

Outpatient Request

800-325-8334

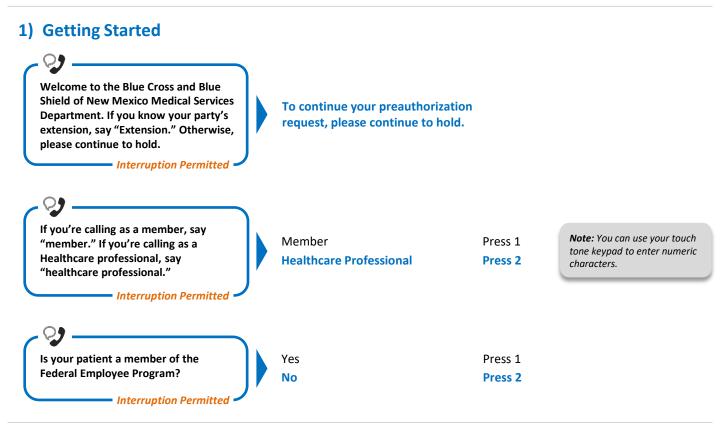
February 2025

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 1 of 7

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.



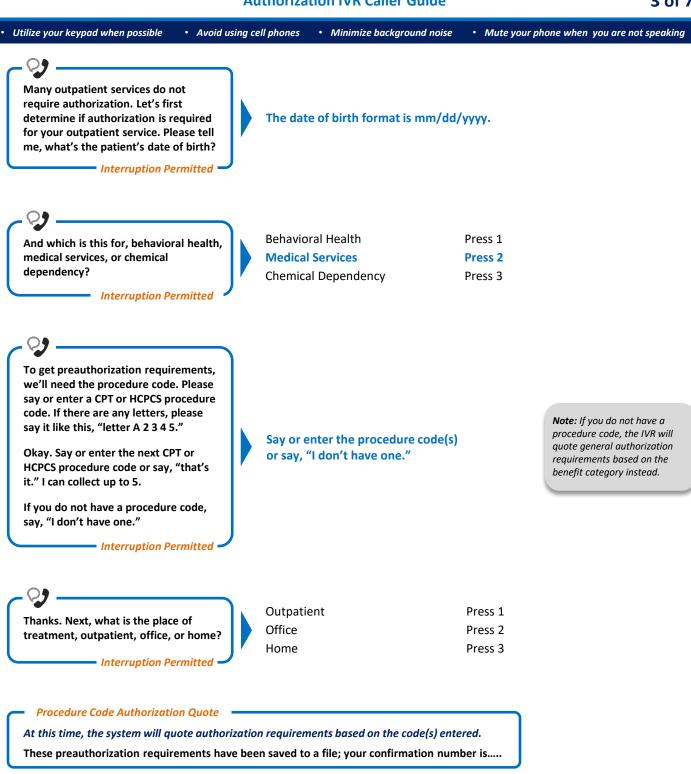
2) Authorization and Referral Management

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.

Note: To submit your request online refer to the BlueApprovRSM or Availity® **Essentials Attachments:** Recommended Clinical Review **Behavioral Health** Press 1 Please say behavioral health, peer to **<u>Requests</u>** pages. If faxing Peer to Peer Press 2 supporting medical peer or other. documentation for a previously Other Press 3 Interruption Permitted submitted request, please include the request number.

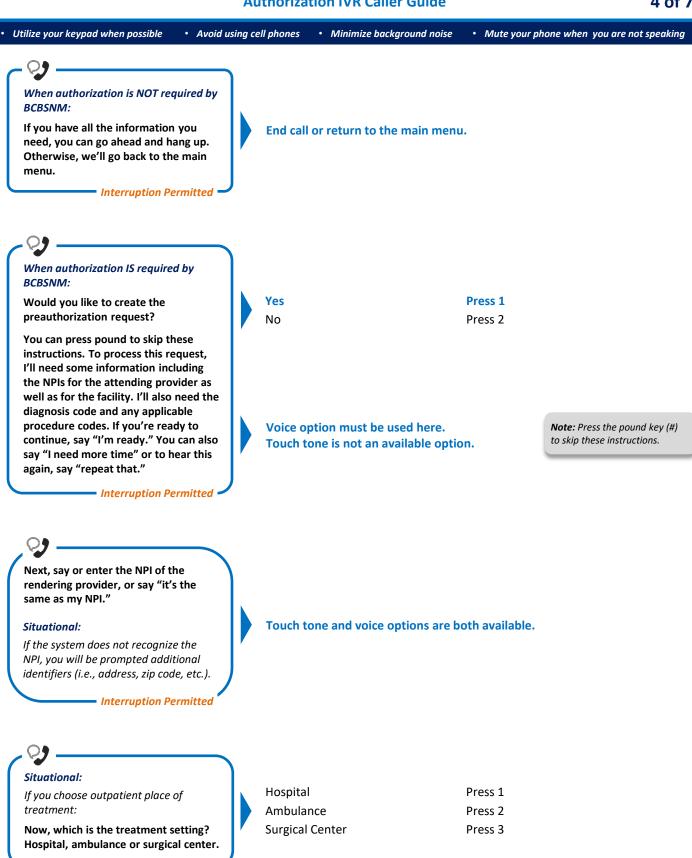
Blue Cross and Blue Shield of New Mexico, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association





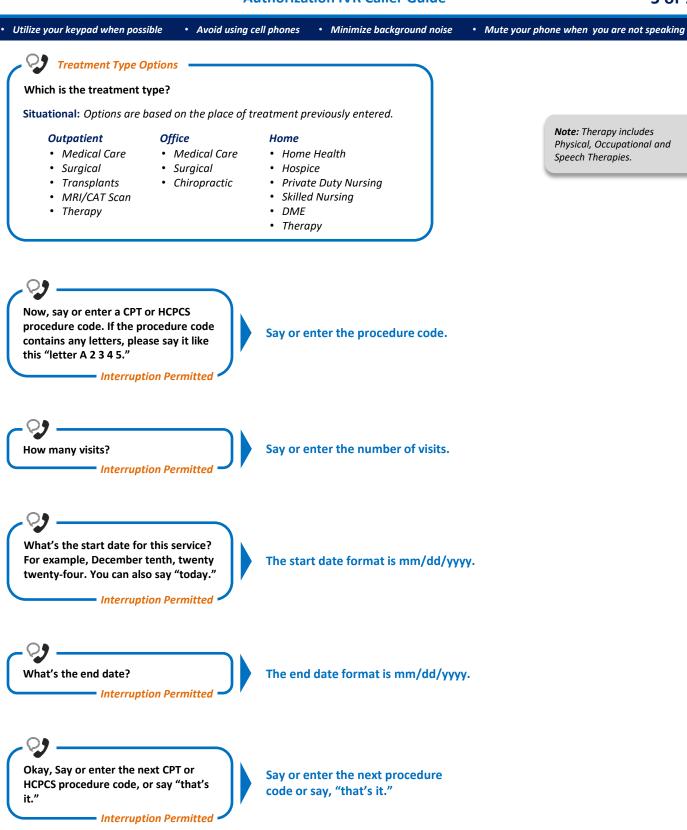
Interruption Permitted

Press 1 Press 2

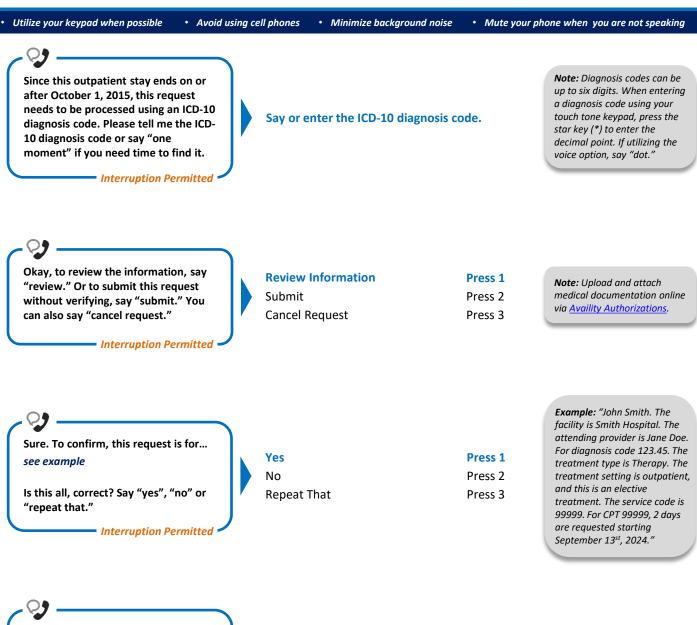


Interruption Permitted

4 of 7



6 of 7



Okay, to submit this request, say "submit." If you need to cancel this request, press 2.

Interruption Permitted

Say Submit or press 2 to cancel request.

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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)

| • | | *24 |
|---|---|-----|
| A | = | *21 |
| В | = | *22 |
| С | = | *23 |
| D | = | *31 |
| E | = | *32 |
| F | = | *33 |
| G | = | *41 |
| Н | = | *42 |
| I | = | *43 |
| J | = | *51 |
| К | = | *52 |
| L | = | *53 |
| М | = | *61 |
| Ν | = | *62 |
| 0 | = | *63 |
| Р | = | *71 |
| Q | = | *72 |
| R | = | *73 |
| S | = | *74 |
| Т | = | *81 |
| U | = | *82 |
| V | = | *83 |
| W | = | *91 |
| Х | = | *92 |
| Y | = | *93 |
| z | = | *94 |

Group Number

| Ex. 1 | Y | Ν | 1 | 2 | 3 | 4 |
|-------|-----|-----|-----|---|---|---|
| Press | *93 | *62 | 1 | 2 | 3 | 4 |
| Ex. 2 | 1 | 2 | к | 3 | 4 | 5 |
| Press | 1 | 2 | *52 | 3 | 4 | 5 |

Subscriber ID

| Ex. 1 | Α | 1 | Ν | 2 | 3 | 4 | 5 | 6 | 7 |
|-------|-----|---|-----|-----|---|---|---|---|---|
| Press | *21 | 1 | *62 | 2 | 3 | 4 | 5 | 6 | 7 |
| Ex. 2 | 0 | 9 | 2 | т | 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 | х |
|-------|---|---|---|---|-----|---|---|---|---|-----|
| Press | 2 | 1 | 3 | 4 | *33 | 5 | 6 | 7 | 0 | *92 |
| | | | | | | | | | | |
| Ex. 2 | 2 | 0 | 1 | т | 8 | 7 | 6 | 5 | 0 | С |

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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