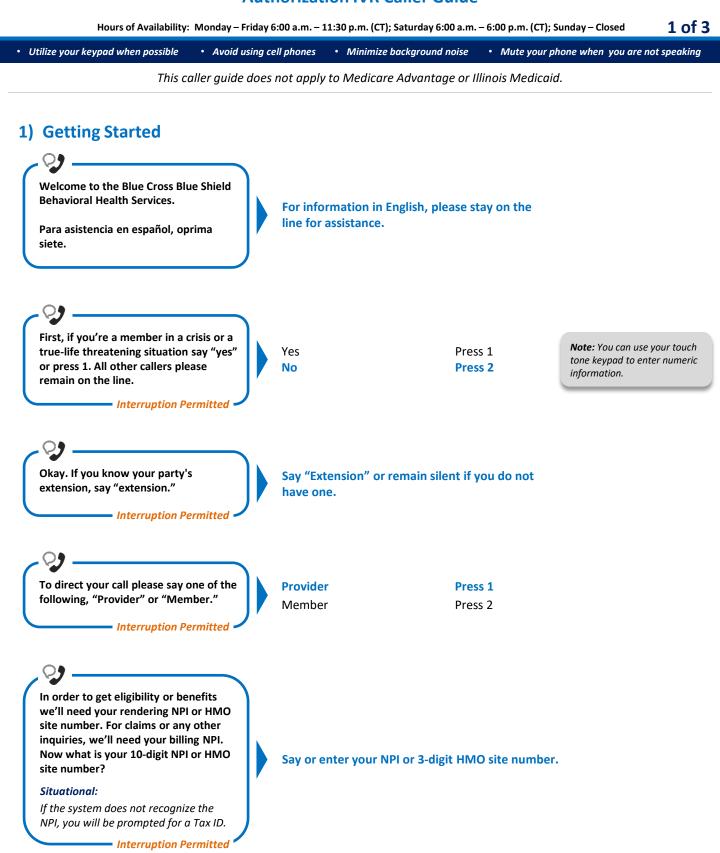


Behavioral Health Inpatient Authorization IVR Caller Guide 800-851-7498

September 2024



# **Behavioral Health Inpatient** Authorization IVR Caller Guide

• Mute your phone when you are not speaking



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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• Utilize your keypad when possible

• Avoid using cell phones

• Minimize background noise

# 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)

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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