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BlueChoice® HealthPlan of South Carolina

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My Insurance Manager℠
User Guide

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Your Partners in Outstanding Quality, Satisfaction and Service

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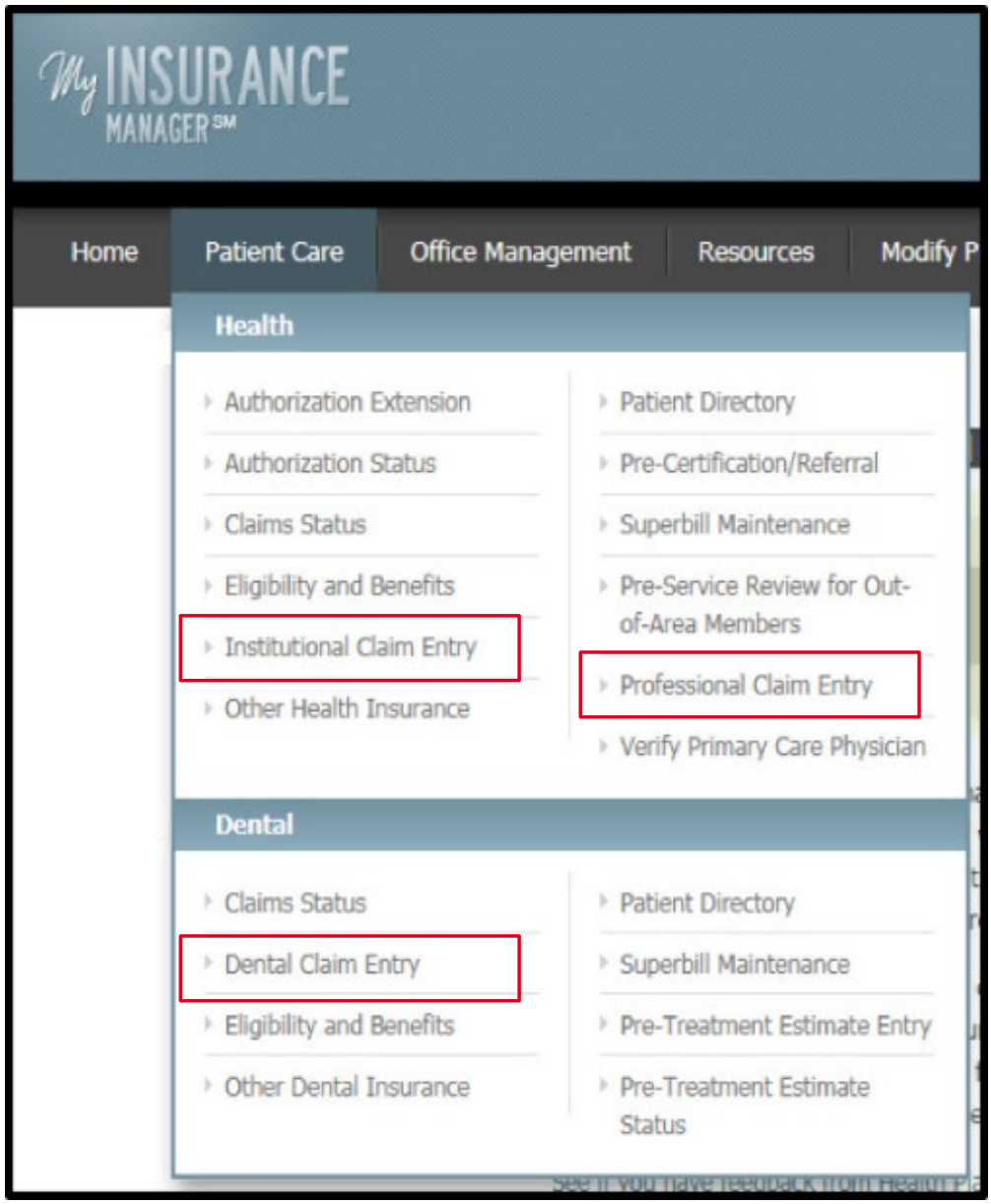
Contents

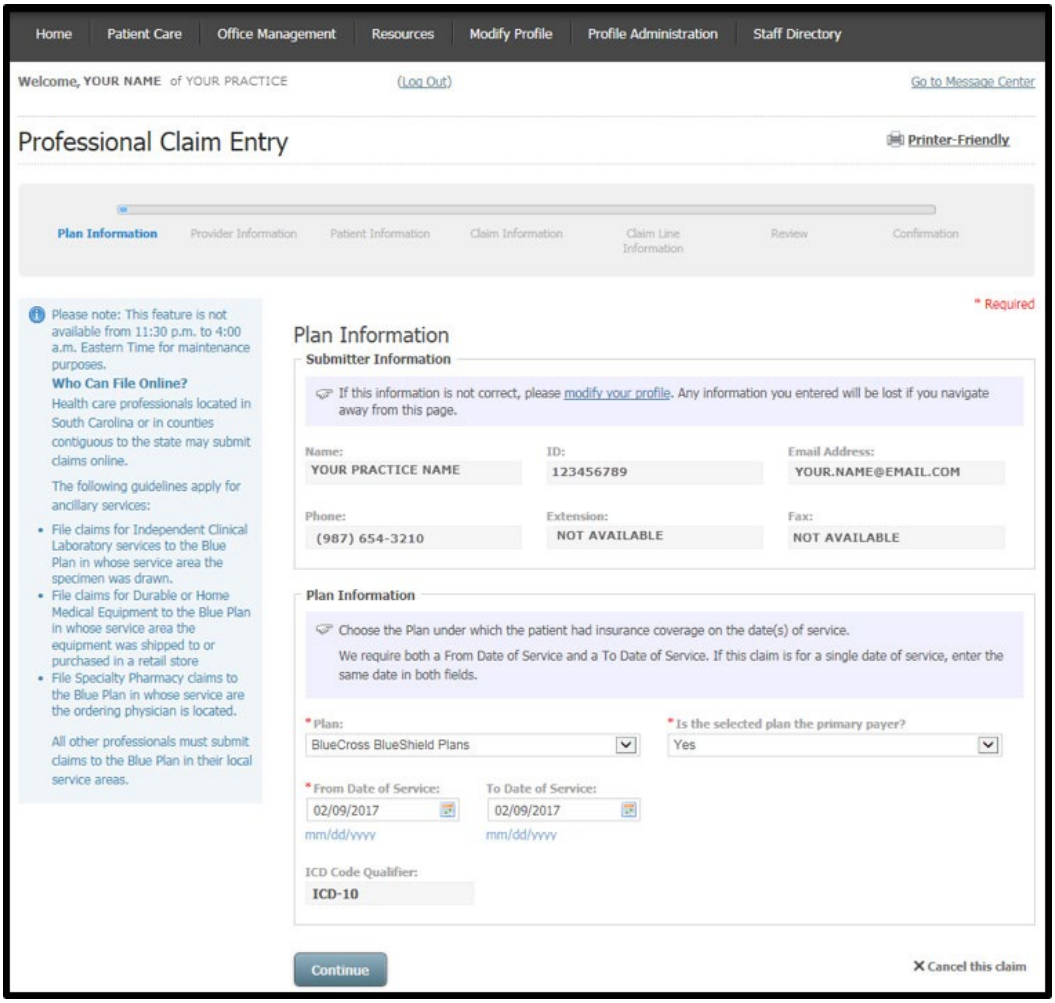
Claims Entry

There are seven screens a user progresses through to submit a claim through My Insurance Manager: Plan Information; Provider Information; Patient Information; Claim Information; Claim Line Information; Review; and Confirmation. The claim entry progress bar is shown near the top of the screen. You can go back to a previous screen completed by selecting the page desired.



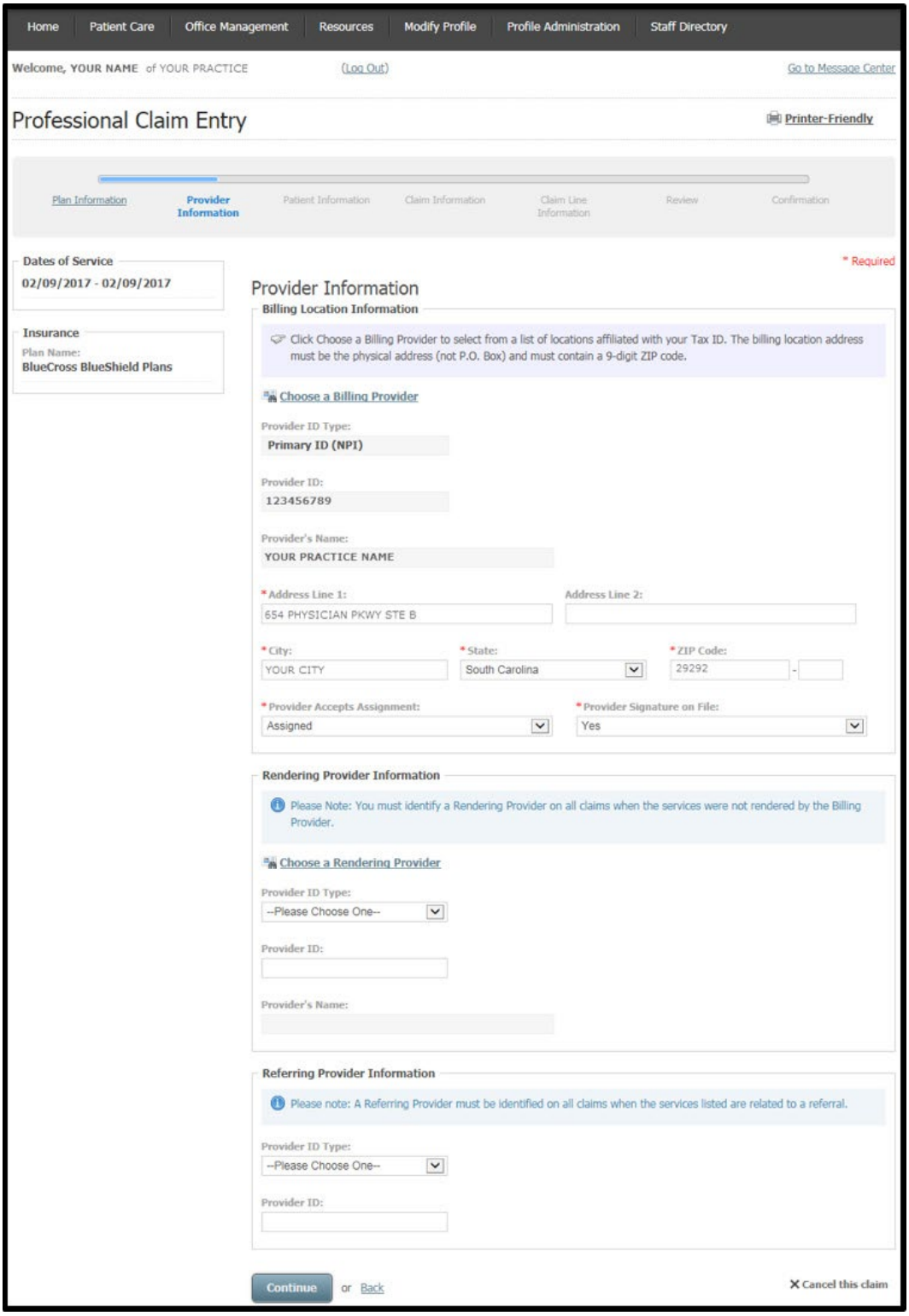
Professional Claim Entry

From the Patient Care menu, select Professional Claim Entry. The Plan Information screen gives information about the submitter (i.e. the user account information). Select a Plan, indicate if the plan is the primary payer and input the date of service. Select **Continue**.

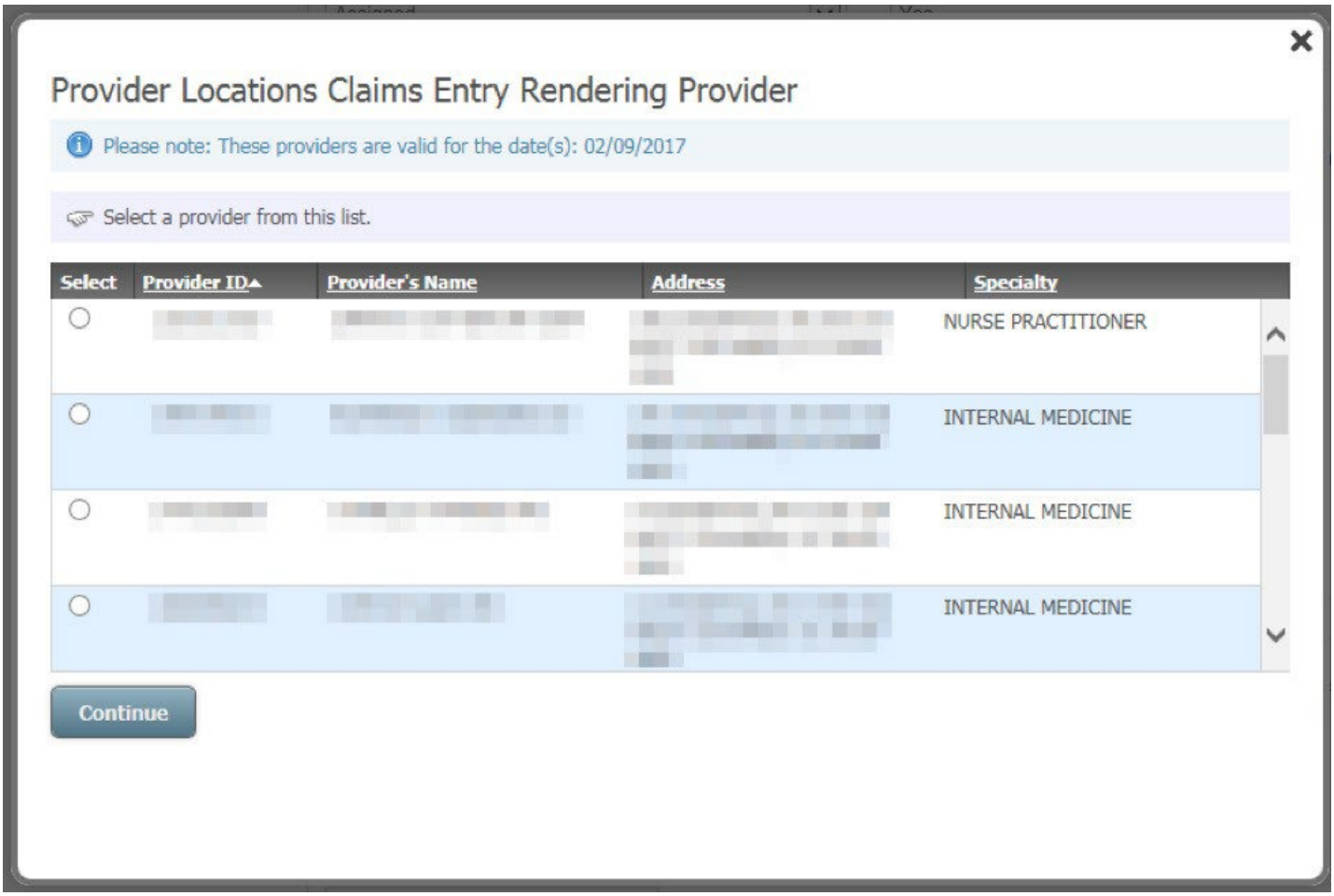


At the Provider Information screen, the billing information will pre-populate according to the location affiliated with your user profile. Select **Choose a Billing Provider** if the default billing location is not shown or if you are entering a claim for another location associated with the provider ID.

Select **Choose a Rendering Provider** to have this information auto-filled. You must manually enter Referring Provider Information because the practitioner will not necessarily be affiliated with the billing location. Select **Continue**.

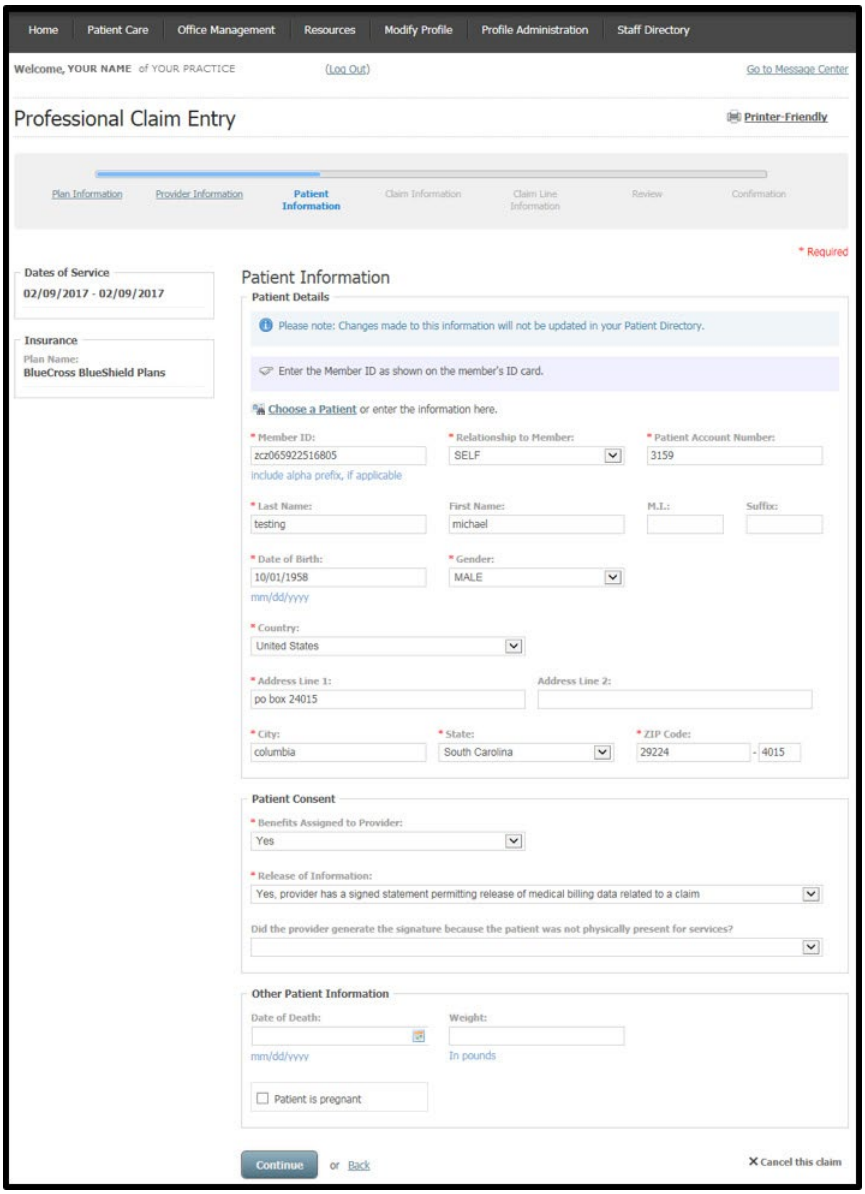


This screen appears when you select **Choose a Rendering Provider**. Choose the location where the services have been rendered. Select **Continue** to return to the Provider Information screen in the professional claim entry process. For locations that show NPI Required, contact Provider Education.



On the Patient Information screen, add the required patient data elements as a one-time entry or use the Patient Directory. Select **Choose a Patient** to have this information auto-filled using a selected patient from the Patient Directory.

At the Patient Account Number field, input the patient's unique number your practice or practice management software has assigned. You can create a patient account number if one does not exist. Select **Continue**.



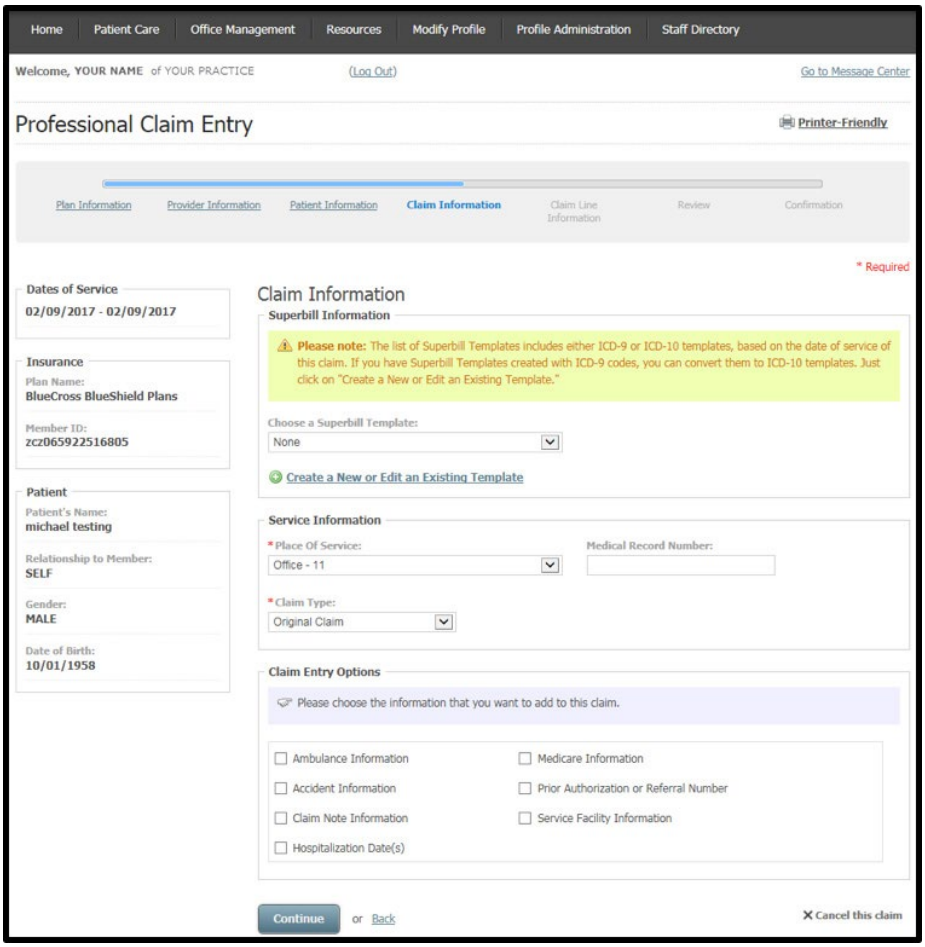
When prompted, you have the option to add the patient to Your Patient Directory.

The next professional claim entry screen is Claim Information. You can bypass the option to choose or create/update a superbill. To use a superbill, select from **Choose a Superbill Template** drop-down menu to have pre-established data fields included in the professional claim entry process.

Choose the place of service and the claim type (original claim; replacement of prior claim; void/cancel of prior claim). If appropriate, add Claim Entry Options by checking the box that corresponds with the claim information to be included. Required fields for each claim entry option:

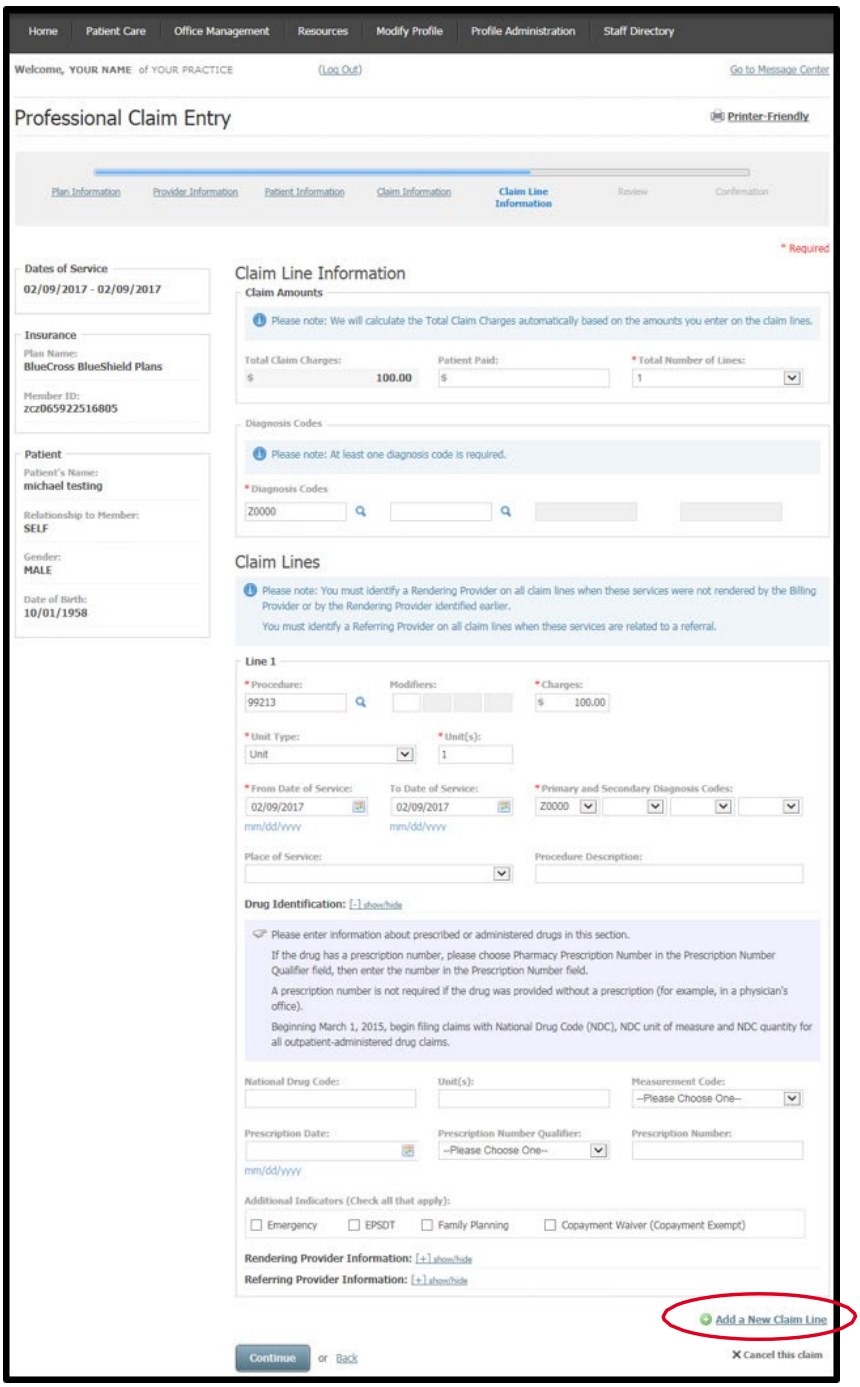
- Ambulance Information – Transport Reason Code; Transport Miles; Certification Indicator; Condition Indicator(s); Pick-Up Location; Drop-Off Location
- Accident Information – Related Cause
- Claim Note Information – Claim Note Type (ex: diagnosis description, discharge plans); Claim Note
- Hospitalization Date(s) – Admission Date; Discharge Date
- Medicare Information – Acute Manifestation Date; Care Plan Oversight Number; Homebound Indicator
- Prior Authorization or Referral Number – Prior Authorization Number; Referral Number
- Service Facility Information – Provider ID Type; Provider ID; Facility/Name; Country; Address 1; City; State; Zip

Select **Continue**.

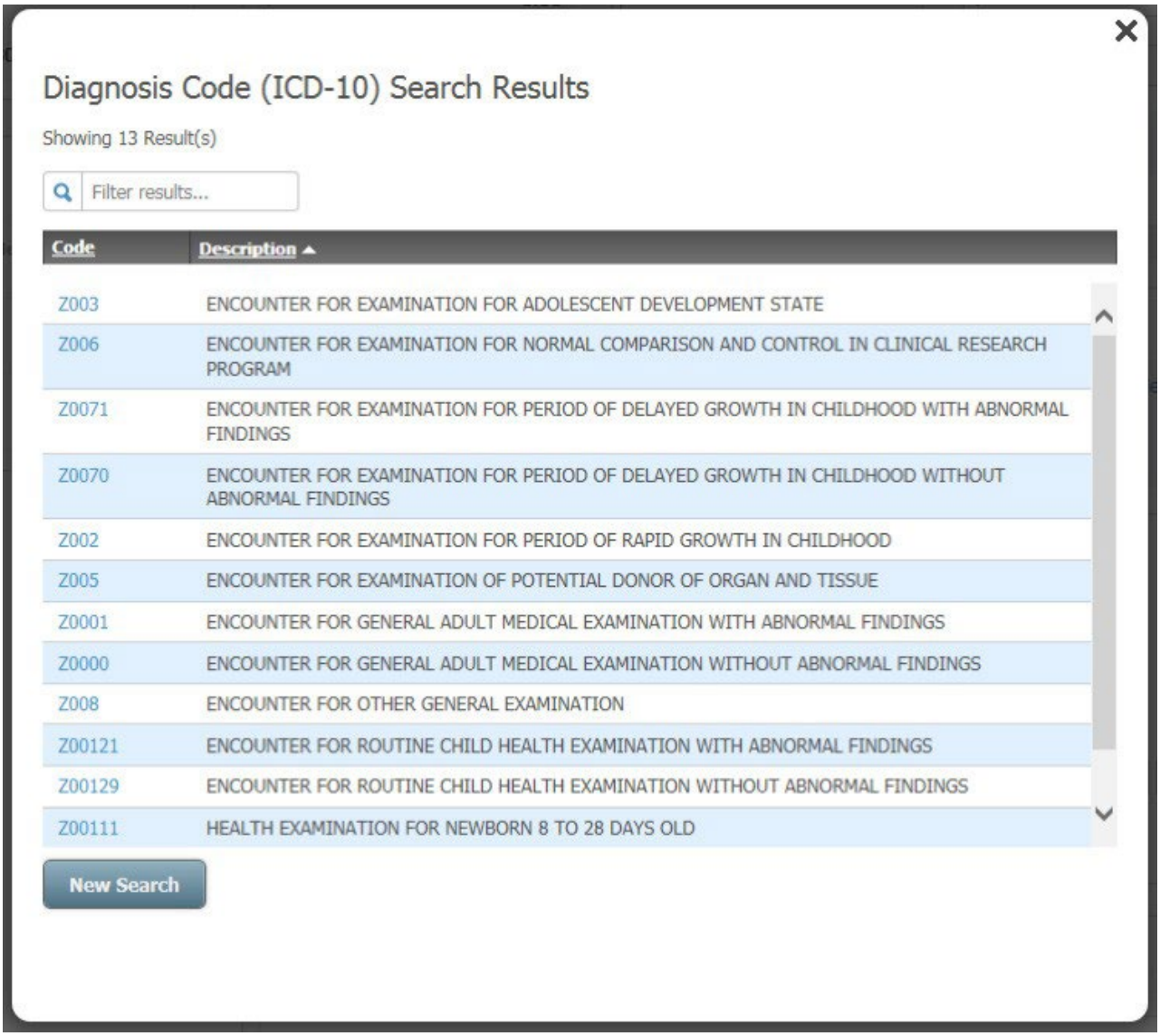


Claim Line Information is the fifth screen in the claim entry process. Enter the total number of lines (up to 50 lines) in the Claim Amounts section. There is also a second chance to include additional claim lines by selecting **Add a New Claim Line** at the bottom of the screen. Claim amounts will automatically calculate based on the amounts the user enters on the claim lines.

At the Diagnosis Code field, enter the appropriate ICD-10 diagnosis code without including a decimal. You can also search for the specific diagnosis code by selecting the magnifying glass icon.



This screen appears when searching for a diagnosis code. Search by description or code. Place your cursor on the desired diagnosis code to select it and be returned to the prior screen.



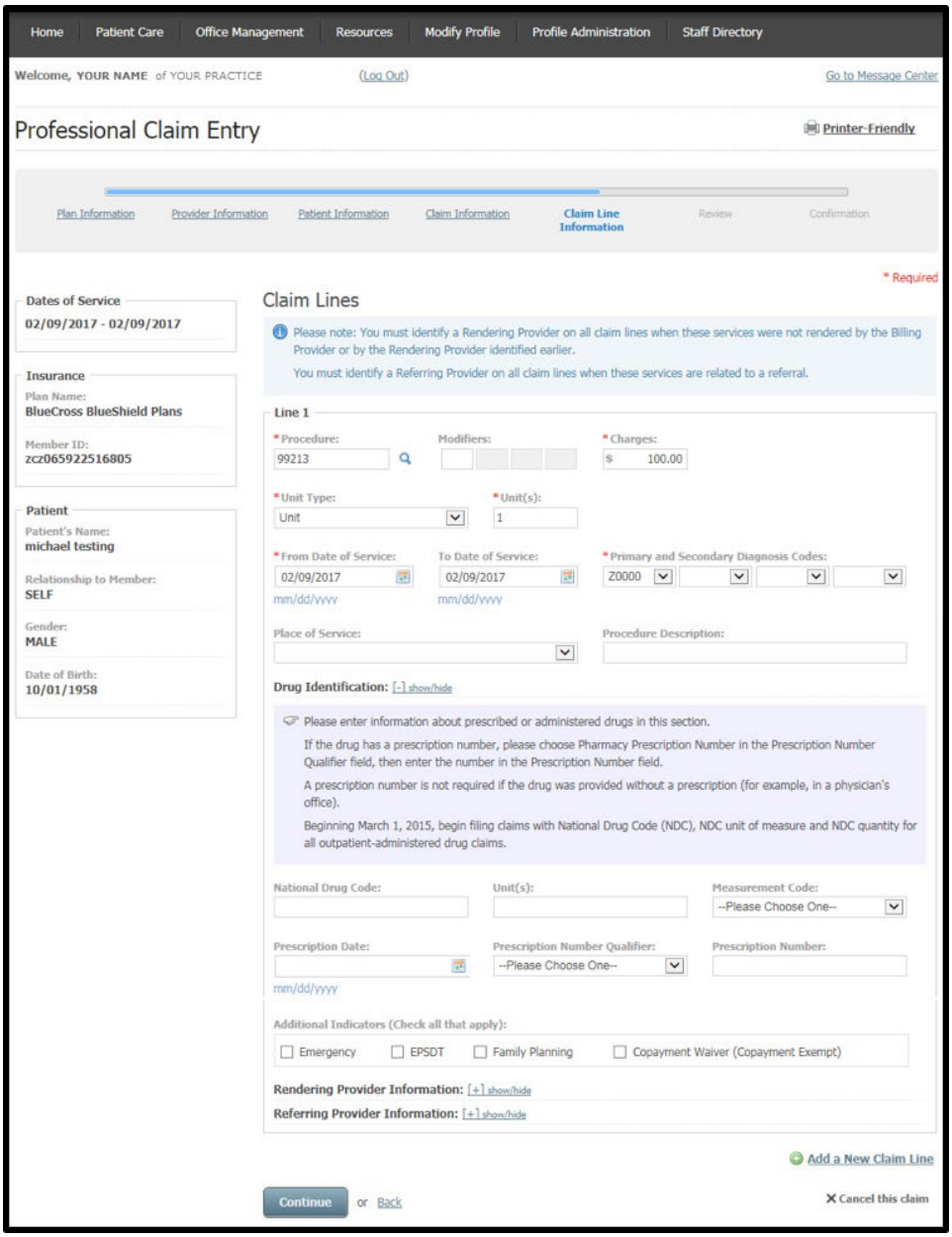
In the Claim Lines section of Claim Line Information entry, add the procedure code and charges in those required fields. You must also enter a unit type (unit or minutes) and the number of units.

The dates of service and diagnosis code(s) are automatically filled from previous entries during the professional claim entry process.

If appropriate, expand to see Drug Identification fields by selecting the show/hide link. When you enter prescription drug information, be sure to accurately capture the National Drug Code (NDC) number, as it is a requirement of BlueCross and BlueChoice plans.

Check the boxes to include Additional Indicators as needed. These options will not require additional fields to be completed.

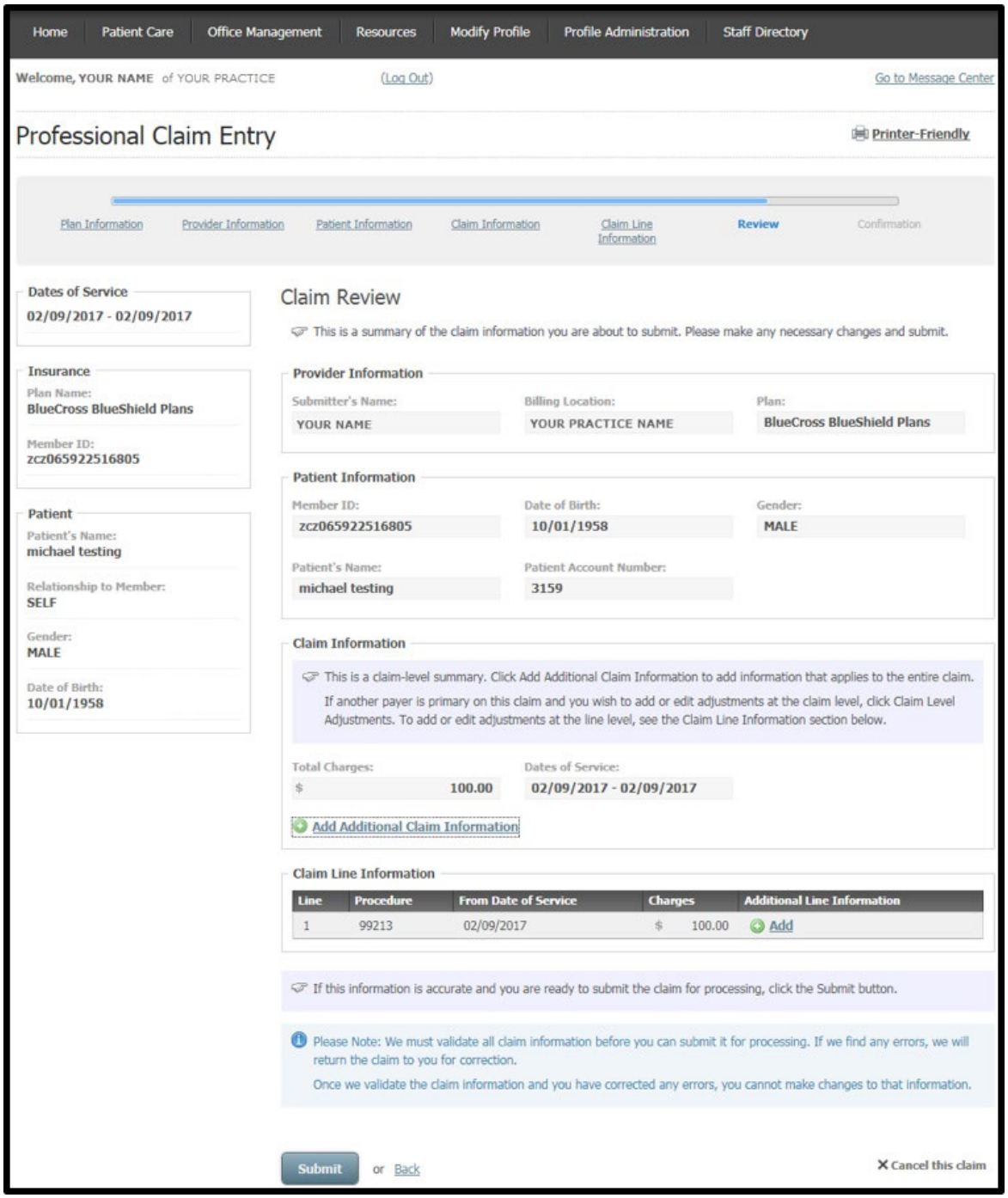
Select **Continue**.



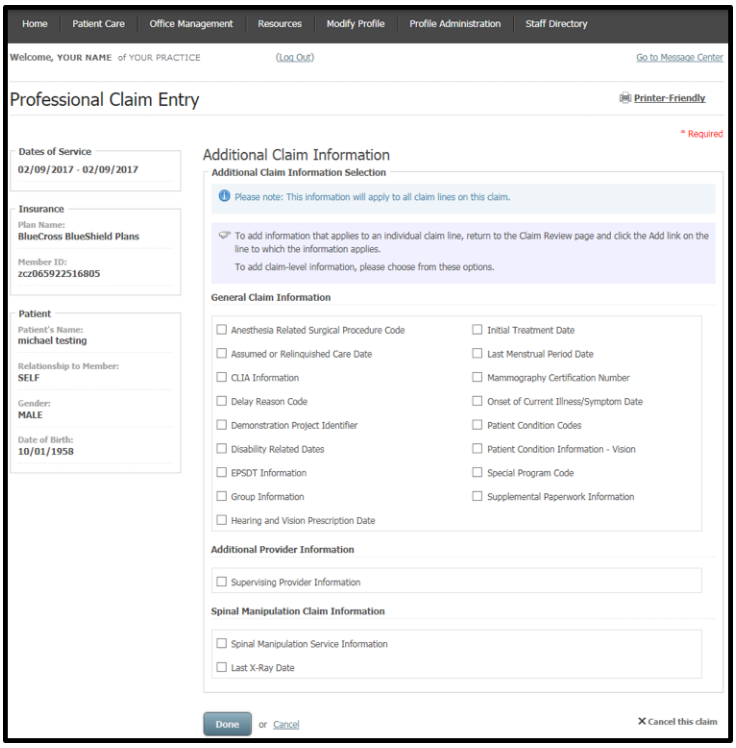
From Claim Review screen, examine your entries for the professional claim. **Submit** the professional claim or return to any previous screen using the **Back** link or clicking on a screen title from the progress bar.

To add claim-level information, select **Add Additional Claim Information**.

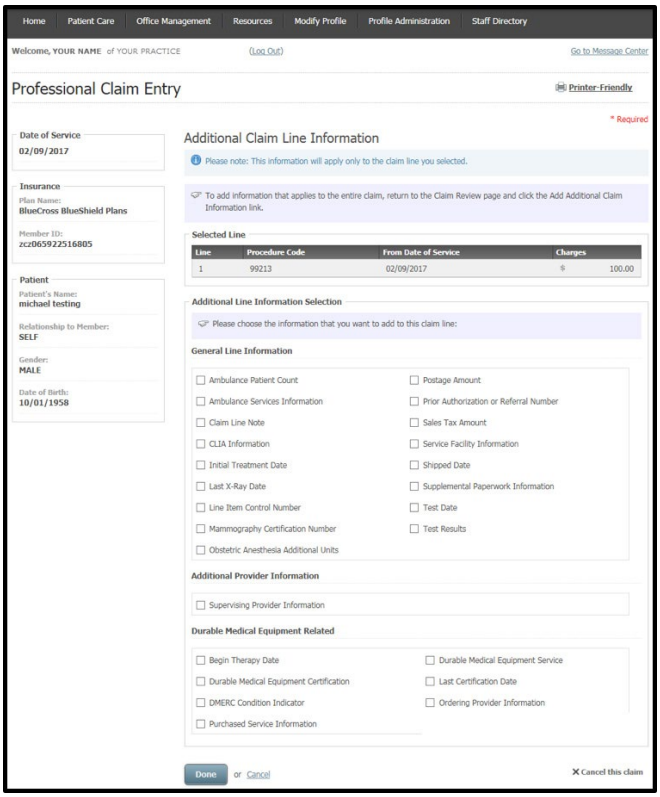
To add information that applies to an individual claim line, select **Add** on the line to which the information applies. There is an option to **Cancel this claim** found at the bottom of each screen of the claim entry process.



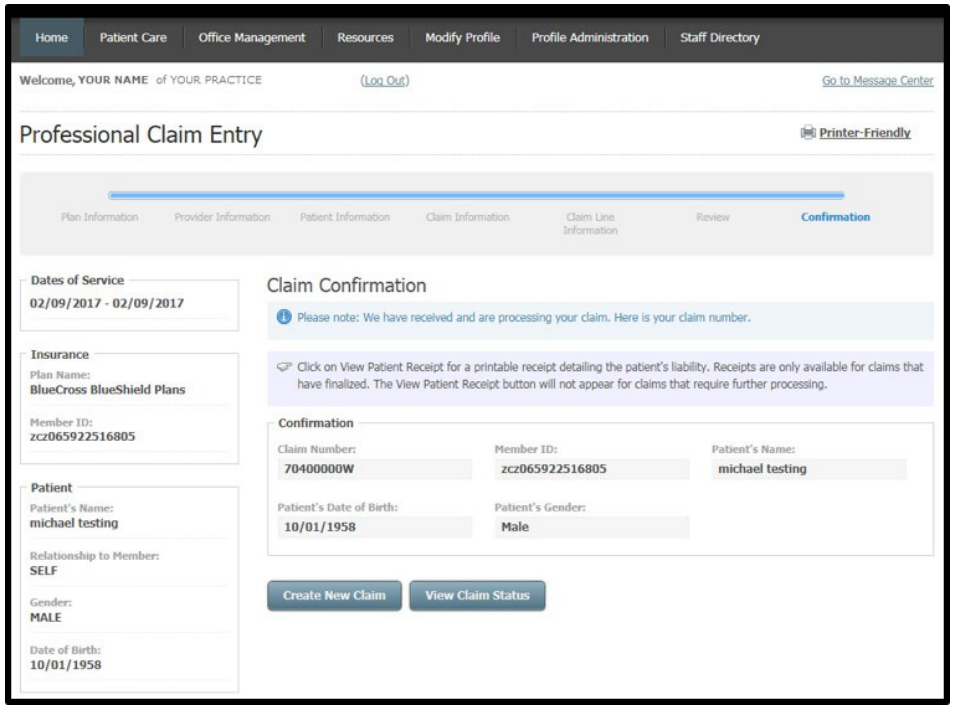
This screen appears when adding **additional claim information**. Check the corresponding box(es) to include general claim information, additional provider information and/or spinal manipulation claim information. Select **Done** to return to the previous screen.



This screen appears when adding **additional claim line information**. Select the corresponding box(es) to include specific additional line information, general line information, additional provider information and/or durable medical equipment related information. Select **Done** to return to the previous screen.

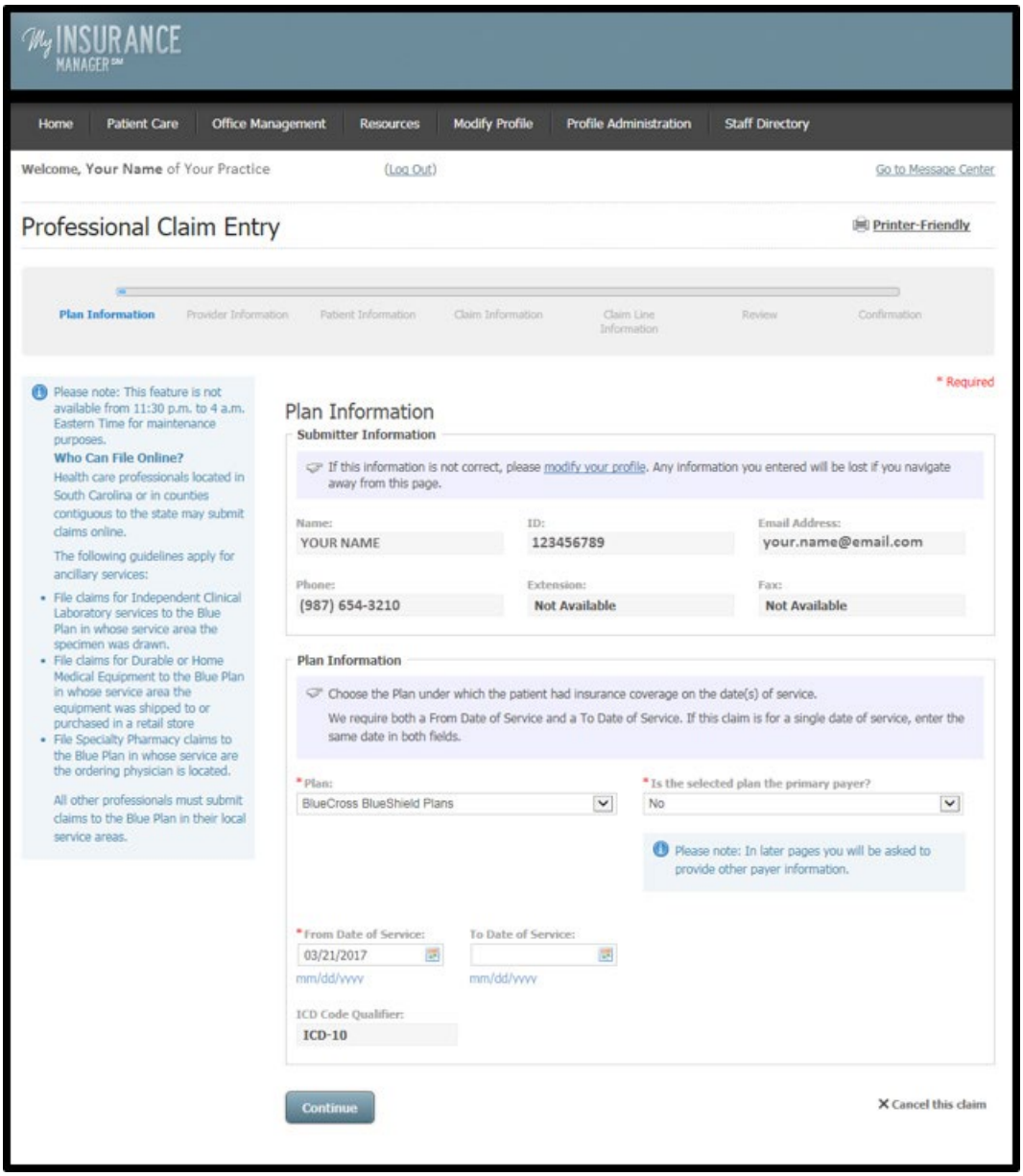


A claim number displays the Claim Confirmation screen. You can now **Create a New Claim** or **View Claim Status**.



Professional Secondary Claim Entry

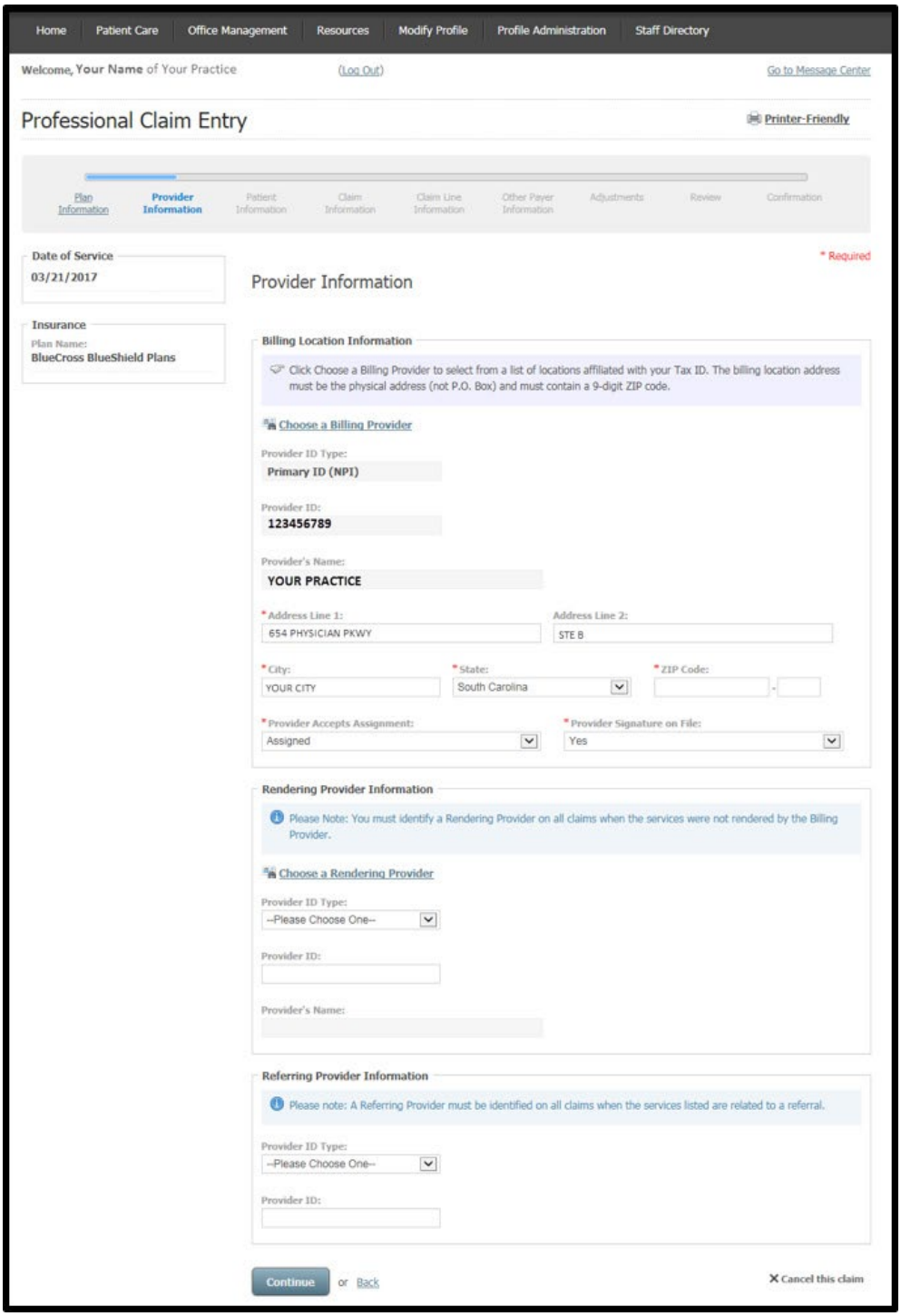
From the Patient Care menu, select Professional Claim Entry. The Plan Information screen gives information about the submitter (i.e. the user account information). Select a Plan. At the prompt, "*Is the selected plan the primary payer?*" choose No. Input the date of service. Select **Continue**.



At the Provider Information screen, the billing information will pre-populate according to the location affiliated with your user profile. Select **Choose a Billing Provider** if the default billing location is not shown or if you are entering a claim for another location associated with the provider ID.

Choose a Rendering Provider to have this information auto-filled. You must manually enter Referring Provider Information because the practitioner will not necessarily be affiliated with the billing location.

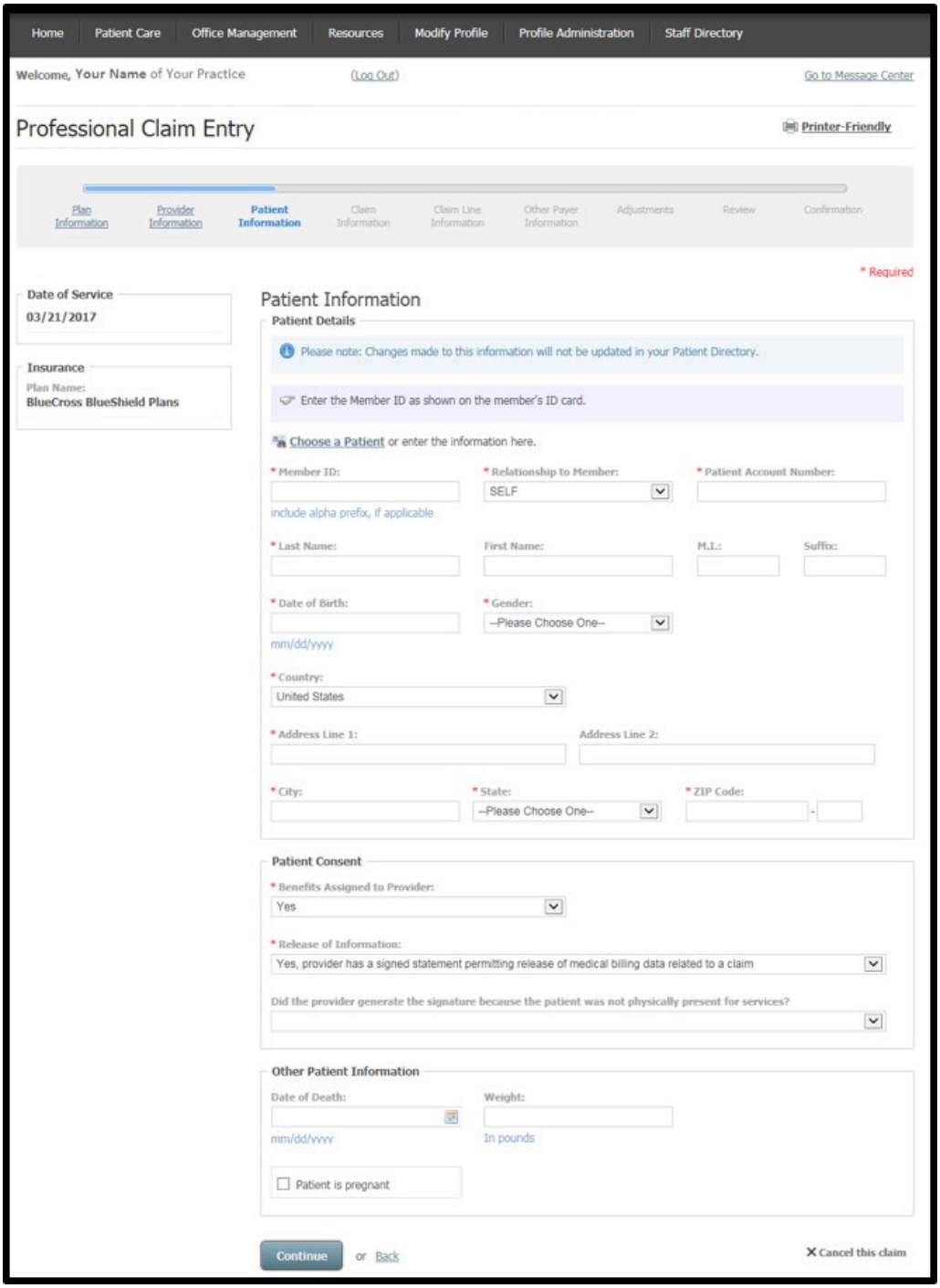
Select **Continue**.



On the Patient Information screen, add the required patient data elements as a one-time entry or use the Patient Directory. Select **Choose a Patient** to have this information auto-filled using a selected patient from the Patient Directory.

At the Patient Account Number field, input the patient's unique number your practice or practice management software has assigned. You can create a patient account number if one does not exist.

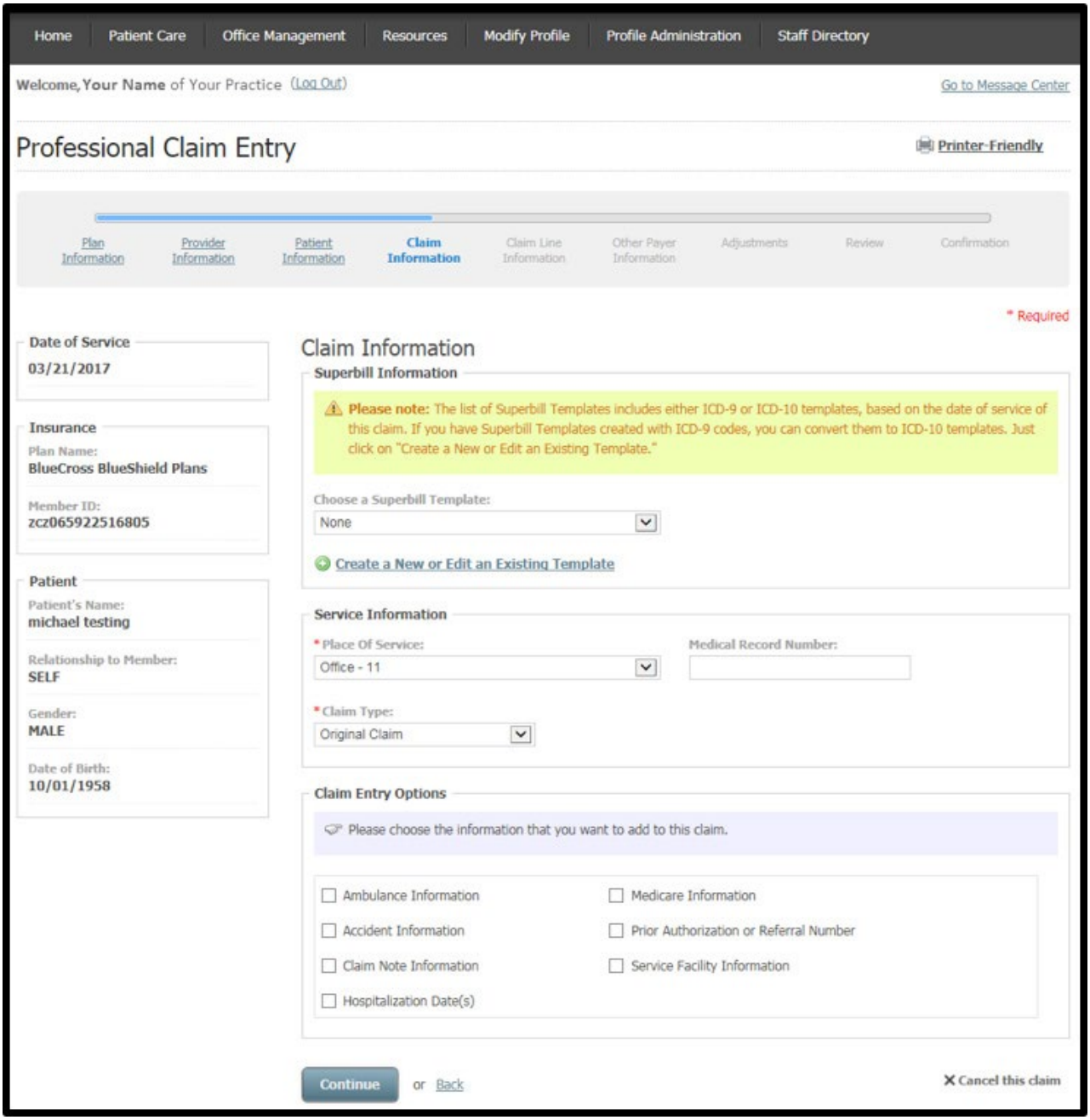
Select **Continue**.



The next professional claim entry screen is Claim Information. You can bypass the option to choose or create/update a superbill. Select from **Choose a Superbill Template** to have pre-established data fields included in the professional claim entry process.

Choose the place of service and the claim type (original claim; replacement of prior claim; void/cancel of prior claim). If appropriate, add Claim Entry Options by checking the box that corresponds with the claim information to be included.

Select **Continue**.



Claim Line Information is the fifth screen in the claim entry process. Enter the total number of lines (up to 50 lines) in the Claim Amounts section. You can also include additional claim lines by selecting **Add a New Claim Line**. Claim amounts will automatically calculate based on the amounts you enter on the claim lines.

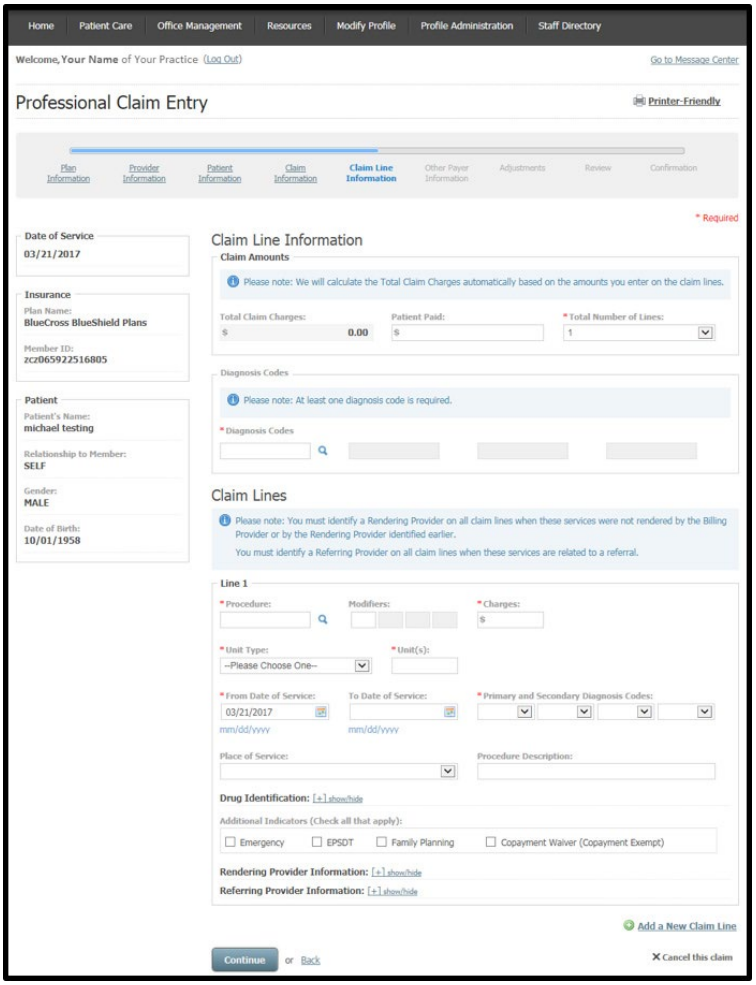
At Diagnosis Code field, enter the appropriate ICD-10 diagnosis code without including a decimal. You can also search for the specific diagnosis code by selecting the magnifying glass icon.

In the Claim Lines section of Claim Line Information entry, add the procedure code and charges in those required fields. You must also enter a unit type (unit or minutes) and the number of units.

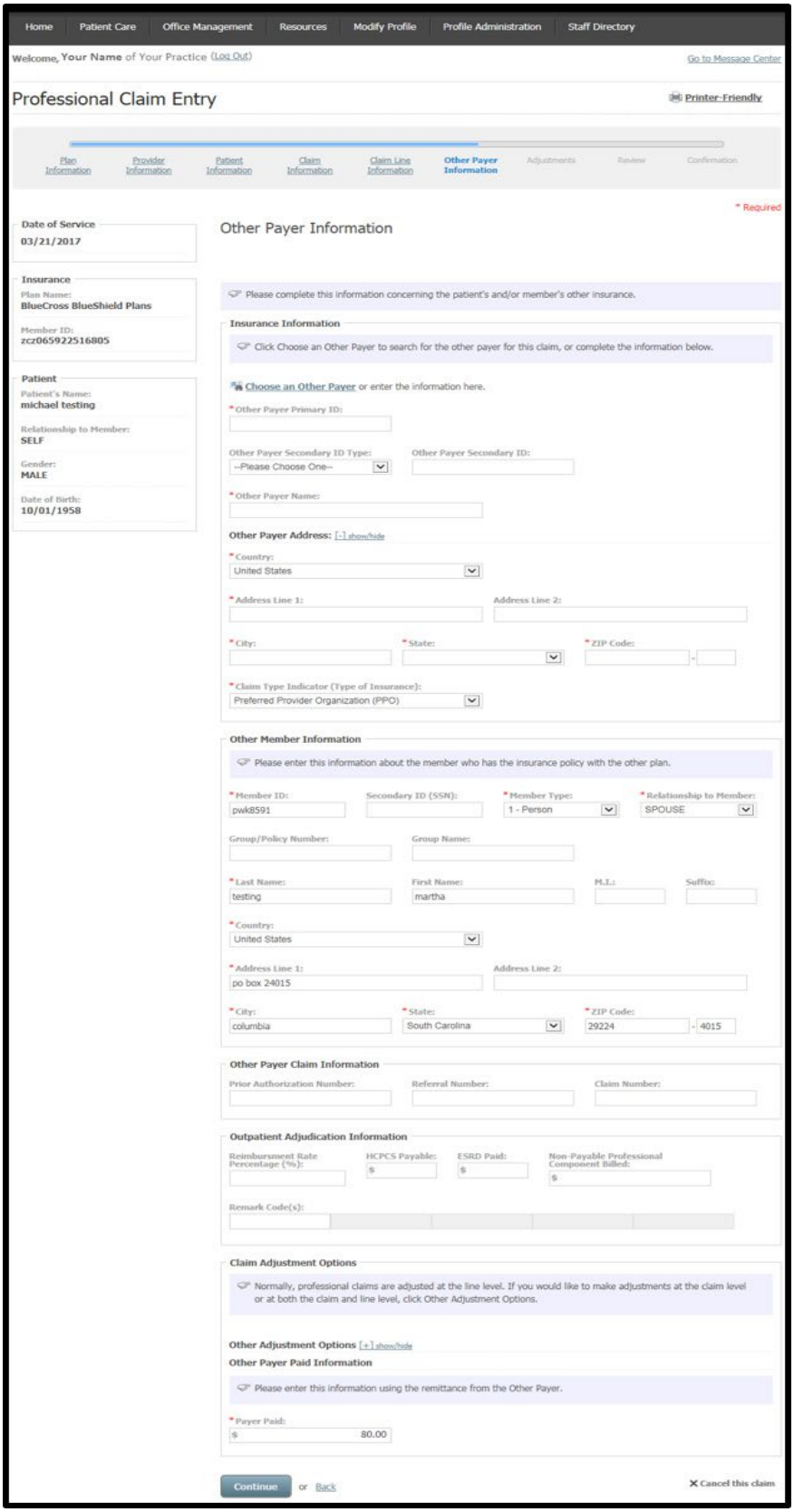
The dates of service and diagnosis code(s) are automatically filled from previous entries during the professional claim entry process.

If appropriate, expand to see Drug Identification fields by selecting the show/hide link. When you enter prescription drug information, be sure to accurately capture the National Drug Code (NDC) number, as it is a requirement of BlueCross and BlueChoice plans.

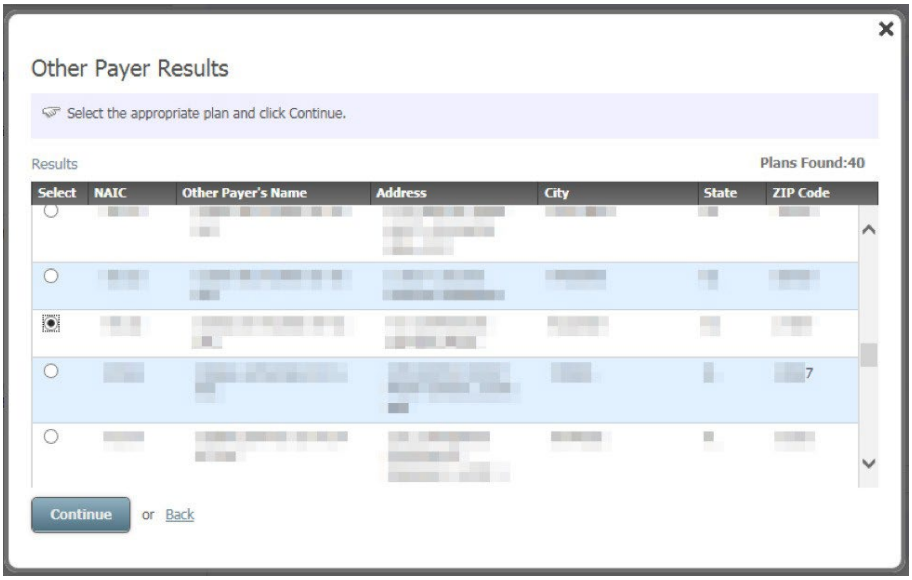
Check the boxes to include Additional Indicators as needed. These options will not require additional fields to be completed. Select **Continue**.



Other Payer Information is the next screen in the secondary professional claim entry process. Choose the other payer by selecting the link or manually entering the payer information. Enter the patient's other insurance information and the amount the payer paid in the required fields. Select **Continue**.



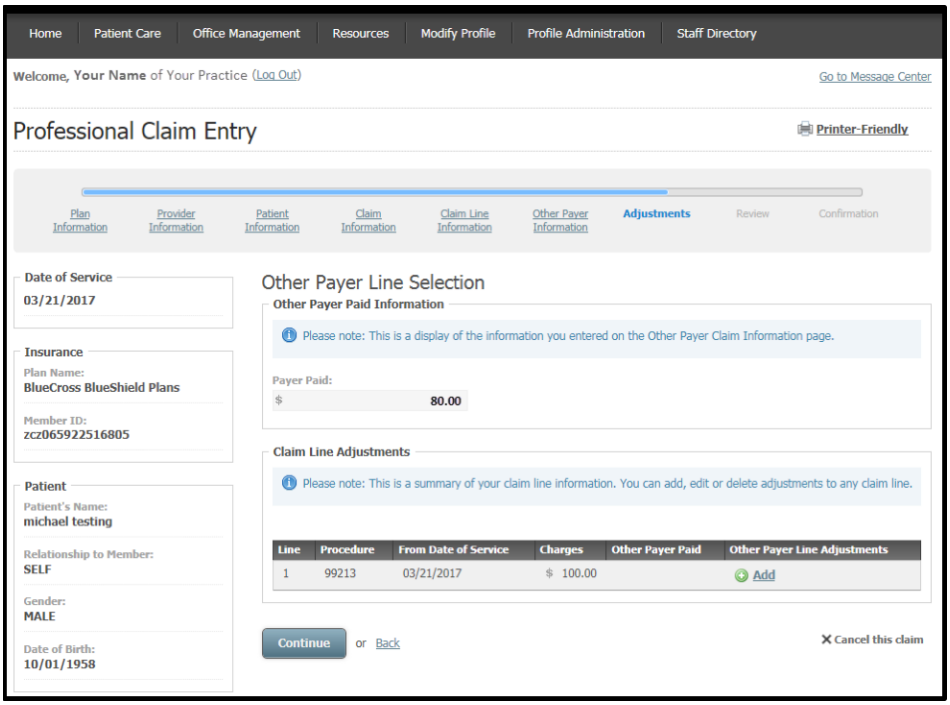
This screen appears after entering criteria to search for another payer if the user follows the Choose Another Payer link. Place your cursor on the appropriate plan to select and **Continue** to return to the prior screen.



On the Adjustments screen, information you entered on the Other Payer Claim Information page is displayed. To add claim-level information, select **Add** Other Payer Line Adjustments by clicking the [+] icon shown.

For professional claims, we recommend you enter the other payer money as a line-level adjustment. For institutional secondary claims, we recommend you enter the other payer money as a header-level adjustment. We automatically default to these options based on whether you choose to file a professional or institutional claim.

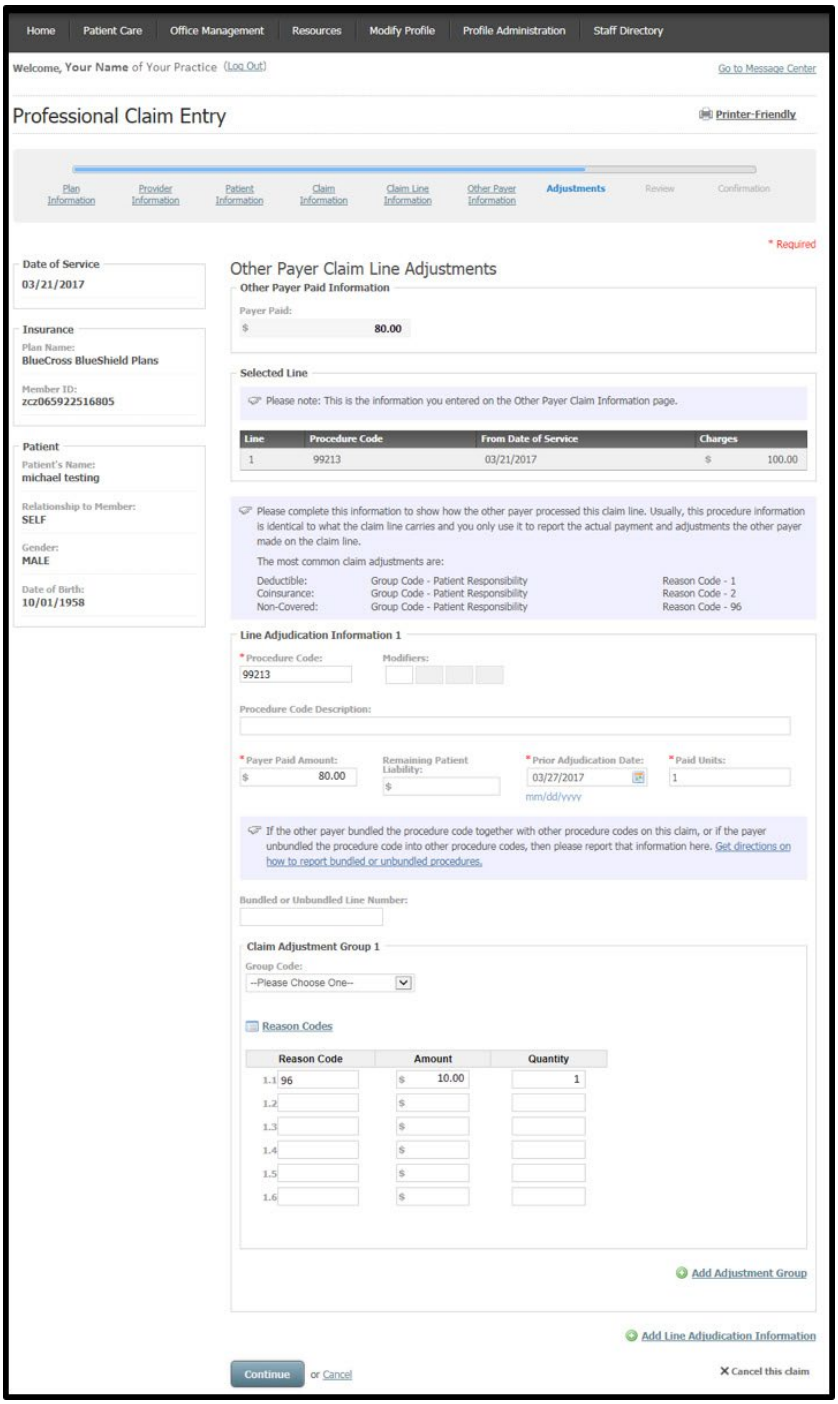
Select **Continue**.



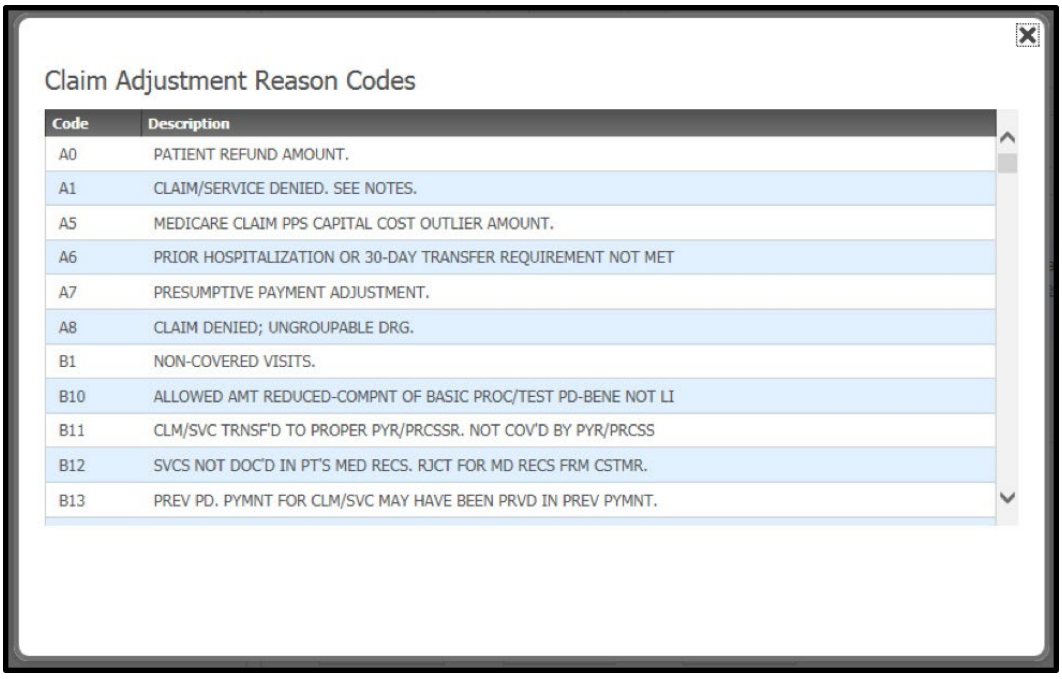
This screen displays if you opt to enter adjudication information. The procedure code automatically populates from a previous entry screen. Complete the remaining required fields (Prior Adjudication Date and Paid Units) to show how the other payer processed the claim line.

You must enter other required information in the Claim Adjustment Group 1 section, although it is not denoted with an asterisk. Input the group code (contractual obligations; correction and reversals; other adjustments; patient responsibility; payer-initiated reductions), reason code, amount and quantity (not required).

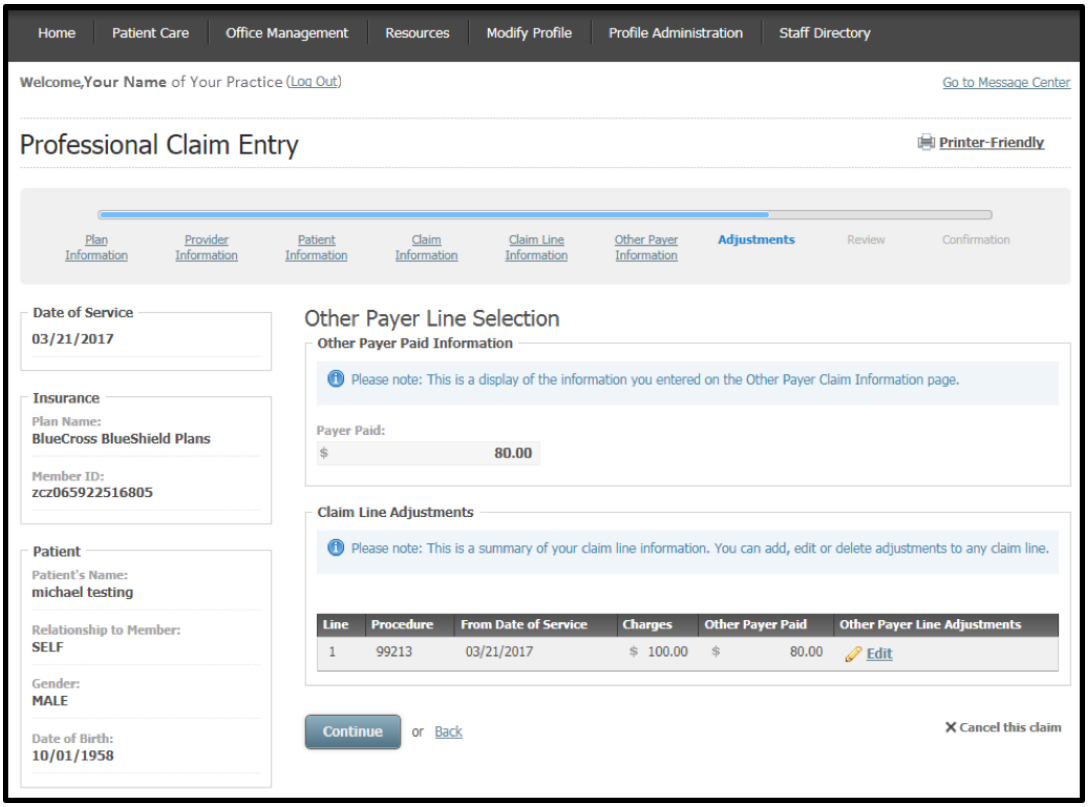
Select **Continue**.



This screen appears when you select the Reason Codes link from the Adjustments screen. Once you have found the best description, select the X in the upper right corner of this secondary screen to return to the previous Adjustments screen and apply the associated reason code in the appropriate field(s).



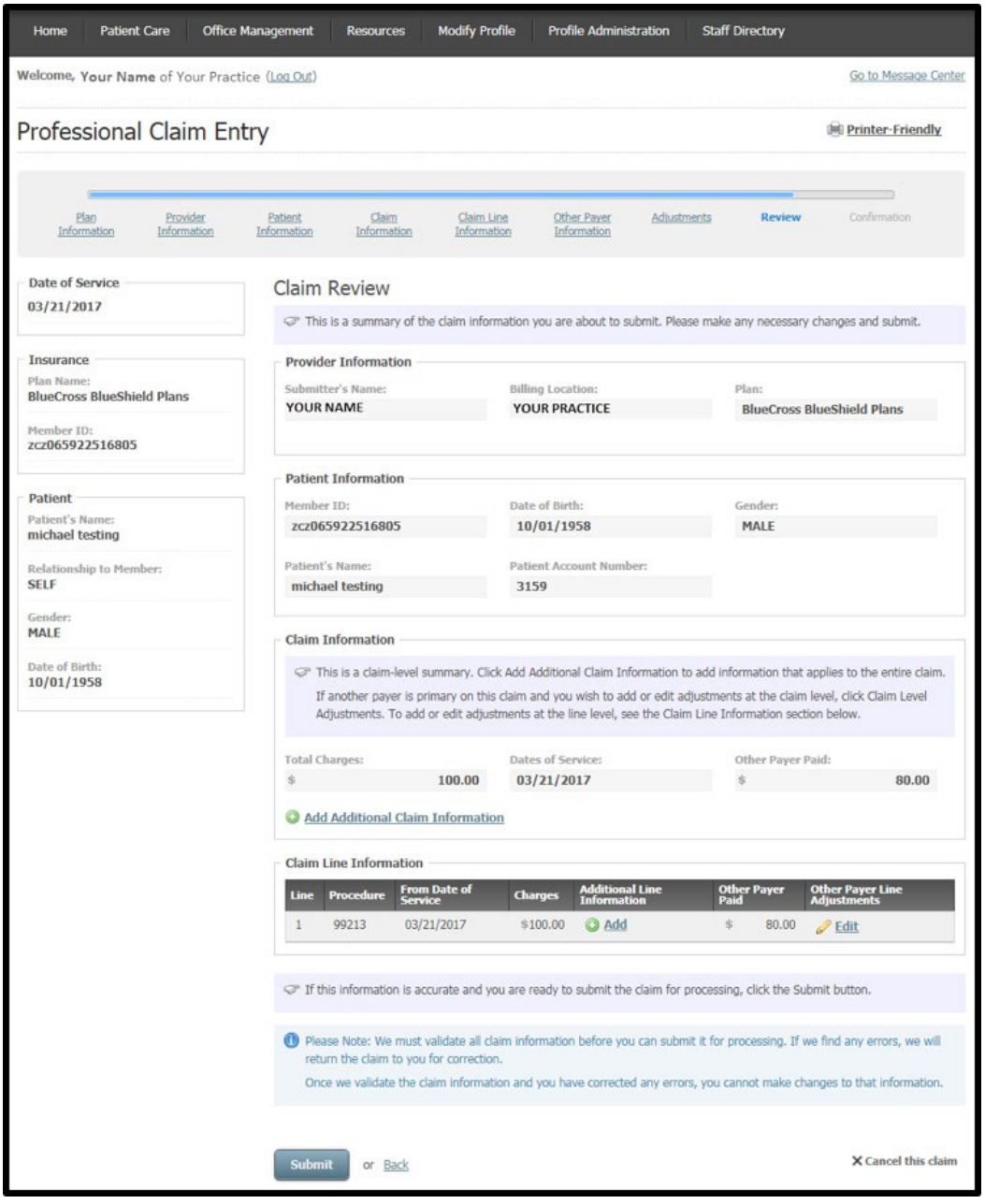
The Adjustments screen now shows data in the Other Payer Paid column on the Claim Line 1. Select **Continue**.



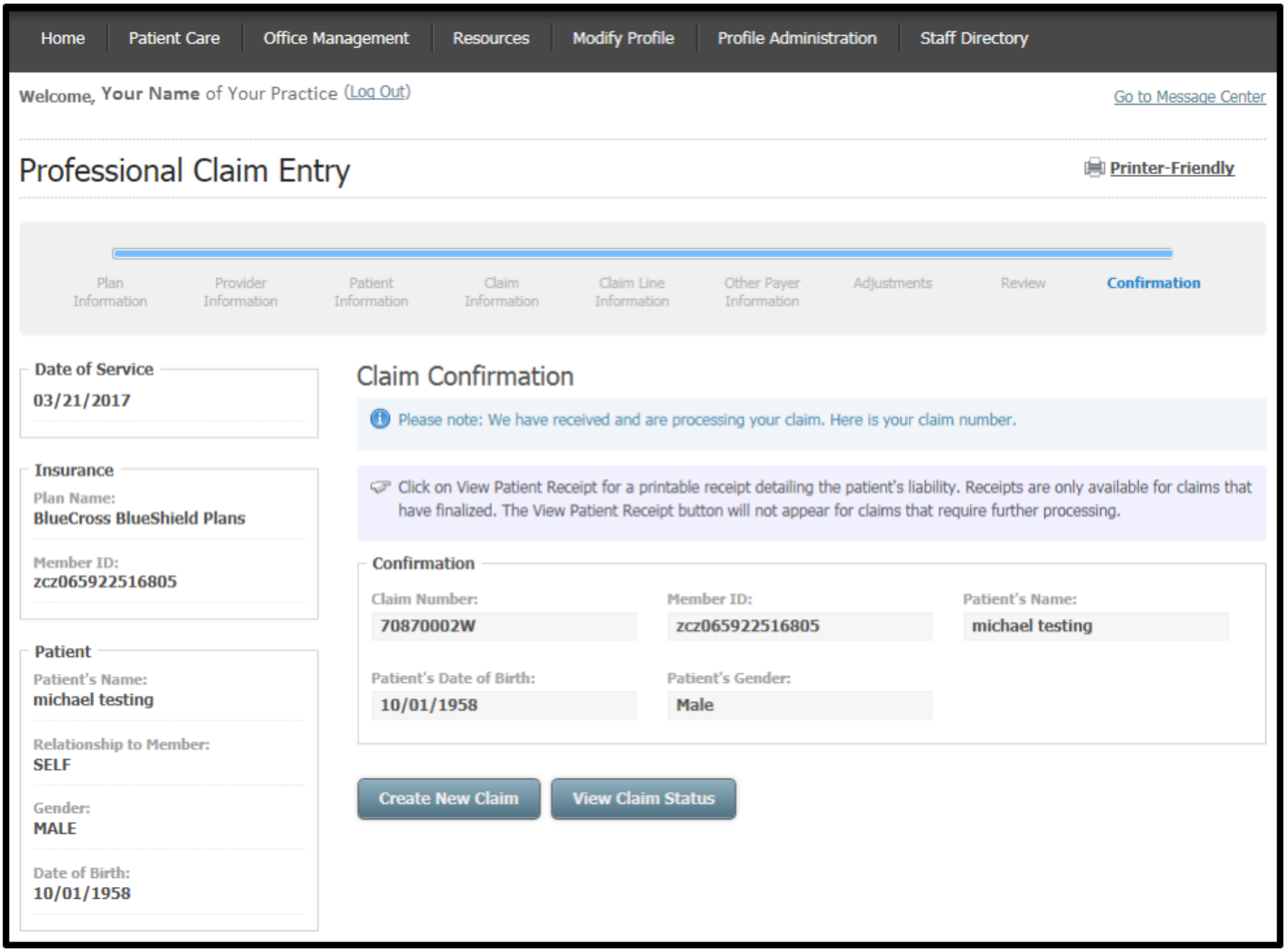
From Claim Review screen, examine your entries for the secondary payer professional claim. **Submit** the professional claim or return to any previous screen using the **Back** link or selecting a screen title from the progress bar.

To add claim-level information, select **Add Additional Claim Information**.

To add information that applies to an individual claim line, select **Add** on the line to which the information applies. There is an option to **Cancel this claim** found at the bottom of each screen of the claim entry process.



A claim number displays at the Claim Confirmation screen. You can now **Create a New Claim** or **View Claim Status**.

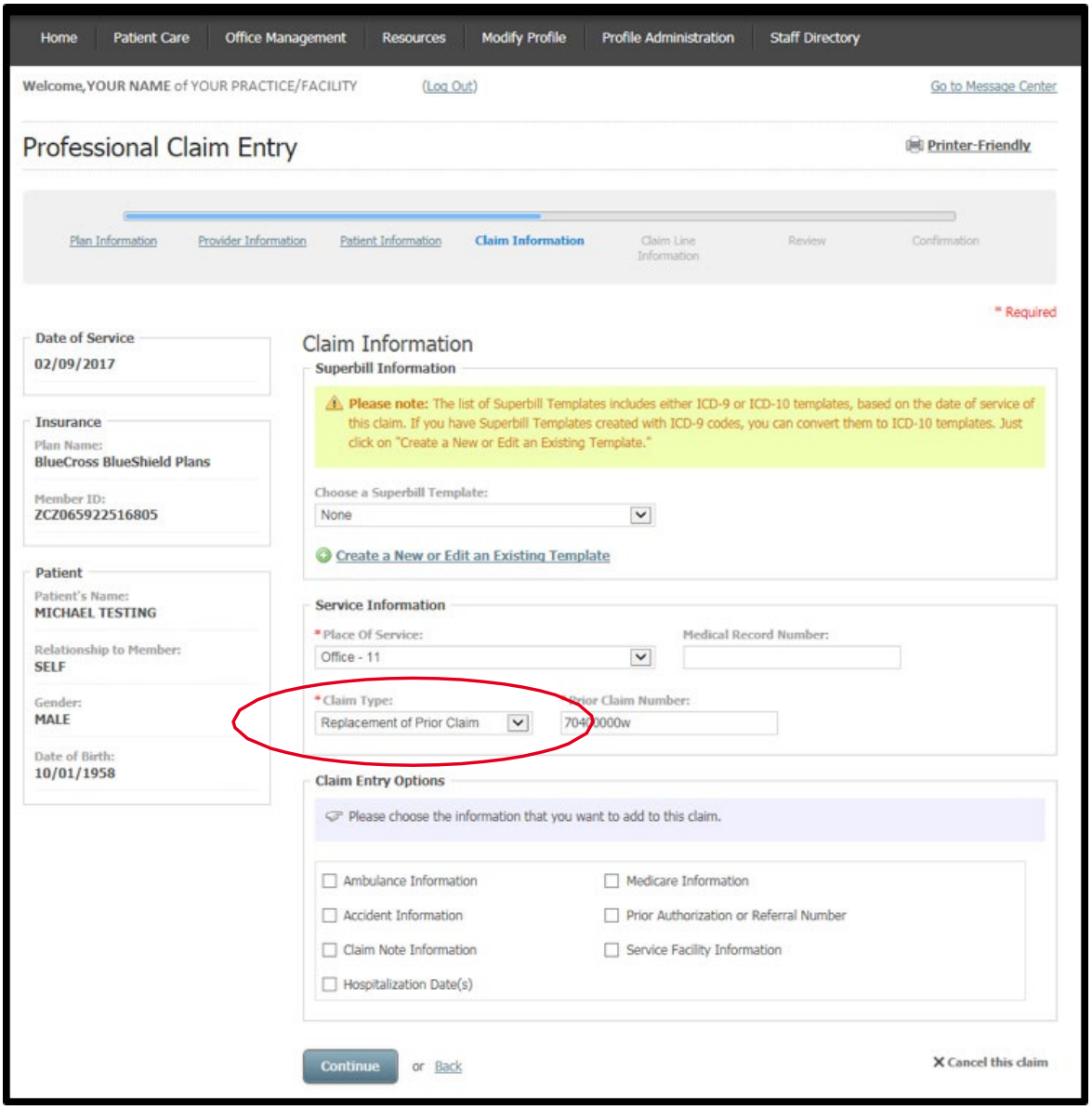


Replacement (Corrected) of Prior Claim Entry

From the Patient Care menu select Professional Claim Entry. Follow the claim entry process from Plan Information screen to Patient Information screen.

At Claim Information screen, select **Replacement of Prior Claim** from the drop-down menu as the claim type after selecting a place of service. A required field to input the Prior Claim Number appears. If appropriate, add Claim Entry Options by checking the box that corresponds with the claim information to be included. Follow prompts through subsequent screens to make corrections to the claim by selecting **Continue** until to reach the Review page.

Select **Submit** when you are ready to submit the claim.

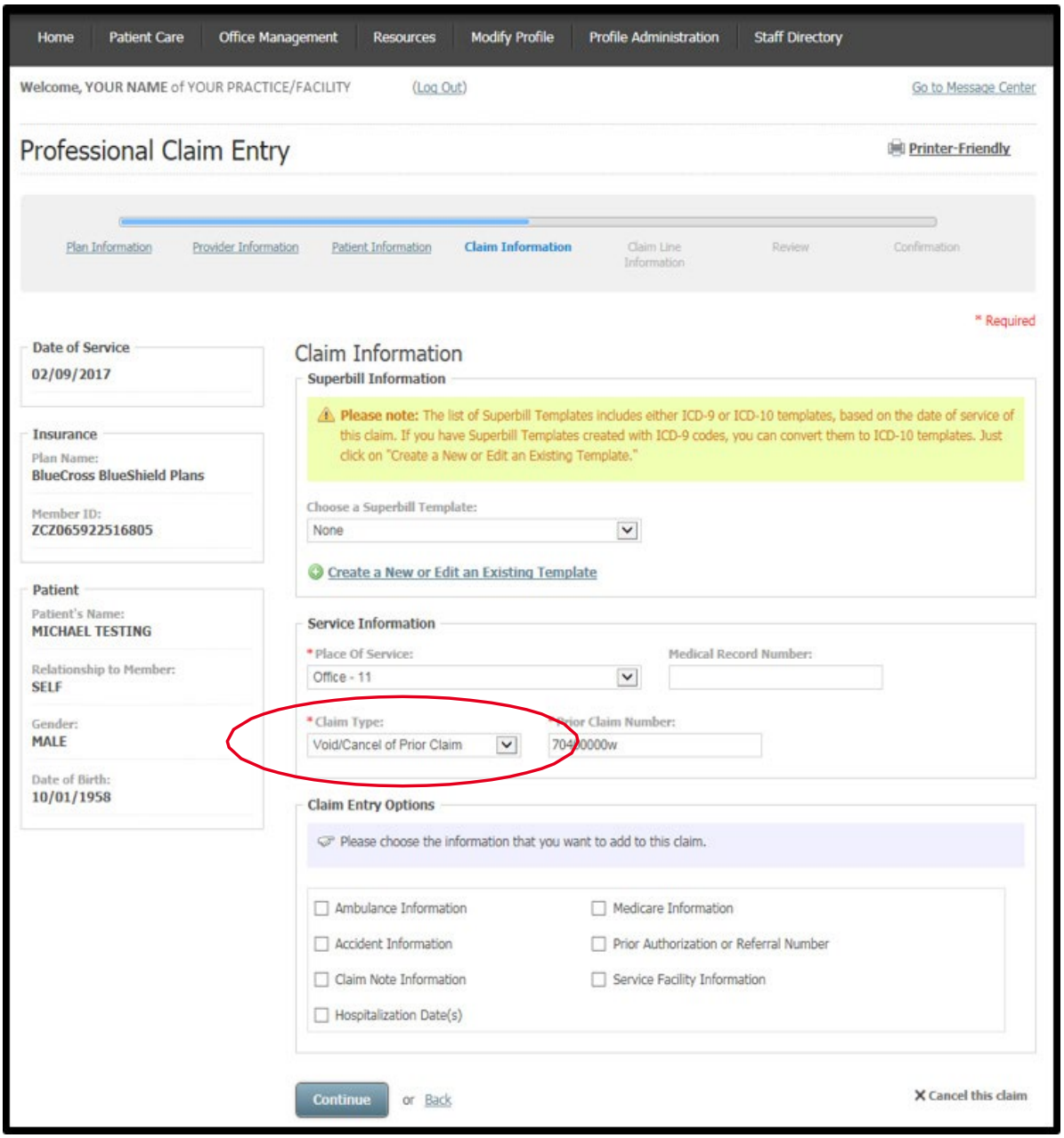


Void/Cancel of Prior Claim Entry

From the Patient Care menu select Professional Claim Entry. Follow the claim entry process from Plan Information screen to Patient Information screen.

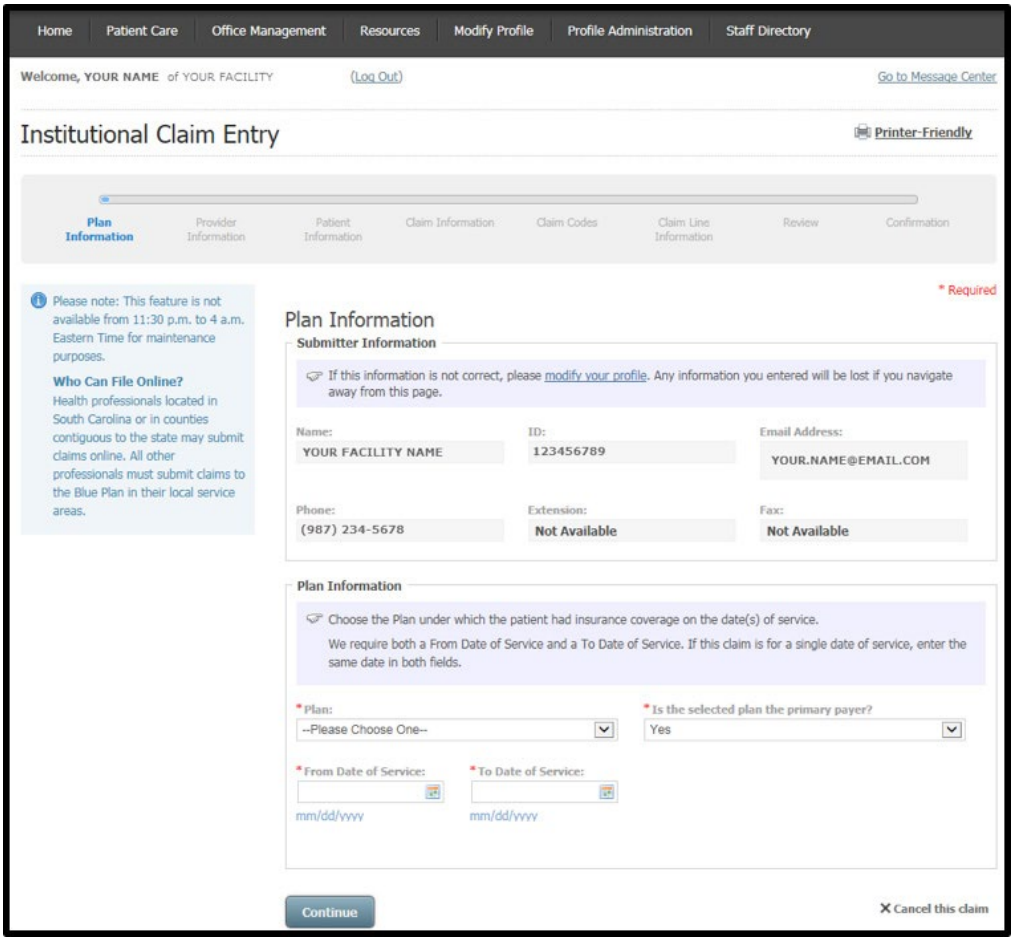
At Claim Information screen, select Void/Cancel of Prior Claim as the claim type after selecting a place of service. A required field to input the Prior Claim Number appears. Follow prompts through subsequent screens to void the claim by selecting **Continue** until to reach the Review page.

Select **Submit** when you are ready to submit the claim.



Institutional Claim Entry

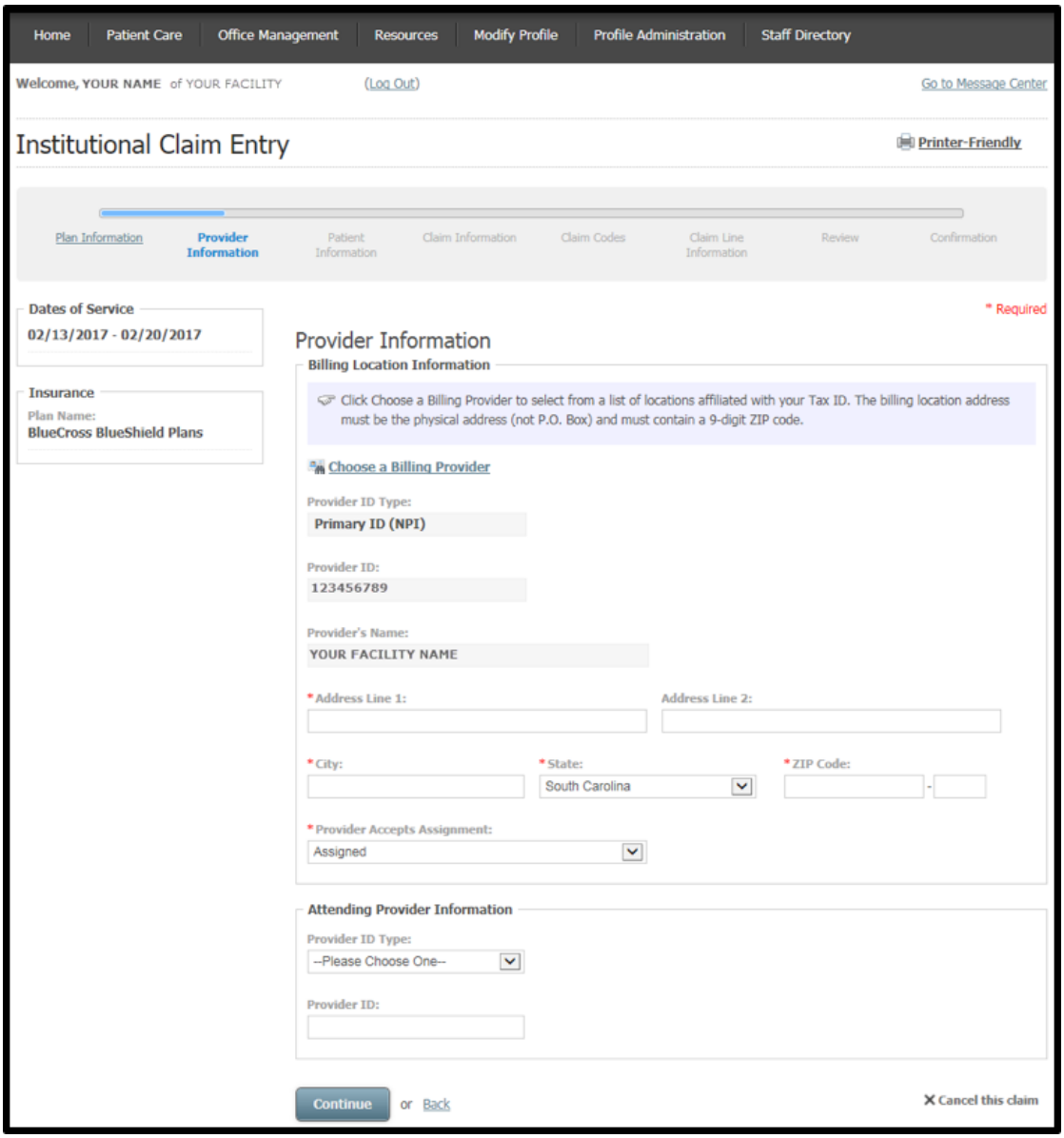
From the Patient Care menu select Institutional Claim Entry. The Plan Information screen gives information about the submitter (i.e. the user account information). Select a Plan, indicate if the plan is the primary payer and input the dates of service. Select **Continue**.



At the Provider Information screen, the billing information will pre-populate according to the location affiliated with your user profile. Select **Choose a Billing Provider** if the default billing location is not shown. You can also manually input billing provider address, city, state and ZIP if you are entering a claim for another location associated with the provider ID.

Choose to include an attending provider ID type [primary ID (NPI); secondary ID] and enter the correlated information.

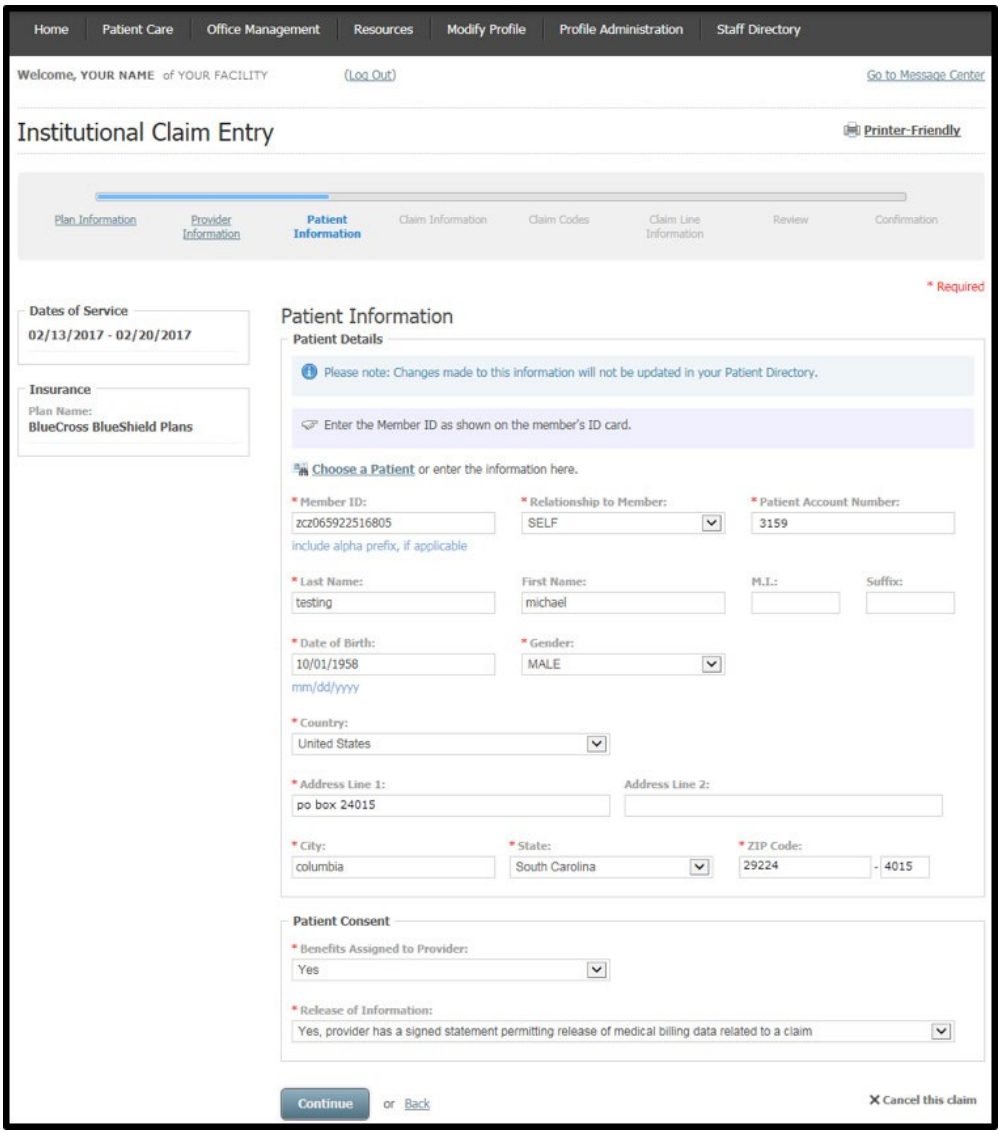
Select **Continue**.



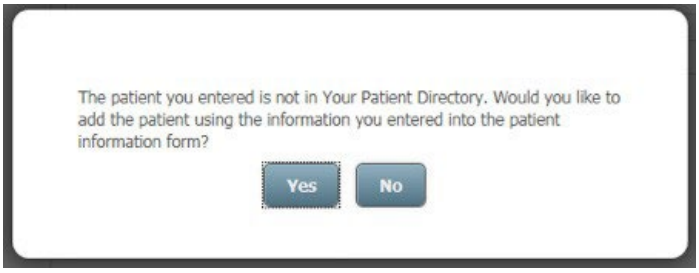
On the Patient Information screen, add the required patient data elements as a one-time entry or use the Patient Directory. Select **Choose a Patient** to have this information auto-filled using a selected patient from the Patient Directory.

At the Patient Account Number field, input the patient's unique number your practice or practice management software has assigned. You can create a patient account number if one does not exist.

Select **Continue**.



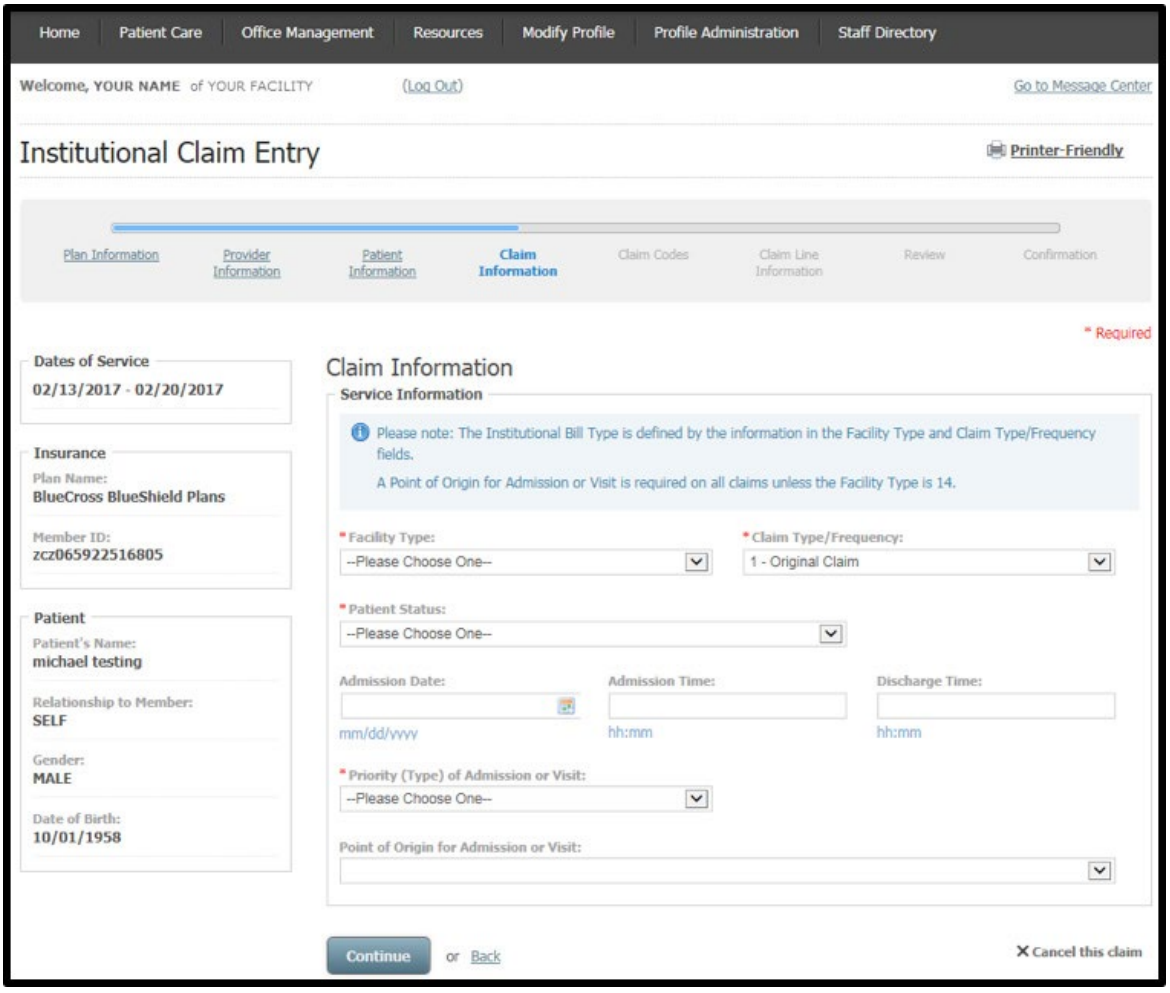
When prompted, you have the option to add the patient to your Patient Directory.



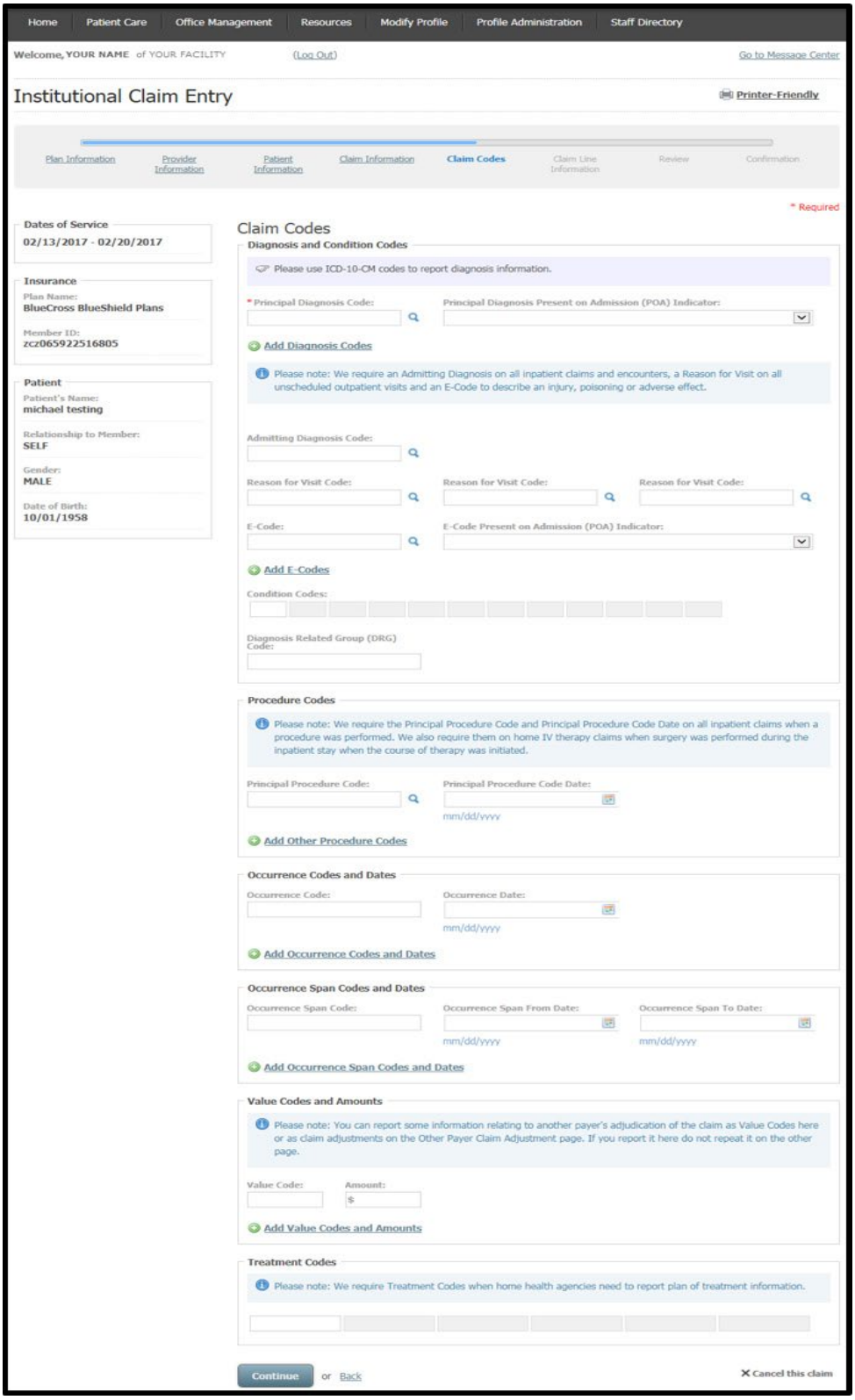
The next institutional claim entry screen is Claim Information. Select a Facility Type [32 options]; Claim Type/Frequency [26 options]; Patient Status [40 options] from the drop-down menus; input the Admission Date (required although not marked with an asterisk); and Priority (Type) of Admission or Visit.
A Point of Origin for Admission or Visit is also required. Select one of the following from the drop-down menu:

- Clinic or Physician's Office
- Court/Law Enforcement
- Information Not Available
- Non-Health Care Facility Point of Origin
- Transfer from Another Home Health Agency
- Transfer from Ambulatory Surgery Center
- Transfer from Another Health Care Facility
- Transfer from Hospice and is Under a Hospice Care Plan or Enrolled in a Hospice Program
- Transfer from One Distinct Unit of the Hospital to Another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer
- Transfer from a Hospital
- Transfer from a Skilled Nursing Facility (SNF), Intermediate Care Facility (ICF), or Assisted Living Facility (ALF)

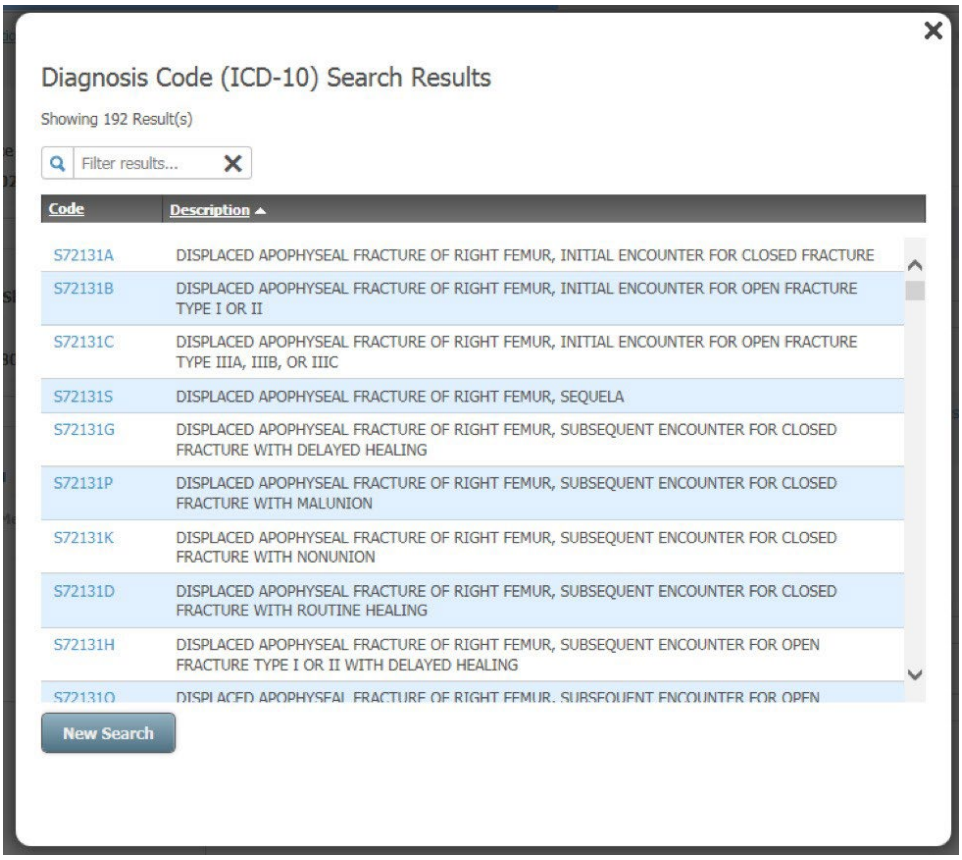
Select **Continue.**

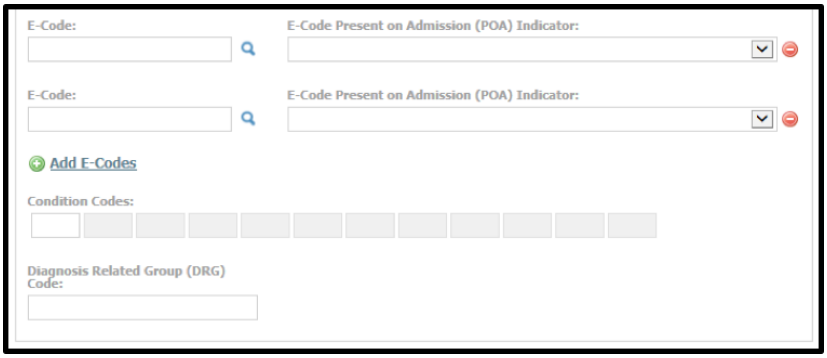


Include diagnosis and condition code data on the Claim Codes screen. At Principal Diagnosis Code field, enter the required appropriate ICD-10 diagnosis code without including a decimal. You can also search for the specific diagnosis code by selecting the magnifying glass icon. Include the Principal Diagnosis Present on Admission (POA) Indicator (for inpatient claims only). An Admitting Diagnosis Code is also required, although it is not marked with an asterisk.



This screen appears when searching for a diagnosis code, an admitting diagnosis code (required on all inpatient claims and encounters), a reason for visit code or an E-code. Search by description or code. Place your cursor on the desired diagnosis code to select it and return to the prior screen.





Follow the link(s) to include additional claim data as needed: Add Diagnosis Codes; Add E-Codes; Add Other Procedure Codes; Add Occurrence Codes and Dates; Add Occurrence Span Codes and Dates; and Add Value Codes and Amounts. You can remove an added field by selecting the minus [⛔] symbol and selecting **Yes** when the secondary screen appears.

Define the Total Number of Lines in the Claim Amounts field. In the Claim Lines section of Claim Line Information entry, add the Revenue Code.

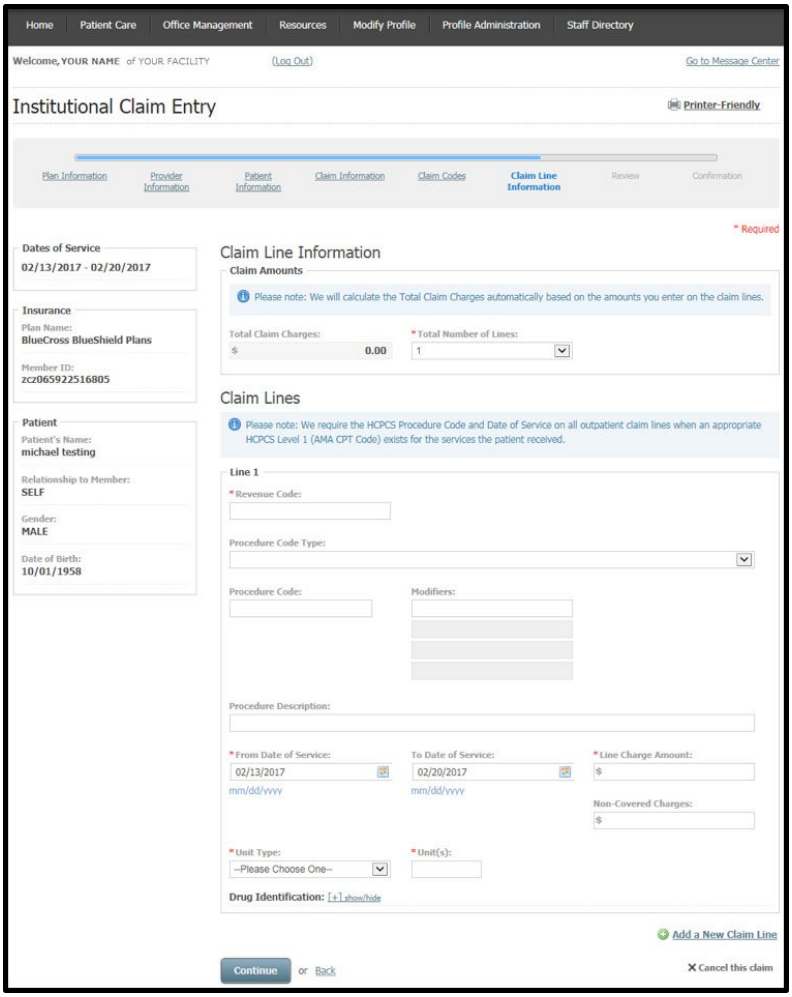
Select a Procedure Code Type from the drop-down menu for the revenue code entered: Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes; Health Insurance Prospective Payment System (HIPPS) Skilled Nursing Facility Rate Code; or International Classification of Diseases Clinical Modification (ICD-9-CM) Principal Procedure Codes.

The Procedure Code is required, although it is not marked with an asterisk. You can also search for the specific diagnosis code by selecting the magnifying glass icon.

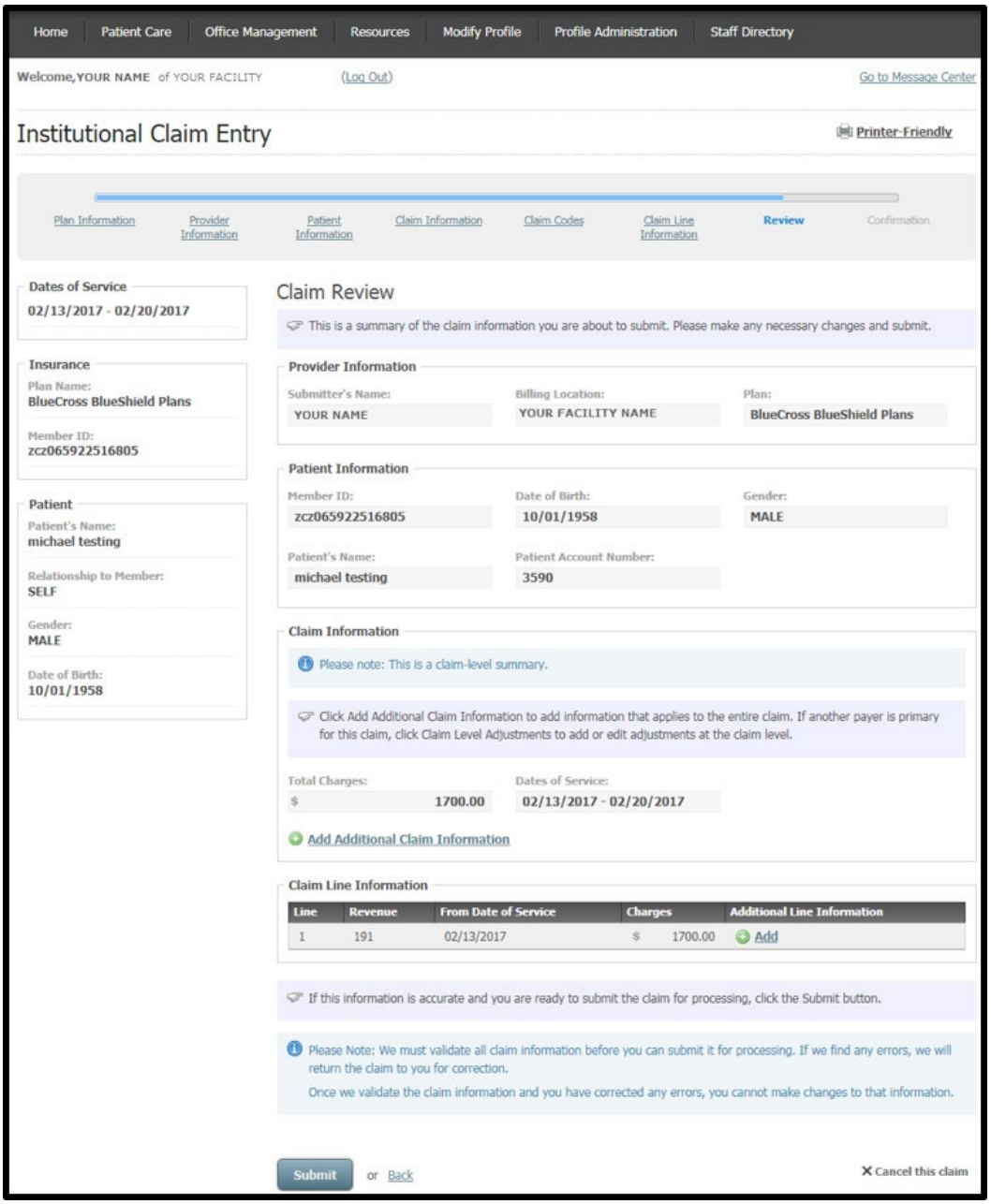
The dates of service are automatically filled from previous data entered at the Plan Information screen during the institutional claim entry process.

Enter the Line Charge Amount, the Unit Type [days; unit] and the amount of Unit(s).

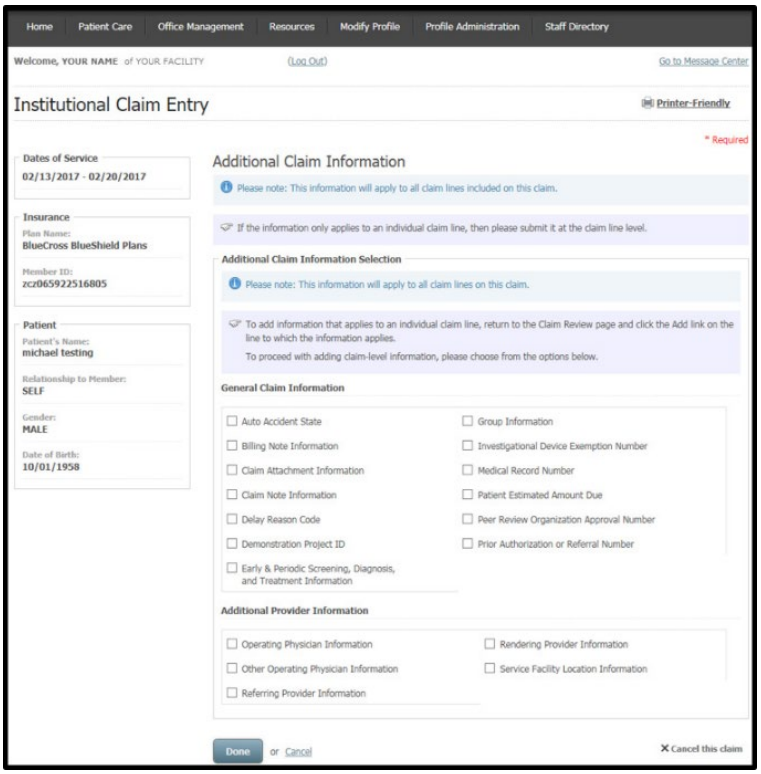
If appropriate, expand to see Drug Identification fields by selecting the show/hide link. When you enter prescription drug information, be sure to accurately capture the National Drug Code (NDC) number, as it is a requirement of BlueCross and BlueChoice plans. Select **Continue**.



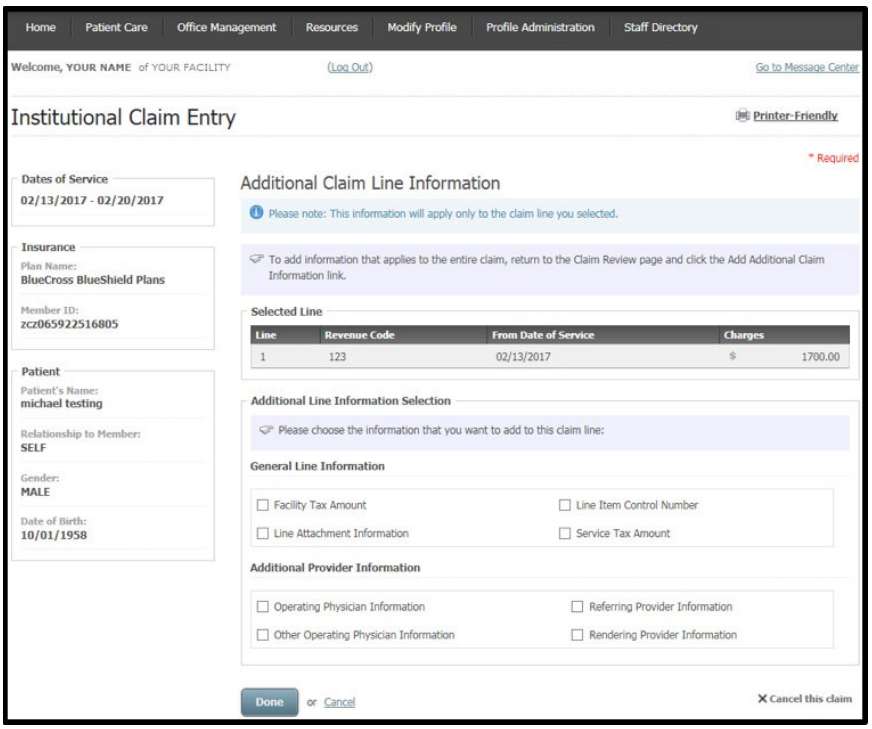
From Claim Review screen, examine your entries for the institutional claim. **Submit** the institutional claim or return to any previous screen using the **Back** link or selecting a title from the progress bar. There is an option to **Cancel this claim** found at the bottom of each screen of the claim entry process.



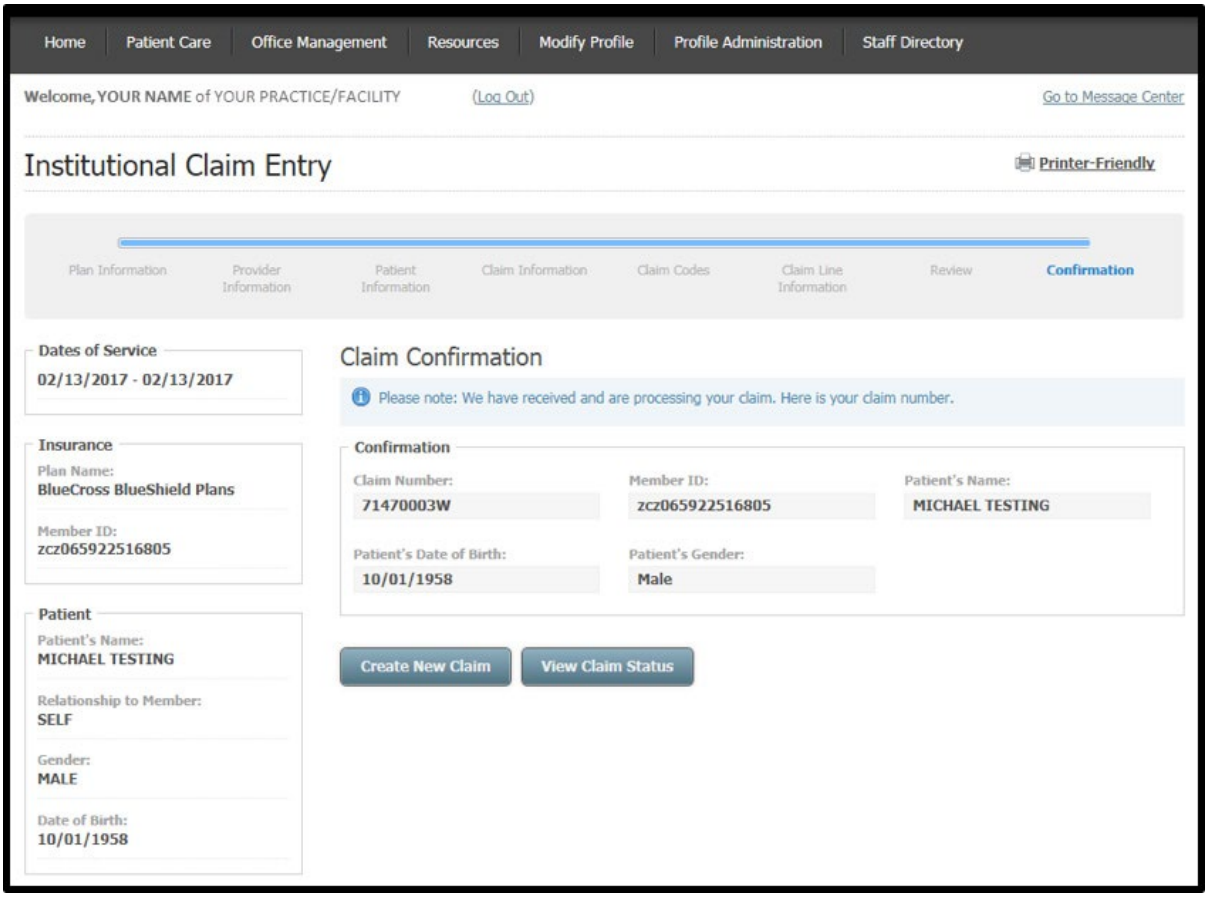
From the Claim Review screen, you can add claim-level information that applies to all claim lines by selecting **Add Additional Claim Information**. Select general claim information and additional provider information. Complete subsequent required fields as appropriate. Select **Done**.



From the Claim Review screen, you can also add information that only applies to a single claim line by selecting **Add** on the line to which the information applies. Select general line information and/or additional provider information. Complete subsequent required fields as appropriate. Select **Done**.

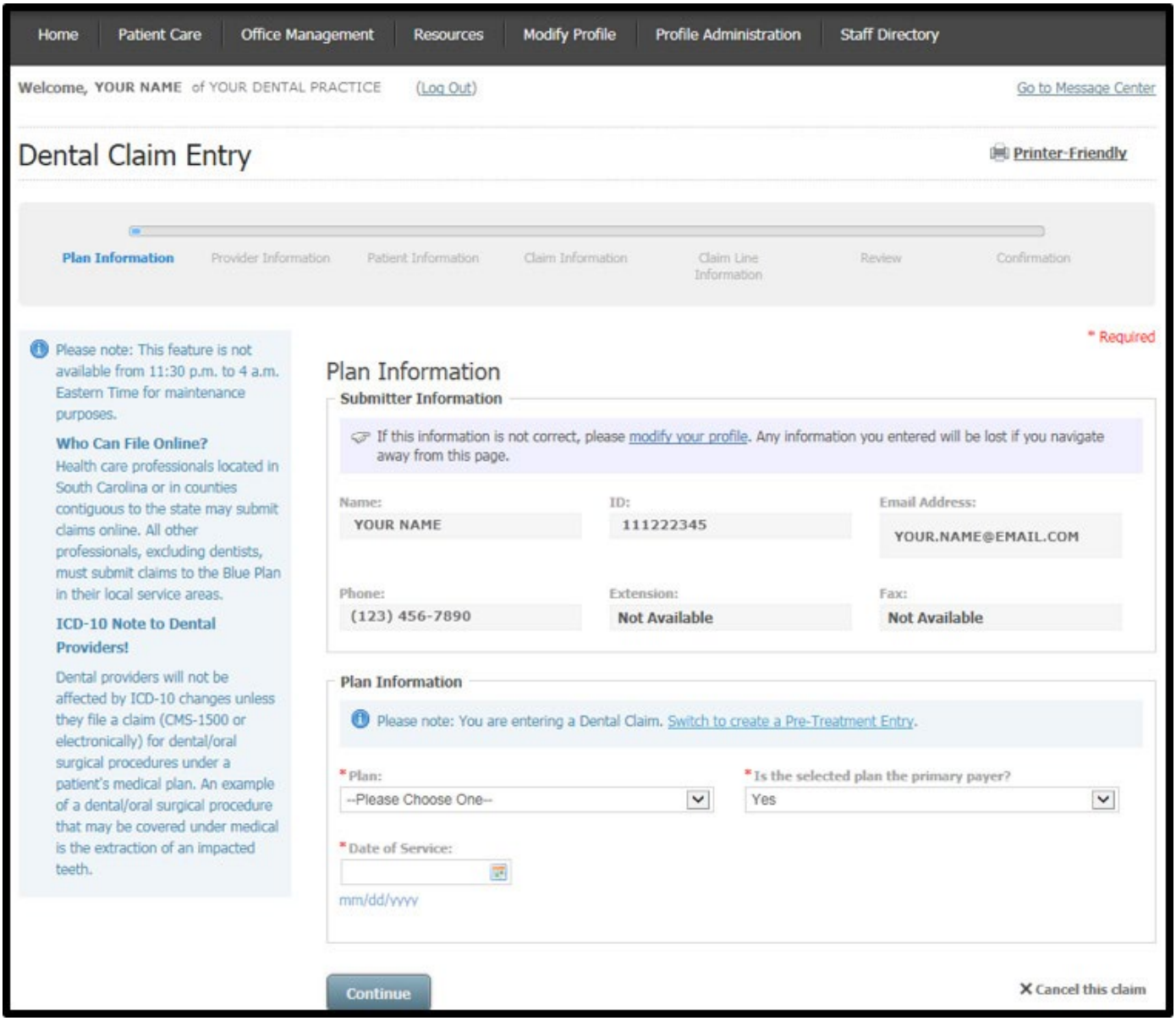


A claim number displays on the Claim Confirmation screen. You can now **Create a New Claim** or **View Claim Status**.



Dental Claim Entry

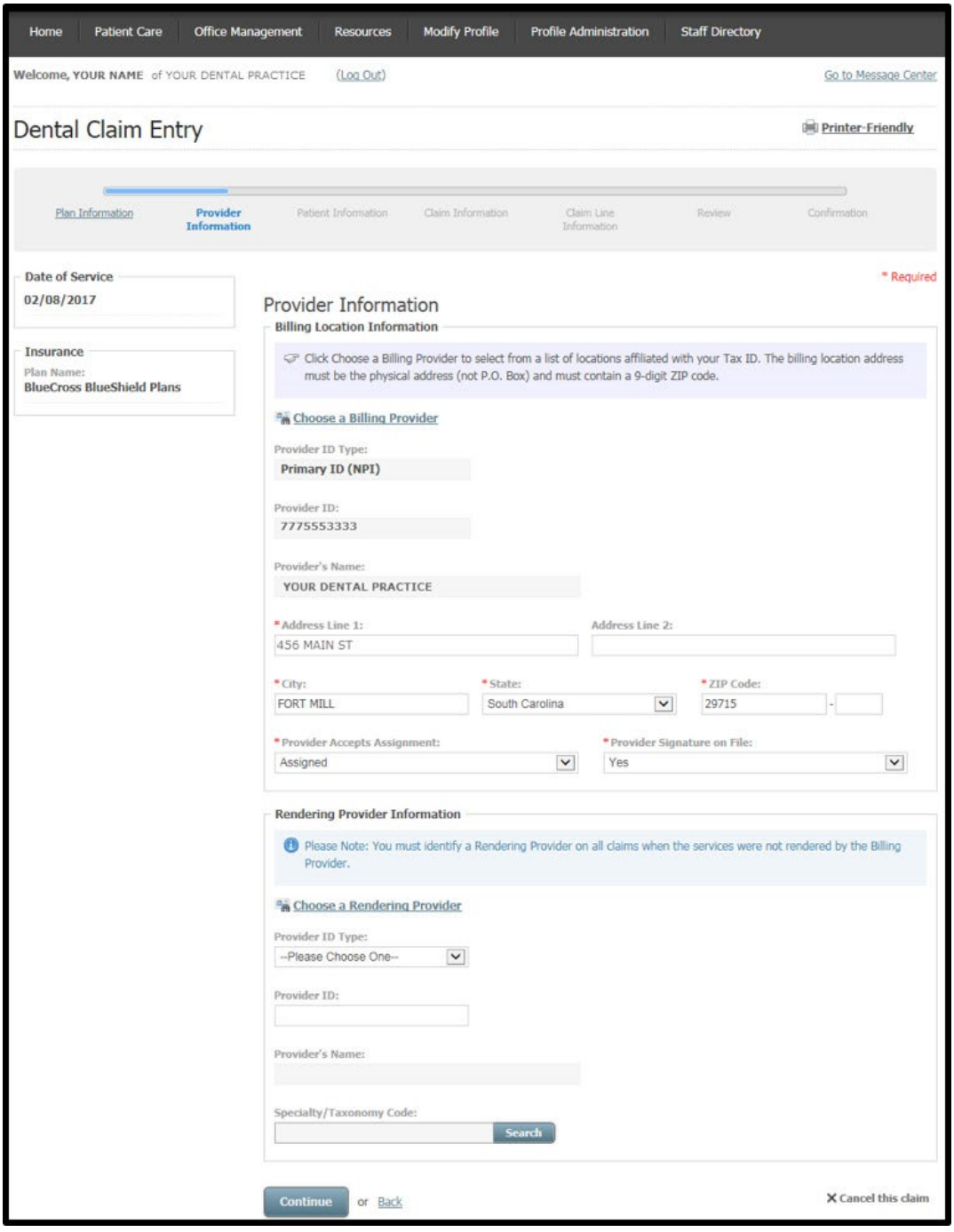
From the Patient Care menu select Dental Claim Entry. The Plan Information screen gives information about the submitter (i.e. the user account information). Select a plan, indicate if the plan is the primary payer and input the date of service. Select **Continue**.



From the Provider Information screen select **Choose a Billing Provider** and/or **Choose a Rendering Provider** to have this information auto-populate. **Choose a rendering provider** if it differs from the billing provider.

A Specialty/Taxonomy Code is required when you enter the rendering provider information. Use the National Plan & Provider Enumeration System's (NPPES) website to locate your rendering provider's specialty/taxonomy code if you are unfamiliar with this number. NPPES is a separate program run by the Centers for Medicare & Medicaid Services that handles these unique identifiers. You can also find the specialty/taxonomy code in My Insurance Manager by searching for a partial code or description.

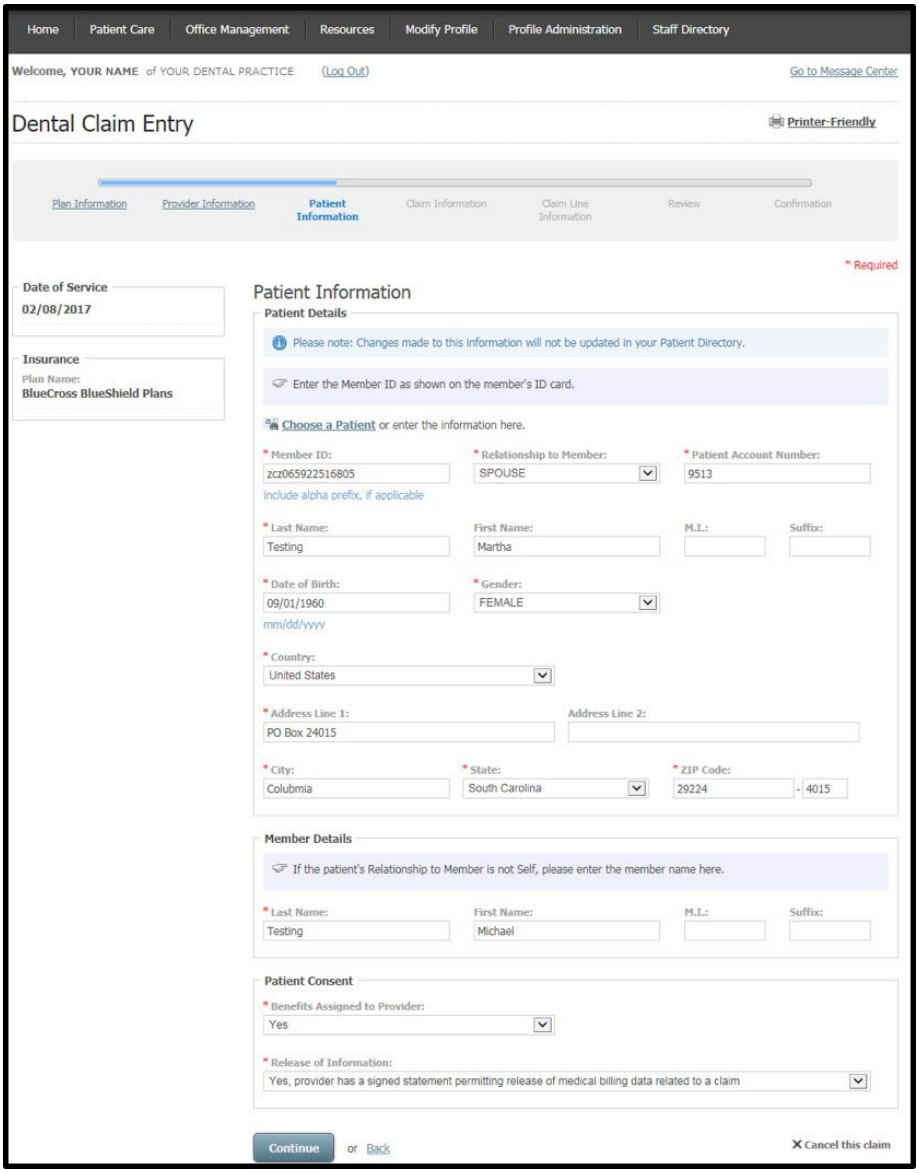
Select **Continue**.



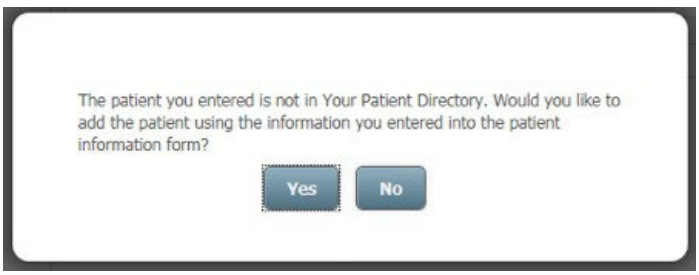
On the Patient Information screen, add the required patient data elements as a one-time entry or select **Choose a Patient** to use the Patient Directory.

At the Patient Account Number field, input the patient's unique number your practice or practice management software has assigned. You can create a patient account number if one does not exist.

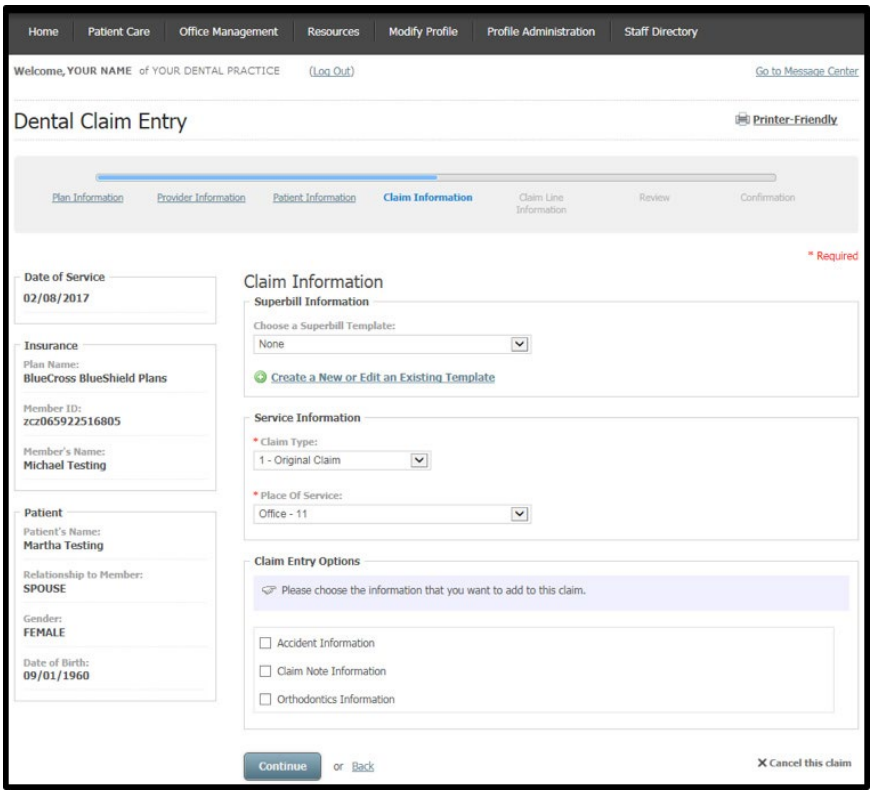
Select **Continue**.



When prompted, you have the option to add the patient to your Patient Directory.

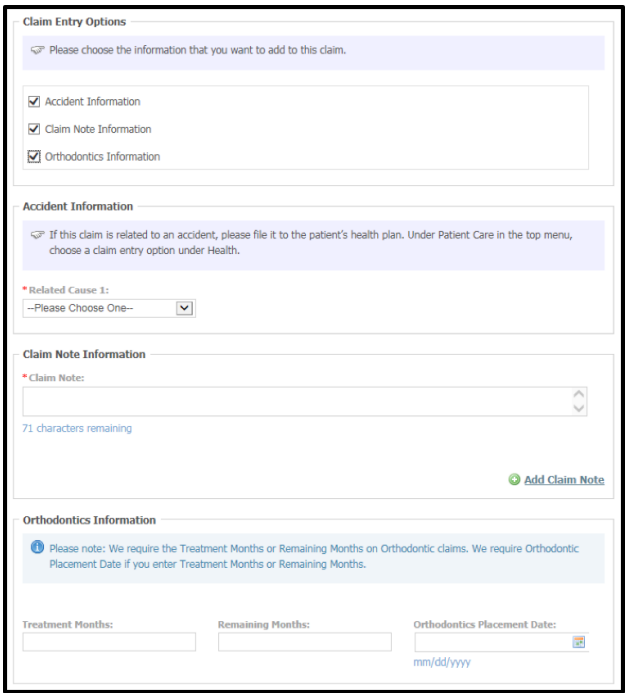


The next dental claim entry screen is Claim Information. Bypass the option to choose or create/update a superbill. Choose the claim type (original claim; replacement of prior claim; void/cancel of prior claim) and the place of service.



If appropriate, add Claim Entry Options by checking the box that corresponds with the claim information to be included.

Select **Continue**.



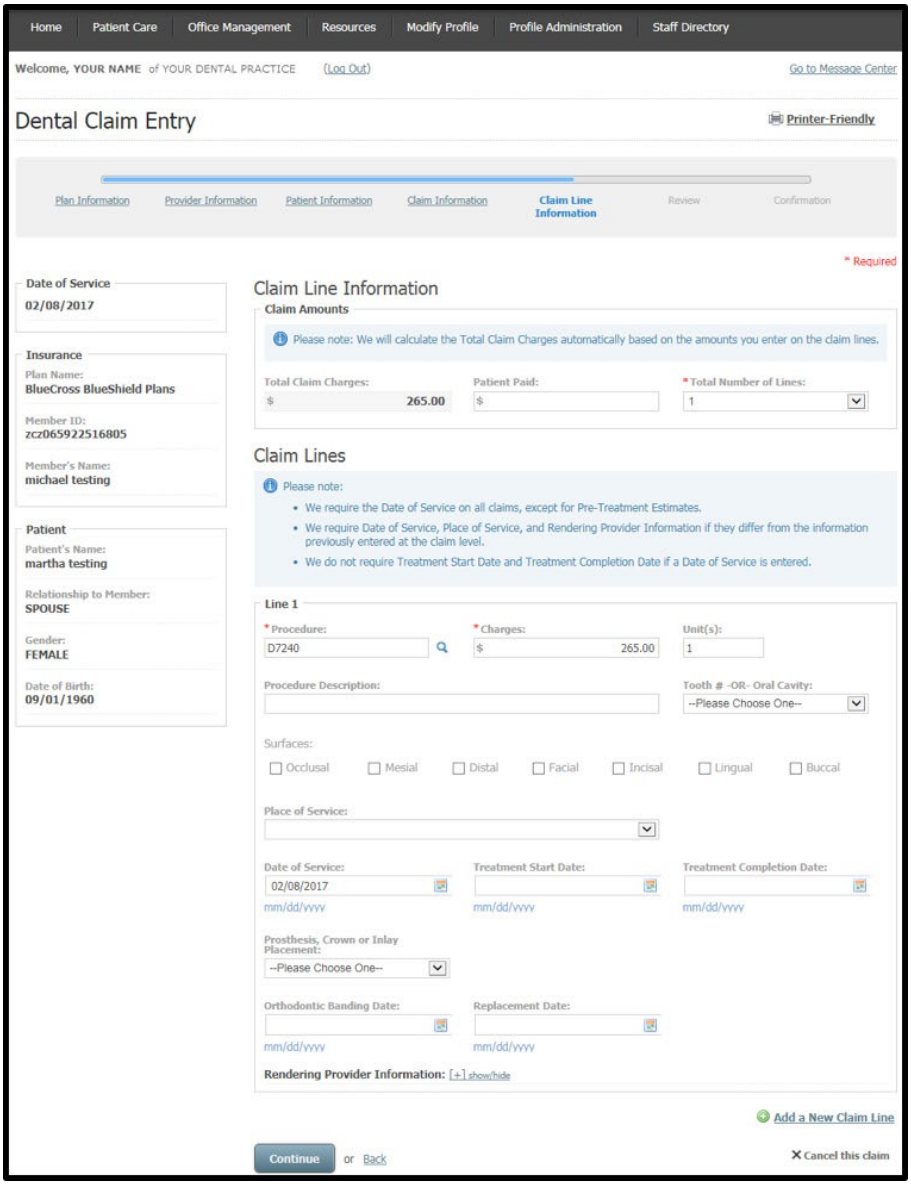
Claim Line Information is the fifth screen in the claim entry process. Enter the total number of lines (up to 50 lines) in the Claim Amounts section. There is also a second chance to include additional claim lines by selecting **Add a New Claim Line** at the bottom of the screen. Claim amounts will automatically calculate based on the amounts you enter on the claim lines.

In the Claim Lines section, enter the procedure code and charges in those required fields. You must enter a unit, although it is not marked with an asterisk.

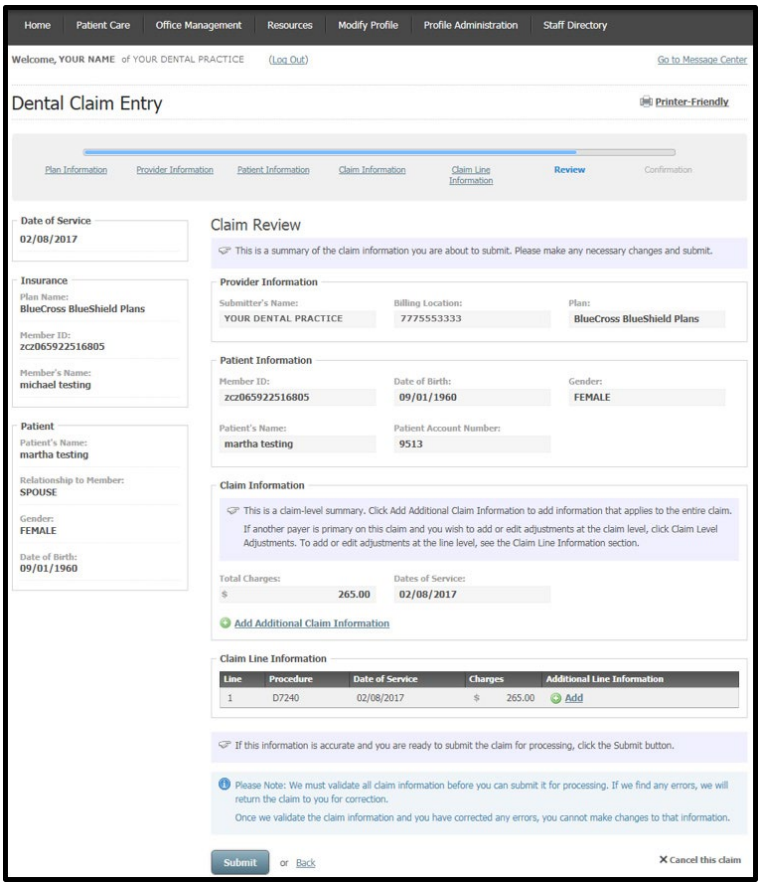
Select the tooth number or oral cavity from the drop-down menu. Selecting a tooth number or oral cavity is not necessary when performing routine, preventive services.

For prosthesis, crown or inlay placement, select whether it is an initial placement or replacement. Complete any other additional claim information as appropriate.

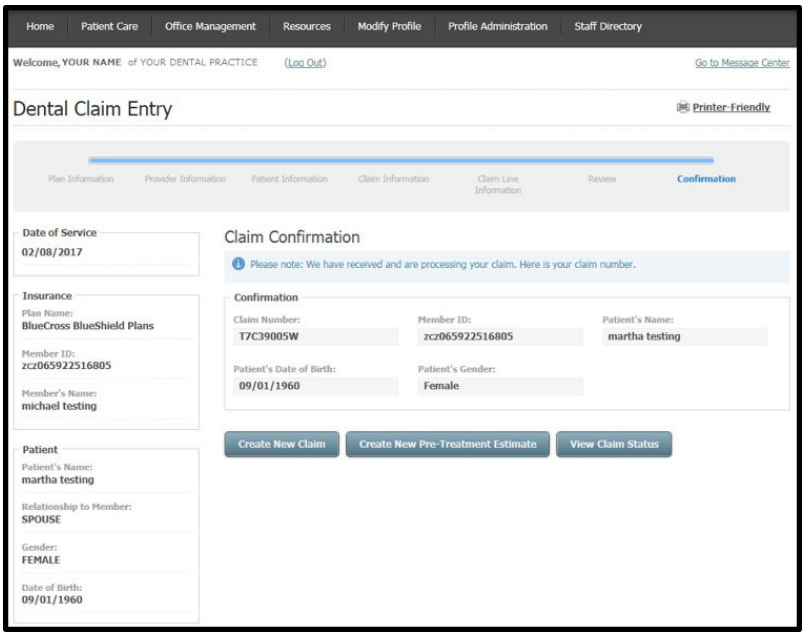
Select **Continue**.



From Claim Review screen, examine your entries for the dental claim. **Submit** the dental claim or return to any previous screen using the **Back** link or selecting a screen title on the progress bar. There is an option to **Cancel the dental claim** found at the bottom of each screen of the claim entry process.



A claim number displays on the Claim Confirmation screen. You can now **Create a New Claim**, **Create a Pre-treatment Estimate** or **View Claim Status**.



Dental Claim under Medical Entry

For dental claims that need to be filed under the member's medical benefit, follow the **Professional Claim Entry** steps.

Trouble-Shooting Tips – Patient Care Functions

- 45Z Line is out of balance
- 46V Other Payer's Address is missing
- 46W Other Payer's City is missing
- 46X Other Payer Zip Code missing
- E07 Invalid admission dateB04
- 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.