Behavioral Health Network

**Frequently Asked Questions**

1. **When can I call to obtain pre-certification/prior authorization?**
   For routine requests, which include residential treatment centers, you may call us Monday – Thursday, 8 a.m. to 6 p.m. ET, and Friday, 9 a.m. to 6 p.m. ET. We provide authorizations for urgent levels of care 24 hours a day, seven days a week.

2. **How can I submit prior authorization requests? How can I obtain an authorization for psychological testing?**
   You can use the web authorization tool in BlueAccess℠, call 1-800-924-7141 during regular business hours, or use the prior authorization request form posted on the behavioral health provider page at www.bcbst.com/providers/Behavioral-Health-Network.page. We prefer that requests for prior authorization for psychological testing are submitted online or by fax.

   BlueCross will retain current policy and not require authorization for neuro-psychological testing.

3. **What is the anticipated turnaround time for psychological testing (non-urgent) authorizations via BlueAccess℠?**
   The turnaround time on non-urgent requests submitted through BlueAccess may be up to 14 days. In most cases, the turnaround time is typically two to three business days.

4. **How do we sign up for web authorizations?**
   If you are not already signed up for BlueAccess, visit www.bcbst.com/providers and click on the “Log in/Register to BlueAccess” link. Once registered, you can log in and complete many tasks, use the web authorization tool, check claims, and more.

5. **Can the start date be the date of service, even if submitted on the same day? For example, my practice provides psychological testing prior to bariatric surgery. I often do not know what insurance patients have until a few days before, and sometimes, even on the date of service.**
   Submission on the date of service is acceptable. These requests will be processed as quickly as possible, but likely not the same day.

6. **Do you have an updated service exclusion listing that describes any exclusions for psychological testing?**
   Currently, we do not have plans to update the service exclusion listing. However, you can find this information in the BlueAccess web authorization tool when you request authorization for specific levels of service.
7. Has the claims filing process changed?
   No, you can continue to file your claims the same way. The claims you currently file to
   BlueCross will continue to be filed to BlueCross, and any claims you have for Nissan or State
   of Tennessee will continue to go to Magellan.

8. Is a copy of the WebEx PowerPoint available to providers?
   Yes, we have posted the presentation on the behavioral health landing page, which can be
   found at www.bcbst.com/providers/Behavioral-Health-Network.page.

9. Where can I find information on Milliman Care Guidelines (MCG)?
   MCG are proprietary and BlueCross is not authorized to publish them. You can contact MCG
   directly to purchase the guidelines. However, the web authorization tool walks through the
   guidelines for each level of care when authorization is requested. If a request is denied for
   clinical reasons, we will send you a letter with information about criteria not met and how
   to request the appropriate guidelines.

10. If I’m part of a group with one tax ID, will each provider be included in the
    contract?
    Provider groups should have received a professional agreement with an “Attachment A”
    Professional Listing to capture all group members participating under the agreement. Each
    professional listed must also be credentialed by BlueCross BlueShield of Tennessee.

11. Do the new provisions for intensive outpatient programs (IOPs) apply to both
    psychiatric and substance IOPs?
    Yes, the new provisions for intensive outpatient programs apply to both psychiatric and
    substance program. They also apply for all networks except CoverKids beginning Jan.
    1, 2016. Providers who request authorization online using the web authorization tool will
    receive an authorization automatically if required criteria are met. This feature also will be
    available very soon for CoverKids.

12. Does this transition impact services currently offered to TennCare patients?
    No. If you are a TennCare provider, the new commercial and MedAdvantage networks are
    separate and an addition to your existing BlueCare networks.

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