BlueCross BlueShield of Texas

Eligibility & Benefits IVR Caller Guide

Hours of Availability: Monday – Friday 6:00 a.m. to 11:30 p.m. (CT); Saturday 6:00 a.m. to 6:00 p.m. (CT); Sunday – Closed

- *Utilize your keypad when possible*
- *Avoid using cell phones*
- *Minimize background noise*
- *Mute your phone when you are not speaking*

This caller guide does not apply to Blue Cross Medicare Advantage (HMO)SM, Blue Cross Medicare Advantage (PPO)SM, or Texas Medicaid STAR, STAR Kids and CHIP.

1) Getting Started

Welcome to the Blue Cross Blue Shield of Texas Provider Services Line. To direct your call, please say "medical", "pharmacy", "dental" or "behavioral health."

Interruption Permitted

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

Note: You can use your touch tone keypad to enter numeric information.

In order to get eligibility or benefits, we'll need your rendering NPI. For claims or any other inquiries, we'll need your billing NPI.

Now, what's your 10-digit NPI?

Situational:

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

Interruption Permitted

Say or enter your NPI number.

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

2) Eligibility

Which can I help you with? "Eligibility & benefits", "claims", "preauthorization" or "Senate Bill 418 Written Verification"?

Interruption Permitted

Eligibility & Benefits	**Press 1**
Claims	Press 2
Preauthorization	Press 3
Senate Bill 418 Written Verification	Press 4

Note: At a later point you will have the option to return here (Main Menu).

Excluding the three-character prefix, what's the subscriber ID?

Situational:

If multiple policies are found for your patient, you will be asked to provide their group number.

Interruption Permitted

Say or enter only the subscriber ID, excluding the three-character prefix.

Note: Alpha and numeric characters may be entered by touch tone keypad. The Alpha Touch Tone reference guide is available on [page 6](page6) for assistance keying alpha characters.

And what's the patient's date-of-birth?

Interruption Permitted

Say or enter the month, date and year with the century (*i.e.*, 04/03/2018 or April 3rd, twenty eighteen).

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

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Eligibility Quote

Please be advised that a quote of eligibility and benefits is not a guarantee of payment. All benefit payments are subject to eligibility, medical necessity, and the terms, conditions, limitations, exclusions, and payment levels of the patient's health benefit plan at the time the services are rendered. Benefit payments are usually not determined based on billed charges and might be significantly less than billed charges. Please note newborn dependents not listed on the membership file may have benefits available.

The system will quote the following information (if applicable):

- *Type of coverage (i.e., PPO, HMO, etc.)*
- *Current effective date*
- *Pre-existing waiting period completion date*
- *Three-character prefix*
- *Group number*
- *Medicare information*
- *Health Care Account (HCA) balance*
- *PCP name & effective date*
- *Termination or cancel date*
- *Confirmation number*

3) Benefits

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.

Interruption Permitted

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

Note: Benefit quotes must be preceded by eligibility.

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

Tell me a service, for example, "office visit", or "chiropractic service" or say, "list them."

Interruption Permitted

Say the requested service or say, "list them."

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 page 5 in alphabetical order.

Where is the service being rendered? Say "inpatient", "outpatient", "emergency room", "office", or say "home."

Interruption Permitted

Say applicable place of treatment.

Note: Only applicable places of treatment will be indicated.

To use your touch tone keypad, you may press the number corresponding with the order of the place of treatment given.

Benefits Quote

The system will quote the following information (if applicable):

- *If the service is/is not covered*
- *Copay amount*
- *Deductible amount per calendar/contract year and amount met year to date*
- *Coinsurance amount*
- *Out-of-pocket limit per calendar/contract 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*

- *Utilize your keypad when possible*   • *Avoid using cell phones*   • *Minimize background noise*   • *Mute your phone when you are not speaking*

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

If Yes:

What's your fax number, including the area code? Thanks, I'll fax the information to you. You should receive it within the next 24-hours.

Interruption Permitted

Yes	Press 1
No	Press 2

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 benefit information," "check another benefit," or "check preauthorization requirement by procedure code." You can also say "next patient," "claims address" or "main menu."

Interruption Permitted

Repeat Benefit Information	Press 1
Check Another Benefit	Press 2
Check Preauthorization by Procedure code	Press 3
Next Patient	Press 4
Claims Address	Press 5
Main Menu	Press 6

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).

If checking preauthorization by procedure code:

To get preauthorization requirements, we'll need the procedure code. Please say or enter a CPT or HCPCS procedure code. If there are any letters, please say it like this, "the letter A 2 3 4 5."

Okay. Say or enter the next CPT or HCPCS procedure code or say, "that's it." I can collect up to 5.

Interruption Permitted

Say or enter the procedure code(s).

This service will be rendered outpatient, correct?

Interruption Permitted

Yes	Press 1
No	Press 2

Note: The IVR will voice back the place of treatment used for the benefit quote.

If No:

Next, what's the place of treatment, outpatient, office or home?

Interruption Permitted

Outpatient	Press 1
Office	Press 2
Home	Press 3

- *Utilize your keypad when possible* • *Avoid using cell phones* • *Minimize background noise* • *Mute your phone when you are not speaking*

Procedure Code Preauthorization Quote

At this time, the system will quote preauthorization requirements based on the code(s) entered.

These preauthorization requirements have been saved to a file; your confirmation number is…..

If fax response was requested after benefit quote:

These preauthorization requirements will be included in your fax.

If fax response was NOT requested after benefit quote:

Would you like for me to fax these preauthorization requirements to you?

Interruption Permitted

Yes	Press 1
No	Press 2

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

When preauthorization is NOT required by BCBSTX:

If you have all the information you need, you can go ahead and hang up. Otherwise, we'll go back to the main menu.

Interruption Permitted

End call or return to the main menu.

When preauthorization IS required by BCBSTX:

Would you like to create the preauthorization request?

If Yes:

Refer to the [BCBSTX Outpatient Preauthorization Caller Guide](#) for navigational assistance with requesting preauthorization via phone.

Interruption Permitted

Yes	Press 1
No	Press 2

Note: If the IVR is unable to quote preauthorization requirements for the code(s) entered you will be connected with the next available agent.

Customer Advocate assistance has been removed for the benefit categories in blue.

Non-FEP Benefit Category Key Words (Alphabetically Listed)

- **Observation Care Services**
  - ✓ **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
  - ✓ Applied Behavior Analysis
- Biofeedback
- Birth Control
- 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**
- 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
- **Hospice**
- **Hospital**
  - ✓ **Daily Room and Board**
  - ✓ **Hospital Visit**
- Hydrotherapy
- Infertility
  - ✓ Artificial Insemination
  - ✓ Diagnostic Medical
  - ✓ In Vitro Fertilization
  - ✓ Labs
  - ✓ Office Visit
  - ✓ X-ray
- Infusion Therapy
  - ✓ DME
  - ✓ Drugs
  - ✓ Medical Supplies
  - ✓ Nursing
- **Inhalation Therapy**
- Injections
  - ✓ 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
  - ✓ Injection
  - ✓ 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
- Telemedicine/Telehealth
- 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**
- Dental

- **Diabetic Education & Nutrition Counseling**
- **Diagnostic Labs & X-rays**
- Dialysis
- Durable Medical Equipment
- **Family Planning**
- **Foot Care**
- Hearing Services
- Hospice & Home Nursing Care

- Infusion Therapy
- **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
- **Telemedicine/Telehealth**
- **Vision**
- Wigs

- *Utilize your keypad when possible*   - *Avoid using cell phones*   - *Minimize background noise*   - *Mute your phone when you are not speaking*

Alpha Touch-Tone Reference

Alpha touch-tone is available as an alternative to voicing alpha-numeric mixed information.

To enter a **subscriber ID**, **group** or **claim number** containing alpha character(s):
1) Press the star key (*) to begin a letter sequence
2) Press the number key containing the desired letter (*e.g.,* press 2 for A, B or C)
3) Press 1, 2, 3 or 4 to indicate the position the letter is listed on the selected key (*e.g.,* press *21 to enter A)

A	=	*21
B	=	*22
C	=	*23
D	=	*31
E	=	*32
F	=	*33
G	=	*41
H	=	*42
I	=	*43
J	=	*51
K	=	*52
L	=	*53
M	=	*61
N	=	*62
O	=	*63
P	=	*71
Q	=	*72
R	=	*73
S	=	*74
T	=	*81
U	=	*82
V	=	*83
W	=	*91
X	=	*92
Y	=	*93
Z	=	*94

Group Number

Ex. 1	Y	N	1	2	3	4
Press	*93	*62	1	2	3	4
Ex. 2	1	2	K	3	4	5
Press	1	2	*52	3	4	5

Subscriber ID

Ex. 1	A	1	N	2	3	4	5	6	7
Press	*21	1	*62	2	3	4	5	6	7
Ex. 2	0	9	2	T	7	6	8	
Press	0	9	2	*81	7	6	8	

Note: *Exclude three-character prefix when entering the subscriber ID.*

Claim Number

Ex. 1	2	1	3	4	F	5	6	7	0	X
Press	2	1	3	4	*33	5	6	7	0	*92
Ex. 2	2	0	1	T	8	7	6	5	0	C
Press	2	0	1	*81	8	7	6	5	0	*23

Note: *The claim number should be 13 digits.*

Have questions or need additional education? Email the Provider Education Consultants.

Be sure to include your name, direct contact information & Tax ID or billing NPI.