

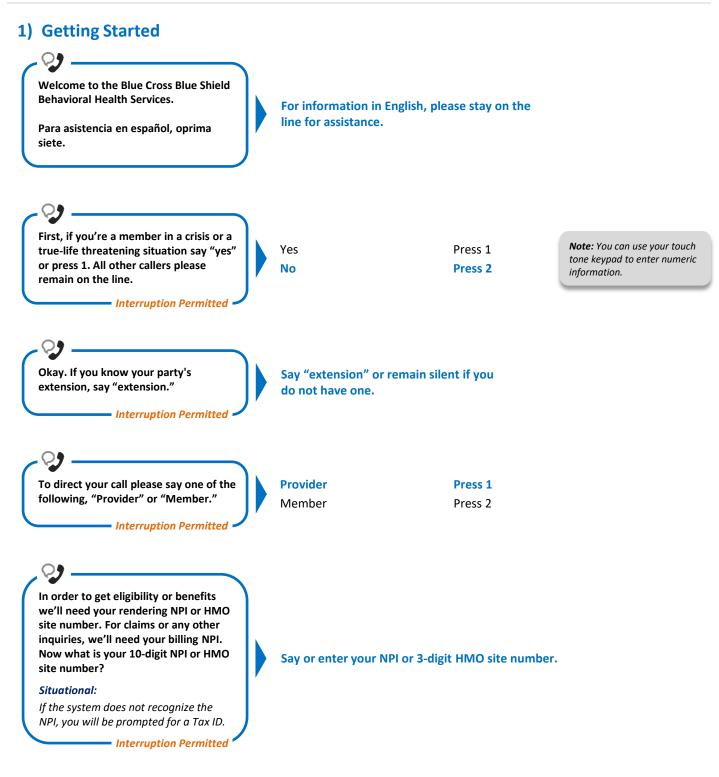
Hours of Availability: Monday – Friday 6:00 a.m. – 11:30 p.m. (CT); Saturday 6:00 a.m. – 6:00 p.m. (CT); Sunday – Closed 1 of 5

800-528-7264

September 2024

• 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 or Texas Medicaid.



Behavioral Health Outpatient Authorization IVR Caller Guide

• Utilize your keypad when possible

• Avoid using cell phones • N

Minimize background noise

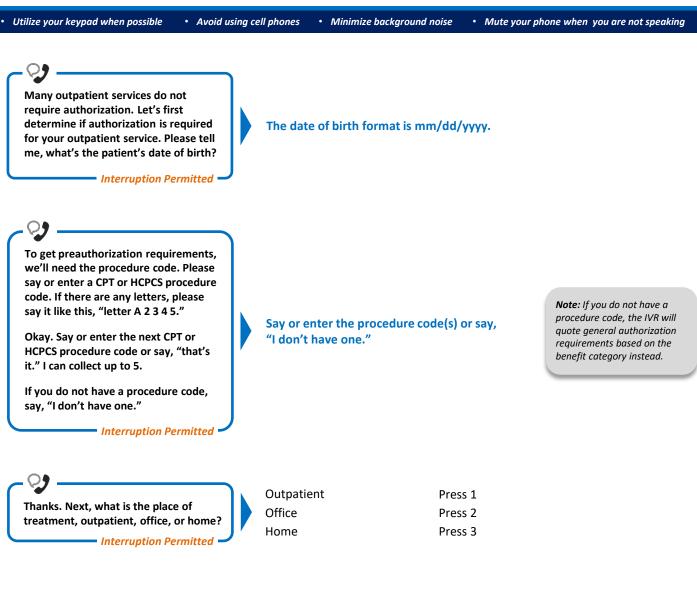
· Mute your phone when you are not speaking

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2) Authorization and Referral Management



Behavioral Health Outpatient Authorization IVR Caller Guide



Procedure Code Authorization Quote

At this time, the system will quote authorization requirements based on the code(s) entered.

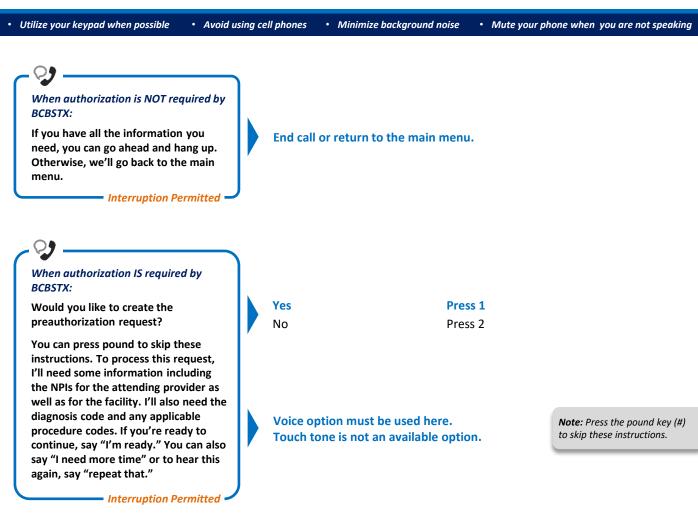
These preauthorization requirements have been saved to a file; your confirmation number is.....

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

Yes No Press 1 Press 2

Interruption Permitted —

Behavioral Health Outpatient Authorization IVR Caller Guide



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 being 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)

F		
А	=	*21
В	=	*22
С	=	*23
D	=	*31
Е	=	*32
F	=	*33
G	=	*41
Н	=	*42
I	=	*43
J	=	*51
К	=	*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
Х	=	*92
Y	=	*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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