

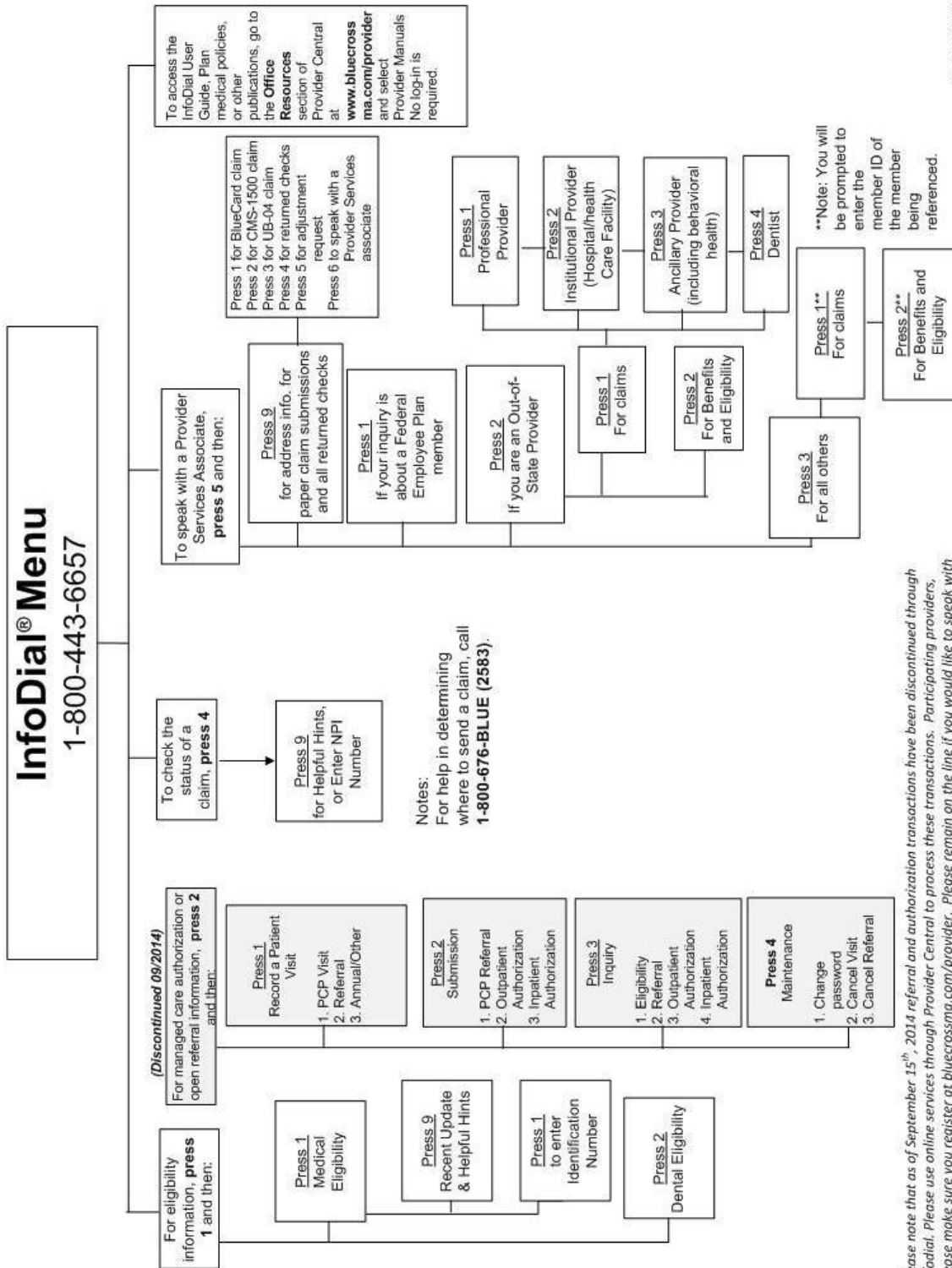
InfoDial User Guide

In an effort to provide you with the most up-to-date information, BCBSMA revises this online manual throughout the year. The online version is always the most up-to-date version of the manual. Please see the *Summary of Changes* document for a list of recent revisions by logging on to www.bluecrossma.com/provider and selecting Provider manuals from our Office resources section.

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Please note that as of September 15th, 2014 referral and authorization transactions have been discontinued through Infodial. Please use online services through Provider Central to process these transactions. Participating providers, please make sure you register at bluecrossma.com/provider. Please remain on the line if you would like to speak with an associate.

Getting Help

Step-by-step instructions

If you're already in InfoDial and you want help, just:

- Press **0** and # to return to the Main Menu.
- Press **5** and follow the steps below to speak to a Provider Services Associate.

When InfoDial asks you for:	Press:
Your provider type	<ol style="list-style-type: none"> 1 If your inquiry is about a Federal Employee Program (FEP) Member 2 If you are an out-of-state provider 3 For all others
Type of inquiry	<ol style="list-style-type: none"> 1 If your inquiry is about an FEP Member 2 If you are an out-of-state provider 3 For all others
Your provider ID	Enter your National Provider Identifier (NPI).
Claims or benefits questions	<ol style="list-style-type: none"> 1 For claim status inquiry 2 For benefits and eligibility
Member ID	Enter the Member ID number for the Member you are calling about
Your provider type	<ol style="list-style-type: none"> 1 If you are a professional provider 2 If you are an institutional provider (hospital or health care facility) 3 If you are an ancillary provider (including behavioral health) 4 If you are a dentist

Note: If you enter a valid NPI, you will not be asked for your provider type.

Determining Medical Eligibility

Medical Eligibility

You may determine medical eligibility for Members of HMO Blue[®], Blue Care[®] Elect, Medex[®], BCBSMA New England Health Plans, Federal Employee Plan (FEP) Members who are Massachusetts residents, and enrollees of local national accounts. InfoDial eligibility is available year-round, 24 hours a day, 7 days a week. **Information obtained from InfoDial is not an authorization of payment.**

Step-by-step instructions

Important reminder: Press the # key after each entry to expedite the transaction. Select **0** and # key at any time during the transaction to return to the main menu.

Step:	Action:
1	From the main menu, select Option 1 for eligibility.
2	Select Option 1 for medical eligibility.
3	Press 9 for “yes” to hear recent updates and helpful hints. Or, press 1 to enter the Member’s ID number.
4	Enter the Member’s 9- or 11-digit ID number. For FEP Members, enter the 9-digit ID number starting with the letter R; R=*72 (e.g., *7212345678#). NOTE: If the Member’s ID number is other than 9 or 11 digits, InfoDial cannot complete your transaction. You will be given an opportunity to speak with a Provider Services associate.
5	Enter date of service in MMDDYY format. For example, for January 2, 2008, enter 010208 OR press the # key for today’s date. (Reminder: eligibility information is Member and service date-based.)
6	Enter the patient’s date of birth in MMDDCCYY format. For example, for May 31, 1958, enter 05311958.
7	You will hear medical plan eligibility information. Note: You have additional informational options available: <ul style="list-style-type: none"> • For Member, subscriber, and primary care provider (PCP) names, you may choose to have the name spelled—press 6 for no, or press 9 for yes. • You have the option to listen to copayment information at the prompt. Press the appropriate key: <ul style="list-style-type: none"> 1—For medical copayments 2—For emergency copayments 3—For community behavioral health copayments 4—To hear routine/preventive care copayments 5—For pharmacy copayments Note: If a copayment category is not applicable to a Member’s coverage, you will not hear it listed as an option. You will be given the option to speak with an associate if copayment information is not found.

Determining Medical Eligibility

Step-by-step instructions (continued)

Step:	Action:
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- | | |
|---|--|
| 8 | Press the appropriate key for your next option:
1—To repeat PCP information
2—To repeat Member eligibility
3—For dependent information under this identification number
and for the date of service entered (you'll be taken back to Step 6)
4—To enter another eligibility (you'll be taken back to Step 4)
5—Go back to the Main Menu. |
|---|--|

Inquiring About a Claim's Status

Claim status information is available within 48-72 hours if the claim was submitted to us via InfoDial or any other electronic technology. Claim status is available M–F, 6:30 a.m.–9 p.m., and Sat.–Sun., 7 a.m.–4 p.m.

Step-by-step instructions

*Important reminder: Press the # key after each entry to expedite the transaction.
Select "0" and # key at any time during the entry of information to return to the main menu.*

Step:	Action:
1	From the main menu, select Option 4 for claim status.
2	Press 9 for "yes" to hear recent updates and helpful hints OR enter the servicing provider's NPI
3	<p>The Member's ID number will be entered in two separate steps; first the alpha prefix (Step 3) and then the remainder of the Member ID number (Step 4).</p> <ul style="list-style-type: none"> • The prefix field is limited to 3 alpha characters. If the alpha prefix has greater than 3 characters, enter the first 3 at this prompt using the conversion table provided below. The remaining alpha/numeric digits should be entered when prompted for the ID number (see Step 4). • If the Member's ID number begins with XX, MTN or MTP it is not necessary to enter the prefix. Press the # key to skip this step. • If the Member's ID number begins with any other prefix this step is mandatory and the prefix should be entered using the conversion table provided. <ul style="list-style-type: none"> ○ Federal Employee Program Member ID cards have an alpha prefix of a single letter R. At the prompt, enter *72 followed by the # key.) • After entering the prefix, enter # and you will be prompted to enter the remainder of the ID number (see Step 4).

Example: For Member ID #: **MKK 123A45678**, the prefix would be entered as ***61*52*52#**

Refer to the alpha conversion chart below :

Inquiring About a Claim's Status

How to Enter Letters on InfoDial

For this letter:	Enter this code:	For this letter:	Enter this code:
A	*21	N	*62
B	*22	O	*63
C	*23	P	*71
D	*31	Q	*11
E	*32	R	*72
F	*33	S	*73
G	*41	T	*81
H	*42	U	*82
I	*43	V	*83
J	*51	W	*91
K	*52	X	*92
L	*53	Y	*93
M	*61	Z	*12

Step: Action:

- 4 Enter up to 10 characters of the Member's ID number. Please enter these characters as they appear in the Member ID card following the alpha-prefix. Press the # key when done.
Most Member ID numbers contain only numeric digits, however when an ID *does* contain an alpha character, convert that alpha character to a number using the provided conversion table.

Example : For Member ID #: **MKK123A45678**, the Member ID after the prefix would be entered as **123*2145678** then press the # key.

- 5 Enter the total charges of the claim, including dollars and cents. For example, if the total charges are \$600.00, enter "60000". If the total charges are \$50.25, enter "5025".
- 6 Enter the first date of service that was reported on your claim when submitted in MMDDCCYY format. For example, for January 15, 2014, enter 01152014.
- 7 The claim's status and the Plans' address information will be provided.

Inquiring About a Claim's Status

Step:	Action:
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- 8 To check the status of multiple claims, you have two options:
- Press **0** (zero) and the # key to return to the main menu.
 - Press **4** to begin the claim status inquiry again. InfoDial will prompt you to enter your servicing provider NPI and the patient's ID number.

The following inquiry options will also be offered to which you can:

- Press **6** for no
- Press **9** for yes
- Would you like to inquire about another claim for the same certificate number for the same servicing provider? (You'll be taken back to Step 5.)
- Would you like to inquire about another claim for the same servicing provider using a different Member certificate number? (You'll be taken back to Step 4.)
- Would you like to inquire about another claim using a different servicing provider NPI? (You'll be taken back to Step 2.)

If you respond with a “no” to all of these questions, InfoDial will automatically return you to the main menu.

Helpful Hints

Press 9 for InfoDial Helpful Hints

Medical Eligibility

At any time, you may press:

- # (pound key) to skip a message
- * (star key) to repeat the message
- 0 (zero) and # (pound key) to return to the main menu.

You may access medical eligibility for all of our Members including Medex[®], Federal Employee Program (FEP) enrollees who reside in Massachusetts, Medicare HMO Blue[®], Medicare PPO BlueSM, and New England Health Plan managed care Members who have chosen a Plan primary care provider (PCP).

Medical eligibility information for an active Plan Member includes:

- Group number
- Group or non-group enrollment
- Type of coverage
- Individual or family certificate
- The PCP's name and phone number (for a managed care Member)
- Common copayment information
- MRI/CT scan and chiropractic authorization requirements.

The information provided is dependent upon the Member's coverage status for the date of service requested. The Plan will not cover services related to specific contract exclusions such as custodial care, pre-existing conditions, experimental procedures, or care determined not to be medically necessary.

An eligibility inquiry is not a guarantee of claim payment.

The medical eligibility transaction will prompt for the Member's ID number. FEP Members have a 9-digit number beginning with the letter R. Enter the 9-digit identification number as ***72** followed by the 8 numeric digits (i.e., *7212345678). For all other eligibility inquiries, there is no need to enter the 3-letter prefix.

We do not provide eligibility information for Members enrolled in an out-of-state Blue Cross Blue Shield (BCBS) Plan. For membership and coverage information for these out-of-state Members, call BlueCardSM Eligibility at **1-800-676-BLUE (2583)**.

Helpful Hints

Medical Eligibility (continued)

When submitting a referral or authorization to another health care provider and you do not know the specialist's or facility's NPI, please contact them to obtain the correct NPI information. Our provider directory contains NPI information and is available to Participating Providers on our website. Log on to www.bluecrossma.com/provider and click **Office Resources > Plans & Products > Find a Doctor** and complete the required fields. When the results display, simply click on the provider's name and NPI information will display.

Mailing Addresses for Claims

Please use the appropriate mailing address below for paper claim submissions, returned checks, and adjustments. This information is also available via InfoDial. From the main menu, select **Option 5**, and then press **9**.

CMS-1500 paper claims

BCBSMA
P.O. Box 986020
Boston, MA 02298

UB-04 paper claims

BCBSMA
P.O. Box 986015
Boston, MA 02298

Returned Checks

BCBSMA
Cash Receipts
One Enterprise Drive
Mail-stop 02/04
North Quincy, MA 02171

Provider Services Adjust Requests

BCBSMA
Provider Services
P.O. Box 986065
Boston, MA 02298

Helpful Hints

Claim Status Inquiry

For Claim Inquiry information on InfoDial, press 1.

InfoDial's claim inquiry transaction may be used to find the processing status of any claim that was submitted directly to us. If your claim was filed with another state's BCBS Plan, status information is not available via InfoDial. Please contact the other Plan directly.

Claim status information is available within 48 to 72 hours after a claim has been electronically submitted for processing. If a paper claim was submitted, please allow time for your claim to be entered into our system.

Important Note: If we do not have your National Provider Identifier (NPI) on file, we will not be able to process this electronic transaction. Please contact us at **1-800-316-2583** so that we may update our records with your NPI information.

For help entering the provider number, press 2.

InfoDial will prompt you to enter the servicing or treating provider's National Provider Identifier (NPI)*. If you have shared your NPI information with us, we will be able to provide you with status information even if the claim was initially submitted using the legacy number. If we do not have your NPI on file, you will not be able to perform this electronic transaction. Please call us at **1-800-316-2583** so that we may update our records with your NPI information

For help entering the Member identification number, press 3.

The Member's ID number will be entered in two separate steps; first the alpha prefix and then the numeric portion of the ID number. If the Member's ID number begins with XX, MTN, or MTP it is not necessary to enter the alpha prefix; simply press the # key to bypass this requirement. However, all other prefixes must be entered to ensure an accurate inquiry response. This field contains up to 3 digits. If the alpha prefix is more than 3 digits, enter the first three in this field and enter the remaining alpha/numeric digits in the ID# field.

Federal Employee Program (FEP) Member ID cards have an alpha prefix of a single letter R. At the prompt to enter any prefix letters, press *72 followed by the # key. You *must* enter the alpha prefix for all national and BlueCard Program inquiries.

Helpful Hints

Claim Status Inquiry (continued)

To enter the alpha portion of the Member's ID number, press the # key followed by the corresponding alpha key. For example, to enter the letter B, press * followed by 2 and 2. The letter B is on the 2 key of your phone key pad and it is in the second position. To enter the letter S, press * followed by 7 and 3; for the letter Q press * followed by the 1 and 1; for the letter Z, press * followed by 1 and 2.

How to Enter Letters on InfoDial

For this letter:	Enter this code:	For this letter:	Enter this code:
A	*21	N	*62
B	*22	O	*63
C	*23	P	*71
D	*31	Q	*11
E	*32	R	*72
F	*33	S	*73
G	*41	T	*81
H	*42	U	*82
I	*43	V	*83
J	*51	W	*91
K	*52	X	*92
L	*53	Y	*93
M	*61	Z	*12

For help entering dollar amounts, press 4.

Enter the total charges of our claim as dollars and cents. For example, \$45.50 would be entered as **4550**. If there is a claim matching the criteria entered, but for a different dollar amount, InfoDial will advise you of the variance and then provide the found claim's information and status.

For Claim Status information provided by InfoDial, press 5.

InfoDial will give you the status of the claim(s) found: paid, rejected, pending, or no record.

For a claim that has been:	InfoDial will report the:
Paid	Claim number, claim receipt date, dollar amount paid, dollar amount deductible applied, payment date, and check number
Denied	Claim number, claim receipt date, rejection date, and, in many cases, a reject reason
Received, but not finalized	Claim number and claim receipt date

If there is "no record" of your claim processing, please verify the information entered and if necessary, resubmit the claim.