



- 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 (HMO)<sup>SM</sup> and Blue Cross Medicare Advantage (PPO)<sup>SM</sup> or Texas STAR, STAR Kids and CHIP.

## 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) Preauthorization



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

*Interruption Permitted*

Eligibility and benefits Press 1  
Claims Press 2  
**Preauthorization Press 3**  
Other Services Press 4

**Note:** Use the [Availity® Authorizations tool](#) to submit your requests online.



Okay, preauthorization. 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 three](#) 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



Do you need to request authorization or check the status?

*Interruption Permitted*

**Request authorization Press 1**  
Check status Press 2



Okay, Inpatient, Outpatient, Home or Referral?

*Interruption Permitted*

**Inpatient Press 1**  
Outpatient Press 2  
Home Press 3  
Referral Press 4



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



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

*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 a lpha-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 the [Provider Education Consultants](#).

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

*Please note that the fact a service has been preauthorized/pre-certified 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 applicable on the date services were rendered. Obtaining a benefit preauthorization is not a substitute for checking the patient's eligibility and benefits.*

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