

Provider Caller Guide

IVR Hours of Availability: Monday – Sunday (Any Time)

Provider Customer Service Hours of Availability: Monday - Friday 7:30 AM - 5:00 PM (CT)

Required Info: ~ NPI (10 digits) ~ Member ID (9 digits – no alpha prefix) ~ Tax ID (9 digits) ~ Date Format (XX-XX-XXXX) – Date of Service, Admission, Birth (DOB must match Member ID)

Thank you for calling Blue Cross and Blue Shield of Nebraska.

If you are calling on a member whose ID begins with Y2M or YMA, those are Medicare Advantage plans and are not serviced at this number. Please hang up and dial the Medicare Advantage phone number at 888-488-9850.

- If you are calling for a member of the federal employee program whose ID begins with a R only, Press 1
- For J-codes, prescription benefits or claims, Press 2
- For dental coverage, Press 3
- For dental claims, including the status of reconsiderations or appeals, Press 4
- For preauthorization status, Press 5
- For medical coverage, Press 6
- For medical claims, including the status of reconsiderations or appeals, Press 7
- To repeat this menu, Press 8

If you are calling for a member of the Federal Employee Program whose ID begins with a R only, Press 1

You are about to transfer to a different system for the Federal Employee Program where you will only be able to inquire on a member of that program. To continue your transfer, Press 1.

To stay in the Blue Cross and Blue Shield of Nebraska system and return to the main menu, Press 2.

- If you are an FEP Member, Press 1.
- If you are a Provider, Press 2.

For J-codes, prescription benefits or claims

This option has you verify the Member ID and DOB before talking to a Customer Service Representative about RX benefits or claims

Please hold for the next available representative. Your call may be recorded for quality purposes. Please note that exact benefits will be determined once a claim has been received.

For Dental Coverage: (*Req: NPI, Member ID, DOB*)

This option tells you if the member number you entered has current Dental coverage, and if so what the effective date of the coverage is. It also provides a member's effective coverage terminated date.

- To repeat this information, Press 1
- If you would like the dental breakdown letter faxed to you, Press 2
- For information on another member covered by this policy, Press 3
- For information on a different identification number, Press 4
- To return to the main menu, Press 8
- To speak to a Provider Service Representative, Press 0

For Dental Claims: (Req: NPI, Tax ID, Member ID, Date of Services)

You will hear if a claim has been found, if it has been paid, or is in review as well as available claim processing details.

If a claim is found:

- To repeat this information, Press 1
- For a different date of service with the same identification number, Press 2
- For a different claim with a different identification number, Press 4
- For a different claim with a different provider, Press 5
- To return to the main menu, Press 8
- To speak to a Customer Service Representative Press 0

If no claim is found:

- To enter a new NPI and Tax ID, Press 1
- To enter a new Admission Date, Press 2
- To enter a new member identification number, Press 3
- To speak to a Customer Service Representative, Press 0

If recon was received, approved, or in-progress:

- To repeat this information, Press 1
- To hear the details of the original processing of this claim, Press 2
- To perform additional inquiries, Press 3
- To speak to a Customer Service Representative, Press 0

If recon was returned:

- To repeat this information, Press 1
- To request a duplicate copy of this letter, Press 2
- To hear the details of the original processing of this claim, Press 3
- To perform additional inquiries, Press 4
- To speak to a Customer Service Representative, Press 0

If appeal was received or in-progress:

- To repeat this information, Press 1
- To hear the details of the original processing of this claim, Press 2
- To perform additional inquiries, Press 3
- To speak to a Customer Service Representative, Press 0

If appeal requires additional information:

- To repeat this information, Press 1
- To request a duplicate copy of this letter, Press 2
- To hear the details of the original processing of this claim, Press 3
- To perform additional inquiries, Press 4
- To speak to a Customer Service Representative, Press 0

If appeal was approved or denied:

- To repeat this information, Press 1
- To request a duplicate copy of this letter, Press 2
- To hear the details of the original processing of this claim, Press 3
- To perform additional inquiries, Press 4
- To speak to a Customer Service Representative, Press 0

For Preauthorization Status: (Req: NPI, Member ID, DOB)

• This option provides the status of a Preauthorizations

If in state - Did you know, as a NE provider, you have access to our free online portal called Navinet? Navinet includes our self-service Preauth tool which allows you to verify if a service requires preauthorization as well as submit a preauth or inpatient stay request with the potential for instant approval. You can also check the status of a submitted preauthorization by using the dashboard within the tool. If you are already setup with Navinet, please visit our medical policy tool at medicalpolicy.nebraskablue.com to get started. If you need a Navinet login, please call 18884828057.

To hear this information again press 1 To continue to the next menu, press 2

If out of state - Did you know, as a provider outside of NE, you have access to our medical policy tool where you can quickly find out if a Preauthorization is required? Please visit our medical policy tool at medicalpolicy.nebraskablue.com to get started. To hear this information again press 1 Statuses heard are no preauth on file, approved, denied, or pending

- To repeat this information, press 1
- To return to the main menu press 8
- To speak with a Customer Service Representative, press 0

To Verify Medical Coverage: (Req: NPI, Member ID, DOB)

This option tells you whether or not the member number you entered has current Medical coverage, and if so what the effective date of the coverage is. It then provides the name of the member's coverage and allows you to hear cost share information, copay information, or verify specific benefits with a representative.

- To hear this member's cost share information such as deductible and out of pocket maximum, press 1
- To hear this member's copay information, press 2
- To verify specific benefit information with a customer service representative, press 3
- For inpatient pre-admission or rehabilitation, press 4
- For pre-authorization of Home Health nursing visits or a skilled nursing facility stay, press 5
- To return to the main menu, press 8
- To speak to Provider Services Representative, Press 0

 For Medical Claims, including the status of reconsiderations or appeals: (Req: NPI, Tax ID, Member ID, Date of Service)

As a reminder Customer Service will take 10 IDs per call.

You will hear if a claim has been found, if it has been paid, or is in review, available claim processing details as well as if a reconsideration or an appeals is on file.

If a claim is found:

- To repeat this information, Press 1
- For a different date of service with the same identification number, Press 2
- For a different claim with a different identification number, Press 4
- For a different claim with a different provider, Press 5
- To return to the main menu, Press 8
- To speak to a Customer Service Representative, Press 0

If no claim is found:

- To enter a new NPI and Tax ID, Press 1
- To enter a new Admission Date, Press 2
- To enter a new member identification number, Press 3
- To speak to a Customer Service Representative, Press 0

If recon was received, approved, or in-progress:

- To repeat this information, Press 1
- To hear the details of the original processing of this claim, Press 2
- To perform additional inquiries, Press 3
- To speak to a Customer Service Representative, Press 0

If recon was returned:

- To repeat this information, Press 1
- To request a duplicate copy of this letter, Press 2
- To hear the details of the original processing of this claim, Press 3
- To perform additional inquiries, Press 4
- To speak to a Customer Service Representative, Press 0

If appeal was received or in-progress:

- To repeat this information, Press 1
- To hear the details of the original processing of this claim, Press 2
- To perform additional inquiries, Press 3
- To speak to a Customer Service Representative, Press 0

If appeal requires additional information:

- To repeat this information, Press 1
- To request a duplicate copy of this letter, Press 2
- To hear the details of the original processing of this claim, Press 3
- To perform additional inquiries, Press 4
- To speak to a Customer Service Representative, Press 0

If appeal was approved or denied:

- To repeat this information, Press 1
- To request a duplicate copy of this letter, Press 2
- To hear the details of the original processing of this claim, Press 3
- To perform additional inquiries, Press 4
- To speak to a Customer Service Representative, Press 0

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