Welcome to the Blue Cross Blue Shield Provider Line. To direct your call, please say “medical,” “pharmacy,” “dental” or “behavioral health.”

**Eligibility & Benefits Caller Guide**

**IVR Hours of Availability:** Monday – Friday 6:00 a.m. – 11:30 p.m. (CT), Saturday 6:00 a.m. – 3:30 p.m. (CT), Sunday – Closed

**Helpful Hints:** • Utilize your key pad when possible. • Please do not utilize cell phones. • Minimize background noise. • Mute your phone when not speaking.

**Medical** Press 1
- Pharmacy Press 2
- Dental Press 3
- Behavioral Health Press 4

Okay. What is your 10-digit billing National Provider ID?

Say or enter your NPI number.

If the system does not recognize the NPI, you will be prompted for a Tax ID.

Which can I help you with? “Eligibility & benefits,” “claims,” “preauthorization” or “other services”?

**Eligibility & Benefits** Press 1
- Claims Press 2
- Preauthorization Press 3
- Other Services Press 4

At a later point you will have the option to return here to the **Main Menu**.

Excluding the three letter alpha prefix, what’s the subscriber ID?

**Situational:** Multiple policies were found for that patient. To help narrow it down, what’s their group number? For information about where to find the group number say “more information.”

Say or enter only the subscriber ID, excluding the 3-letter alpha prefix.

Any time you are asked a yes or no question, you can enter 1 for yes or 2 for no.

Note: Professional providers should use the rendering NPI of the individual rendering the services.

Note: Alpha and numeric characters may be entered by touch tone keypad. For assistance keying alpha characters, reference the Alpha Touch Tone Reference Guide.
What is the patient’s date of birth?

Say or enter the month, date and year with the century (i.e., 07/23/1967 or July 23rd, nineteen sixty-seven).

“Please be advised that a quote of eligibility and benefits is not a guarantee of payment. All benefits are subject to eligibility, medical necessity and the terms, conditions, limitations and exclusions of the patient’s health benefit plan at the time the services are rendered. Please note newborn dependents not listed on the membership file may have benefits available.”

The system will quote the following:

- Type of coverage (i.e., PPO, HMO, etc.)
- Current effective date
- Pre-existing waiting period completion date
- Alpha prefix
- Group number
- Health Care Account (HCA) balance
- PCP name, if available
- PCP effective date
- Termination or cancel date
- Confirmation number

Note: You will only hear the applicable disclaimer(s) once per call.

Note: Only applicable services will be quoted.

Now you can say “Repeat that” or “benefit details.” You can also say “next patient” or “main menu” or, if you’re through, go ahead and hang up.

Repeat That
Press 1
Benefit Details
Press 2
Next Patient
Press 3
Main Menu
Press 4

Note: You may be prompted for the zip code, address where the service is rendered, provider type and/or provider specialty.

Note: A list will be offered in groups of five with precedence based on the provider type and/or specialty. This comprehensive listing is available on the last page in alphabetical order.

Tell me a service, for example, “office visit,” or “chiropractic service” or say “List them.”

Say the requested service or say “List them.”

Interruption Permitted
Interruption Permitted

Where is the service being rendered? Say “Inpatient,” “Outpatient,” “Emergency room,” “Office,” “Home,” “Birthing center” or “Other.”

Say the applicable place of treatment.

Only applicable places of treatment will be indicated.

The system will quote the following:

- If the service is/is not covered
- Copay amount
- Deductible amount per contract/calendar year and amount met year to date
- Coinsurance amount
- Out-of-pocket limit per contract/calendar year and amount met year to date
- Benefit maximum and amount met year to date
- Lifetime max amount and amount met year to date
- Preauthorization requirements
- Timely filing period
- Confirmation number

Note: Only applicable services will be quoted.

Would you like for me to fax this information to you?

Yes
No

Press 1
Press 2

If Yes, what is your fax number, including the area code? Thanks, I’ll fax the information to you. Our goal is to have this to you within the hour, and will be sent to you before the end of the business day.

Note: Fax numbers can be entered by touch tone or spoken. They should also be entered in ###-###-#### format, without the preceding 1.

The benefits quoted were based on the provider’s network participation. If you would like to receive the contrasting level of benefits say “Contrasting benefits.” Otherwise say, “Repeat that” or “Check another benefit.” You can also say, “Next patient,” “Claims address,” or “Main menu.”

Repeat That
Check Another Benefit
Next Patient
Claims Address
Main Menu

Press 1
Press 2
Press 3
Press 4
Press 5

Note: A quote of the contrasting level of benefits is not available for members covered under the following contracts: Health Maintenance Organization (HMO), Traditional, Exclusive Provider Option (EPO), Medicare Supplement and/or Federal Employee Program (FEP).
Note: Customer Advocate assistance has been removed for the below benefit categories highlighted in blue.

### Non-FEP Benefit Category Key Words (Alphabetically Listed)

- 23 Hour Observation
- Diagnostic
- Hospital Visit
- Labs
- X-rays
- Abortion
- Acupuncture
- Air Ambulance
- Allergy
  - Allergy Treatment
  - Allergy Testing
- Consultation
- Office Visit
- Anesthesia
- Assistant Surgeon
- Behavioral Health
  - Day Psychiatric
  - Adult Family Counseling
  - Child Family Counseling
  - Group Psychotherapy
  - Individual Psychotherapy
  - Psychological Testing
- Residential Treatment
- Mental Visit
- Biofeedback
- Sleep Control
- Blood Transfusion
- Cardiac Rehab
- CAT Scan
- Catastrophic Protection
- Chemical Dependency
  - Day Psychiatric
  - Adult Family Counseling
  - Child Family Counseling
  - Detoxification
- Group Psychotherapy
- Individual Psychotherapy
- Intensive Chemical Dependency
  - Mental Visit
  - Partial Hospitalization
  - Residential Treatment
- Chemotherapy
  - Chemotherapy
  - Radiation Therapy
- Office Visit
- Chiropractic Services
  - Acupuncture
  - Diagnostic Medical
  - Muscle Manipulation
  - Orthotics
  - Office Visit
  - Physical Therapy
  - X-rays
- Circumcision
- Colonoscopy
  - Medical Colonoscopy
  - Routine Colonoscopy
- Consultations
- Coordinated Home Care
  - Cosmetic
  - Dental
  - Diabetic Management
- Dialysis
- Drugs
- Durable Medical Equipment
  - DME Purchase
  - DME Rental
  - DME Repair and Replacement
- EKG
- Emergency Accident Care
- Emergency Medical Care
- Emergency Room
  - Emergency Accident Care and Services
  - Emergency Medical Care and Services
- Extended Care Facility
  - Family Planning
- Ground Ambulance
  - Hearing
  - Hearing Aide
  - Routine Hearing Test
- Home Infusion Therapy
  - DME
  - Drugs
  - Medical Supplies
  - Nursing
- Hospice
  - Hospital
  - Daily Room and Board
  - Hospital Visit
- Hydrotherapy
- Infertility
  - Artificial Insemination
  - Diagnostic Medical
  - In Vitro Fertilization
- Labs
- Office Visit
  - X-ray
- Inhalation Therapy
  - Injections
  - Office Visit
- Laboratory
  - Lupron
- Mammogram
  - Medical Mammogram
  - Routine Mammogram
- Maternity
  - Normal Global Maternity
  - (Member/Spouse/Dependent)
  - Initial Office Visit
  - Ultrasound
- Medical Supplies
  - Medical Therapeutic
  - Medicare
  - Mixed Therapy
  - Occupational Therapy
  - Physical Therapy
  - Speech Therapy
- MRI
- Naprapathic Services
  - Consultation
  - Muscle Manipulation
  - Orthotics
  - Office Visit
  - Physical Therapy
  - X-rays
- Nutritional Counseling
  - Occupational Therapy
- Office Services
  - Injections
  - Office Diagnostic Medical
  - Procedure
  - Office Labs
  - Office Visit
  - Office Surgery
  - Office X-rays
  - Office Visit
- Organ Transplant
  - Orthotics
  - Pap Smear
  - Medical Pap Smear
  - Routine Pap Smear
- Pathology
  - PET Scan
  - Physical Exam
  - Physical Therapy
  - Podiatry
  - Injections
  - Orthotics
  - Office Visit
  - Physical Therapy
  - Surgery
  - Routine Foot Care
  - X-rays
- Preventive Care
  - Routine Immunizations
  - Routine Office, Well Visit, or Physical Exam
  - Routine Colonoscopy Screening
  - Routine Colorectal Cancer Screening Lab
  - Routine Colorectal Cancer Screening X-ray
  - Routine Diagnostic
  - Routine Lab
  - Routine Mammogram
  - Routine Pap Smear
  - Routine Prostate Test
  - Well Child
  - Routine Well Woman Exam
  - Patient Education and Training
- Private Duty Nursing
  - Prosthetics
  - PSA
  - Medical Prostate Test
  - Routine Prostate Test
  - Respiratory Therapy
  - Rolfing
  - Routine Vision
  - Prosthetics
  - Frames
  - Bifocal Lens
  - Contact Lens
  - Lenticular Lens
  - Singular Vision Lens
  - Trifocal Lens
  - Routine Vision Test
- Second Opinion
  - Self Injectable
  - Sleep Study
  - Smoking
  - Speech Therapy
  - Sterilization
  - Elective Sterilization
  - Medical Necessary Sterilization
- Stress Test
  - Surgery
  - TMJ
  - Physical Therapy
  - Office Visit
  - Orthotic Appliance
  - X-rays
  - Ultrasound (Non-pregnancy related)
- Urgent Care
- Wigs
- X-ray

### FEP Benefit Category Key Words (Alphabetically Listed)

- Accidental Injury
- Acupuncture
- Allergy
- Anesthesia
- Assistant Surgery
- Cardiac Rehab
- Catastrophic Protection
- Chiropractic Services
  - Colonoscopy
  - Dental
  - Diabetic Education & Nutritional Counseling
  - Diagnostic Labs & X-rays
  - Dialysis
- Durable Medical Equipment
  - Family Planning
  - Foot care
  - Hearing Services
  - Home Infusion
  - Hospice & Home Nursing Care
  - Inpatient Benefits
- Maternity
- Medicare
- Mental Condition or Substance Abuse
- Office Visit
  - Oral Surgery
  - Orthotics/Prosthetics
- Outpatient Benefits with Professional
  - Day Surgery
- Physical, Occupational, Speech Therapy
- Preventive Care
- Skilled Nursing Care
- Vision
- Wigs