	<b>9</b>	<b>2</b>	<b>T</b>	<b>7</b>	<b>6</b>	<b>8</b>		
<b>Press</b>	0	9	2	*81	7	6	8		

**Note:** Exclude three-character prefix when entering the subscriber ID.

### Claim Number

<b>Ex. 1</b>	<b>2</b>	<b>1</b>	<b>3</b>	<b>4</b>	<b>F</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>0</b>	<b>X</b>
<b>Press</b>	2	1	3	4	*33	5	6	7	0	*92
<b>Ex. 2</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>T</b>	<b>8</b>	<b>7</b>	<b>6</b>	<b>5</b>	<b>0</b>	<b>C</b>
<b>Press</b>	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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