



South Carolina Provider Reconsideration Form

This form is intended for use by participating physicians and other health care professionals in South Carolina. If you are located outside of South Carolina and have claims questions, reviews, or appeals, please direct them to your local Blue plan.

To request a one-time claim review for reconsideration, please complete this form for BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan members. Use this form as the cover transmittal sheet for all supporting documentation. Forms submitted without supporting documentation will not be considered. Be sure to complete each section.

Refer to the Provider Reconsideration Guide online to determine if a provider reconsideration is warranted for the claim in question.

Provider Information

Provider's Name: _____ NPI or Tax ID: _____

Phone Number: _____ Ext: _____ Fax Number: _____

Contact Person: _____ Email: _____

Authorized Signature: _____ Date: _____

Patient and Claim Information

Patient's Name: _____ Member ID: _____ Date of Birth: _____

Claim Number (*Do not attach claim*): _____ Date of Service: _____

Reconsideration

Check the appropriate boxes below to specify the type of service for the request.

☐ Medical Services ☐ Laboratory Services

Brief description of request/desired action you want us to take as result of this claim review:

Description of attachments included (office records, lab reports, physician orders, etc.):

Please Fax or Mail to (send to only one):

| Plan | Reconsideration Time Limits | Fax Number | Mailing Address |
|--|-----------------------------|--------------|--|
| BlueChoice® | Varies by plan | 803-264-4172 | AX-620, I-20 @ Alpine Road, Columbia, SC 29219 |
| BlueEssentials SM & Blue Option SM | 180 days from remit date | 803-264-4172 | AX-620, I-20 @ Alpine Road, Columbia, SC 29219 |
| Preferred Blue® & BlueCard® | Varies by plan | 803-264-4172 | AX-620, I-20 @ Alpine Road, Columbia, SC 29219 |
| Group & Individual | 180 days from remit date | 803-264-4172 | AX-F25, I-20 @ Alpine Road, Columbia, SC 29219 |
| State Health Plan | 6 months from remit date | 803-264-4204 | AX-B10, P.O. Box 100605, Columbia, SC 29260 |
| Federal Employee Program | 90 days from remit date | 803-264-8104 | AX-B05, P.O. Box 600601, Columbia, SC 29260 |
| Medicare Advantage | 60 days from remit date | 803-264-9581 | AG-780, P.O. Box 100191, Columbia, SC 29202 |