



## BEHAVIORAL HEALTH SYSTEMS

Behavioral Healthcare Programs for Business & Industry Since 1989

# BHS Provider Guide Authorization and Claims Procedures

## Welcome to BHS!

We are pleased that you have chosen to affiliate with our provider network. BHS has been cited as one of the top 25 fastest growing specialty PPOs in the country thanks to the involvement of quality providers such as you.

We ask that you please take a few moments to read through this information and become familiar with BHS. We will be happy to review our certification process, required clinical forms, and patient copayments at the time we make a referral with you.

## Pre-certification

BHS covered members must contact BHS prior to accessing benefits. Speaking directly with the member allows us to perform our necessary intake process, verify the patient's eligibility and plan type, and explain the benefit process directly. We are not able to do this if the provider makes the initial call, so please have the patient call us directly if he or she contacts you first, and understand we cannot give benefit information until after we have spoken with the member.

Once we have verified eligibility and coverage, we will call you to authorize an assessment or treatment. We will schedule the appointment and advise you of the member's eligibility and copayment.

### Pre-certification

1. Member calls BHS
2. BHS performs intake process and confirms benefit eligibility.
3. BHS schedules appointment and confirms copayment.

## Emergencies

In an emergency, BHS covered members are directed to first seek the care they need, and then to call BHS as soon as possible. However, if a member in crisis calls you or presents in your office, please call the BHS Care Coordinator to discuss the patient's symptoms and your recommended treatment before referring the patient to the emergency room. A BHS Care Coordinator is available 24 hours a day.

## Authorization Procedures

BHS evaluates each treatment plan on the basis of acuity and medical necessity, projected outcome and length of treatment, and the appropriateness/effectiveness of

treatment protocol. While there is no pre-defined course of treatment for "like" conditions, there are also no automatic authorizations for treatment. Each case is individually evaluated.

*Please take the following steps when a referral for assessment is made to you:*

1. Contact the referring BHS Care Coordinator after the initial visit to give your preliminary report and recommendations. In some cases, if medically necessary, the Care Coordinator may then be able to authorize an additional visit while awaiting your clinical information.
2. Please forward the clinical information (which includes Clinical Assessment Report and Treatment Plan, and Patient Information/Release form) to BHS as soon as possible by fax or mail.
3. Once we have received and reviewed the clinical information, we will send you, or the independent treatment provider, written notification regarding the authorization of coverage for extended treatment.

## Clinical Documentation Required

We attempt to keep paperwork to a minimum. These guidelines should assist in identifying which forms are needed for certain visits:

1. **Patient Information Form** – To be completed by the client/patient at the first visit only.
2. **Clinical Assessment Report and Treatment Plan** – To be completed by the provider after the first visit. (Please use very brief statements or comments)
3. **Clinical Progress Report** – To be completed by the therapist at the time a treatment plan update is done to support need for continued sessions. **Psychiatrists are requested to submit an updated progress note to reflect medication management every 6 months.**

*BHS accepts this information via confidential fax 205-879-1178 or mail (see our mailing address on reverse side). You may also send this along with your claim.*

### Treatment Authorization

1. Call BHS after the initial assessment.
2. Mail or fax clinical data to BHS as soon as possible.
3. BHS sends written authorization of coverage for extended treatment.

## Continuing Care Certification

When you feel the patient requires continued therapy or supplementary service beyond what has been approved, forward an updated Treatment Plan and progress note to BHS to show the status of the patient and additional treatment recommended. We will send you written notification regarding authorization of the additional treatment.

## Claims Processing

All claims for services authorized by BHS must be submitted to us within 90 days of the date of service. The patient may not be billed for services we deny due to late submission.

Please submit claims on a CMS-1500 or UB-04 claim form as applicable. Enclosing the Clinical Progress Report with the claim will help avoid delays in processing.

We “batch” process claims once a month. Valid claims for authorized services which we receive and process by the twenty-fifth day of the month will be paid on or about the twenty-fifth day of the next month. Please do not bill BHS members except for non-covered services which are authorized in advance by the patient.

Claims may be submitted electronically through Emdeon Services. The BHS payor ID number is **63100**. For additional assistance submitting claims electronically to Behavioral Health Systems, please contact your Practice Management System Vendor or Emdeon Customer Support at 800-845-6592.

You may also submit your claim to us via our website at [www.behavioralhealthsystems.com](http://www.behavioralhealthsystems.com). Click the “Provider” window and select the “Submit Claims” option. Populate the claim form and click the “Submit” button. Your claim will be emailed to us.

*To submit paper claims, please mail your claims to:*

Behavioral Health Systems  
P.O. Box 830724  
Birmingham, AL 35283-0724

### Claims Processing

1. Submit claims for approved services on CMS-1500, UB-04 forms, or their successors.
2. Submit to BHS by the 25<sup>th</sup> of the month for timely turn-around processing.
3. Enclose Clinical Progress Reports with claims.

## Patient Copayment

BHS provides for a “paperless” claims process for covered members. This is why it is important to collect the copayment from the patient at the time of the visit. Each patient’s copayment may vary according to the benefit plan and the type of service you provide. Please confirm the copayment amount with BHS when the referral is made. Also, please do not bill the patient for services covered under the BHS plan.

## BHS Clinical Policies

BHS has implemented policies designed to reinforce patient compliance with provider recommended treatment plans. Patients suffering from serious mental illness (i.e. schizophrenia, bipolar affective disorder, or major depression) will be required to comply with the recommended outpatient treatment plan, or in cases requiring hospitalization, with a systematic aftercare program. Compliance will be assessed as: 1) adhering to prescribed medication regimen; 2) keeping regularly scheduled follow-up appointments; and 3) participating in additional outpatient care as specified in the discharge treatment plan. These policies are intended to facilitate the achievement of a positive outcome for the patient, and reduce the relapse rate caused by non-compliance.

## BHS Physician’s Line

BHS has implemented a 24-hour direct line (205-443-5491) to allow physicians to record additional clinical information for review by our Medical Director. Messages are retrieved throughout the day during regular business hours.

## Communication

It is important to us to establish a positive relationship with our providers. To keep you informed of our growth, we distribute *Network News*, the semi-annual BHS provider newsletter. We invite you to submit topics for discussion and articles for publication.

## To Obtain Authorization

- Call 800-245-1150 or 205-879-1150
- Business hours: 7:00 a.m. – 5:30 p.m. CT
- 24 hours a day, 7 days a week emergency access
- *Mailing address:*  
Behavioral Health Systems  
P.O. Box 830724  
Birmingham, AL 35283-0724