December 2024

BlueNews℠ for Providers

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

REMINDER: VERIFYING ELIGIBILITY AND BENEFITS

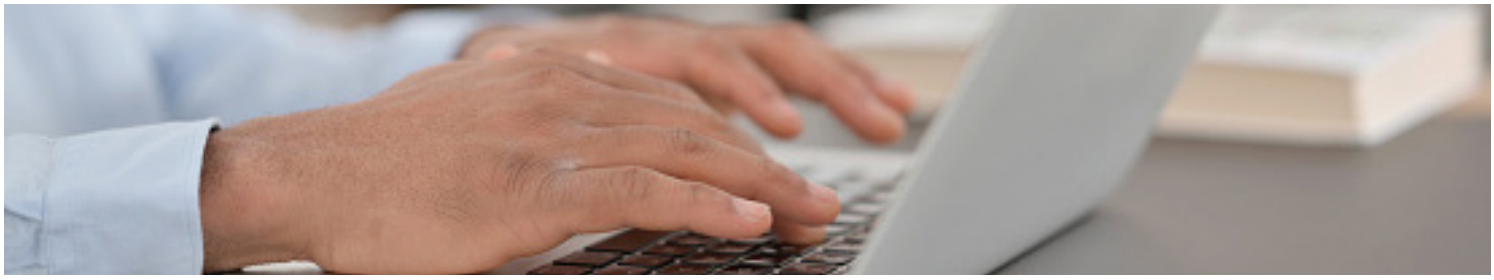
BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan offer multiple platforms for eligibility and benefits verification. The most common and preferred platform is My Insurance Manager℠ (MIM).

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

- Eligibility and benefits
- Claims status
- Prior authorizations

There are three options available for verifying eligibility and benefits in MIM. We strongly 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 (VRU). To get the best, detailed responses, be sure to ask specific, probing questions.

Below are a few examples:

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

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

The results will automatically display all inquiries submitted or received within the past 30 days, but you can change this to 90 days to capture more details. The results can be filtered 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: ITEMIZED BILLS

Itemized bills are required for high dollar pre-payment (HDPR) 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.

Note: 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 the revenue code and date of service for each line is present.

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

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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

THE BLUECARD® PROGRAM

The BlueCard program allows Blue plan members to get health care services while traveling or living in another Blue plan's service area. The program links participating health care providers across the country and internationally through a single, electronic network for claims processing and reimbursement.

Benefits to Providers:

- Allows you to conveniently submit claims for members from other Blue plans directly to BlueCross
- Gives you one point of contact for all your claims-related questions

Products Included:

- Preferred Provider Organization (PPO)
- Exclusive Provider Organization (EPO)
- Health Maintenance Organization (HMO)
- Point of Service (POS)

Products Excluded:

- Stand-alone dental
- Vision products delivered through a vendor
- Self-administered prescription drugs products delivered through a vendor
- Medicaid and SCHIP plans
- Medicare Advantage
- Federal Employee Program (FEP)

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 strongly encourage you to visit the **Medical Policies and Clinical Guidelines** pages regularly to stay abreast of these changes and to read any policy in its entirety.

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

Independent licensees of the Blue Cross Blue Shield Association.

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