
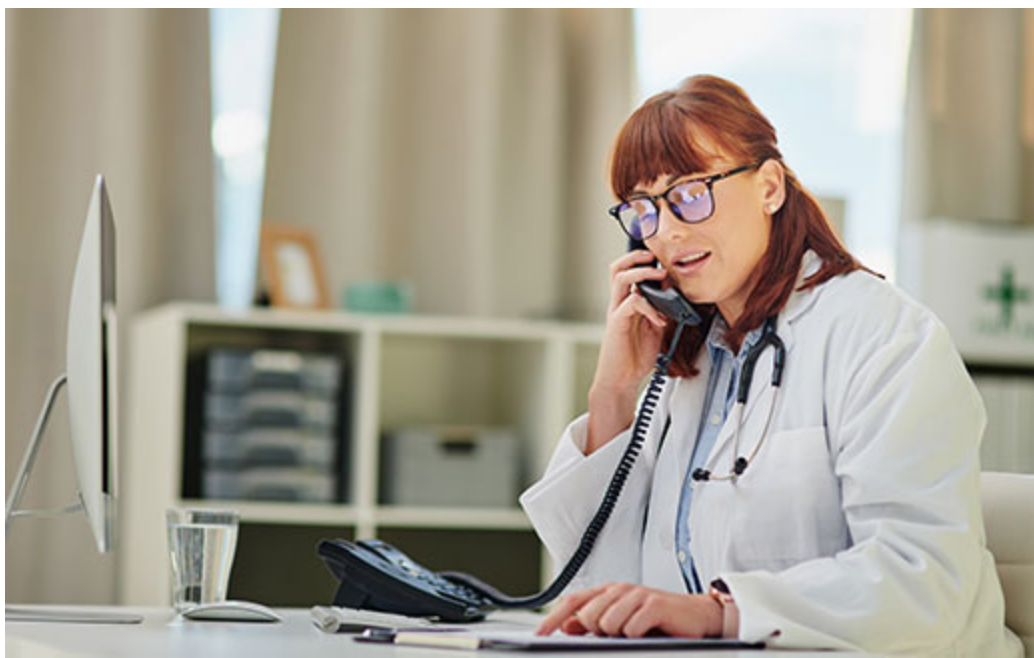


Making it easy: BCBSAZ automated phone system

 pages.azblue.com/How-to-optimize-our-247-automated-phone-system---SEPT-2022.html

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For your convenience, Blue Cross® Blue Shield® of Arizona (BCBSAZ) maintains an automated 24/7 **interactive voice response (IVR)** system that is continuously updated (real-time) to provide the most current information available. To save time and make the most of this resource, here are some tips.

 [In This Issue](#)

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1. Have provider/member identification information ready.

Call 602-864-4320 or 1-800-232-2345, or the customer service number listed on the back of the member's ID card. You'll need the following information to activate the IVR system:

- Provider's individual NPI and associated tax ID number
- Member's ID (for general questions you can use any member ID)
- Member's date of birth
- Date of service and billed amount (to check claim status)

2. Select the function relevant to your inquiry (see below for functions supported by the IVR).

3. Filter benefit inquiries by saying the types of service that are relevant.

4. Say "Stop playback" at any time to interrupt and move on to other functions.

5. Say "Representative" to be routed to the customer service team for more complex or detailed information not available through the automated system (this is available only after you have successfully followed the IVR prompts for provider/patient identification).

6. Note the contact tracking number for future reference.

Functions supported by the IVR

The IVR system gives you 24/7 access to these functions:

- **Member eligibility and benefit information** for general medical and dental services
 - Hear benefit limits and status on accumulated benefits.
 - Request a fax of the member benefits (to be sent within 24 hours).
 - Obtain year-to-date deductible accumulation information (individual/family plans) for medical and dental.
- **Claim status** for BCBSAZ, Federal Employee Program® (FEP®), Medicare Advantage, and BlueCard® (out-of-area) members
 - Get line-item detail and payment information.
 - Check status “pending” details (for some lines of business) when claims are awaiting medical records and/or other insurance coverage.
- **BCBSAZ fee schedule information** (CPT® and CDT® codes only)
- **Prior authorization** requirements and requests
 - Check if prior authorization is required for a particular service.
 - Request prior authorization or check status for FEP and most BCBSAZ members.
Exception: Prior authorization for BCBSAZ members with PCP Coordinated Care HMO plans is handled online or by fax, using resources available in the secure provider portal at azblue.com/providers in “Practice Management > PCP Coordinated Care HMO Plans.”

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BCBSAZ member ID cards are available for download via eligibility and benefits search results.