

# Checking on Claims and Benefits

It's easy to check on claims and benefits for Blue Cross & Blue Shield of Rhode Island (BCBSRI) members by telephone. Just follow these simple steps for our Interactive Voice Response (IVR) system.

## Claims

*You can use the IVR service to search for BCBSRI member claims only. To check on claims for non-BCBSRI members, contact our Physician and Provider Service Center at (401) 274-4848 or 1-800-230-9050, Monday through Friday, 8:00 a.m. to 4:30 p.m.*

Step	Action
1	Enter your NPI number. Note: If you don't have your NPI handy, say "I don't have it" and use your Tax ID instead.
2	Press 2 or say "claim status."
3	Ignoring any letters, say or enter the numbers from the member ID.
4	Say or enter the member's date of birth.
5	To search using the <b>claim's date of service</b> , press 1 or say "search by date." To search using the <b>claim's ID number</b> , Press 2 or say "search by claim number."

## Medical Benefits

*You can use the IVR service to search medical benefits for BCBSRI members only. To check on medical benefits for non-BCBSRI members, contact our Physician and Provider Service Center at (401) 274-4848 or 1-800-230-9050, Monday through Friday, 8:00 a.m. to 4:30 p.m.*

Step	Action
1	Enter your NPI number. Note: If you don't have your NPI handy, say "I don't have it" and use your Tax ID instead.
2	Press 1 or say "eligibility and benefits."
3	Ignoring any letters, say or enter the numbers from the member ID.
4	Say or enter the member's date of birth. <b>Result:</b> You will hear the following information (when applicable): <ul style="list-style-type: none"> <li>• Member Plan Type</li> <li>• Coverage Status (i.e., Active vs. Inactive)</li> <li>• Date Plan Year Began</li> <li>• Individual and Family Deductible (if applicable)</li> <li>• Individual and Family Out-of-Pocket Maximum (if applicable)</li> <li>• Plan Disclaimer</li> </ul>
5	Press 3 or say "hear specific services."
6	Refer to the Benefits Table for additional instructions.

## Benefits Table

To Get to...	(Press) or Say	Then (Press) or Say
Adult Physical Exam	(1) Office Visits and OB/GYN	(6) Adult Physical Exam
Ambulatory Surgical Center	(3) Surgery	(1) Ambulatory Surgical Center
Anesthesia	(3) Surgery	(5) Anesthesia
Chemical Dependency Group Session	(5) Mental Health and Chemical Dependency	(6) Chemical Dependency Group Session
Chemical Dependency Individual Session	(5) Mental Health and Chemical Dependency	(5) Chemical Dependency Individual Session
Chemical Dependency Intensive Outpatient Program	(5) Mental Health and Chemical Dependency	(7) Chemical Dependency Intensive Outpatient Program
Chiropractic Office Visit	(1) Office Visits and OB/GYN	(1) Chiropractic Office Visit
Diagnostic Imaging	(4) Diagnostic Tests and Imaging	(1) Diagnostic Imaging
Preventive Imaging	(4) Diagnostic Tests and Imaging	(3) Diagnostic Imaging
Diagnostic Lab	(4) Diagnostic Tests and Imaging	(5) Diagnostic Lab
Diagnostic Machine Test	(4) Diagnostic Tests and Imaging	(6) Diagnostic Machine Test
Durable Medical Equipment	(8) Durable Medical and Supplies	(1) Durable Medical Equipment
Frames	(6) Vision Care	(3) Frames
Hospital Clinic Visit	(7) Hospital and Skilled Nursing	(2) Hospital Clinic Visit
Hospital Inpatient	(7) Hospital and Skilled Nursing	(4) Hospital Inpatient
Hospital Inpatient Physician Services	(7) Hospital and Skilled Nursing	(3) Hospital Inpatient Physician Services
Hospital Outpatient Surgery	(3) Surgery	(2) Hospital Outpatient Surgery
Hospital Pediatric Clinic Visit	(7) Hospital and Skilled Nursing	(1) Hospital Pediatric Clinic Visit
Lenses	(6) Vision Care	(4) Lenses
Medical Supplies	(8) Durable Medical and Supplies	(2) Medical Supplies
Mental Health Group Sessions	(5) Mental Health and Chemical Dependency	(2) Mental Health Group Sessions
Mental Health Individual Sessions	(5) Mental Health and Chemical Dependency	(1) Mental Health Individual Sessions
Mental Health Medication Visit	(5) Mental Health and Chemical Dependency	(4) Mental Health Medication Visit
Mental Health Outpatient	(5) Mental Health and Chemical Dependency	(3) Mental Health Outpatient

To Get to...	(Press) or Say	Then (Press) or Say
Nonroutine Vision Care	(6) Vision Care	(2) Nonroutine Vision Care
Occupational Therapy Following Admission	(2) Therapy	(3) Occupational Therapy Following Admission
Other Occupational Therapy	(2) Therapy	(4) Other Occupational Therapy
Other Office Visit	(1) Office Visits and OB/GYN	(8) Other Office Visit
Other Physical Therapy	(2) Therapy	(2) Other Physical Therapy
PCP Office Visit	(1) Office Visits and OB/GYN	(4) PCP Office Visit
Physical Therapy Following Admission	(2) Therapy	(1) Physical Therapy Following Admission
Pregnancy Services	(1) Office Visits and OB/GYN	(5) Pregnancy Services
Preventive Imaging	(4) Diagnostic Tests and Imaging	(4) Preventive Imaging
Preventive Lab	(4) Diagnostic Tests and Imaging	(8) Preventive Lab
Preventive Machine Test	(4) Diagnostic Tests and Imaging	(7) Preventive Machine Test
Routine Eye Exam	(6) Vision Care	(1) Routine Eye Exam
Routine Gynecological Exam	(1) Office Visits and OB/GYN	(2) Routine Gynecological Exam
Screening – Mammography	(4) Diagnostic Tests and Imaging	(2) Screening – Mammography
Screening – Pap Smears	(1) Office Visits and OB/GYN	(7) Screening – Pap Smears
Skilled Nursing Facility	(7) Hospital and Skilled Nursing	(5) Skilled Nursing Facility
Specialist Office Visit	(1) Office Visits and OB/GYN	(3) Specialist Office Visit
Surgery – Assistant Surgeon	(3) Surgery	(3) Surgery – Assistant Surgeon
Surgery Professional	(3) Surgery	(4) Surgery Professional

## Dental Benefits

*You can use the IVR service to search dental benefits for BCBSRI members only. To check on benefits for non-BCBSRI members, contact our Dental Call Center at (401) 453-4700 or 1-800-831-2400, Monday through Friday, 8:00 a.m. to 4:30 p.m.*

Step	Action
1	Enter your NPI number. Note: If you don't have your NPI handy, say "I don't have it" and use your Tax ID instead.
2	Press 1 or say "eligibility and benefits."
3	Ignoring any letters, say or enter the numbers from the member ID.

4	<p>Say or enter the member's date of birth.</p> <p><u>Result:</u> You will hear the following information (when applicable):</p> <ul style="list-style-type: none"> <li>• Member Plan Type</li> <li>• Coverage Status (i.e., Active vs. Inactive)</li> <li>• Date Plan Year Began</li> <li>• Date of Last Full-Mouth X-Ray</li> <li>• Annual Maximum and Amount Met</li> <li>• Orthodontic Lifetime Maximum Amount and Amount Met</li> <li>• Deductible</li> </ul>	
5	Press 2 or say "hear specific services."	
6	<b>For...</b>	<b>(Press) or Say</b>
	Diagnostic and Preventive Services	(1) Diagnostic and Preventive Services
	Basic Dental Services	(2) Basic Dental Services
	Major Dental Services	(3) Major Dental Services
	Orthodontics	(4) Orthodontics