



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

# My Insurance Manager<sup>SM</sup> User Guide

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

Revised: August 2025

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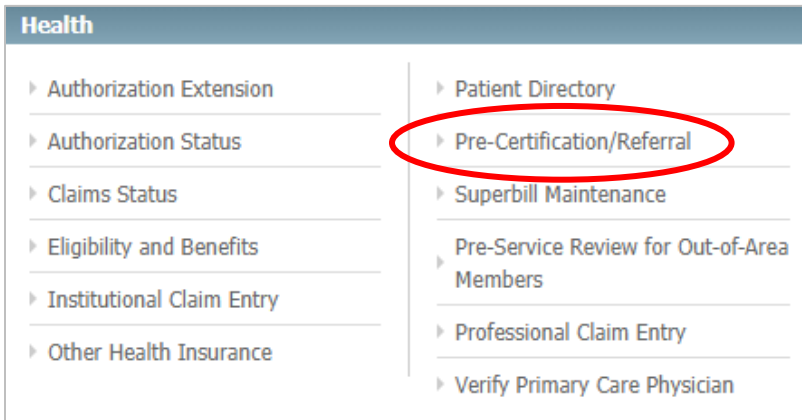
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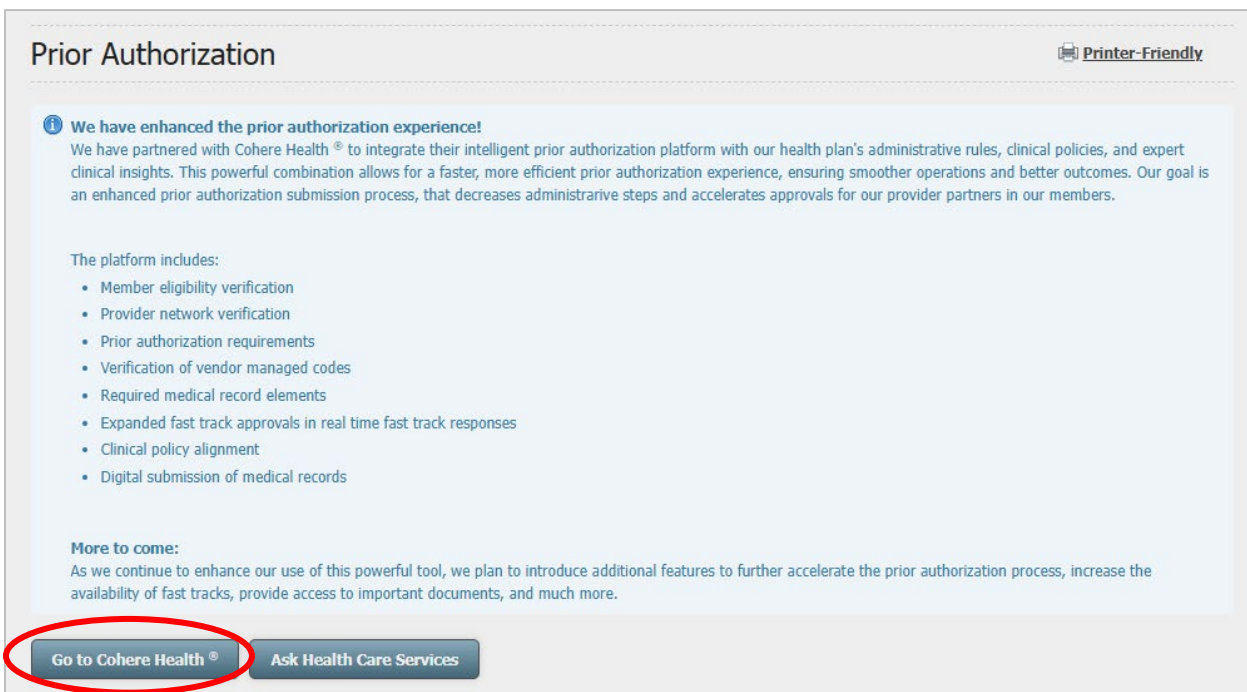
## Just for Health Provider

For prior authorizations, do the following:


1. Under **Patient Care**, select **Pre-Certification/Referral**.




2. Select **Go to Cohere Health**.



3. Select **Start auth request**.


South Carolina

powered by  Cohere Health

[Support](#)
[My account](#)

[Start auth request](#)

**Health plan**

☐ All

☒ BCBS South Carolina

☐ Humana

**Status**

☒ All (316)

☐ Upcoming (116)

☐ Pending review (2)

☐ Approved (22)



☐ Denied (7)



☐ Draft (2)



☐ Withdrawn (95)


☐ Completed (200)

Sort by: **Most recent**

<b>Doe, John</b>		DOB 01/26/1965	Member ID 10119152022	Health plan BCBS South Carolina
 <b>Services</b> Physical Therapy, Speech Therapy	<b>Procedure codes</b> 97110, 97112, 92507	<b>Submission date</b> 05/15/2024 3:45 PM	<b>Dates of service</b> 06/15/2024 – 09/30/2024	
 <b>Approved</b> Authorization #NPOA6057 • Tracking #NPOA6057		<a href="#">Start continuation</a>		



<b>Doe, John</b>		DOB 01/26/1965	Member ID 10119152022	Health plan BCBS South Carolina
 <b>Services</b> Myocardial Perfusion Imaging Single Photon Emission Computed Tomography (MPI-SPECT),...	<b>Procedure codes</b> 78451, 78452, 93015	<b>Submission date</b> 05/15/2024 3:45 PM	<b>Dates of service</b> 06/15/2024 – 09/30/2024	
 <b>Approved</b> Authorization #NPOA6057 • Tracking #NPOA6057		<a href="#">Start continuation</a>		



<b>Doe, John</b>		DOB 01/26/1965	Member ID 10119152022	Health plan BCBS South Carolina
 <b>Service</b> Physical Therapy	<b>Procedure codes</b> 97110	<b>Submission date</b> --	<b>Dates of service</b> 12/01/2022 – 03/01/2023	
 <b>Draft</b> Tracking #AJSD3781		<a href="#">Delete</a> <a href="#">Continue</a>		

<b>Doe, Jane</b>		DOB 01/26/1965	Member ID 10119152022	Health plan BCBS South Carolina
 <b>Service</b> Physical Therapy	<b>Procedure codes</b> 97110, 97112, 97114	<b>Submission date</b> 12/01/2022	<b>Dates of service</b> 12/01/2022 – 06/01/2023	

- Choose whether the service is outpatient or inpatient and include the diagnosis and procedure codes. Select **Continue**.

Doe, John  
 DOB: 09/16/1986


 powered by 

Support 
 My account 

Tell us about your request

**Request details**

☒ Outpatient
 ☐ Inpatient

Start date  
 06/01/2024

**Diagnosis codes**

Primary diagnosis code  
 M48.06

Search for secondary diagnosis codes (optional)

**Procedure codes**

CPT/HCPCS codes  
 63047 X


Save and exit
 Cancel
 Continue

5. Enter the necessary provider details. Select **Continue**.

**Providers**

**Care setting**

☒ Outpatient
 ☐ Inpatient

Place of service 

**Ordering provider**

Search for an ordering provider by NPI, TIN, or name
 TIN
 Address

+ Bailey, Christopher Eric MD

**Performing or attending provider**

☐ Performing is the same as the ordering

Search for a performing or attending provider by NPI, TIN, or name
 TIN
 Address

+ Bailey, Christopher Eric MD

**Performing facility or agency**

Search for a performing facility or agency by NPI, TIN, or name
 TIN
 Address

+ 1ST START HEALTHCARE SERVICES


Save and exit

6. The codes listed at the top of the screen require prior authorization, while the codes listed at the bottom do not. Note: If the request is urgent, check the Expedite box. Select **Continue**.





[Back](#)


## Review services before submitting

 **Physical Therapy (PT), Total Knee Arthroplasty (TKA)**


**This request duplicates an existing one**  
Duplicate submissions may be voided. The care setting (outpatient or inpatient), performing provider (if applicable), and facility match an existing request, including overlap in procedure codes and service dates.

 You can choose to withdraw the existing request, change details to avoid duplication, or call Cohere for assistance at (833) 283-0033.

 **Draft**  
Tracking #WKGB4665

 **Delete**


**Details**

 **Edit**

Primary diagnosis	M25.561 - Pain in right knee
Secondary diagnosis	--
Care setting	Outpatient
Place of service	Ambulatory Surgical Center

[Save and exit](#)

**Submit services**



**1 evidence-based suggestion to improve your request:**

**Expedited → Not expedited**  
The coverage and/or services on this request do not meet the requirements for an expedited request.

[Accept](#)

After submitting the request, providers will receive a faxed notification confirming the receipt of the request. Once a determination is made, providers will be notified. Note: Although BlueCross BlueShield of South Carolina, BlueChoice HealthPlan and Healthy Blue are using the Cohere Health platform, all clinical decisions are made by the appropriate health plan.

## Pre-Service Review for Out-of-Area Members

From the Patient Care menu choose Pre-Service Review for Out-of-Area Members. Select View Medical Policy or Request Pre-Service Review; then Verify.


The screenshot shows a web application interface. At the top is a dark navigation bar with links: Home, Patient Care, Office Management, Resources, Modify Profile, Profile Administration, and Staff Directory. Below this is a white header area with a welcome message 'Welcome, YOUR NAME of YOUR PRACTICE/FACILITY' and a '(Log Out)' link. On the right of the header is a 'Go to Message Center' link. The main content area has a title 'Pre-Service Review for Out-of-Area Members' and a 'Printer-Friendly' icon. Below the title is a subtitle 'Includes Notification, Pre-Certification, Pre-Authorization and Prior Approval'. A red asterisk and the word 'Required' are visible. A light blue box contains instructions: 'You can view the out-of-area Blue Plan's medical policy or request a pre-service review. Please select the type of information requested, enter the first three letters of the member's identification number on the BlueCross BlueShield ID card, and click Verify.' Below this is a section titled '\* Please choose an Option:' with two radio buttons: 'View Medical Policy' (selected) and 'Request Pre-Service Review'. At the bottom left is a 'Verify' button.

When you select View Medical Policy, you will be redirected to this page of [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com). Choose Medical Policy, enter the Alpha Prefix and **Submit**.

The screenshot shows a web application interface. At the top is a dark blue header with the word 'Providers' and a search bar with a dropdown menu and a search icon. Below the header is a breadcrumb trail: Home / Providers / Policies and Authorizations / Prior Authorization / BlueCard Prior Authorization/Medical Policies. The main content area has a title 'BlueCard Prior Authorization/Medical Policies'. Below the title is a paragraph of text: 'Need prior authorization for a patient who is a member of another Blue plan? If prior authorization is required, you can initiate the process through My Insurance Manager<sup>SM</sup>. Once you've logged in, go to Patient Care. Then select "Pre-Service Review for Out-of-Area Members" from the menu.' Below this is another paragraph: 'To view an out-of-area Blue Plan's medical policy or general prior authorization information, please select the type of information you need, enter the first three letters of the identification number on the member's Blue Cross and/or Blue Shield card, and click Submit.' Below the paragraphs is a section titled 'Type of Information' with the instruction 'Please select only one.' and two radio buttons: 'Medical Policy' (selected) and 'General Precertification/Preauthorization Information'. Below the radio buttons is a red text label 'This field is required.' Below this is a text input field labeled 'Alpha Prefix' with a red text label 'This field is required.' below it. At the bottom left is a 'Submit' button. A red arrow points to the 'Medical Policy' radio button. At the bottom of the page is a footer: 'If you experience difficulties or need additional information, please contact 800-676-BLUE.'



You will be taken to the landing page of the other Blue Plan.



## Pre-Service Review for Out-of-Area Members

Welcomes YOUR PRACTICE/FACILITY


You have been routed from BlueCross BlueShield SC to [REDACTED] BCBS to conduct pre-service review for a(n) [REDACTED] BCBS member.

Please choose from the following options:

- [Request Preauthorization/Referral](#)
- [AIM Specialty Health](#)

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Your plan for better health.™

## Pre-Service Review for Out-of-Area Members

### BlueCross BlueShield of XXXXX

Welcomes YOUR NAME

You have been routed from BlueCross BlueShield SC to BCBS of XXXXX to conduct pre-service review for a BCBS of XXXXX member.

Please choose from the following electronic pre-service review options:

- Inpatient or Outpatient Services** (Please note that the electronic pre-service review for In/Outpatient services is available 4a.m. to 1a.m., Monday through Friday.)
- Radiological Services**

Other pre-service review options:

- DME Services: BCBS of XXXXX does not currently offer electronic pre-service review for DME services. Please call 1-800-888-8888 for DME pre-service review.
- Mental Health Services: BCBS of XXXXX does not currently offer electronic pre-service review for Mental Health services. Please call the number on the back of member's ID card for Mental Health pre-service review.

[View BCBS Pre-Certification Requirements.](#)

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## Verify Primary Care Physician

From the Patient Care menu choose Verify Primary Care Physician. Complete the required information; make sure to enter the member ID exactly as it appears on the patient's insurance card, including the alpha prefix if applicable. Select **Continue**.

[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](#)

---

## Verify Primary Care Physician

[Printer-Friendly](#)

\* Indicates required field.

**Patient Selection**

Enter this information to find the current Primary Care Physician information.

\* Health Plan:  
BlueCross BlueShield Plans

\* Member ID:  
zcz065922516805  
include alpha prefix, if applicable

\* Patient's Date of Birth:  
10/01/1958  
mm/dd/yyyy

Continue

The Primary Care Physician Information will display on the next screen if applicable to the member's health plan.

[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](#)

---

## Verify Primary Care Physician

[Printer-Friendly](#)

**Insurance**  
Plan Name:  
BlueCross BlueShield Plans  
  
Member ID:  
ZCZ065922516805  
  
Member's Name:  
MICHAEL TESTING

**Patient**  
Date of Birth:  
10/01/1958

We list Primary Care Physician information according to Health Plans. If your patient had coverage under a different Health Plan and you would like to see that information, please search under the previous Health Plan.

Inquiry Date:  
04/24/2017

**Primary Care Physician Information**

Patient's Name	Effective Date	Provider's Information	Provider's Phone
MICHAEL TESTING		Our records show that this member's health plan coverage does not require the member to choose a primary care physician.	

Change Patient

Back

# Just for Dental Providers

## Pre-Treatment Estimate Entry

From the Patient Care menu, choose Pre-Treatment Estimate Entry to get a real-time snapshot of the benefits that are payable at the time the pre-treatment processes. This is considered a prior authorization. Select the plan and then Continue.

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# Pre-Treatment Estimate

[Printer-Friendly](#)

Plan Information

Provider Information

Patient Information

Claim Information

Claim Line Information

Review

Confirmation

Please note: This feature is not available from 11:30 p.m. to 4 a.m. Eastern Time for maintenance purposes.

## Plan Information

Submitter Information

If this information is not correct, please [modify your profile](#). Any information you entered will be lost if you navigate away from this page.

Name:

ID:

Email Address:

Phone:

Extension:

Fax:

Plan Information

Please note: You are entering a Pre-Treatment Estimate request. [Switch to create a Dental Claim Entry.](#)

\* Plan:

Continue

X Cancel this claim

From the Provider Information screen select the hyperlinks for **Choose a Billing Provider** or **Choose a Rendering Provider** to have this information auto populated. **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 ran by the Centers for Medicare & Medicaid Services that handles these unique identifiers.

Users can also find the specialty/taxonomy code in My Insurance Manager by searching for a partial code or description. Select **Continue**.

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## Pre-Treatment Estimate

[Printer-Friendly](#)

[Plan Information](#) **[Provider Information](#)** [Patient Information](#) [Claim Information](#) [Claim Line Information](#) [Review](#) [Confirmation](#)

**Insurance**  
Plan Name:  
BlueCross BlueShield Plans

**Provider Information**

**Billing Location Information**

Click Choose a Billing Provider to select from a list of locations affiliated with your Tax ID. The billing location address must be the physical address (not P.O. Box) and must contain a 9-digit ZIP code.

[Choose a Billing Provider](#)

Provider ID Type:  
**Primary ID (NPI)**

Provider ID:  
**987654321**

Provider's Name:  
**YOUR DENTAL PRACTICE**

\* Address Line 1:  
456 MAIN ST

Address Line 2:

\* City:  
FORT MILL

\* State:  
South Carolina

\* ZIP Code:  
29715 - 0000

\* Provider Accepts Assignment:  
Assigned

\* Provider Signature on File:  
Yes

**Rendering Provider Information**

Please Note: You must identify a Rendering Provider on all claims when the services were not rendered by the Billing Provider.

[Choose a Rendering Provider](#)

Provider ID Type:  
--Please Choose One--

Provider ID:

Provider's Name:

Specialty/Taxonomy Code:  
 [Search](#)

[Continue](#) or [Back](#) [X Cancel this claim](#)

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

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Patient Care
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Resources
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Profile Administration
Staff Directory

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## Pre-Treatment Estimate

Printer-Friendly

Plan Information
Provider Information
**Patient Information**
Claim Information
Claim Line Information
Review
Confirmation

**Insurance**  
Plan Name:  
BlueCross BlueShield Plans

### Patient Information

**Patient Details**

Please note: Changes made to this information will not be updated in your Patient Directory.

Enter the Member ID as shown on the member's ID card.

Choose a Patient or enter the information here.

\* Member ID:
include alpha prefix, if applicable

\* Relationship to Member:
SELF

\* Patient Account Number:

\* Last Name:

First Name:

M.I.:

Suffix:

\* Date of Birth:
mm/dd/yyyy

\* Gender:
--Please Choose One--

\* Country:
United States

\* Address Line 1:

Address Line 2:

\* City:

\* State:
--Please Choose One--

\* ZIP Code:
 -

**Patient Consent**

\* Benefits Assigned to Provider:
Yes

\* Release of Information:
Yes, provider has a signed statement permitting release of medical billing data related to a claim

Continue
or Back
Cancel this claim

The next pre-treatment estimate entry screen is Claim Information. Bypass the option to choose or create/update a superbill from the drop-down menu. Choose 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.

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## Pre-Treatment Estimate

[Printer-Friendly](#)

[Plan Information](#) | [Provider Information](#) | [Patient Information](#) | **[Claim Information](#)** | [Claim Line Information](#) | [Review](#) | [Confirmation](#)

**Insurance**  
Plan Name:  
**BlueCross BlueShield Plans**  
  
Member ID:  
**ZCZ065922516805**  
  
Member's Name:  
**MICHAEL TESTING**

**Patient**  
Patient's Name:  
**MARTHA TESTING**  
  
Relationship to Member:  
**SPOUSE**  
  
Gender:  
**FEMALE**  
  
Date of Birth:  
**09/01/1960**

### Claim Information

**Superbill Information**  
Choose a Superbill Template:  

None

  
[Create a New or Edit an Existing Template](#)

**Service Information**  
Claim Type:  

Pretreatment Estimate

  
\* Place Of Service:  

Office - 11

**Claim Entry Options**

☐ Accident Information  
☐ Claim Note Information  
☐ Orthodontics Information

[Continue](#) or [Back](#)

[X Cancel this claim](#)

\* Required

Claim Line Information is the fifth screen in the pre-treatment estimate 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 the **Add a New Claim Line** link 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. Search for the specific procedure code by selecting the magnifying glass icon.

Choose the tooth number or oral cavity from the drop-down menu. Selecting a tooth number or oral cavity is optional.

Enter additional information as appropriate for Treatment Start/Completion Dates; Prosthesis, Crown or Inlay Placement; Orthodontic Banding/Replacement Dates; and Rendering Provider Information. Select **Continue**.

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Pre-Treatment Estimate [Printer-Friendly](#)

[Plan Information](#) [Provider Information](#) [Patient Information](#) [Claim Information](#) **[Claim Line Information](#)** [Review](#) [Confirmation](#)

**Insurance**  
Plan Name:  
BlueCross BlueShield Plans  
Member ID:  
ZCZ065922516805  
Member's Name:  
MICHAEL TESTING

**Patient**  
Patient's Name:  
MARTHA TESTING  
Relationship to Member:  
SPOUSE  
Gender:  
FEMALE  
Date of Birth:  
09/01/1960

**Claim Line Information**  
**Claim Amounts**  

Please note: We will calculate the Total Claim Charges automatically based on the amounts you enter on the claim lines.

Total Claim Charges: \$ 500.00 Patient Paid: \$ Total Number of Lines: 1

**Claim Lines**  

Please note:

- We require the Date of Service on all claims, except for Pre-Treatment Estimates.
- We require Date of Service, Place of Service, and Rendering Provider Information if they differ from the information previously entered at the claim level.
- We do not require Treatment Start Date and Treatment Completion Date if a Date of Service is entered.

**Line 1**

\* Procedure: D7140

\* Charges: \$ 500.00

Unit(s):

Procedure Description: Tooth # -OR- Oral Cavity: --Please Choose One--

Surfaces:  
☐ Occlusal ☐ Mesial ☐ Distal ☐ Facial ☐ Incisal ☐ Lingual ☐ Buccal

Place of Service:

Treatment Start Date: mm/dd/yyyy Treatment Completion Date: mm/dd/yyyy

Prosthesis, Crown or Inlay Placement: --Please Choose One--

Orthodontic Banding Date: mm/dd/yyyy Replacement Date: mm/dd/yyyy

Rendering Provider Information: [\[+/- show/hide\]](#)

[Add a New Claim Line](#)  
[Continue](#) or [Back](#) [X Cancel this claim](#)

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

Procedure Code (HCPCS) Search Results

Showing 6 Result(s)

Filter results...

Code	Description
D7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT
D7311	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT
D7321	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT
D7111	EXTRACTION, CORONAL REMNANTS - DECIDUOUS TOOTH
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)

New Search

From the Review screen, examine your entries for the pre-treatment estimate. Submit the pre-treatment estimate or return to any previous screen using the **back** hyperlink or selecting a screen title on the progress bar.

Select **Add Additional Claim Information** to add claim-level information.

HomePatient CareOffice ManagementResourcesModify ProfileProfile AdministrationStaff Directory

Welcome,Your Name of Your Dental Practice(Logout)Go to Message Center

Pre-Treatment EstimatePrinter-Friendly

Plan InformationProvider InformationPatient InformationClaim InformationClaim Line InformationReviewConfirmation

Insurance

Plan Name:  
BlueCross BlueShield Plans

Member ID:  
ZCZ065922516805

Member's Name:  
MICHAEL TESTING

Patient

Patient's Name:  
MARTHA TESTING

Relationship to Member:  
SPOUSE

Gender:  
FEMALE

Date of Birth:  
09/01/1960

Claim Review

This is a summary of the information you are about to submit. Please make any necessary changes and submit.

Provider Information

Submitter's Name:  
YOUR NAME

Billing Location:  
YOUR DENTAL PRACTICE

Plan:  
BlueCross BlueShield Plans

Patient Information

Member ID:  
ZCZ065922516805

Date of Birth:  
09/01/1960

Gender:  
FEMALE

Patient's Name:  
MARTHA TESTING

Patient Account Number:  
3159

Claim Information

Total Charges:  
\$ 500.00

Dates of Service:

Add Additional Claim Information

Claim Line Information

Line	Procedure	Date of Service	Charges	Additional Line Information
1	D7140		\$ 500.00	<div>Add</div>

Please Note: We must validate all claim information before you can submit it for processing. If we find any errors, we will return the claim to you for correction. Once we validate the claim information and you have corrected any errors, you cannot make changes to that information.

SubmitorBack

Cancel this claim

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



A claim number displays on the Claim Confirmation screen. You can now begin a new pre-treatment estimate or view the status of a pre-treatment estimate.

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## Pre-Treatment Estimate

[Printer-Friendly](#)

---

Plan Information    Provider Information    Patient Information    Claim Information    Claim Line Information    Review    **Confirmation**

**Insurance**  
Plan Name:  
**BlueCross BlueShield Plans**  
  
Member ID:  
**ZCZ065922516805**  
  
Member's Name:  
**MICHAEL TESTING**

**Patient**  
Patient's Name:  
**MARTHA TESTING**  
  
Relationship to Member:  
**SPOUSE**  
  
Gender:  
**FEMALE**  
  
Date of Birth:  
**09/01/1960**

### Claim Confirmation

Please note: We have received and are processing your Pre-Treatment Estimate.

**Confirmation**  
Claim Number: **T7D10003W**      Member ID: **ZCZ065922516805**      Patient's Name: **MARTHA TESTING**  
  
Patient's Date of Birth: **09/01/1960**      Patient's Gender: **Female**

[Create New Claim](#)    [View Claim Status](#)

## Pre-Treatment Estimate Status

From the Patient Care menu choose Pre-Treatment Estimate Status. Select a dental plan and enter the member ID and patient's date of birth. Select **Continue**.

The screenshot shows the 'Pre-Treatment Estimates' form within a web application. The top navigation bar includes links for Home, Patient Care, Office Management, Resources, Modify Profile, Profile Administration, and Staff Directory. Below the navigation bar, a welcome message 'Welcome, Your Name of Your Dental Practice' is displayed, along with a '(Log Out)' link and a 'Go to Message Center' link. The main heading is 'Pre-Treatment Estimates'. To the right of the heading are links for 'Get Adobe Reader' and 'Printer-Friendly'. A red asterisk indicates required fields. The form contains three input fields: 'Dental Plan' (a dropdown menu with '--Please Choose One--'), 'Member ID' (a text box with a hint 'include alpha prefix, if applicable'), and 'Patient's Date of Birth' (a date picker with a hint 'mm/dd/yyyy'). A 'Continue' button is located at the bottom left of the form.

The Estimate Detail screen displays next. Look to the Status field to determine if the estimate is in a pending or approved status.

You can now choose to send a secure email to Provider Services by selecting **Ask Provider Services**; or view **Previous Estimate** or view **Next Estimate**.

The screenshot shows the 'Estimate Detail' screen. The top navigation bar is the same as the previous screen. The main heading is 'Estimate Detail'. To the right of the heading are links for 'Get Adobe Reader', 'Printer-Friendly', and 'View Pre-Treatment Estimate Letter'. The form displays the following information:

- Insurance:** Plan Name: BlueCross BlueShield Plans; Member ID: ZCZ065922516805
- Patient:** Patient's Name: MARTHA TESTING; Date of Birth: 09/01/1960
- Estimate Detail:** Claim Number: T7D10003W; Status: PENDING
- Pre-Treatment Estimate Information:**
  - Provider's Name: YOUR DENTAL PRACTICE; Primary ID: 987654321
  - Date Received: 04/20/2017; Date Processed: 04/20/2017
  - Total Charges: \$500.00; Non-Covered Amount: \$370.00
  - Allowed Amount: \$64.00; Patient Liability: \$66.00; Orthodontics?: No

At the bottom of the form are three buttons: 'Previous Estimate', 'Next Estimate', and 'Ask Provider Services'.

## Troubleshooting Tips – Patient Care Functions

- If you get a “not covered” response with an eligibility end date of 12/31/999, this means a member’s dependent has been termed on an active policy. If you get a “covered” response with an eligibility end date of 12/31/9999, this means the patient (subscriber or dependent) is active.
- You cannot view dental eligibility and benefits for FEP BlueDental or out-of-state members.
- The dental code entered on the Eligibility and Benefits by Procedure Code 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. For example, when D2740 is entered the eligibility response will display details for D2751. An explanation for the code substitution is given.
- If you’ve reviewed your claim entry and continue to get an error message that states missing information is required, be sure an additional claim line field has not been expanded. For example, if you clicked the show/hide link for Drug Identification when you entered Claim Line Information but did not have prescription drug information to add, the claim will not submit without this information or without collapsing this option.
- B06 Invalid Point of Origin I84
- E07 Invalid Admission Date B04
- B9A Patient Reason for Visit/Admitting Diagnosis I
- B20 Revenue Code - Invalid I12
- H98 Room Days and/or Charges Required on Inpatient
- L25 Enter a valid tooth number or oral cavity



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