



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

MY INSURANCE MANAGER

Eligibility and Benefits User Guide



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ELIGIBILITY AND BENEFITS

There are three Eligibility and Benefits search options: General, Service Type and Procedure Code. You can get additional eligibility and benefit information by sending a secure email message to Ask Provider Services.



For Health Providers

Complete the requested information to search for benefits. Be sure to enter the member ID exactly as it appears on the patient's insurance card, including the alpha prefix, if applicable.

Health Plan drop-down menu options: BlueCross BlueShield Plans, BlueChoice HealthPlan, State Health Plan and Federal Employee Program.

You must enter the patient's date of birth or his or her first and last name. Expand the Additional Information option by clicking [+] to input the patient's last name, first name and/or gender. If entering information for a twin or multiple, the Additional Information box will expand after selecting **Continue**; you must then enter the name of the twin or multiple to narrow the patient search.

To choose a location, select **Select**. A list of location associated with your tax ID will appear. Continue. For locations that show NPI Required, you must register the NPI.

The screenshot displays the 'My Insurance Manager' web interface. At the top, there is a navigation bar with links for Home, Patient Care, Office Management, Resources, Modify Profile, and Prof. Below the navigation bar, a welcome message reads 'Welcome, YOUR NAME of YOUR PRACTICE/FACILITY' with a '(Log Out)' link. The main heading is 'Eligibility and Benefits'. The form is divided into sections: 'Patient Selection' and 'Additional Information'. Under 'Patient Selection', there is a dropdown for 'Health Plan' (currently showing '--Please Choose One--'), a text input for 'Member ID' (with a note 'include alpha prefix, if applicable'), and a date input for 'Patient's Date of Birth' (recommended, with a note 'mm/dd/yyyy'). Under 'Additional Information', there is a date input for 'Date of Service' (showing '01/23/2017', with a note 'mm/dd/yyyy') and a 'Location' dropdown with a 'Select' button. A 'Primary ID' input field is also present. At the bottom of the form, there are 'Continue' and 'Clear All' buttons.

General Eligibility and Benefits will display the results of a HIPAA transaction for Service Type 30, which are the benefits for 16 commonly searched service types. Select Submit.

Home Patient Care Office Management Resources Modify Profile Profile Administration Staff Directory

Welcome, YOUR NAME of YOUR PRACTICE/FACILITY (Log Out) [Go to Message Center](#)

Eligibility and Benefits [Printer-Friendly](#)

Date of Service: 02/01/2017

Insurance
 Plan Name: BLUECROSS AND BLUESHIELD OF SC
 Plan ID: 38520
 Member ID: ZCZ065922516805
 Group Number: 036011101
 Member's Name: MICHAEL TESTING

Patient
 Patient's Name: MICHAEL TESTING
 Relationship to Member: SUBSCRIBER
 Gender: MALE
 Date of Birth: 10/01/1958
 Address: P O BOX 24011 COLUMBIA, SC 292244011
[Change Patient](#)

Eligibility Request * Required

Choose Eligibility View

Please note: Unless otherwise required by state law, this notice is not a guarantee of payment. Benefits are subject to all contract limits and the member's status on the date of service. Accumulated amounts, such as deductibles, may change as additional claims are processed. Deductible and coinsurance amounts are calculated from the member's health or dental plan allowances for the procedures performed.

General Eligibility and Benefits
 Eligibility and Benefits by Service Type
 Eligibility and Benefits by Procedure Code

[Submit](#)

Response Details

Eligibility Response [±]

Policy Effective Date: 06/01/2002

Benefit Period: 04/01/2022 - 04/01/2023

[View Benefit Booklet for this patient](#)

IN AND OUT OF NETWORK

Global Benefits

✔ This patient has active coverage.

UNLESS OTHERWISE REQUIRED BY STATE LAW, THIS NOTICE IS NOT A GUARANTEE OF PAYMENT. BENEFITS ARE SUBJECT TO ALL CONTRACT LIMITS AND THE MEMBER'S STATUS ON THE DATE OF SERVICE. ACCUMULATED AMOUNTS SUCH AS DEDUCTIBLES MAY CHANGE AS ADDITIONAL CLAIMS ARE PROCESSED.

INDIVIDUAL DEDUCTIBLE: \$250.00 PER SERVICE YEAR - \$250.00 REMAINING

INDIVIDUAL OUT OF POCKET: \$750.00 PER SERVICE YEAR - \$750.00 REMAINING

OUT-OF-POCKET EXCLUDES COPAYMENTS AND DEDUCTIBLE

FAMILY DEDUCTIBLE: \$500.00 PER SERVICE YEAR - \$500.00 REMAINING

FAMILY OUT OF POCKET: \$1,500.00 PER SERVICE YEAR - \$1,500.00 REMAINING

OUT-OF-POCKET EXCLUDES COPAYMENTS AND DEDUCTIBLE

i The global deductible is a general, overall deductible. There may also be specific deductibles for specific services. It's important to check the replacement, inclusive and any other specific deductibles to determine the patient's responsibility for payment.

- Notice the policy effective date and benefit period.
- Follow the link to view or download a PDF of the member's benefit booklet.
- Global Benefits section shows if the patient has active coverage. It also displays any deductible or coinsurance information.

Service▲	Place of Service▲	Diagnosis Code (ICD-10)▲	Specialty▲
▼ 1- MEDICAL CARE			
This patient has active coverage. Insurance Type: INDEMNITY Plan Name: INDEMNITY			
For this service type, you will see only a covered/not covered message here and not full benefits details. For more detailed benefits, submit a request for Eligibility and Benefits by Service Type or by Procedure Code.			
▶ 33- CHIROPRACTIC	11- OFFICE		
▶ 35- DENTAL CARE			
▶ 47- HOSPITAL	22- ON-CAMPUS OUTPATIENT HOSPITAL		
▶ 48- HOSPITAL - INPATIENT	21- INPATIENT HOSPITAL		
▶ 50- HOSPITAL - OUTPATIENT	22- ON-CAMPUS OUTPATIENT HOSPITAL		
▶ 51- HOSPITAL - EMERGENCY ACCIDENT	23- EMERGENCY ROOM - HOSPITAL		
▶ 52- HOSPITAL - EMERGENCY MEDICAL	23- EMERGENCY ROOM - HOSPITAL		
▶ 86- EMERGENCY SERVICES	23- EMERGENCY ROOM - HOSPITAL		
▶ 88- PHARMACY			
▶ 98- SPECIALIST	11- OFFICE		
▶ 98- PROFESSIONAL (PHYSICIAN) VISIT - OFFICE	11- OFFICE		
▶ BZ- PHYSICIAN VISIT - OFFICE: WELL	11- OFFICE		
▶ MH- MENTAL HEALTH			
▶ UC- URGENT CARE	20- URGENT CARE FACILITY		

[Back](#)

Expand the Service types listed to find if the patient has active coverage for that specific benefit. Do this by selecting the arrow next to each service.

Choose **Ask Provider Services** for questions about a benefit or service for which you are unable to find the answer using My Insurance Manager or by viewing the member's benefit booklet.

Eligibility and Benefits by Service Type allows you to search using a specific service type and diagnosis combination (optional). For routine and mental health services, we recommend you enter the diagnosis code. Verify the correct place of service (defaults to Office – 11) and the service location. Select Submit

- ### Other Service Types
- ABORTION - 84
 - ACUPUNCTURE - 64
 - AIDS - 85
 - AIR TRANSPORTATION - 57
 - ALCOHOLISM - AJ
 - ALLERGY - GY
 - ALLERGY TESTING - 79
 - ALTERNATE METHOD DIALYSIS - 15
 - AMBULATORY SERVICE CENTER FACILITY - 13
 - ANESTHESIA - 07
 - ANESTHESIOLOGIST - 97
 - AUDIOLOGY EXAM - 71
 - BLOOD CHARGES - 10
 - BRAND NAME PRESCRIPTION DRUG - 91
 - BRAND NAME PRESCRIPTION DRUG - NON-FORMULARY - B3
 - BURN CARE - B1
 - Brand Name Prescription Drug - Formulary - B2
 - CABULANCE - 58
 - CANCER - 87

This screen appears when you select the magnifying glass to add a primary diagnosis code (ICD-10). You can also use the drop-down menu to narrow the code search.

Eligibility and Benefits by Procedure Code lets you find a patient’s benefits for a specific procedure or HCPCS code and diagnosis combination. This search option is the most effective in retrieving precise benefits and is highly recommended. However, you cannot use facility revenue codes with this option. You must use a diagnosis code and accurate place of service to get precise benefits.

This screen appears when you select the magnifying glass to search for a CPT or HCPCS code. You can also use the drop- down menu to narrow the code search.

When viewing eligibility and benefits for any search method, you can expand the patient's eligibility response field to reveal details for this section by selecting the show/hide [+/-] link. You will see more data about the patient's group, address and the information receiver.

Home Patient Care Office Management Resources Modify Profile Profile Administration Staff Directory

Welcome, YOUR NAME of YOUR PRACTICE/FACILITY (Log Out) Go to Message Center

[Printer-Friendly](#)

Date of Service
02/01/2017

Insurance
Plan Name:
BLUECROSS AND BLUESHIELD OF SC
Plan ID:
38520
Member ID:
ZCZ065922516805
Group Number:
036011101
Member's Name:
MICHAEL TESTING

Patient
Patient's Name:
MARTHA TESTING
Relationship to Member:
SPOUSE
Gender:
FEMALE
Date of Birth:
09/01/1960
Address:
P O BOX 24015
COLUMBIA, SC 292244015
[Change Patient](#)

Response Details

Eligibility Response

General Information

Health Plan:
BLUECROSS AND BLUESHIELD OF SC
Date of Service:
02/01/2017
Plan ID:
38520

Subscriber Information

Member's Name:
MICHAEL TESTING
Group Name:
TEST GROUP FOR ANY USE
ID Card Number:
ZCZ065922516805
Group Number:
036011101

Coverage Level:
FAMILY

Patient Information

Name:
MARTHA TESTING
Relationship:
SPOUSE
Gender:
FEMALE
Address:
P O BOX 24015
COLUMBIA, SC 292244015
Date of Birth:
09/01/1960

Information Used To Determine Benefit Response

Provider:
INTERNAL MEDICINE ASSOC
Entity Type:
NON-PERSON ENTITY
Provider Type:
CENTERS FOR MEDICARE AND MEDICAID
SERVICES NATL PVDR ID

Information Receiver

Provider:
INTERNAL MEDICINE ASSOC
Provider ID:

Entity Type:
NON-PERSON ENTITY

This screen appears when you select **Ask Provider Services** from the Response Details screen. You can now choose to send an inquiry to Provider Services via secure email or speak with a Provider Services representative online. Complete all required fields; select a location from the list and **Submit Question** to send an email.

Ask Provider Services Printer-Friendly

* Required

Inquiry

i For specific benefit details, please include Healthcare Common Procedure Coding System (HCPCS) and Current Processing Terminology (CPT) codes, diagnoses codes, and place of service codes. If codes are not provided, you will be quoted general benefits.

Inquiry Name:
BlueCross BlueShield Plans

Inquiry Reason:
Eligibility Question

*** Question Category:**
--Please Choose One--

* Patient's First Name: <input type="text"/>	* Patient's Last Name: <input type="text"/>	* Patient's Member ID: 10001826847Q	* Patient's Date of Birth: <input type="text"/> <small>mm/dd/yyyy</small>
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*** Location:** JOHN M JONES MD Select **Primary ID:** 444444440

*** Please enter a question:**

Submit Question or [Back](#)

For Dental Providers

Complete the requested information to search for benefits. Be sure to enter the member ID exactly as it appears on the patient's insurance card, including the alpha prefix, if applicable.

Dental Plan drop-down menu options: BlueCross BlueShield Plans, State Dental Plan and Federal Employee Program.

You must enter the patient's date of birth or the first and last name. Expand the Additional Information option by clicking **[+]** to input the patient's last name, first name and/or gender.

Your location may auto-populate in this field. To choose a location, click **Select**. A list of locations associated with your tax ID will appear. **Continue**.

The screenshot shows a web interface for dental providers. At the top, there is a navigation bar with links: Home, Patient Care, Office Management, Resources, Modify Profile, Profile Administration, and Staff Directory. Below the navigation bar, a welcome message reads "Welcome, YOUR NAME of YOUR DENTAL PRACTICE" with a "(Log Out)" link. The main heading is "Eligibility and Benefits".

The form is divided into sections:

- Patient Selection**
 - Dental Plan:** A dropdown menu with "BlueCross BlueShield Plans" selected.
 - Member ID:** A text input field containing "zcz065922516805". Below it, a note says "include alpha prefix, if applicable".
 - Patient's Date of Birth:** A text input field containing "09/01/1960". A note "(recommended)" is next to it. Below the field, the format "mm/dd/yyyy" is indicated.
- Additional Information** [+ show/hide]
 - Date of Service:** A date picker field showing "02/08/2017". Below it, the format "mm/dd/yyyy" is indicated.
 - Location:** A dropdown menu showing "YOUR DENTAL PRACTICE" and a "Select" button.
 - Primary ID:** A text input field containing "1508023649".

At the bottom of the form, there are two buttons: "Continue" and "Clear All".

General Eligibility and Benefits will display the results of 10 commonly searched dental service types. The patient and the patient’s plan display on the left side of the page.

- Notice the policy effective date and benefit period.
- Follow the link to view or download a PDF of the member’s benefit booklet.
- Global Benefits section shows if the patient has active coverage. It also displays any deductible or coinsurance information.

Service▲	Place of Service▲	Diagnosis Code (ICD-10)▲	Specialty▲
▶ 23- DIAGNOSTIC DENTAL	11- OFFICE	K000 - ANODONTIA	
▶ 24- PERIODONTICS	11- OFFICE	K000 - ANODONTIA	
▶ 25- RESTORATIVE	11- OFFICE	K000 - ANODONTIA	
▶ 26- ENDODONTICS	11- OFFICE	K000 - ANODONTIA	
▶ 35- DENTAL CARE			
▶ 36- DENTAL CROWNS	11- OFFICE	K000 - ANODONTIA	
▶ 38- ORTHODONTICS	11- OFFICE	K000 - ANODONTIA	
▶ 39- PROSTHODONTICS	11- OFFICE	K000 - ANODONTIA	
▶ 40- ORAL SURGERY	11- OFFICE	K000 - ANODONTIA	
▶ 41- ROUTINE (PREVENTIVE) DENTAL	11- OFFICE	K000 - ANODONTIA	

[Ask Provider Services](#)
[New Search](#)
[Back](#)

Expand the Service types listed to find if the patient has active coverage for that specific benefit. Do this by selecting the arrow next to each service.

Choose **Ask Provider Services** for questions about a benefit or service for which you are unable to find the answer using My Insurance Manager or by viewing the member's benefit booklet.

Eligibility and Benefits by Service Type allows you to search using a specific service type and diagnosis combination (optional). Service Type options include: Adjunctive Dental Services; Dental Accident; Dental Care; Dental Crowns; Diagnostic Dental; Endodontics; Maxillofacial Prosthetics; Oral Surgery; Orthodontics; Periodontics; Prosthodontics; Restorative; and Routine (Preventive) Dental.

Verify the correct place of service (defaults to Office – 11) and the service location. **Submit.**

Home Patient Care Office Management Resources Modify Profile Profile Administration Staff Directory

Welcome, YOUR NAME of YOUR DENTAL PRACTICE (Log Out) Go to Message Center

Eligibility and Benefits [Printer-Friendly](#)

Date of Service: 02/08/2017

Insurance
Plan Name: BLUECROSS AND BLUESHIELD OF SC
Plan ID: 38520
Member ID: ZC2065922516805
Group Number: 036011101
Member's Name: MICHAEL TESTING

Patient
Patient's Name: MARTHA TESTING
Relationship to Member: SPOUSE
Date of Birth: 09/01/1960
Address: P O BOX 24015 COLUMBIA, SC 292244015
[Change Patient](#)

Eligibility Request * Required

Choose Eligibility View

Please note: Unless otherwise required by state law, this notice is not a guarantee of payment. Benefits are subject to all contract limits and the member's status on the date of service. Accumulated amounts, such as deductibles, may change as additional claims are processed.
Deductible and coinsurance amounts are calculated from the member's health or dental plan allowances for the procedures performed.

General Eligibility and Benefits
 Eligibility and Benefits by Service Type
 Eligibility and Benefits by Procedure Code

Service Type Code: DENTAL CROWNS - 36

Primary Diagnosis Code (ICD-10):

[Add Diagnosis Code](#)

Place of Service: Office - 11 (recommended)

Service Facility/Billing Location:

Rendering/Performing Provider:

This screen appears when you select the magnifying glass if a primary diagnosis code (ICD-10) is selected to be added. You can also use the drop-down menu to narrow the code search.

Diagnosis Code (ICD-10) Search ✕

Please enter a keyword or phrase (at least three letters) to begin your search. * Required

Based on the Date of Service, the diagnosis code results will include ICD-10 codes.

Search By: Description
Code

Search Type: Contains

Search For:

Search Within a Specific Category: All Categories

Eligibility and benefits search by Procedure Code lets you find a patient’s benefits for a specific CPT or HCPCS code. This search option is the most effective in retrieving precise benefits and is highly recommended.

This screen appears when you select the magnifying glass to search for a CPT or HCPCS code. You can also use the drop-down menu to narrow the code search.

From any eligibility view, you can view a patient's graphical tooth chart for primary and permanent teeth.

The permanent teeth tab shows enumerated teeth that had procedures performed. To get a history of preventive services performed for the patient, select tooth 1.

Permanent Teeth Primary Teeth

Printer-Friendly

Patient's Name: MARTHA TESTING

Click the tooth to view the details of services performed on that tooth.
Please note: Clicking tooth 1 will provide both specific tooth information and other preventative services.

Tooth Number	Procedure	Date of Service
14	CROWN-PROCELAIN FUSED TO PREDOMINANTLY BASE METAL	03/15/2016

Primary teeth are alphabetized not enumerated.

Permanent Teeth Primary Teeth

Printer-Friendly

Patient's Name: MARTHA TESTING

Click the tooth to view the details of services performed on that tooth.

This screen appears when you select, Ask Provider Services, from the Response Details screen. You can now send an inquiry to Provider Services via secure email. The required fields are pre-filled with patient's information. Enter a question and select **Submit Question**.

Home Patient Care Office Management Resources Modify Profile Profile Administration Staff Directory

Welcome, YOUR NAME of YOUR DENTAL PRACTICE (Log Out) [Go to Message Center](#)

Ask Provider Services [Printer-Friendly](#)

* Required

Inquiry

Inquiry Name:
BlueCross BlueShield Plans

Inquiry Reason:
Eligibility Question

* Patient's First Name: MICHAEL	* Patient's Last Name: TESTING	* Patient's Member id: 999574317	Patient's Date of Birth: 10/01/1958 <small>mm/dd/yyyy</small>
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* Location:
YOUR DENTAL PRACTICE [Select](#)

Primary ID:
987654321

* Please enter a question:

[Submit Question](#) or [Back](#)

TROUBLESHOOTING TIPS

- 45Z Line is out of balance
- 46V Other Payer's Address is missing
- 46W Another Payer's City is missing
- 46X Other Payer Zip Code missing
- E07 Invalid admission date B04
- B20 Revenue Code Invalid I12
- H98 Room Days and/or charges required on inpatient
- Certain services yield the best results for benefits according to the type of eligibility view selected. For chiropractic, physical therapy, occupational therapy and preventive services, you should view Eligibility and Benefits by Service Type. Eligibility and Benefits by Procedure Code is the best method to request details for colonoscopy, bone density studies and office visits.
- My Insurance Manager defaults the place of service to 11-Office. Make sure to change this option as it applies to your practice.
- Ambulatory Surgery Centers (ASCs) should request benefit details by service type. Enter the service type code as 13-ASC Facility; do not use service type code 50-Hospital-Outpatient.
- Always enter a diagnosis code when completing an eligibility and benefits request to get the most accurate response details.



In the event of any inconsistency between the information in this handbook and agreement(s) between you and BlueCross BlueShield of South Carolina or BlueChoice HealthPlan, the terms of such agreement(s) shall govern. The information included is general and in no event should be deemed to be a promise or guarantee of payment. We do not assume and hereby disclaim any liability for loss caused by errors or omissions in preparation and editing of this publication.