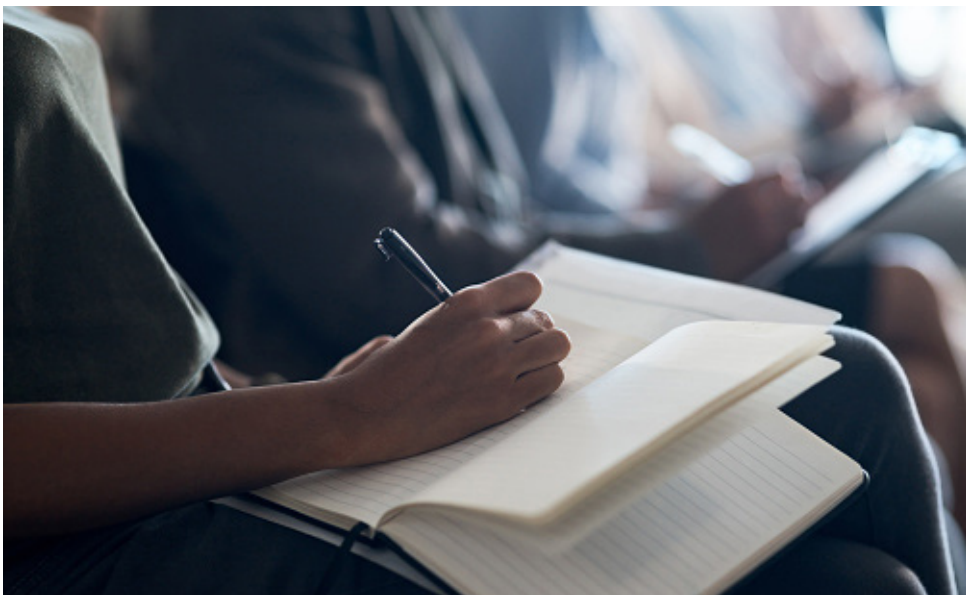
July 2025

BlueNews℠ for Providers

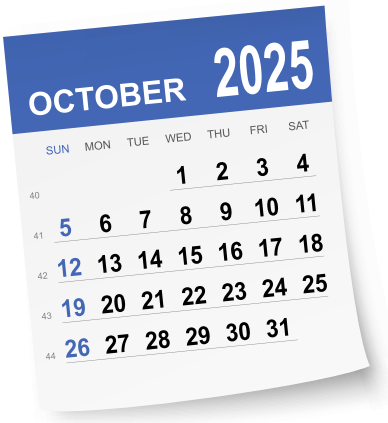
BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina



DON'T MISS YOUR CHANCE TO JOIN THE 2025 ANNUAL PROVIDER SUMMIT

Join one of our in-person 2026 Annual Provider Summits. We have lots of new information to share with you.

Each session will be **9 a.m. to 4 p.m**. Choose the session that works best for you. **Note**: The same topics will be presented during each session.



Oct. 22, 2025, and Oct. 29, 2025
Richland Two Institute of Innovation (R2i2)
Conference Center
763 Fashion Dr.
Columbia, SC 29223

Register today so you do not miss out.
We look forward to having you!

REMINDER: VERIFYING ELIGIBILITY AND BENEFITS

BlueCross BlueShield of South Carolina and BlueChoice HealthPlan of South Carolina offer multiple platforms for eligibility and benefits verification. The most common and preferred platform is My Insurance Manager℠ (MIM).

MIM is a self-service, web-based tool that gives providers access to the following and more:

- Eligibility and benefits information
- Claims status
- Prior authorizations

There are three options for verifying eligibility and benefits in MIM. We recommend the **Eligibility and Benefits by Procedure Code** option. This option helps you get the most accurate benefit details. The system will prompt you to enter the procedure code. You can also include modifiers and diagnoses.

Need more guidance on researching eligibility and benefits through MIM? You can access user guides and other resources on our My Insurance Manager page.

REMINDER: ASK PROVIDER SERVICES (WEB INQUIRIES)

Ask Provider Services is a feature within MIM that allows providers to submit secure email messages. You can use this feature when seeking assistance with claims details that may not be available in MIM or accessible through the voice response unit. To get the best, detailed responses, be sure to ask specific, probing questions.

Below are a few examples:

- Why was Line 1 of the claim denied as noncovered?
- Why were services applied to the member's deductible?
- Has the member returned the coordination of care questionnaire?

When submitting inquiries through Ask Provider Services, please keep in mind that responses will only go to the person who submitted the initial inquiry. However, profile administrators can review and read all responses received under the tax identification number. To review responses, select **Go to Message Center** after logging in to MIM.

The results will display all inquiries submitted or received within the past 30 days, but you can change this to 90 days to capture more details. You can filter the results for a specific member by entering the member's identification number in the appropriate field and selecting his or her plan type. There is also an option to display specific months.

REMINDER: USE NETWORK PARTICIPATING PROVIDERS

BlueCross and BlueChoice encourage you to use network participating providers for our members when possible. This reduces the member's out-of-pocket cost and prevents balance billing.

It can also reduce administrative efforts. Network providers have negotiated rates that can help claims resolve faster in accordance with the member's benefit plan. When a provider is not in the network, there could be delays or denials.

You can find network participating providers by using the **Provider Directory**. Refer to the **Member ID Card Guide** to ensure you are looking for an appropriate provider based on the member's plan.

REMINDER: ITEMIZED BILLS

Itemized bills are required for high-dollar prepayment reviews and should be submitted, when requested, via MIM using the claims attachment feature. Only inpatient institutional claims with an allowed amount of $100,000 or more will trigger a request for an itemized bill.

Medical records **should not** be submitted in lieu of itemized bills. If medical records are needed, a separate request will be sent to include instructions on how to submit. Please refrain from submitting unwarranted medical records.

When submitting itemized bills, be sure they are specific. Each line must have a clear description, including doses, names of supplies and so forth. Also, be sure each line includes the revenue code and date of service.

Example of an acceptable itemized bill

42 Rev. Co.	43 Description	44 HCPCS/Rate/ HPPS Code	45 Serv. Date	46 Serv. Units	47 Total Charges
0250	Dicyclomine 10 MG		010322	1	27.00
0250	Nitroglycerin 0.4 MG		010322	1	28.73
0250	Midazolam 10 MG	J2250	010322	2	29.09
0250	Atorvastatin 40 MG		010322	2	76.93
0272	Catheter Angiographic		010322	1	226.00
0272	Guidewire Vascular 3CM	C1769	010322	1	3597.00
0278	Device Vascular Closure	C1760	010322	1	2563.00

Example of an unacceptable itemized bill

42 Rev. Co.	43 Description	44 HCPCS/Rate/ HPPS Code	45 Serv. Date	46 Serv. Units	47 Total Charges
0250	Pharmacy			336	7780.81
0272	Sterile Supply			8	76804.00
0278	Supply/Implants			2	6358.00

MEDICAL POLICY UPDATES

BlueCross frequently revises the medical policies used to make clinical determinations for a member's coverage.

Review the **latest medical policy updates**. We encourage you to visit the **Medical Policies and Clinical Guidelines** pages regularly to stay abreast of these changes and to read any policy in full.

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

Independent licensees of the Blue Cross Blue Shield Association.

220815-7-2025