

Behavioral Health Partners

Sponsored by BJC HealthCaresm

Quick Reference Guide

(BJC HealthCare Self-Funded Employee Benefit Plan Members)

AUTHORIZATIONS

Members have a benefit limit of 20 outpatient visits in a calendar year and 30 inpatient days (2 for 1 partial hospitalization conversion). This includes both therapy and psychiatric services.

PREAUTHORIZATIONS

Prior authorization of services includes review for benefit coverage, medical necessity, appropriateness of services, and level of care. Services requiring prior authorization include, but are not limited to:

- Planned inpatient admissions
- Partial hospitalization/Day treatment
- Intensive outpatient treatment

24 Hours
(314) 729-4010
(800) 866-0630

Emergencies: Authorization for emergency admissions/services must be sought within forty-eight (48) hours, after notification of an admission for services which have already been provided.

REFERRALS

(314) 729-4010
(800) 866-0630
8:00 a.m. - 5:00 p.m. Monday - Friday

BENEFITS/ELIGIBILITY

United Medical Resources, Inc. (UMR)
(888) BJC-6926
(888) 252-6926

PROVIDER RELATIONS

Provider Relations Representative
1430 Olive Street, Suite 400
St. Louis, MO 63103
Phone: (314) 206-3809
Facsimile: (314) 206-3751

CO-PAYMENTS

Outpatient co-payment is determined by the participation in HealthLink's Gold, Silver, or Bronze medical plan option selected by the member. Co-payments vary by plan option. See each individual member's identification card for selected option plan and co-payment amount.

Plan Option	Co-payment
GOLD	\$20
SILVER	\$25
BRONZE	\$30

A full co-pay payment is due for each outpatient visit including psychiatrist follow-up.

CLAIMS /CLAIMS STATUS

United Medical Resources, Inc./HL
P.O. Box 145804
Cincinnati, OH 45250-5804
(888) BJC-6926
(888) 252-6926

Electronic Payor ID: 31107

Timely Filing: Providers will need to complete and submit a CMS-1500 (formerly HCFA-1500) within 60 days of date of service for payment or 60 days of Eligibility of Benefits (EOB) from primary carrier.

CLAIMS APPEALS & RECONSIDERATIONS

Appeals may be filed if claim is denied for any reason. Appeals must be filed within 60 days of the last date of service or EOB. All claims appeals and reconsiderations should be sent to:

Attn: Appeals Coordinator
1430 Olive Street, Suite 400
St. Louis, MO 63103
(314) 206-3776