



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, clinical forms, and patient copayments at the time we make a referral to you.

Precertification

We ask that BHS covered members contact BHS prior to accessing benefits. Speaking directly with the member allows us to perform our 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 have the patient call us directly if he or she contacts you first.

Once we have verified eligibility and coverage, we will call you to schedule the appointment and advise you of the member's eligibility and cost-sharing responsibility (i.e., copayment, coinsurance, and/or deductible). We will also advise you if the member's plan requires precertification and, if so, for which services.

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

Our clients' benefit plans differ in authorization requirements. All benefits are subject to medical necessity review and approval by BHS before, during or after treatment.

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. There is no pre-defined course of treatment for "like" conditions. Each case is individually evaluated.

If the member's plan requires precertification or if you would like a courtesy predetermination of benefits, 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.
2. Please forward the clinical information (which includes **Clinical Assessment Report and Treatment Plan**, and **Patient Information/Authorization**) to BHS as soon as possible by fax or mail.
3. We will send you written notification regarding the authorization of coverage for extended treatment.

Authorization for Psychological Testing

If the member's plan requires preauthorization or for a courtesy predetermination of benefits, psychologists should submit the **Psychological Testing Preauthorization Request** prior to conducting any psychological tests.

Authorization for ECT

If the member's plan requires preauthorization or for a courtesy predetermination of benefits, please submit a completed **ECT Preauthorization Request** prior to the initial treatment. If the patient subsequently requires additional treatments, please submit another request form and a note summarizing the patient's progress to the initial treatments.

Clinical Documentation Required

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

1. **Patient Information/Authorization** – To be completed by the client/patient at the first visit.
2. **Clinical Assessment Report and Treatment Plan** (for plans requiring precertification or for courtesy predetermination of benefits)
 - a. To be completed by the provider after the first visit, or as requested by BHS to determine medical necessity. (Please use very brief statements or comments.)

(continued)

To Obtain Authorization or Courtesy Benefit Predetermination:

- Call 800-245-1150 or 205-879-1150
- Fax: 205-879-1178
- Business hours: 7:00 a.m. – 5:00 p.m. CT
- 24 hours a day, 7 days a week emergency access
- Or, use the BHS mailing address

- b. Allows BHS to verify diagnosis and/or requested services are a covered benefit.
3. **Clinical Progress Report** (for plans requiring precertification) – to be completed by the therapist as needed to document patient progress. **Psychiatrists are requested to submit an updated progress report to reflect medication management every 12 months.**

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

Continuing Care Certification

For plans requiring precertification, when you feel the patient requires continued therapy or supplementary service beyond what has been approved, forward an updated **Clinical Assessment Report and Treatment Plan** 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

Please submit claims on a CMS-1500 or UB-04 claim form as applicable. All claims for services should 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.

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

Claims Processing

1. Submit claims for services on CMS-1500 or UB-04 forms, or their successors.
2. Submit to BHS by the 25th of the month for timely turnaround processing.
3. Enclose **Clinical Progress Reports** with claims, if needed.

Claims may be submitted electronically through Emdeon Services. The BHS payor ID number is 63100. For additional assistance submitting claims electronically to BHS, 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. 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 or fax your claims to:

Behavioral Health Systems
P.O. Box 830724
Birmingham, AL 35283-0724
Fax: 205-879-1178

Patient Copayment

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

Peer-to-Peer Review

BHS maintains a peer-to-peer review process that allows you to speak with the clinical reviewer regarding a review determination. We also have an appeals process and an external review process (external review not available for plans still grandfathered under the Affordable Care Act).

Communication

It is important to us to establish a positive relationship with our providers. Please contact us with any questions or suggestions you might have.

BHS Mailing Address

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