

Navigating the Provider Automated System

When you have questions, Independence Blue Cross is here to help. With our Provider Automated System, you have the option to access member information 24 hours a day, 7 days a week. When you want a quick response to a basic question, or need to call after business hours, our Provider Automated System uses voice-recognition to help you in an easy-to-follow conversation.

Participating providers, please keep in mind that most of the transactions available through the Provider Automated System are also available electronically on the Provider Engagement, Analytics & Reporting (PEAR) portal via the PEAR Practice Management (PM) application.

All participating providers are required to register for PEAR portal access. If you have not yet registered for PEAR, visit the Provider News Center to [learn more](#). If you have questions regarding the registration process, contact our Provider eBusiness Team through our online [PEAR Portal Inquiry form](#).

Connecting to the Provider Automated System

Before you call, make sure you have the following numbers ready, as you will need them to retrieve information through the Provider Automated System:

- National Provider Identifier (NPI)
- Tax ID number
- Member's information (member ID number and date of birth)

To connect to the Provider Automated System, call [1-800-ASK-BLUE](tel:1-800-ASK-BLUE) (1-800-275-2583) and follow these steps:

Step 1: When calling, you will be greeted with “Welcome to the Customer Service Center.”

Step 2: You will then be asked if you are a member.

Step 3: Then you will be asked if you are a Provider – say **Provider or press 2**.

Step 4: Your call will then be routed to Provider Services as normal.

Throughout your call, you will be guided by voice prompts that will help you to complete your desired transaction.

Authentication process

Step 1: Say or enter your NPI. (There is also an option to enter your tax ID number.)

Step 2: Say or enter a valid member ID number (using only the numeric portion of the ID number) or the member's social security number.

Step 3: If there is only one member found, the system will confirm the name. If there are multiple members found, the system will ask you to enter the date of birth of the member you are calling about.

Step 4: If there are multiple groups associated with the member, the system will ask you to confirm the group name for the member you are calling about.

Once the authentication process is complete, you can select from the following options:

Main menu options
<ul style="list-style-type: none">• Eligibility• Benefits• Claims• Authorizations• Accumulators

Eligibility

Step 1: The system will provide the eligibility status of the member.

Step 2: Once your request is complete, you can choose to repeat the information or enter another date to check. You will also have the option to select Benefits, return to the main menu, or switch the member.

Benefits

Step 1: The system will provide a benefit summary for the member.

Step 2: Once your request is complete, you can choose from a variety of options. You will also have the option to return to the main menu or switch the member.

Claims

Step 1: Say the date of service you are looking for. If you need claim information for a different member, say *Main menu* or *Switch member*. Please note that depending on the date of service, your call may be transferred to a representative for additional assistance.

Step 2: If there is only one claim found, the system will provide a summary of the claim information (i.e., processed claim, pending claim, or if the claim has been denied). If there are multiple claims found, the system will provide a summary of each claim. To go to the next claim, say *Next claim* or press 2 at any time.

Step 3: To repeat the claim information, you can say *Repeat* or press 7 at any time.

Step 4: Additional claim detail will be provided, if available.

Step 5: Once your request is complete, you can choose from a variety of options. You will also have the option to return to the main menu or switch the member.

Authorizations

All participating providers and facilities must use the self-service options in PEAR PM to initiate the following authorization types:

- Ambulance (land)
- Ambulatory infusion chemotherapy
- Ambulatory infusion suite therapy
- Behavioral health (coming in 2024)
- Chemotherapy
- Durable medical equipment – purchase and rental
- Emergency hospital admission
- Home health
- Home infusion
- Infusion therapy
- Medical surgical procedures
- Skilled nursing facility
- Outpatient physical therapy and occupational therapy services specifically for Medicare Advantage members

If you are checking the status for a current authorization, say "check status" or if you are looking to determine if an authorization is required for a procedure code, say "new authorization."

Accumulators

Step 1: If the member's policy has a deductible or visit limit, you will be asked if you want to hear "deductible information" or "visit limit details."

Step 1a: For deductible information, you will be asked to provide the tier level. Note that if the member has in-network and out-of-network deductibles, you will be asked to confirm the provider's status. You can also select to hear both.

Step 1b: For visit limit details, you will be asked to select the type of visit for the member:

- Physical therapy
- Spinal manipulations
- Speech therapy

Step 2: Once your request is complete, you can choose to repeat the information or ask about another visit. You will also have the option to return to the main menu.