



## Welcome to TELUS Health!

We are pleased that you have chosen to join the TELUS Health provider network. Please take a few minutes to read through this information to familiarize yourself with TELUS Health.

We encourage our covered members to contact our office prior to receiving behavioral health services. Speaking directly with the member allows us to perform our intake process, verify the member's eligibility, and explain plan benefits including any applicable cost-sharing. Once we have verified eligibility and coverage, we will contact you to facilitate the referral and provide you with copay, coinsurance, plan deductibles, and any additional benefit information you may need. We will also answer any questions you may have.

## Emergencies

In an emergency, patient safety is the highest priority. Should a TELUS Health patient in crisis call you or present to your office, we would ask that you provide any appropriate and necessary care the patient needs. This may include referral to the nearest hospital emergency department. You or the patient should contact TELUS Health as soon as possible after emergency care has been provided to advise us of the patient's condition.

## Authorization Procedures

TELUS Health preauthorization is not required to initiate standard outpatient office-based treatment such as initial assessment, psychotherapy and psychiatric evaluation and management services. Also, a treatment plan is not required. If you require a written authorization for treatment after your initial assessment of the patient, you may forward a completed TELUS Health assessment and treatment plan form, or other documentation which indicates the type and frequency of treatment you intend to provide, to our Clinical Services Division by fax or mail. TELUS Health will send you written notification of coverage for continued treatment. TELUS Health's clinical forms are available at

<https://behavioralhealthsystems.com/providers/>.

Certain outpatient services typically require preauthorization. These include psychological test batteries (more than 10 test hours), Transcranial Magnetic Stimulation (TMS), Electroconvulsive Therapy (ECT), and Intensive Outpatient Programs. Contact TELUS Health if your recommended treatment plan includes any of these treatment services or you would like to confirm whether preauthorization is required for a particular type or intensity of service. Our preauthorization forms can be found at

<https://behavioralhealthsystems.com/providers/>

## Claims Processing

Claims should be submitted to us using a CMS-1500 or UB-04 form as applicable. Please be aware that TELUS Health cannot

process your claim if any required information is inaccurate, incomplete or missing. To ensure you submit a "clean" claim which can be approved timely, be sure all patient, provider, insured, CPT code, diagnosis, and service date details are provided. Since claim filing limits may vary for the benefit plans TELUS Health administers, we ask that all claims be submitted within 90 days of the date of service. We cannot approve claims received after a plan filing limit, and a TELUS Health member cannot be held responsible for the charges.

TELUS Health utilizes a monthly "batch" claims process. Clean claims which are received and approved by the 20th day of the month will be paid at the end of the following month. We encourage you to submit claims electronically using **BHS payor ID 63100**. Should you experience any problems or have questions regarding electronic claim submissions to TELUS Health, contact your practice management system vendor, or Optum iEDI Clearinghouse. If you prefer, paper claims can be sent to TELUS Health's mailing address shown below, or to the following dedicated **claims fax number: 205-449-5505**. TELUS Health does not accept claims submitted by email.

## Patient Cost-sharing

Patient cost-sharing will vary depending on the benefit plan and type of service provided. The TELUS Health Care Coordinator is available to discuss copay, coinsurance and/or deductible amounts with you. Also, you will be made aware of any available EAP visits, which are covered at 100% with no patient cost-sharing. Any applicable copay or coinsurance should be collected by your office directly from the patient. In the event a TELUS Health member contacts you directly and schedules an appointment, you may call us to confirm eligibility and for specific benefit information. In addition, we would ask that you direct the member to contact our office to speak with a Care Coordinator by calling 800-245-1150.

## TELUS Health Follow Up and Care Coordination

TELUS Health's care management activities are intended to support our members' success in treatment and achievement of positive outcomes. You may be contacted periodically by one of our Care Coordinators for brief progress updates. The Care Coordinator is also available to assist in the coordination of additional referrals if needed, or in the location of community-based resources necessary to provide patients or family members with added support.

## Contact Us

### Phone:

800-245-1150

205-879-1150

### Fax:

205-879-1178

### Mail:

TELUS Health

P.O. Box 830724

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