



BlueCross BlueShield of South Carolina and
BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross Blue Shield Association.

Voice Response Unit (VRU) Manual

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We designed the BlueCross BlueShield of South Carolina Provider Voice Response Unit (VRU) to enhance our service to you and be easy for you to use.

Recent changes to the VRU require you to fully use the automated system to check members' coverage and benefits, effective dates, group numbers, claim status and authorization information.

If the member's identification number contains an alpha character other than the three-character alpha prefix, you will need to use My Insurance ManagerSM on www.SouthCarolinaBlues.com for benefit or claim information. The VRU will not be able to accept an identification number that contains an alpha character.

If you have questions about eligibility, benefits or claims, My Insurance Manager has the answers! You can still submit questions and talk to a service representative through our STATchatSM function available online in My Insurance Manager.

To access the VRU, please call one of these telephone numbers:

- From Columbia or Lexington: **803-788-8562**
- From elsewhere in South Carolina: **800-868-2510**
- From outside South Carolina: **800-334-2583**
- BlueChoice® HealthPlan: **800-868-2528**
- State Health Plan (Member ID alpha prefix is ZCS or ZCK): **800-444-4311**
- Federal Employee Program (Member ID alpha prefix is R): **888-930-2345**
- Eligibility and benefits for members who have coverage with another Blue plan (outside of South Carolina): **800-676-BLUE (2583)**

General Guidelines and Tips

With new enhancements to the VRU, you can now choose how you interact: either speak your information and requests out loud or enter the data manually (when prompted)—both options will give you the same results.

When calling Provider Services, be sure to have the following information ready to make your experience with the VRU seamless and efficient:

- Your National Provider Identifier (NPI) or Tax ID
- Patient's identification number
- Patient's date of birth
- Date of service (*for claim status*)
- Your fax number (*if you want us to fax information to you*)

Eligibility and Benefits

To get started, do the following:

- **Provide your information:** Say or enter your 10-digit NPI or 9-digit Tax ID.
- **State your reason for calling.** Say why you're calling, and be specific to get the best results (i.e., office benefits, outpatient surgery, physical therapy, etc.)
- **Provide the member's ID:** Say the numeric portion of the member's ID number located on the front of their ID card.
 - If you need more time to find the information, say: "Wait."
 - If you do not know the ID number, say: "I don't know."
 - If you made a mistake, say: "New."
- **Provide the date of birth:** Say the member's full date of birth.
 - If the information is correct, say: "Yes" or press 1.
 - If the information is incorrect, say: "No" or press 2.

You will hear this after you've entered the member ID and date of birth:

- Type of coverage (family, single, dependent)
- Effective date
- Benefit period
- Dependent coverage age limits
- Alpha prefix
- Group number
- General statement that the information you're about to receive is based on the current time and coverage details we have when you're calling in. It is not a guarantee of payment as other factors could have an impact on the outcome. You will also be referred to use My Insurance Manager for 24/7 access.

After you hear this information, you'll be asked if you want to hear it again or if you want specific benefits or other options.

Detail Eligibility and Benefits Questions

- Say where the services will take place (only applies to certain services).
- Say whether you want in-network (INN) or out-of-network (OON) benefits.
- Say whether you want to receive the information via fax, voice, or both.

The benefit details will be provided and will include applicable patient liability (copay, deductible, coinsurance), out-of-pocket maximums, accumulations, limitations, authorization requirements, and more.

After the details are provided, you will be asked if you would like to hear them again.

- Say: "Yes" or "No."

If you say, "Yes," the VRU will repeat the benefit details for you.

If you say, “No,” you can hang up or do the following:

- Say: “Out-of-pocket” or press 1 to repeat the out-of-pocket.
- Say: “Deductible” or press 2 to repeat the deductible.
- Say: “Member” or press 3 to get benefit details for a new member.
- Say: “Provider” or press 4 to enter a NPI or Tax ID for a different provider.
- Say: “Benefit” or press 5 to request different benefits for the same member.
- Say: “Network” or press 6 to get the benefits for a different network (i.e., OON).
- Say: “Menu” or press 8 for other inquiries.
- Say: “Advocate” or press 0 to speak with a customer service advocate.
- Say: “Repeat” or press * to repeat these options.

Claims

To get started, do the following:

- **Provide your information:** Say or enter your 10-digit NPI or 9-digit Tax ID.
- **State your reason for calling.** Say why you're calling, and be specific to get the best results (i.e., status of existing claims, address to submit a new claim, etc.)
- **Provide the member's ID:** Say the numeric portion of the member's ID number located on the front of their ID card.
 - If you need more time to find the information, say: "Wait."
 - If you do not know the ID number, say: "I don't know."
 - If you made a mistake, say: "New."
- **Provide the date of birth:** Say the member's full date of birth.
 - If the information is correct, say: "Yes" or press 1.
 - If the information is incorrect, say: "No" or press 2.

Existing Claim Details

- Say the date of service of the claim in question.

If the claim is not in the system, the VRU will state that the claim in question could not be found. It will also state that if you recently submitted the claim, allow at least 30 days for the claim to be processed or use My Insurance Manager to verify.

If the claim is found in the system, the VRU will provide the following:

- Claim number
- Status (processed or denied)

You can then say: "Hear full details of the claim" to get more information about the claim (i.e., payment details, patient liability, check details, etc.).

After hearing the details, you can say: "Fax" to have the claim details faxed to you.

If the claim is processed to the member, you will be given the claim number, total amount billed on the claim, and the processed date. The VRU then states that the claim was not assigned to you, and you must contact the member for any additional information on the claim.

You can:

- Say: "Date" to get the status of a new claim for the same member.
- Say: "Member" to get the status of a claim for a new member.
- Say: "Provider" to go to the main menu to enter the NPI or Tax ID for a different provider.

If the claim information cannot be provided, the system will route you to a customer service advocate.

New Claims

For new claims, the VRU will provide the following:

- Claim filing address based on the member's plan.
- Claim filing instructions for BlueCard claims (members that belong to other Blue plans).
- Timely filing guidelines.

You can request to speak to a customer service advocate.

Denied Claims

For denied claims, the VRU will refer and route you to a customer service advocate.

Authorizations

To get started, do the following:

- **Provide your information:** Say or enter your 10-digit NPI or 9-digit Tax ID.
- **State your reason for calling.** Say why you're calling, and be specific to get the best results (i.e., status of authorization, submit a new authorization, etc.)
- **Provide the member's ID:** Say the numeric portion of the member's ID number located on the front of their ID card.
 - If you need more time to find the information, say: "Wait."
 - If you do not know the ID number, say "I don't know."
 - If you made a mistake, say: "New."
- **Provide the date of birth:** Say the member's full date of birth.
 - If the information is correct, say: "Yes" or press 1.
 - If the information is incorrect, say: "No" or press 2.

Authorization Status Details

- Say the type of authorization (behavioral health, maternity or something else).
- Say the date of service for the authorization.

If the authorization is found in the system, the VRU will provide the following:

- Authorization number
- Status (processed or denied)
- Other details (i.e., codes, approved dates, units, etc.)

After hearing the details, you can say: "Fax" or press 1 to have the authorization details faxed to you.

You can say: "Advocate" or press 0 to speak with a customer service advocate.

If the authorization is not found in the system, the VRU will refer and route you to a customer service advocate.

New Authorizations and Updating Existing Authorizations

For new authorizations or to update an existing authorization, the VRU will refer and route you to a customer service advocate.

Provider Enrollment

To get started, do the following:

- **Provide your information:** Say or enter your 10-digit NPI or 9-digit Tax ID.
- **State your reason for calling.** Say why you're calling (i.e., provider enrollment).
- **Provide the specifics of the call:** Say whether you want to submit a new application, check the status of an existing application or something else.

The VRU will route you to a customer service advocate.