



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

My Insurance ManagerSM

User Guide

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

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In the event of any inconsistency between information contained in this handbook and the agreement(s) between you and BlueCross BlueShield of South Carolina, the terms of such agreement(s) shall govern. The information included is general information 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.

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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 or by initiating STATchatSM.



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 application interface. At the top, there is a navigation bar with links: 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'. In the 'Patient Selection' section, 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 format hint 'mm/dd/yyyy'). The 'Additional Information' section is expanded, showing a date input for 'Date of Service' (currently '01/23/2017', with a format hint 'mm/dd/yyyy') and a 'Location' dropdown with a 'Select' button. There is also a 'Primary ID' input field. At the bottom of the form, there are two buttons: 'Continue' and 'Clear All'.

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:
ZC2065922516805
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

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.

5 | Page

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		

[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

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:
ZC2065922516805
Group Number:
036011101
Member's Name:
MICHAEL TESTING

Patient
Patient's Name:
MICHAEL TESTING
Relationship to Member:
SUBSCRIBER
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

*** Service Type Code:**
PHYSICIAN VISIT - OFFICE: WELL - BZ

Primary Diagnosis Code (ICD-10):

[Add Diagnosis Code](#)

Place of Service:
Office - 11

Service Facility/Billing Location:
LEXINGTON FAMILY PRACTICE IRMO

Rendering/Performing Provider:

[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.

Diagnosis Code (ICD-10) Search * Required

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

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

[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.

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: MARTHA TESTING
Relationship to Member: SPOUSE
Gender: FEMALE
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

* Procedure Code: G0438

Modifiers:

Primary Diagnosis Code (ICD-10):

[Add Diagnosis Code](#)

Place of Service: (recommended)
Office - 11

Service Facility/Billing Location:
INTERNAL MEDICINE ASSOC

Rendering/Performing Provider:

[Submit](#)

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.

Procedure Code (HCPCS) Search

* Required

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

* Search By: Description Code
* Search Type: Contains
* Search For:

[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.

[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](#)

Ask Provider Services [Printer-Friendly](#)

* Required

Inquiry

Use the form and receive a response in the Message Center. Please be aware during our peak season that there may be a delay in receiving a response. You may also talk to a Provider Services representative with STATchat.

How would you like to contact Provider Services?

☒ Submit your question online

☐ Talk to Provider Services online
(Monday - Friday, 8 a.m. to 8 p.m. EST)

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
mm/dd/yyyy

* Location: YOUR PRACTICE [Select](#)

Primary ID: 123456789

* Please enter a question:

Submit Question

 or [Back](#)

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.

The screenshot shows a web application interface for 'Ask Provider Services'. At the top 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 PRACTICE/FACILITY' with a '(Log Out)' link and a 'Go to Message Center' link. The main heading is 'Ask Provider Services' with a 'Printer-Friendly' icon. A red asterisk indicates required fields. The 'STATchat' section includes a note about response times and a choice to 'Talk to Provider Services online' (Monday - Friday, 8 a.m. to 8 p.m. EST). Below this are input fields for 'Inquiry Name' (BlueCross BlueShield Plans), 'Inquiry Reason' (Eligibility Question), and patient information: 'Patient's First Name' (MICHAEL), 'Patient's Last Name' (TESTING), 'Patient's Member id' (999574317), and 'Patient's Date of Birth' (10/01/1958). There is also a 'Location' dropdown set to 'YOUR PRACTICE' and a 'Primary ID' field (123456789). A 'Launch STATchat' button and a 'Back' link are at the bottom.

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.

The screenshot shows the 'STATchat' interface within an Internet Explorer window. The window title is 'STATchat - Internet Explorer'. The interface is split into two main sections: 'STATchat' on the left and 'Hang Up' on the right. The 'STATchat' section shows a status bar with 'Status: Connected' and 'Call Id: 8141917300'. Below this are buttons for 'MUTE' and 'KEYPAD'. The 'Hang Up' section has a checkbox for 'Wearing a headset?' and a numeric keypad with letters assigned to each number. At the bottom, a red banner reads 'Having trouble with the audio?'.

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**.

[Home](#) [Patient Care](#) [Office Management](#) [Resources](#) [Modify Profile](#) [Profile Administration](#) [Staff Directory](#)

Welcome, YOUR NAME of YOUR DENTAL PRACTICE [\(Log Out\)](#)

Eligibility and Benefits

Patient Selection

Dental Plan:

BlueCross BlueShield Plans

Member ID:

zcz065922516805

include alpha prefix, if applicable

Patient's Date of Birth:

09/01/1960

(recommended)

mm/dd/yyyy

Additional Information

[+] show/hide

Date of Service:

02/08/2017

mm/dd/yyyy

Location:

YOUR DENTAL PRACTICE

Select

Primary ID:

1508023649

Continue

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.

The screenshot shows a web application interface for 'Eligibility and Benefits'. At the top is a navigation bar with links: Home, Patient Care, Office Management, Resources, Modify Profile, Profile Administration, and Staff Directory. Below the navigation bar is a header area with 'Welcome, YOUR NAME of YOUR DENTAL PRACTICE' and a '(Log Out)' link. The main title 'Eligibility and Benefits' is on the left, with a 'Printer-Friendly' link on the right. The form is divided into two main sections. On the left, under the heading 'Insurance', there are fields for 'Plan Name' (BLUECROSS AND BLUESHIELD OF SC), 'Plan ID' (38520), 'Member ID' (ZCZ065922516805), 'Group Number' (036011101), 'Member's Name' (MICHAEL TESTING), and 'Patient' (MARTHA TESTING). On the right, under the heading 'Eligibility Request', there is a 'Date of Service' field (02/08/2017) and a 'Choose Eligibility View' section. This section contains a blue information box with a note about state law and a disclaimer. Below the box are three radio button options: 'General Eligibility and Benefits' (selected), 'Eligibility and Benefits by Service Type', and 'Eligibility and Benefits by Procedure Code'. A 'Submit' button is at the bottom right of the form.

The screenshot shows a web application interface for 'Response Details'. The title 'Response Details' is at the top left. Below it is a search bar with the text 'Eligibility Response' and a '[±]' icon. The form displays the following information: 'Policy Effective Date: 06/01/2002' and 'Benefit Period: 04/01/2022 - 04/01/2023'. There are two buttons: 'View Graphical Tooth Chart' and 'View Benefit Booklet for this patient'. Below these is a section titled 'IN AND OUT OF NETWORK'. The 'Global Benefits' section is highlighted with a dark header. It contains a green checkmark icon and the text 'This patient has active coverage.' Below this is a disclaimer: '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 DEDUCTIBLE MAY CHANGE AS ADDITIONAL CLAIMS ARE PROCESSED.' Below the disclaimer are two lines of text: 'INDIVIDUAL DEDUCTIBLE: \$50.00 PER SERVICE YEAR - \$50.00 REMAINING' and 'FAMILY DEDUCTIBLE: \$150.00 PER SERVICE YEAR - \$150.00 REMAINING'. At the bottom is a blue information box with a note about the global deductible.

- 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: ZC065922516805

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:

[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.

Diagnosis Code (ICD-10) Search * Required

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

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

*** Search By:** Description

*** Search Type:** Contains

*** Search For:**

Search Within a Specific Category: All Categories

[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.

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](#)

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

Date of Birth: 09/01/1960

Address: P O BOX 24015
COLUMBIA, SC 292244015

[Change Patient](#)

Eligibility Request

Choose Eligibility View

☐ General Eligibility and Benefits

☐ Eligibility and Benefits by Service Type

☒ Eligibility and Benefits by Procedure Code

*** Required**

Procedure Code: D2740

Primary Diagnosis Code (ICD-10):

[Add Diagnosis Code](#)

Place of Service: (recommended)
Office - 11

Service Facility/Billing Location:
D & R FAMILY DENTISTRY LLC

Rendering/Performing Provider:

[Submit](#)

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.

Please note: On dental procedure code inquiries, the procedure code entered on the eligibility inquiry may not be the procedure code returned on the eligibility response. The procedure code on the eligibility response is the code we will use to process the claim for this service.

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.

Procedure Code (HCPCS) Search

*** Required**

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

*** Search By:** Description Code

*** Search Type:** Contains

*** Search For:**

[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 TeethPrimary 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

Upper

RightLeft

Lower

Primary teeth are alphabetized not enumerated.

Permanent TeethPrimary Teeth

Printer-Friendly

Patient's Name:
MARTHA TESTING

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

Upper

RightLeft

Lower

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
mm/dd/yyyy

* Location:
YOUR DENTAL PRACTICE [Select](#)

Primary ID:
987654321

* Please enter a question:

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

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.



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