BlueCross BlueShield of South Carolina and
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My Insurance Manager^{SM}
User Guide

Published by Provider Relations and Education
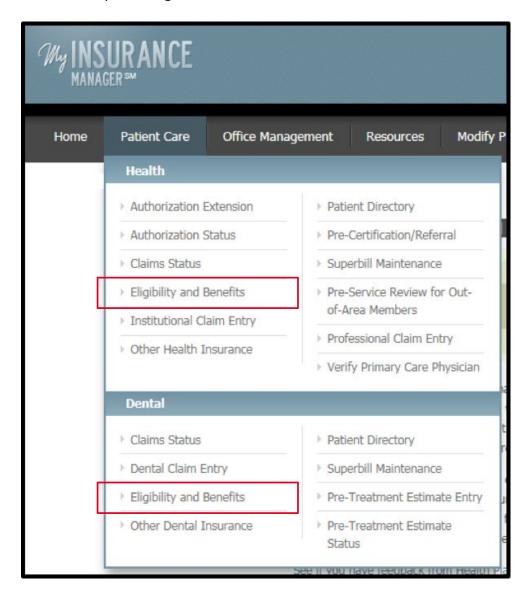**Your Partners in Outstanding Quality, Satisfaction and Service**

Revised: February 2024

Contents

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 or by initiating STATchat℠.
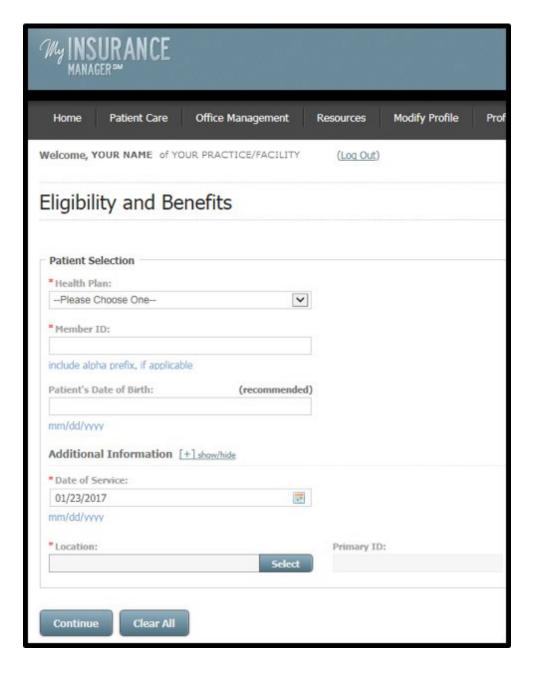
For Health Providers

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.
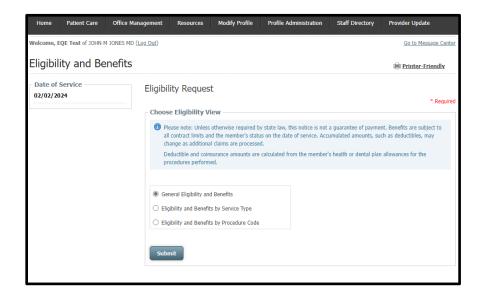
Health Plan drop-down menu options: BlueCross BlueShield Plans, BlueChoice HealthPlan, State Health Plan and Federal Employee Program.
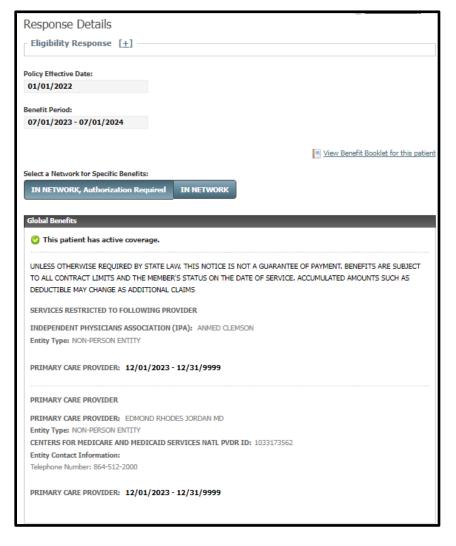
You must enter the patient's date of birth or his or her first and last name. Expand the Additional Information option by clicking [+] to input the patient's last name, first name and/or gender. If entering information for a twin or multiple, the Additional Information box will expand after selecting **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.
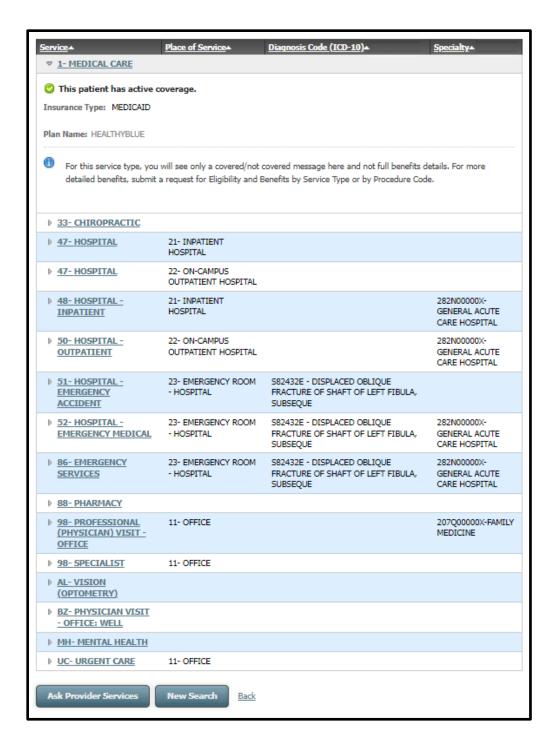
General Eligibility and Benefits will display the results of a HIPAA transaction for Service Type 30, which are the benefits for 16 commonly searched service types. Select Submit.
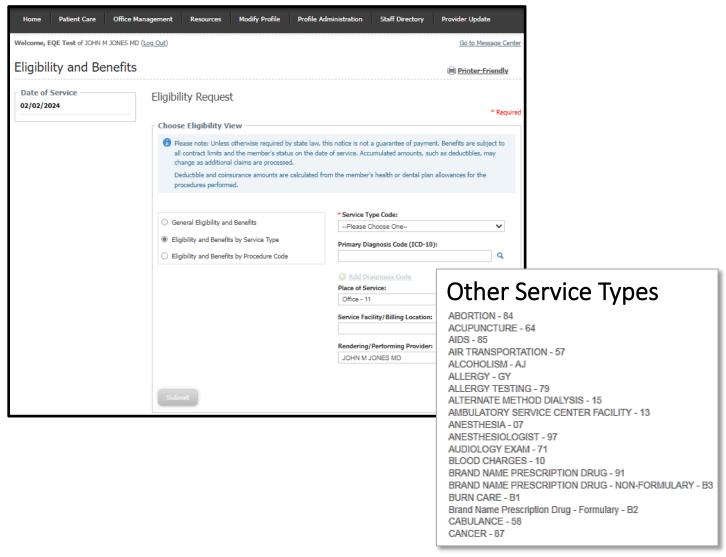

- Notice the policy effective date and benefit period.
- Follow the link to view or download a PDF of the member's benefit booklet.
- Global Benefits section shows if the patient has active coverage. It also displays any deductible or coinsurance information.

Service▲	Place of Service▲	Diagnosis Code (ICD-10)▲	Specialty▲
▽ 1- MEDICAL CARE			

✓ This patient has active coverage.

Insurance Type: MEDICAID

Plan Name: HEALTHYBLUE

ⓘ 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.

Service	Place of Service	Diagnosis Code (ICD-10)	Specialty
▷ 33- CHIROPRACTIC			
▷ 47- HOSPITAL	21- INPATIENT HOSPITAL		
▷ 47- HOSPITAL	22- ON-CAMPUS OUTPATIENT HOSPITAL		
▷ 48- HOSPITAL - INPATIENT	21- INPATIENT HOSPITAL		282N00000X- GENERAL ACUTE CARE HOSPITAL
▷ 50- HOSPITAL - OUTPATIENT	22- ON-CAMPUS OUTPATIENT HOSPITAL		282N00000X- GENERAL ACUTE CARE HOSPITAL
▷ 51- HOSPITAL - EMERGENCY ACCIDENT	23- EMERGENCY ROOM - HOSPITAL	S82432E - DISPLACED OBLIQUE FRACTURE OF SHAFT OF LEFT FIBULA, SUBSEQUE	
▷ 52- HOSPITAL - EMERGENCY MEDICAL	23- EMERGENCY ROOM - HOSPITAL	S82432E - DISPLACED OBLIQUE FRACTURE OF SHAFT OF LEFT FIBULA, SUBSEQUE	282N00000X- GENERAL ACUTE CARE HOSPITAL
▷ 86- EMERGENCY SERVICES	23- EMERGENCY ROOM - HOSPITAL	S82432E - DISPLACED OBLIQUE FRACTURE OF SHAFT OF LEFT FIBULA, SUBSEQUE	282N00000X- GENERAL ACUTE CARE HOSPITAL
▷ 88- PHARMACY			
▷ 98- PROFESSIONAL (PHYSICIAN) VISIT - OFFICE	11- OFFICE		207Q00000X-FAMILY MEDICINE
▷ 98- SPECIALIST	11- OFFICE		
▷ AL- VISION (OPTOMETRY)			
▷ BZ- PHYSICIAN VISIT - OFFICE: WELL			
▷ MH- MENTAL HEALTH			
▷ UC- URGENT CARE	11- OFFICE		

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). 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
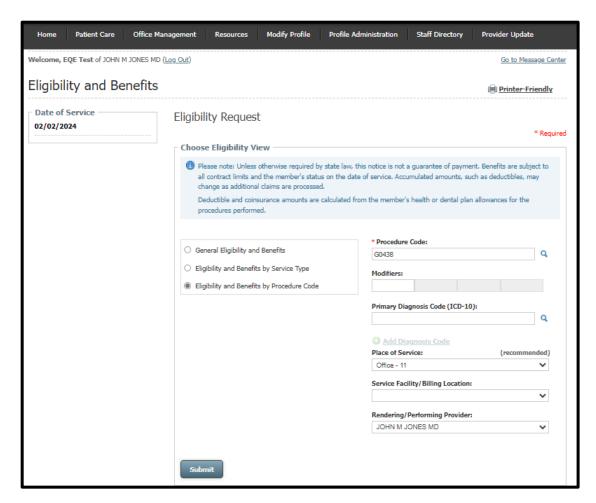

This screen appears when you select the magnifying glass to add a primary diagnosis code (ICD-10). You can also use the drop-down menu to narrow the code search.

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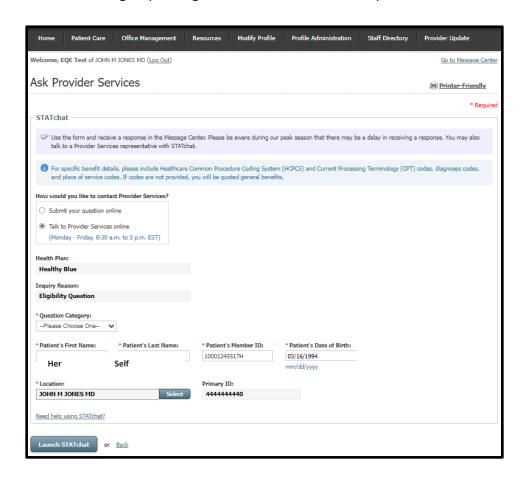
When viewing eligibility and benefits for any search method, you can expand the patient's eligibility response field to reveal details for this section by selecting the show/hide [+] link. You will see more data about the patient's group, address and the information receiver.

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.

When you choose Talk to Provider Services online, this screen displays. Complete all required fields. Select a location from the list and **Continue**. Complete all required fields; select a location from the list and **Launch STATchat** to begin speaking with a Provider Services representative.

This screen appears when you select the Launch STATchat button from the Ask Provider Services screen. You can ask as many questions as desired related to **one** member's account. The patient information pre-populates onto the Provider Service representative's screen based on the information you enter in My Insurance Manager, which restricts the Provider Service representative to only answering questions related to the member from your original inquiry.

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.
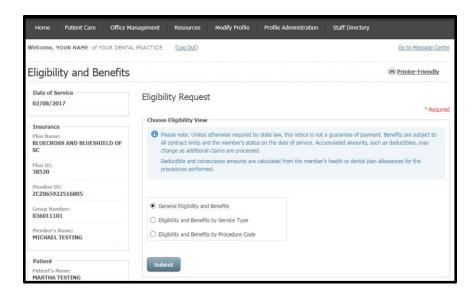
Dental Plan drop-down menu options: BlueCross BlueShield Plans, State Dental Plan and Federal Employee Program.
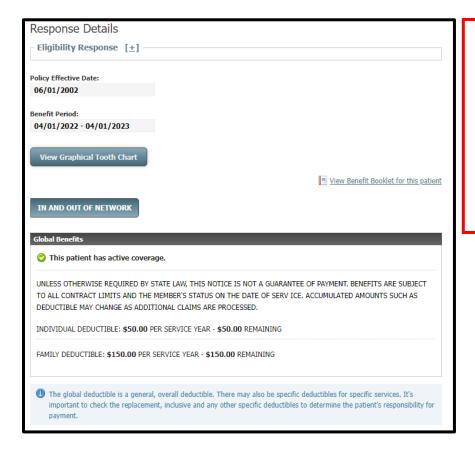
You must enter the patient's date of birth or the first and last name. Expand the Additional Information option by clicking **[+]** to input the patient's last name, first name and/or gender.

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.**

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.
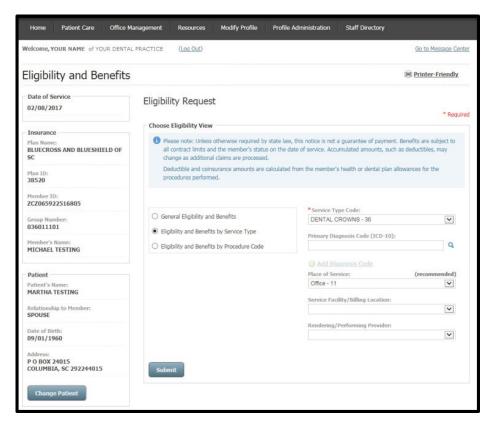
Service▲	Place of Service▲	Diagnosis Code (ICD-10)▲	Specialty▲
▷ 23- DIAGNOSTIC DENTAL	11- OFFICE	K000 - ANODONTIA	
▷ 24- PERIODONTICS	11- OFFICE	K000 - ANODONTIA	
▷ 25- RESTORATIVE	11- OFFICE	K000 - ANODONTIA	
▷ 26- ENDODONTICS	11- OFFICE	K000 - ANODONTIA	
▷ 35- DENTAL CARE			
▷ 36- DENTAL CROWNS	11- 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.
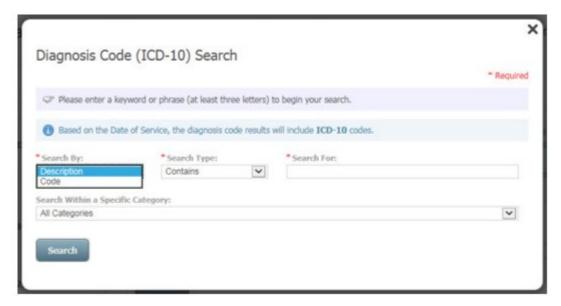
Choose **Ask Provider Services** for questions about a benefit or service for which you are unable to find the answer using My Insurance Manager or by viewing the member's benefit booklet.

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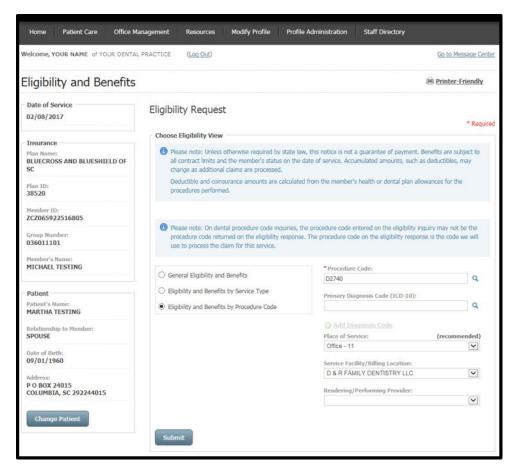
Verify the correct place of service (defaults to Office – 11) and the service location. **Submit.**
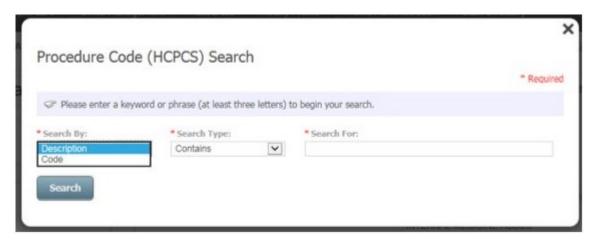

This screen appears when you select the magnifying glass if a primary diagnosis code (ICD-10) is selected to be added. You can also use the drop-down menu to narrow the code search.

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.
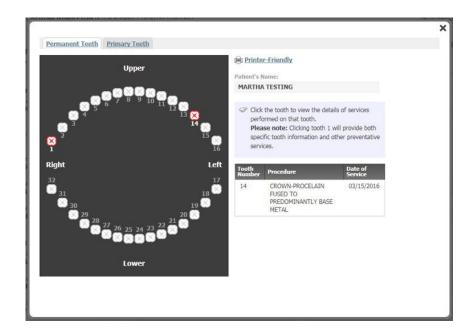

This screen appears when you select the magnifying glass to search for a CPT or HCPCS code. You can also use the drop-down menu to narrow the code search.
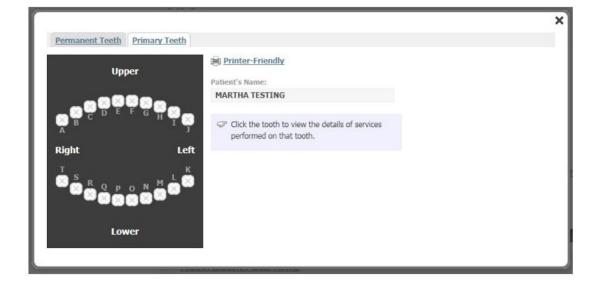
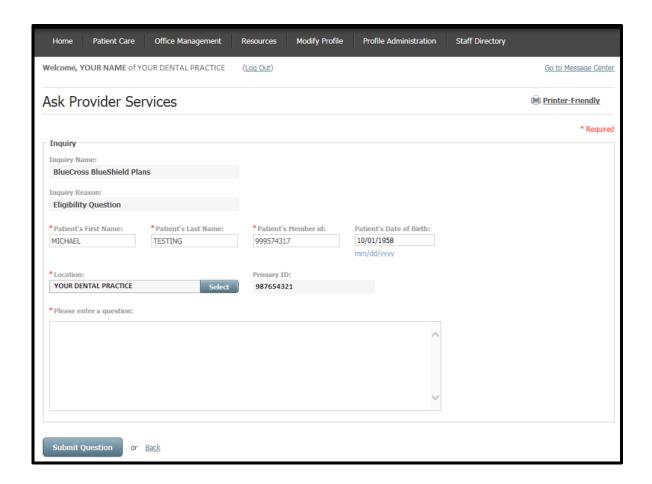From any eligibility view, you can view a patient's graphical tooth chart for primary and permanent teeth.

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.

Primary teeth are alphabetized not enumerated.

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.**

Troubleshooting Tips – Patient Care Functions

- 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.