

Claims inquiries



Provider Inquiry automated response system helpful tips

Blue Cross Blue Shield of Michigan and Blue Care Network automated phone system numbers:

Physicians and professionals: **1-800-344-8525**

Hospitals and facilities: **1-800-249-5103**

Vision and hearing providers: **1-800-482-4047**

Providers who know they are calling on a Medicare Advantage contract may also call **1-866-309-1719**.

Getting started

- You can use the telephone keypad or speak anything that is completely numeric. When the system asks the reason for your call, press 1 or say claims.
- Instead of saying “yes” or “no,” you can key 1 for **yes** and 2 for **no**.
- Listen carefully and answer questions as they are asked.
- The provider identifier, member’s information, date of service and charged amount must match the claim to receive information.

BlueCard® determination

You will be asked two questions that will determine how the call will be handled.

Question 1: Are you calling on behalf of a member who has a Blue Cross Blue Shield of Michigan or Blue Care Network member ID card? Please say **yes** or **no**.

Question 2: Were the services provided in Michigan? Please say **yes** or **no**.

Based on the answers, the call will proceed in one of the following three ways:

- You will be asked for your provider authentication.
- You will be advised to contact the local Blue plan for servicing.
- You will be transferred to an agent.

Provider authentication

- NPI or Blue Cross/BCN identifiers can be used on the claims path, but they must match what was billed on the claim.
 - Professional – NPI that was billed on the claim or Blue Cross/BCN-issued PIN
 - Facilities/hospitals – NPI that was billed on the claim or Blue Cross/BCN-issued facility code
 - Vision/hearing – NPI that was billed on the claim or Blue Cross/BCN-issued PIN. For claims, vision/hearing providers can’t enter the tax ID, but they can enter the Blue Cross/BCN-issued PIN.

Member information needed

- Contract number: Enter the nine-digit contract number minus the alpha prefix. If the contract number starts with the letter "M" just provide the eight numbers following the M.
- Member's date of birth: MM/DD/YYYY
- Member's first name: Spell up to the first five letters of the member's name. If the member's name is less than five letters, just spell those out.
- Member's ZIP code

The contract number along with the date of service determines where your call will be transferred if a customer service agent is needed. There are multiple provider call centers. If you have multiple contracts, you'll be asked to specify the contract you need to discuss with an agent.

Question: If you know the outcome of your claim but have additional questions about the determination, say **yes**. Otherwise, say **no**.

If no, you will be asked to provide the:

- Date of service
- Charged amount

The information given will include summary information including if the claim was paid, rejected or pending. All claims, regardless of status, return the claim received date and claim number.

- Paid: You will hear allowed amount, paid amount, EFT/check date, EFT/ check number and, if applicable, the member's liability (deductible, coinsurance, copay).
- Rejected: You will hear date that the claim was rejected, rejection code and rejection code description.
- Pending: You will receive date of service, claims receipt date and the ICN number.
 - If the claim has been pending over 30 days, you'll be offered a transfer to a customer service representative.

After hearing this information, a menu will play with multiple options:

- Repeat this information
- Additional information for a specific procedure or revenue codes billed on the claim. The information provided is:
 - Paid: charged amount, allowed amount, paid amount and if applicable, the member's liability (deductible, coinsurance, copay)
 - Rejected: charged amount, rejection code, rejection code description
- Hard copy (fax or email of information provided)
- Check another DOS
- Check another contract
- Hear eligibility and benefits
- Request a representative

If yes, provide the date of service and you'll be transferred to the appropriate call center based on the contract number given.

Hard copy (fax/email)

Provides a time-stamped copy of the claim information for your file.

- If you would like to have your hard copy faxed, you'll need to provide your fax number.
- To take advantage of having hard copies emailed, you'll need to complete a one-time setup of your email address which you can link to your phone number. On future calls, when you select the hard copy option and provide your phone number, the system will recognize that there is an email address on file, and you'll be asked if you would like the hard copy emailed to you.
- If you're having issues setting up your email address to have the automated system's information sent to you, let an agent know. The customer service representative can send an inquiry on your behalf to obtain assistance with getting you or your team set up to receive hard copies of the benefit or claim information available on the automated response system.



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