



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

This caller guide does not apply to Blue Cross Medicare Advantage HMOSM and Blue Cross Medicare Advantage PPOSM.

1) Getting Started



Welcome to the Blue Cross Blue Shield Provider 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 is your 10-digit billing National Provider ID?

Interruption Permitted

Say or enter your NPI number.

Note(s):

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

2) Eligibility



Which can I help you with? "Eligibility & benefits", "claims" or "preauthorization"?

Interruption Permitted

Eligibility & Benefits

Claims
Preauthorization

Press 1

Press 2
Press 3

Note(s):

At a later point you will have the option to return here (Main Menu).



Excluding the three character prefix, what's the subscriber ID?

Interruption Permitted

Say or enter only the subscriber ID, excluding the 3-character prefix.

Note(s):

Anytime you are asked a yes or no question, you can enter 1 for yes or 2 for no.

Alpha and numeric characters may be entered by touch tone keypad. The Alpha Touch Tone reference guide is available on page five for assistance keying alpha characters..

Situational:

Multiple policies were found for that patient. To help narrow it down, what's their group number? For information about where to find the group number say "more information".



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What is the patient's date-of-birth?

Interruption Permitted

Say or enter the month, date and year with the century (*i.e.*, 04/03/2018 or April 3rd, twenty eighteen).

Note(s):

You will only hear the applicable disclaimer(s) once per call.

Only applicable services will be quoted.

Eligibility Quote:

"Please be advised that a quote of eligibility and benefits is not a guarantee of payment. All benefits and claim payments are subject to eligibility, medical necessity and the terms, conditions, limitations, exclusions and payment provisions of the patient's health benefit plan at the time the services are rendered. Benefit amounts are usually not based on billed charges and might be significantly less than billed charges. Please note newborn dependents not listed on the membership file may have benefits available."

The system will quote the following:

- Type of coverage (*i.e.*, PPO, HMO, etc.)
- Current effective date
- Pre-existing waiting period completion date
- Three character prefix
- Group number
- Health Care Account (HCA) balance
- PCP name, if available
- PCP effective date
- Termination or cancel date
- Confirmation number

3) Benefits



Now you can say "repeat that" or "benefit details." You can also say "next patient" or "main menu" or, if you're through, go ahead and hang up.

Interruption Permitted

Repeat That
Benefit Details
Next Patient
Main Menu

Press 1
Press 2
Press 3
Press 4

Note(s):

Benefit quotes must be preceded by eligibility.

You may be prompted for the zip code, address where the service is rendered, provider type and/or provider specialty.



Tell me a service, for example, "office visit", or "chiropractic service" or say "list them."

Interruption Permitted

Say the requested service or say "list them."

Note(s):

A list will be offered in groups of five with precedence based on the provider type and/or specialty. This comprehensive listing is available on page 4 in alphabetical order.



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Where is the service being rendered? Say “inpatient”, “outpatient”, “emergency room”, “office”, “home”, “birthing center” or “other”

Interruption Permitted

Say applicable place of treatment.

Note(s):

Only applicable places of treatment will be indicated.

To use your touch tone key pad, you may press the number corresponding with the order of the place of treatment given.

Only applicable services will be quoted.

The system will quote the following:

- If the service is/is not covered
- Copay amount
- Deductible amount per contract/calendar year and amount met year to date
- Coinsurance amount
- Out-of-pocket limit per contract/calendar year and met year to date
- Benefit maximum and amount met year to date
- Lifetime max amount and amount year to date
- Preauthorization requirements
- Timely filing period
- Confirmation number



Would you like for me to fax this information to you?

Interruption Permitted

Yes Press 1
No Press 2

Note(s):

Fax numbers can be entered by touch tone or spoken. They should also be entered in ###-###-#### format, without the preceding 1.

If Yes:

What is your fax number, including the area code? Thanks, I'll fax the information to you. Our goal is to have this to you within the hour and will be sent to you before the end of the business day.



The benefits quoted were based on the provider's network participation. If you would like to receive the contrasting level of benefits say “contrasting benefits.”

Interruption Permitted

Repeat That Press 1
Check Another Benefit Press 2
Next Patient Press 3
Claims Address Press 4
Main Menu Press 5

Note(s):

A quote of the contrasting level of benefits is not available for members covered under the following contracts: Health Maintenance Organization (HMO), Traditional, Exclusive Provider Option (EPO), Medicare Supplement and/or Federal Employee Program (FEP).

Otherwise:

Say, “repeat that” or “check another benefit.” You can also say, “next patient”, “claims address” or “main menu.”



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Customer Advocate assistance has been removed for the benefit categories highlighted in blue.

Non-FEP Benefit Category Key Words (Alphabetically Listed)

- | | | | |
|---|--|--|---|
| <ul style="list-style-type: none"> • 23 Hour Observation <ul style="list-style-type: none"> ✓ Diagnostic ✓ Hospital Visit ✓ Labs ✓ X-rays • Abortion • Acupuncture • Air Ambulance • Allergy <ul style="list-style-type: none"> ✓ Allergy Treatment ✓ Allergy Testing ✓ Consultation ✓ Office Visit • Anesthesia • Assistant Surgeon • Behavioral Health <ul style="list-style-type: none"> ✓ Day Psychiatric ✓ Adult Family Counseling ✓ Child Family Counseling ✓ Group Psychotherapy ✓ Individual Psychotherapy ✓ Psychological Testing ✓ Residential Treatment ✓ Mental Visit • Biofeedback • Birth Control • Cardiac Rehab • CAT Scan • Catastrophic Protection • Chemical Dependency <ul style="list-style-type: none"> ✓ Day Psychiatric ✓ Adult Family Counseling ✓ Child Family Counseling ✓ Detoxification ✓ Group Psychotherapy ✓ Individual Psychotherapy ✓ Intensive Chemical Dependency ✓ Mental Visit ✓ Partial Hospitalization ✓ Residential Treatment • Chemotherapy <ul style="list-style-type: none"> ✓ Chemotherapy ✓ Radiation Therapy ✓ Office Visit • Chiropractic Services <ul style="list-style-type: none"> ✓ Acupuncture ✓ Diagnostic Medical ✓ Muscle Manipulation ✓ Orthotics ✓ Office Visit ✓ Physical Therapy ✓ X-rays | <ul style="list-style-type: none"> • Circumcision • Colonoscopy <ul style="list-style-type: none"> ✓ Medical Colonoscopy ✓ Routine Colonoscopy • Consultations • Coordinated Home Care • Cosmetic • Dental • Diabetic Management • Dialysis • Drugs • Durable Medical Equipment <ul style="list-style-type: none"> ✓ DME Purchase ✓ DME Rental ✓ DME Repair and Replacement • EKG • Emergency Accident Care • Emergency Medical Care • Emergency Room <ul style="list-style-type: none"> ✓ Emergency Accident Care and Services ✓ Emergency Medical Care and Services • Extended Care Facility • Family Planning • Ground Ambulance • Hearing <ul style="list-style-type: none"> ✓ Hearing Aide ✓ Routine Hearing Test • Home Infusion Therapy <ul style="list-style-type: none"> ✓ DME ✓ Drugs ✓ Medical Supplies ✓ Nursing • Hospice • Hospital <ul style="list-style-type: none"> ✓ Daily Room and Board ✓ Hospital Visit • Hydrotherapy • Infertility <ul style="list-style-type: none"> ✓ Artificial Insemination ✓ Diagnostic Medical ✓ In Vitro Fertilization ✓ Labs ✓ Office Visit ✓ X-ray • Inhalation Therapy • Injections <ul style="list-style-type: none"> ✓ Injections ✓ Office Visit • Laboratory • Lupron | <ul style="list-style-type: none"> • Mammogram <ul style="list-style-type: none"> ✓ Medical mammogram ✓ Routine Mammogram • Maternity <ul style="list-style-type: none"> ✓ Normal Global Maternity (Member/Spouse/Dependent) ✓ Initial Office Visit ✓ Ultrasound • Medical Supplies • Medical Therapeutic • Medicare • Mixed Therapy <ul style="list-style-type: none"> ✓ Occupational Therapy ✓ Physical Therapy ✓ Speech Therapy • MRI • Naprapathic Services <ul style="list-style-type: none"> ✓ Consultation ✓ Muscle Manipulation ✓ Orthotics ✓ Office Visit ✓ Physical Therapy ✓ X-rays • Nutritional Counseling • Occupational Therapy • Office Services <ul style="list-style-type: none"> ✓ Injections ✓ Office Diagnostic Medical Procedure ✓ Office Labs ✓ Office Visit ✓ Office Surgery ✓ Office X-rays • Office Visit • Organ Transplant • Orthotics • Pap Smear <ul style="list-style-type: none"> ✓ Medical Pap Smear ✓ Routine Pap Smear • Pathology • PET Scan • Physical Exam • Physical Therapy • Podiatry <ul style="list-style-type: none"> ✓ Injection ✓ Orthotics ✓ Office Visit ✓ Physical Therapy ✓ Surgery ✓ Routine Foot Care ✓ X-rays | <ul style="list-style-type: none"> • Preventive Care <ul style="list-style-type: none"> ✓ Routine Immunizations ✓ Routine Office, Well Visit or Physical Exam ✓ Routine Colonoscopy Screening ✓ Routine Colorectal Cancer Screening Lab ✓ Routine Colorectal Cancer Screening X-ray ✓ Routine Diagnostic ✓ Routine Lab ✓ Routine Mammogram ✓ Routine Pap Smear ✓ Routine Prostate Test ✓ Well Child ✓ Routine Well Woman Exam ✓ Patient Education and Training • Private Duty Nursing • Prosthetics • PSA <ul style="list-style-type: none"> ✓ Medical Prostate Test ✓ Routine Prostate Test • Respiratory Therapy • Roling • Routine Vision <ul style="list-style-type: none"> ✓ Prosthetics ✓ Frames ✓ Bifocal Lens ✓ Contact Lens ✓ Lenticular Lens ✓ Singular Vision Lens ✓ Trifocal Lens ✓ Routine Vision Test • Second Opinion • Self Injectable • Sleep Study • Smoking • Speech Therapy • Sterilization <ul style="list-style-type: none"> ✓ Elective Sterilization ✓ Medical Necessary Sterilization • Stress Test • Surgery • TMJ <ul style="list-style-type: none"> ✓ Physical Therapy ✓ Office Visit ✓ Orthotic Appliance ✓ X-rays • Ultrasound (Non-pregnancy Related) • Urgent Care • Wigs • X-ray |
|---|--|--|---|

FEP Benefit Category Key Words (Alphabetically Listed)

- | | | | |
|---|---|---|--|
| <ul style="list-style-type: none"> • Accidental Injury • Acupuncture • Allergy • Anesthesia • Assistant Surgery • Cardiac Rehab • Catastrophic Protection • Chiropractic Services • Colonoscopy | <ul style="list-style-type: none"> • Dental • Diabetic Education & Nutrition Counseling • Diagnostic Labs & X-rays • Dialysis • Durable Medical Equipment • Family Planning • Foot Care • Hearing Services | <ul style="list-style-type: none"> • Hospice & Home Nursing Care • Inpatient Benefits • Maternity • Medicare • Mental Condition or Substance Abuse • Office Visit • Oral Surgery • Orthotics/Prosthetics | <ul style="list-style-type: none"> • Outpatient Benefits with Professional Day Surgery • Physical, Occupational, Speech Therapy • Preventive Care • Skilled Nursing Care • Vision • Wigs |
|---|---|---|--|

Have questions or need additional education? Email the Provider eBusiness Consultants at pecs@bcbsnm.com
Be sure to include your name, direct contact information & Tax ID or Billing NPI.



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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 3 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

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