

Facility Benefits Available Through the Automated Response System for Providers

The Facility phone line is used by providers to check benefits for any services that will be billed on a UB claim form (facility services).

Below is a list of the available benefit category options, and the order of benefits within each prompt, you'll find when calling the Facility line.

Benefits available by facility type/type of facility services selected:

Home health care	page 2
Hospice services	page 3
Skilled nursing facility	page 4
Substance abuse services	page 5
Mental health services	page 6
Hospital inpatient	page 7
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End stage renal disease services	page 9
Ambulatory surgical center	page 10
Outpatient freestanding physical therapy	page 11

Home health care — Prompt 1

Home health care services

- Visit maximum or dollar maximum

Medical social services

Nutritional therapy

Occupational therapy

- Specific for home health care

Physical therapy

- Specific for home health care

Speech therapy

- Specific for home health care

Skilled nursing

- Specific for home health care

Hospice services — Prompt 2

Hospice

– Day or visit limit and cost share

Inpatient

Home care

Skilled nursing facility — Prompt 3

Skilled nursing facility

- Day limits and applicable renewal information
- Medical supply information specific to skilled nursing services
- Precertification requirements if applicable

Substance abuse services — Prompt 4

All benefits will be played; you do not need to select a benefit or say, "hear all benefits."

Inpatient

- Day limits or cost share
- Precertification information

Outpatient

- Visit limits or cost share

Mental health services — Prompt 5

All benefits will be played. You do not need to select a benefit or say, "hear all benefits."

Outpatient psychiatric services

- Copayments or cost share, if applicable
- Dollar maximums
- Visit limits

Hospital inpatient information — Prompt 6

Inpatient hospital

Dental

Admissions

– Day limits or cost share

Nervous and mental

– Day limits or cost share

Maternity

Private room

Semi-private room

Ward room

Residential

– Day limits or cost share

Hospital outpatient information — Prompt 7

Cardiac rehabilitation

Chemotherapy

Freestanding

– Clinic copay

Laboratory services

Emergency

– Cost share

Occupational therapy

– Visit limit or cost share

Physical therapy

– Visit limit or cost share

Radiation Therapy

Radiology services

Speech therapy

– Visit limit or cost share

Surgery

Outpatient hospital

End stage renal disease services — Prompt 8

All benefits will be played. You do not need to select a benefit or say, "hear all benefits."

End stage renal disease

Ambulatory surgical center — Prompt 9

All benefits will be played. You do not need to select a benefit or say, "hear all benefits."

Ambulatory surgical center

o Copay requirements, if applicable

Outpatient freestanding physical therapy — Prompt 10

Occupational therapy

– Visit limits, if applicable

Physical therapy

– Visit limits, if applicable

Speech therapy

– Visit limits, if applicable