



# BlueCross BlueShield of South Carolina Provider Services Voice Response Unit (VRU) Guide

South Carolina: 1-800-868-2510   Columbia/Lexington: 788-8562   Out-of-State: 1-800-334-2583

Eligibility and benefits for members who have coverage with another BlueCross plan  
(not South Carolina): 1-800-676-BLUE (2583)

## Save money! Save time! Use the technology that is most efficient for you!

Use the method that best suits your needs for getting claim status, eligibility and benefits information.

- Use My Insurance Manager<sup>SM</sup> online at [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com).
- Use our VRU.

### Additional Provider VRU Numbers:

#### State Health Plan Provider Services

Member ID contains the "ZCS" alpha-prefix. Please call 1-800-444-4311.

#### Federal Employee Program (FEP) Provider Services

Member ID contains the "R" alpha prefix. Please call 1-888-930-2345.

## BlueCross Provider Services VRU Functionality

### Guidelines and Tips

#### Main Menu Functions

- Press 1: Eligibility and benefits
- Press 2: Claims information (includes claims status and filing addresses)
- Press 3: Pre-certification and pre-authorization

#### Options Available for Eligibility and Benefits and Claims Status

- Fax
- Voice
- Voice, then Fax

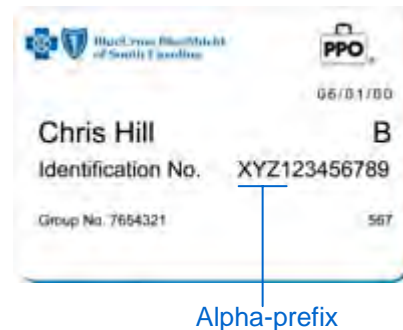
#### Please Have This Information Ready When You Call:

- Your Tax ID Number. Once the VRU answers a call, you may listen to messages – or begin keying your Tax ID Number immediately. You don't have to listen to all the messages if you've already heard them.
- Patient's ID Number. One of the most common issues our VRU logs daily is invalid ID numbers.
- Patient's date of birth.
- Date of service (for claim status).
- Your fax number, if requesting information to be faxed.

**Note:** The VRU says, "Please enter the identification number from the member's BlueCross card followed by the pound key. If the number contains alphabetic characters, other than a three-character prefix, press the pound key now. The three-character prefix should not be entered."

**Stop here!** Notice that if the member has an alpha *suffix* (such as “A” “B” “D” or “T”), you should **not** enter the ID number, but should enter the pound (#) key. If the policy is a Medicare supplement and the ID number contains an alpha *suffix*, when asked to enter the ID number:

1. Do not enter the 9-digit SSN – instead, press #.
2. Press 1.
3. Enter the SSN.
4. Now listen for options on how to enter the appropriate alpha suffix.
5. Have the patient’s date of birth ready. Enter dates in this format — mm/dd/yyyy.
6. If calling for claim status, have the date of service ready. Enter dates in this format — mm/dd/yyyy.



Example of Medicare Supplemental ID Number: **123654789A** (The “A” is the suffix.)

**Important:** We have added another option that allows you to use the VRU for Member IDs that have alphabetical characters other than the three-character prefix and the “A”, “B”, “D” or “T” that sometimes appear at the end of the ID card number, as described above. This option allows you to transfer to a clerical assistant, who will key in the ID card number for you, then transfer you back to the VRU. The clerical assistant cannot access benefits or claims information. An example of an ID card number is **XYZ3334A2233**, where the “A” or another character would prevent you from keying it using your telephone’s keypad.

## Option 1: Eligibility and Benefits

We’ve moved the basic eligibility information, such as policy type and effective dates, to the beginning of what you hear after you’ve entered the member ID and date of birth. After you hear this information, you will hear the new benefits menu options.

- Type of coverage (family, single, dependent)
- Effective date
- Benefit period
- Family effective date
- Dependent age limitations
- Enrollment date
- Pre-existing waiver information
- Coinsurance
- Deductible
- Copayment
- Patient’s out-of-pocket amount
- Benefit period limitations
- Pre-certification requirements
- Individual deductible amount met
- Family deductible amount met
- Individual out-of-pocket amount met
- Family out-of-pocket amount met
- Member’s alpha-prefix
- Medicare cross-over information (if applicable)
- Member’s group number

## Detailed Eligibility and Benefits Options

**Institutional Menu** (for services filed on an institutional claim)

**For Hospital benefits**, press 1.

**For Inpatient and Skilled Nursing Facility benefits**, press 1.

- Semi-private rooms
- Skilled nursing services

**For Outpatient Hospital benefits**, press 2.

- Emergency room services
- Outpatient surgery services
- Diagnostic services
- Physical therapy services
- Occupational therapy services
- Speech therapy services

**For Behavioral Health Benefits**, press 2.

**For Inpatient Mental Health and Substance Abuse benefits**, press 1.

- General hospital services
- Specialty hospital services
- Drug/alcohol abuse facility services
- Mental health facility services
- Mental health residential treatment center services

**For Outpatient Mental Health and Substance Abuse benefits**, press 2.

- Outpatient mental health services
- Outpatient facility substance abuse services.

**For Rehabilitation benefits**, press 3.

- Inpatient rehabilitation services
- Outpatient physical therapy services
- Outpatient occupational therapy services
- Outpatient speech therapy services

**For Home Health and Hospice Benefits**, press 4.

- Physical therapy services
- Occupational therapy services
- Speech therapy services
- Home nursing services
- Private duty nursing services
- Inpatient hospice services
- Outpatient hospice services

**For Routine Benefits**, press 5.

**Professional Menu** (for services filed on a professional claim)

**For Medical and Office benefits**, press 1

- Regular office visit
- Specialty office visit
- Consultation
- Diagnostic services
- Office surgery
- Lab services
- Office X-ray services

**For Surgical and Anesthesiology benefits**, press 2

- Office surgical procedures
- Outpatient surgical procedures
- Inpatient surgical procedures
- Anesthesia benefits

**For Radiology and Pathology benefits**, press 3

- Office lab services
- X-ray services

**For Durable Medical Equipment benefits**, press 4

**For Maternity benefits**, press 5

- Office maternity benefits
- Inpatient maternity benefits

**For other services, press 6**

**For Chiropractic benefits, press 1**

- Office X-rays
- Manipulations
- New patient office visits
- Mechanical traction procedures

**For Physical, Occupational or Speech Therapy services, press 2**

- Physical therapy services
- Occupational therapy services
- Speech therapy services

**For Mental Health and Substance Abuse benefits, press 3**

- Psychiatric services
- Psychological services
- Counselor services
- Psychiatric testing services
- Substance abuse services

**For Home Health and Hospice benefits, press 4**

- Home nursing services
- Private duty nursing services
- Physical Therapy services
- Occupational Therapy services
- Speech Therapy services
- Hospice services
- Inpatient hospice services

**For Routine benefits, press 5**

- Pap smears
- PSA tests
- Mammograms
- Regular office visits
- Well-child visits
- Immunizations
- Contraceptives
- Infertility services

**Listen afterwards for these options:**

- Fax what was just voiced
- Claims filing address
- Another type of coverage for the same patient
- Coverage information for another family member
- Benefits and coverage information for another patient ID number
- Pre-certification
- Return to the main menu

## **Option 2: Claim Status and Claims Filing Address**

### **Claims Status**

If we paid the claim or applied it to the deductible, the VRU will provide:

- Processed date
- Remittance date
- Check number

- Amount paid
- Amount applied to the deductible (patient's liability)
- Amount applied to the copayment (patient's liability)
- Amount applied to the coinsurance (patient's liability)
- Total patient liability

If we denied the claim, the VRU will provide:

- Denial reason and remittance date

If the claim is in process, the VRU will provide:

- The receipt date (if over 30 days from the receipt date, please speak to a representative).
- Information on claims being adjusted. If we are adjusting the claim, please allow additional time for processing.
- If the claim was non-assigned, the VRU will only provide:
- Date claim processed

**Listen afterwards for these options:**

- Fax what was just voiced
- Another claim for the same patient
- Claims status for a different family member
- Claim status for another patient ID number
- Return to the main menu

If the claim is not on file, we will ask you to enter the dollar amount of the claim. If it is still not found, listen for these options:

- Claims filing address for the member
- Re-enter the date of service
- Claims information for different member ID number

**Claims Filing Address**

If you file hardcopy, you can get the filing address with this option. Electronic filing is the most efficient method for filing claims. Professional and institutional claims filing is also available through our Web site, [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com).

**Option 3: Pre-certification and Pre-Authorization**

For BlueCross members, this option will give you the appropriate telephone number for pre-certification and offer to transfer you to the pre-certification VRU. We automatically route calls to two separate pre-certification numbers based on the type of group — to either 1-800-327-3238 or 1-888-376-6544. Both are for BlueCross.

You can find pre-certification telephone numbers on the front of most BlueCross ID cards.

- State Health Plan: 1-800-925-9724
- Companion Benefit Alternatives (CBA) mental health managed care: 1-800-868-1032. On behalf of BlueCross, CBA administers mental health and substance abuse benefits. CBA is a separate company.

**Helpful Tips and Shortcuts**

- Once the VRU answers a call, you may listen to messages – or you may begin keying your Tax ID Number. You don't have to listen to the messages if you've already heard them.
- The VRU was built to handle multiple inquiries. Please use the VRU fully before transferring to a Provider Services representative. Representatives are available for problem inquiries – inquiries that you can't resolve through the VRU. Press 0 to speak to a representative after you have fully utilized the VRU.
- At any menu, if you know what option you want to key, you do not need to wait for the prompt. For example, for maternity benefits, press 4.
- Press 8 at any time to return to the main menu.
- Press \* to repeat the current menu information.
- Listen carefully after each option for instructions on how to get additional information.