



Check Status

Authorization IVR Caller Guide

Hours of Availability: Monday – Friday 5:00 a.m. to 10:30 p.m. (MT); Saturday 5:00 a.m. to 5:00 p.m. (MT); Sunday – Closed

- Utilize your keypad when possible
- Avoid using cell phones
- Minimize background noise
- Mute your phone when you are not speaking

This caller guide does not apply to Medicare Advantage members.

1) Getting Started



Welcome to the Blue Cross Blue Shield New Mexico Health Services Department. If you know your party's extension, say "extension." Otherwise, please continue to hold.

Interruption Permitted

To continue your preauthorization status request, please continue to hold.



If you're calling as a member, say "member." If you're calling as a healthcare professional, say "healthcare professional."

Interruption Permitted

Member
Healthcare Professional

Press 1
Press 2

Note: You can use your touch tone keypad to enter numeric characters.



Is your patient a member of the Federal Employee Program?

Interruption Permitted

Yes
No

Press 1
Press 2

2) Authorization and Referral Management



Authorization is required for certain services and determines medical necessity and appropriateness of treatment. Certification does not guarantee that services are eligible at time of admission or procedure, as it only assures the treatment meets the plan's medical necessity guidelines. Please call us back if you anticipate the length of stay will exceed the certificated days or the patient needs continued services. A recommended clinical review is optional and can be submitted online or by mail if services may not be covered based on medical necessity. Refer to our provider website for more information regarding utilization management and preservice reviews.



Please say behavioral health, peer to peer or other.

Interruption Permitted

Behavioral Health
Peer to Peer
Other

Press 1
Press 2
Press 3

Note: To submit your request online refer to the [BlueApprovRSM](#) or [Availity[®]](#) [Essentials Attachments: Recommended Clinical Review Requests](#) pages. If faxing supporting medical documentation for a previously submitted request, please include the request number.

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Welcome to the Blue Cross Blue Shield of New Mexico Provider Services line. To direct your call please say "medical," "pharmacy," "dental" or "behavioral health."

Interruption Permitted

Medical
Pharmacy
Dental
Behavioral Health

Press 1
Press 2
Press 3
Press 4



Okay. What's your 10-digit billing National Provider ID?

Situational:

If the system does not recognize the NPI, you will be prompted for a tax ID.

Interruption Permitted

Say or enter your NPI number.



Which can I help you with, eligibility and benefits, claims or authorization and referral management?

Interruption Permitted

Eligibility and Benefits
Claims
Authorization and Referral Management

Press 1
Press 2
Press 3



Okay. Authorization and referral management. Excluding the three-character prefix, what's the subscriber ID?

Situational:

If multiple policies are found for your patient, you will be asked to provide their group number.

Interruption Permitted

Say or enter only the subscriber ID, excluding the three-character prefix.

Note: Alpha and numeric characters may be entered by touch tone keypad. The Alpha Touch Tone reference guide is available on [page 4](#) for assistance with keying alpha characters.



Is this for medical, behavioral health or chemical dependency services?

Interruption Permitted

Medical
Behavioral Health
Chemical Dependency

Press 1
Press 2
Press 3



Do you need to check procedure code requirements, request authorization and referral, or check the status?

Interruption Permitted

Check Procedure Code Requirements
Request Authorization and Referral
Check the Status

Press 1
Press 2
Press 3

Note: To check status online refer to the [Availability Essentials Authorizations](#) page for more information.

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What's the Request ID? For help finding it, say "more information."

Situational:

If you don't know the Request ID or an authorization request cannot be matched to the information spoken, additional patient identifiers will be required.

Interruption Permitted

Voice option must be used here.
Touch tone is not an available option.

Note: Request ID's start with five digits and are followed by a combination of five letters or numbers.



That's 11001AAA99. Is that correct?

Interruption Permitted

Yes	Press 1
No	Press 2

Status Examples

Inpatient Response Example:

Here's the most recent status for this request. This inpatient request has been approved for xx number of days. The start date is mm/dd and the end date is mm/dd.

Outpatient Response Example:

Here's the most recent status for this request. The request has been approved as follows: procedure code 99999 approved for xx units. The start date is mm/dd and the end date is mm/dd.



To hear that again, say "repeat that." If you're finished, just hang up. To continue using this system, say "check another status" or "request authorization and referral management." To transfer to our Managed Care Unit, say "managed care."

Interruption Permitted

Repeat That	Press 1
Check Another Status	Press 2
Request Authorization and Referral Management	Press 3
Managed Care	Press 4

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Alpha Touch-Tone Reference

Alpha touch-tone is available as an alternative to voicing alpha-numeric mixed information.

To enter a **subscriber ID**, **group** or **claim number** containing alpha character(s):

- 1) Press the star key (*) to begin a letter sequence
- 2) Press the number key containing the desired letter (e.g., press 2 for A, B or C)
- 3) Press 1, 2, 3 or 4 to indicate the position the letter is listed on the selected key (e.g., press *21 to enter A)

A	=	*21
B	=	*22
C	=	*23
<hr/>		
D	=	*31
E	=	*32
F	=	*33
<hr/>		
G	=	*41
H	=	*42
I	=	*43
<hr/>		
J	=	*51
K	=	*52
L	=	*53
<hr/>		
M	=	*61
N	=	*62
O	=	*63
<hr/>		
P	=	*71
Q	=	*72
R	=	*73
S	=	*74
<hr/>		
T	=	*81
U	=	*82
V	=	*83
<hr/>		
W	=	*91
X	=	*92
Y	=	*93
Z	=	*94

Group Number

Ex. 1	Y	N	1	2	3	4
Press	*93	*62	1	2	3	4
Ex. 2	1	2	K	3	4	5
Press	1	2	*52	3	4	5

Subscriber ID

Ex. 1	A	1	N	2	3	4	5	6	7
Press	*21	1	*62	2	3	4	5	6	7
Ex. 2	0	9	2	T	7	6	8		
Press	0	9	2	*81	7	6	8		

Note: Exclude three-character prefix when entering the subscriber ID.

Claim Number

Ex. 1	2	1	3	4	F	5	6	7	0	X
Press	2	1	3	4	*33	5	6	7	0	*92
Ex. 2	2	0	1	T	8	7	6	5	0	C
Press	2	0	1	*81	8	7	6	5	0	*23

Note: The claim number should be 13 digits.

Have questions or need additional education? Email our [Provider Education Consultants](#).

Be sure to include your name, direct contact information and Tax ID or Billing NPI.

Checking eligibility and/or benefit information and/or obtaining prior authorization is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage, including, but not limited to, exclusions and limitations applicable on the date services were rendered. **Certain employer groups may require prior authorization or pre-notification through other vendors. If you have any questions, call the number on the member's ID card.** Regardless of any prior authorization or benefit determination, the final decision regarding any treatment or service is between the patient and the health care provider.

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