



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

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My Insurance ManagerSM User Guide

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Your Partners in Outstanding Quality, Satisfaction and Service

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Just for Health Provider

Pre-certification and/or referral requirements vary from group to group or by Plan.

The screenshot displays the 'My Insurance Manager SM' web application. The top navigation bar includes 'Home', 'Patient Care', 'Office Management', 'Resources', and 'Modify P'. The 'Patient Care' menu is expanded, showing two main sections: 'Health' and 'Dental'. Under the 'Health' section, the following items are listed: Authorization Extension, Authorization Status, Claims Status, Eligibility and Benefits, Institutional Claim Entry, Other Health Insurance, Patient Directory, Pre-Certification/Referral, Superbill Maintenance, Pre-Service Review for Out-of-Area Members, Professional Claim Entry, and Verify Primary Care Physician. Under the 'Dental' section, the following items are listed: Claims Status, Dental Claim Entry, Eligibility and Benefits, Other Dental Insurance, Patient Directory, Superbill Maintenance, Pre-Treatment Estimate Entry, and Pre-Treatment Estimate Status. Several items are highlighted with red boxes: Authorization Extension, Authorization Status, Pre-Certification/Referral, Pre-Service Review for Out-of-Area Members, and Verify Primary Care Physician. At the bottom of the page, there is a small text link: 'See if you have feedback from Health Plan'.

Enter all required patient information. **Continue.**

At the Request Type screen, search by procedure code, keyword (new as of Aug. 2021), or diagnosis code for a Fast-Track service.

OR

Choose the type of service and where the service will take place. Options for where the service will take place change with each type of service. Required fields for each request type option:

Request Type

Continue to use the current process to search for a service

Which type of service are you requesting?

- Procedure
- Non-Procedure
- Laboratory Test
- Behavioral Health Treatment
- Maternity
- Specialty Drug

Where will this service take place?

- Inpatient Hospital
- Outpatient Facility

i Please note: Any drugs, services, treatment or supplies the BlueCross medical staff determines, with appropriate consultation, to be experimental, investigational or unproven are not covered services. For further information, please refer to our [pre-certification requirements](#).

Continue **Ask Health Care Services** or [Back](#) [Start Over](#)

Continue.

Note: Select **Ask Health Care Services** for questions you may have about a service request. Be sure to review the available resources in My Insurance Manager or the Plan's applicable medical policy and/or clinical guidelines.

Fast Track Requests will become visible once the request type is determined. The requests are alphabetized. There are numerous results of procedures listed for each letter of the alphabet shown. Select the appropriate Procedure link or its Detail link to reveal the fast-track selection, diagnosis code and procedure code(s). Place the cursor on the desired procedure to select.

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](#)

Pre-Certification/Referrals Printer-Friendly

Date of Service
02/10/2017

Insurance
Plan Name:
BlueCross BlueShield Plans

Member ID:
ZCZ065922516805

Patient
Patient's Name:
MICHAEL TESTING

Date of Birth:
10/01/1958

Change Patient

Request * Required

Request Type

In order to help us identify the required service, please answer these questions:

Which type of service are you requesting?

Procedure

Non-Procedure

Laboratory Test

Behavioral Health Treatment

Maternity

Specialty Drug

Where will this service take place?

Inpatient Hospital

Outpatient Facility

ⓘ Please note: Any drugs, services, treatment or supplies the BlueCross medical staff determines, with appropriate consultation, to be experimental, investigational or unproven are not covered services. For further information, please refer to our [pre-certification requirements](#).

Continue
Ask Health Care Services
or Back
[Start Over](#)

Fast-Track Requests

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z All

20 Results

COLONOSCOPY	Detail
COLPOSCOPY	Detail
CONIZATION OF CERVIX	Detail
CT CHEST	Detail
CT OF ABDOMEN	Detail
CT OF EXTREMITY	Detail
CT OF HEAD/NECK	Detail
CT OF SPINE	Detail
CT PELVIS	Detail
CT SCAN	Detail
CUBITAL TUNNEL DECOMPRESSION	Detail

Fast-Track Selection:
COLONOSCOPY

Diagnosis:
R109 UNSPECIFIED ABDOMINAL PAIN

Procedure(s):
45378 - 45385 COLONOSCOPY, FLEXIBLE; DIAGNO

Don't see the results you're looking for? [Submit a customized pre-certification request.](#)

ⓘ If you don't see the Fast-Track Request you want, go back and choose a different service category or setting, or select Unlisted.

Diagnosis Information will also appear on the screen. Verify information for the service beginning and end dates. Enter Clinical Information in the required field. You can also **Attach Clinical Documentation**. Select **Continue** or **Change Fast-Track Selection** to return to the previous screen.

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](#)

Pre-Certification/Referrals [Printer-Friendly](#)

Date of Service
02/10/2017

Insurance
Plan Name:
BlueCross BlueShield Plans
Member ID:
ZCZ065922516805

Patient
Patient's Name:
MICHAEL TESTING
Date of Birth:
10/01/1958

Change Patient

Request * Required

Request Type

In order to help us identify the required service, please answer these questions:

Which type of service are you requesting?

Procedure

Non-Procedure

Laboratory Test

Behavioral Health Treatment

Maternity

Specialty Drug

Where will this service take place?

Inpatient Hospital

Outpatient Facility

Please note: Any drugs, services, treatment or supplies the BlueCross medical staff determines, with appropriate consultation, to be experimental, investigational or unproven are not covered services. For further information, please refer to our [pre-certification requirements](#).

[Continue](#) [Ask Health Care Services](#) or [Back](#) [Start Over](#)

Fast-Track Request

SEPTOPLASTY

Diagnosis Information

This transaction can only be associated with ICD-10 codes. If you are typing in a code, please verify it is a valid ICD-10 code.

Principal Diagnosis:
J342 DEVIATED NASAL SEPTUM

Patient's Information

Please enter the clinical information for this request. In order to continue with this authorization, you should include the specific requested procedure code(s) and corresponding diagnosis code(s) in the Clinical Information box. If you have medical records or other files to support this request, click Attach Clinical Documentation.

Please note: We currently only accept PDF files at this time.

* Clinical Information:

[Attach Clinical Documentation](#)

Procedure/Service Information

Please verify this information:

Procedure 1:

Date of Service Begins: 02/10/2017	Date of Service Ends: 02/10/2017
Service Requested: 30520 SEPTOPLASTY OR SUBMUCOUS RESE	Approved Service Range: 30520 SEPTOPLASTY OR SUBMUCOUS RESE
Quantity: 1 Unit	

[Continue](#) [Change Fast-Track Selection](#) or [Back](#) [Start Over](#)

The next screen is Fast-Track Request. It is optional to provide other information in place of the default data for level of service [E-Elective; 03-Emergency; U-Urgent]; release of information (optional); facility providing service; provider(s); and the practice.

At the Facility Providing Service field, search for the specific location by selecting the magnifying glass icon. If you need to choose a different practice location, select the magnifying glass icon to search for other locations affiliated with your account.

If you change the Group Practice, you must select an Individual Rendering Provider in a subsequent screen. The information will then populate in the corresponding fields shown. **Continue.**

The screenshot shows a web application interface for "Pre-Certification/Referrals". At the top, there 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 "Pre-Certification/Referrals" with a "Printer-Friendly" icon.

The form is divided into several sections:

- Date of Service:** A text field containing "02/10/2017". A red asterisk and the word "Required" are to the right.
- Insurance:** Plan Name: "BlueCross BlueShield Plans", Member ID: "ZCZ065922516805".
- Patient:** Patient's Name: "MICHAEL TESTING", Date of Birth: "10/01/1958". A "Change Patient" button is below.
- Fast-Track Request:** Request: "INTESTINAL OBSTRUCTION".
- Other Information:** "Please complete this information:" (with a magnifying glass icon). Level of Service: "E - ELECTIVE" (dropdown menu). Release of Information: "Y - YES, PROVIDER HAS A SIGNED STATEMENT PERMITTING RELEASE OF MEDICAL BILLING DATA RELATE[...]" (dropdown menu).
- Facility:** "Please make sure this is the location where the service will take place." (with a magnifying glass icon). Facility Providing Service: (text field with magnifying glass icon). Address: (text field).
- Provider:** "Please make sure this provider will perform the service." (with a magnifying glass icon). Individual Rendering Service: (text field with magnifying glass icon). Address: (text field). A link "Add Secondary Provider (+)" is below.
- Practice:** "Please make sure this practice will be responsible for this service." (with a magnifying glass icon). Group Practice: "123456789" (text field with magnifying glass icon). Address: "YOUR PRACTICE NAME, 654 PHYSICIAN PKWY STE B, YOUR CITY, SC 29292-0000".

At the bottom, there is a note: "Please note: The provider you choose must be in the member's health plan provider network for us to pay maximum benefits." Below this are "Continue" and "or Back" buttons, and a "Start Over" link.

From the Health Care Finder – Facility Search screen, designate the facility type and the state where the procedure will be performed. Enter a city or county.

Health Care Finder - Facility Search

For this type of authorization, you must identify the facility that will be responsible for the service.

Search Type:
FACILITY/RENDERING LOCATION

* Facility Type:
 -- Please Choose One --

Location
 Please enter the **State**, as well as the **City** and/or the **County**.

* State: South Carolina City: County: -- Please Choose One --

Facility Name:

 must have at least two letters

Select

Health Care Finder - Facility Search

Results: 2 found.

Select	Health Care Facility	Address	City, State & ZIP Code	Telephone
<input type="radio"/>	[Redacted]	[Redacted]	[Redacted]	[Redacted]
<input type="radio"/>	[Redacted]	[Redacted]	[Redacted]	[Redacted]

Continue or [Back](#)

Select a facility from the results that appear from the Health Care Finder – Facility Search screen. **Continue.**

At the Verification screen, you must include the best contact number to be reached in case we have questions about the pre-certification/referral request.

- If you need to review any of the information you entered for the pre-certification request, select any of the applicable tabs shown: Patient; Requestor; Procedure/Service; or Providers.
- Follow the **Edit This Information** link to update pre-certification/referral request data.
- From the Procedure/Service tab, you can include other general service level information that will support medical necessity of the services requested in the Additional Service Lines field. Select the corresponding box(es) to include specific additional service level line information for Dental Service Information; Tooth Information; Repetitive Therapy (non-chiropractic); Service Trace Number; and/or Paperwork related to this service. Select **Done** or **Back** to return to the previous screen.

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

Pre-Certification/Referrals [Printer-Friendly](#)

Date of Service: 02/10/2017 * Required

Insurance
Plan Name: BlueCross BlueShield Plans
Member ID: ZCZ065922516805

Patient
Patient's Name: MICHAEL TESTING
Date of Birth: 10/01/1958
[Change Patient](#)

Verification

Please review the information you have given us for this authorization request.

Please note: All contracts reimburse differently depending upon the network status of the provider. Always verify benefits prior to the delivery of services.

Contact Information

Please give us a phone number where we can reach you if we have questions.

* Primary Phone: (987) 654 - 3210 Ext.

[Patient](#) [Requestor](#) [Procedure/Service](#) [Providers](#)

Procedure/Service Information

Fast-Track Request: INTESTINAL OBSTRUCTION
Date of Service: 02/10/2017

Procedure/Service Information

Please verify this information:

Procedure 1
Date of Service Begins: 02/10/2017 Date of Service Ends: 02/11/2017
Diagnosis Information: 1. K5660 - UNSPECIFIED INTESTINAL OBSTRUCTION

Service Request Information

Level of Service: E - ELECTIVE
Release of Information: Y - YES, PROVIDER HAS A SIGNED STATEMENT PERMITTING RELEASE OF MEDICAL BILLING DATA RELATED TO A CLAIM
[Edit This Information](#)

Additional Service Lines

Line	Procedure Code	Service Amount	Date of Service	Additional Information
1			02/10/2017-02/11/2017	Add

[Add/Edit Additional Patient Level Information](#)

[Submit](#) or [Back](#) [Start Over](#)

Select **Submit**.

If you select the **Add/Edit Additional Patient Level Information** link, you can share additional information that

will support medical necessity of the services requested. Required fields for each option:

- Home Health Care – Prognosis; Home Health Start Date
- Home Oxygen Therapy – Type of Delivery System; Oxygen Flow Rate; Prescribed Equipment 1
- Additional Justification – Activities Permitted; Ambulance Certification; Chiropractic Certification; Functional Limitations; Mental Status; Oxygen Therapy Certification; Durable Medical Equipment
- Ambulance Transport (Non-emergency) – Transport Code; Location Type; Address Line 1; City; State; ZIP
- Institutional Claim Code – Admission Type Code; Admission Source Code; Patient Status Code; Nursing Home Residential Code
- Patient Condition & Additional Information – Prognosis; Current Health Conditions; Onset Illness Date
- Related Cause Information – Related Cause 1
- Repetitive Therapy (non-chiropractic) – Total Number of Treatments Required; Treatments Will Be Administered Every; Treatments Will Occur Over A Total Period of; Delivery of Services Provided on a Calendar Basis Of; Delivery of Services Provided on a Time Basis of
- Spinal Manipulation Services – Complicated Condition

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

Pre-Certification/Referrals [Printer-Friendly](#)

Date of Service * Required
02/10/2017

Insurance
Plan Name: BlueCross BlueShield Plans
Member ID: ZCZ065922516805

Patient
Patient's Name: MICHAEL TESTING
Date of Birth: 10/01/1958
[Change Patient](#)

If you would like to share additional information that will support the medical necessity of the services you have requested, please check the appropriate boxes.

Additional Patient Level Information

<input type="checkbox"/> Home Health Care	<input type="checkbox"/> Patient Condition & Additional Information
<input type="checkbox"/> Home Oxygen Therapy	<input type="checkbox"/> Related Cause Information
<input type="checkbox"/> Additional Justification	<input type="checkbox"/> Repetitive Therapy (non-chiropractic)
<input type="checkbox"/> Ambulance Transport (Non-emergency)	<input type="checkbox"/> Spinal Manipulation Services
<input type="checkbox"/> Institutional Claim Code	

[Done](#) or [Back](#) [Start Over](#)

Select **Done** to return to the previous Verification screen. Select **Submit**.

The Authorization Confirmation screen displays the authorization number. The authorization response will also show if the request is approved or has been placed in a pending status for further medical review. You can now create a new authorization, attach clinical document for pended authorizations or speak with Provider Services via STATchat.

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](#)

Pre-Certification/Referrals Printer-Friendly

Date of Service
02/10/2017

Insurance
Plan Name:
BlueCross BlueShield Plans

Member ID:
ZCZ065922516805

Patient
Patient's Name:
MICHAEL TESTING

Date of Birth:
10/01/1958

Change Patient

Authorization Confirmation

✔ Your Inpatient Hospital request is: APPROVED
Your authorization number for this request is: 1704112199900

ⓘ Please note: Our response to your request is not a guarantee of payment or reimbursement or a guarantee of the Member's eligibility for coverage. We will review all claims to verify that:

- The pre-authorization request and the claim information you submit are consistent.
- The patient is eligible for benefits at the time of treatment.
- The patient's health plan covers the services he or she receives.
- All health plan requirements have been satisfied (e.g. limitations, waiting periods, copayments, deductibles, network eligibility, etc.)

We will pay claims in accordance with these findings.

New Authorization
or
Print Confirmation

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](#)

Pre-Certification/Referrals Printer-Friendly

Date of Service
02/13/2017

Insurance
Plan Name:
BlueCross BlueShield Plans

Member ID:
ZCZ065922516805

Patient
Patient's Name:
MICHAEL TESTING

Date of Birth:
10/01/1958

Change Patient

Authorization Confirmation

✔ Your Outpatient Facility request is: PENDED - Requires Medical Services Review.

ⓘ Please note: Our response to your request is not a guarantee of payment or reimbursement or a guarantee of the Member's eligibility for coverage. We will review all claims to verify that:

- The pre-authorization request and the claim information you submit are consistent.
- The patient is eligible for benefits at the time of treatment.
- The patient's health plan covers the services he or she receives.
- All health plan requirements have been satisfied (e.g. limitations, waiting periods, copayments, deductibles, network eligibility, etc.)

We will pay claims in accordance with these findings.

ⓘ We have received your pre-certification request and have forwarded it to Medical Services for review.

If you have not already submitted clinical documentation to support this request, or need to submit additional documentation:

- For State Health Plan members (member ID prefix SCZ), fax information to 803-264-0183.
- For other BlueCross BlueShield of South Carolina members, fax information to 803-264-0258.
- For members of other Blue Plans, fax information to 803-264-0181.

If your request has been Pended and requires additional medical review, you may be able to receive an approval within 24 hours of submitting your request. If your request is for one of these services, please visit [here](#) to learn the additional clinical information you need to submit for approval.

- CPAP and BIPAP
- Continuous Pressure Maching (CPM)
- Insulin Pump
- Maternity
- Orthotics
- Oxygen
- Prosthesis
- Septoplasty
- Wheelchair
- Wound Care

Please check back in two business days for a response.

New Authorization
STATchat
or
Print Confirmation

Pre-Certification/Referral – Customized Pre-Certification Request and Clinical Attachment Instruction

From the Patient Care tab, select Pre-Certification/Referrals. Enter all required patient and location information. At the Request Type screen, choose the type of service and where the service will take place. **Continue**. The Fast-Track Requests field becomes visible after you select the location. Select **Submit a customized pre-certification request**.

The screenshot shows the 'Pre-Certification/Referrals' web application interface. At the top, there 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 'Pre-Certification/Referrals' with a 'Printer-Friendly' icon.

On the left side, there are three sections for patient information:

- Date of Service:** 02/13/2017 (marked as Required).
- Insurance:** Plan Name: BlueCross BlueShield Plans; Member ID: ZCZ065922516805.
- Patient:** Patient's Name: MICHAEL TESTING; Date of Birth: 10/01/1958. A 'Change Patient' button is located below this section.

The main content area is titled 'Request' and contains a 'Request Type' section. It asks the user to answer questions to identify the required service:

- Which type of service are you requesting?** (Radio buttons):
 - Procedure
 - Non-Procedure
 - Laboratory Test
 - Behavioral Health Treatment
 - Maternity
 - Specialty Drug
- Where will this service take place?** (Radio buttons):
 - Inpatient Hospital
 - Outpatient Facility

A note below the radio buttons states: 'Please note: Any drugs, services, treatment or supplies the BlueCross medical staff determines, with appropriate consultation, to be experimental, investigational or unproven are not covered services. For further information, please refer to our [pre-certification requirements](#).' At the bottom of the 'Request' section are buttons for 'Continue', 'Ask Health Care Services', 'or Back', and 'Start Over'.

Below the 'Request' section is the 'Fast-Track Requests' section. It features an alphabetical index (A-Z and All) and displays '199 Results'. A list of medical procedures is shown, each with a 'Detail' link:

ABDOMINAL MYOMECTOMY	Detail
ADENOIDECTOMY	Detail
AMPUTATIONS FINGER/HAND	Detail
ANGIOGRAM	Detail
AORTOGRAM	Detail
ARTERIOGRAM	Detail
ARTHROGRAM	Detail
ARTHROPLASTY, TOTAL SHOULDER	Detail
ARTHROPLASTY, WRIST	Detail
ARTHROSCOPY SHOULD BICEP TENODESIS	Detail
ARTHROSCOPY, KNEE	Detail

Below the list, there is a text prompt: 'Don't see the results you're looking for?' followed by a red-bordered button that says 'Submit a customized pre-certification request.' At the bottom, a note reads: 'If you don't see the Fast-Track Request you want, go back and choose a different service category or setting, or select Unlisted.'

At the Other Information screen, provide additional information for level of service [E-Elective; 03-Emergency; U-Urgent]; release of information; facility providing service; provider(s); and the practice.

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](#)

Pre-Certification/Referrals [Printer-Friendly](#)

Date of Service: 02/13/2017 * Required

Insurance: BlueCross BlueShield Plans
Member ID: ZCZ065922516805

Patient: MICHAEL TESTING
Date of Birth: 10/01/1958
[Change Patient](#)

Other Information
Please complete this information:
Level of Service: E - ELECTIVE
Release of Information: Y - YES, PROVIDER HAS A SIGNED STATEMENT PERMITTING RELEASE OF MEDICAL BILLING DATA RELATE[...]

Facility
Please make sure this is the location where the service will take place.
* Facility Providing Service: 1470258369 Address: XYZ SURGERY CENTER, 852 OPERATION RD, CITY, SC 29292-9292

Provider
Please make sure this provider will perform the service.
Individual Rendering Service: Address:
[Add Secondary Provider \(+\)](#)

Practice
Please make sure this practice will be responsible for this service.
* Group Practice: Address:

Please note: The provider you choose must be in the member's health plan provider network for us to pay maximum benefits.

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

The Health Care Finder – Practice Search screen appears when you select the Practice magnifying glass icon. Identify the practice that will be responsible for the service. Choose **Select**.

Health Care Finder - Practice Search

For this type of authorization, you must identify the practice that will be responsible for the service.

Search Type: GROUP/PROVIDER PRACTICE

* Specialty: -- Please Choose One --

Location
Please enter the State, as well as the City and/or the County.

* State: South Carolina City: County: -- Please Choose One --

Practice Name:
must have at least two letters

[Select](#)

The Health Care Finder – Affiliated Entity screen appears after you designate the practice responsible for the service. Select the facility and select **Continue**.

Health Care Finder - Affiliated Entity

For this type of authorization, you do not need to choose a specific group practice. Instead, you can choose [Unknown](#).

Results: 13 found.

Select	Health Care Facility	Address	City, State & ZIP Code	Telephone
<input checked="" type="radio"/>	BLUFORD C SHIELD MD	654 PHYSICIAN PKWY STE B	YOUR CITY, SC 29292	987-654-3210
<input type="radio"/>				
<input type="radio"/>				
<input type="radio"/>				
<input type="radio"/>				
<input type="radio"/>				
<input type="radio"/>				
<input type="radio"/>				
<input type="radio"/>				

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](#)

Pre-Certification/Referrals

[Printer-Friendly](#)

Date of Service: 02/13/2017 * Required

Insurance: BlueCross BlueShield Plans
Member ID: ZCZ065922516805

Patient: MICHAEL TESTING
Date of Birth: 10/01/1958
[Change Patient](#)

Other Information

Please complete this information:

Level of Service: E - ELECTIVE

Release of Information: Y - YES, PROVIDER HAS A SIGNED STATEMENT PERMITTING RELEASE OF MEDICAL BILLING DATA RELATEI

Facility

Please make sure this is the location where the service will take place.

Facility Providing Service: 1470258369 Address: XYZ SURGERY CENTER, 852 OPERATION RD, CITY, SC 29292-9292

Provider

Please make sure this provider will perform the service.

Individual Rendering Service: ***** Address: BLUFORD C SHIELD MD, 654 PHYSICIAN PKWY STE B, YOUR CITY, SC 29292, 987-654-3210

[Add Secondary Provider \(+\)](#)

Practice

Please make sure this practice will be responsible for this service.

Group Practice: ***** Address: YOUR PRACTICE NAME, 654 PHYSICIAN PKWY STE B, YOUR CITY, SC 29292, 987-654-3210

Please note: The provider you choose must be in the member's health plan provider network for us to pay maximum benefits.

Continue or Back [Start Over](#)

All required fields will be updated with selections from secondary screens. Select **Continue**.

The Diagnosis Information screen is next in the customized pre-certification request process. At Principal Diagnosis 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.

- When you choose Institutional for the Service Type Selection, the view expands to show required entries for Procedure Code Type and Code.
- When you choose Professional for the Service Type Selection, the view expands to show required entries for Procedure Code Type, Code and Primary Diagnosis.
- When appropriate, select **Attach Clinical Documentation** to add medical information or other files to support the pre-certification/referral request. This link will not appear unless the procedure requires clinical documentation.

Select **Continue**.

The screenshot shows a web application interface for "Pre-Certification/Referrals". At the top, there 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 "Pre-Certification/Referrals" with a "Printer-Friendly" icon.

On the left side, there are three stacked form sections:

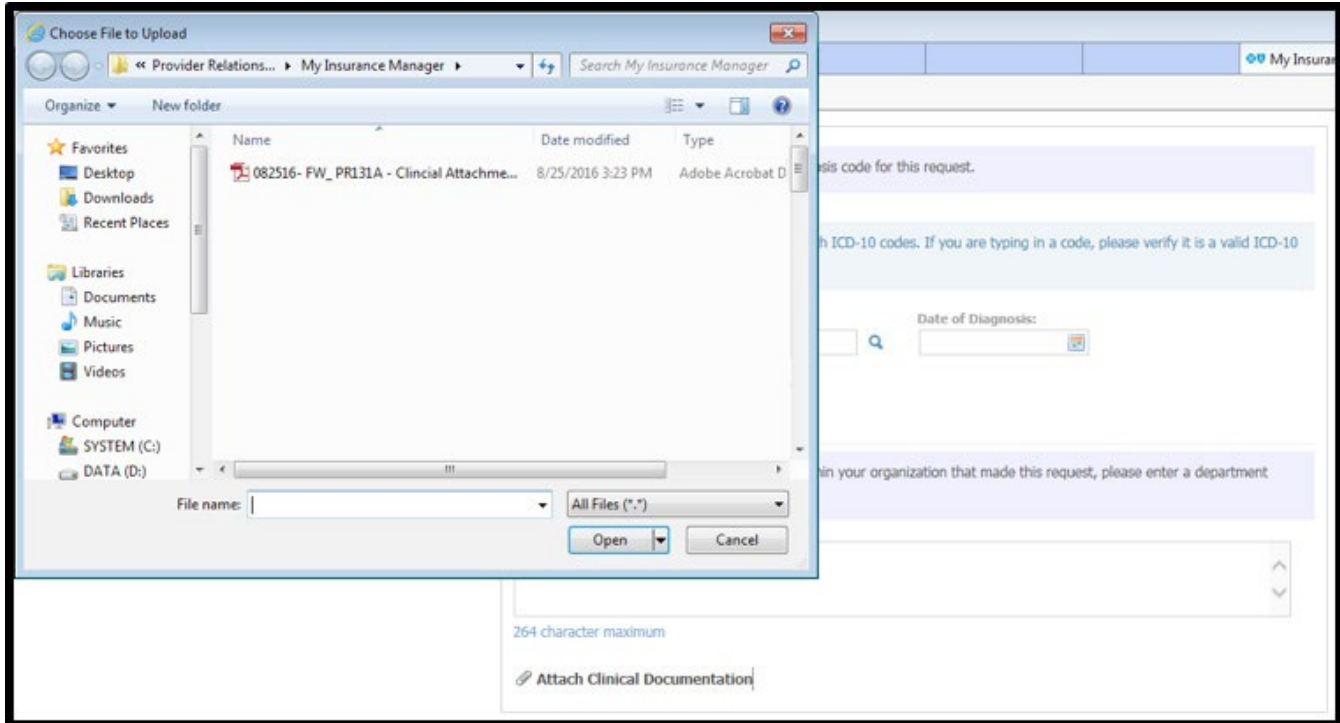
- Date of Service:** 02/13/2017
- Insurance:** Plan Name: BlueCross BlueShield Plans; Member ID: ZCZ065922516805
- Patient:** Patient's Name: MICHAEL TESTING; Date of Birth: 10/01/1958. A "Change Patient" button is located below this section.

The main content area is divided into several sections:

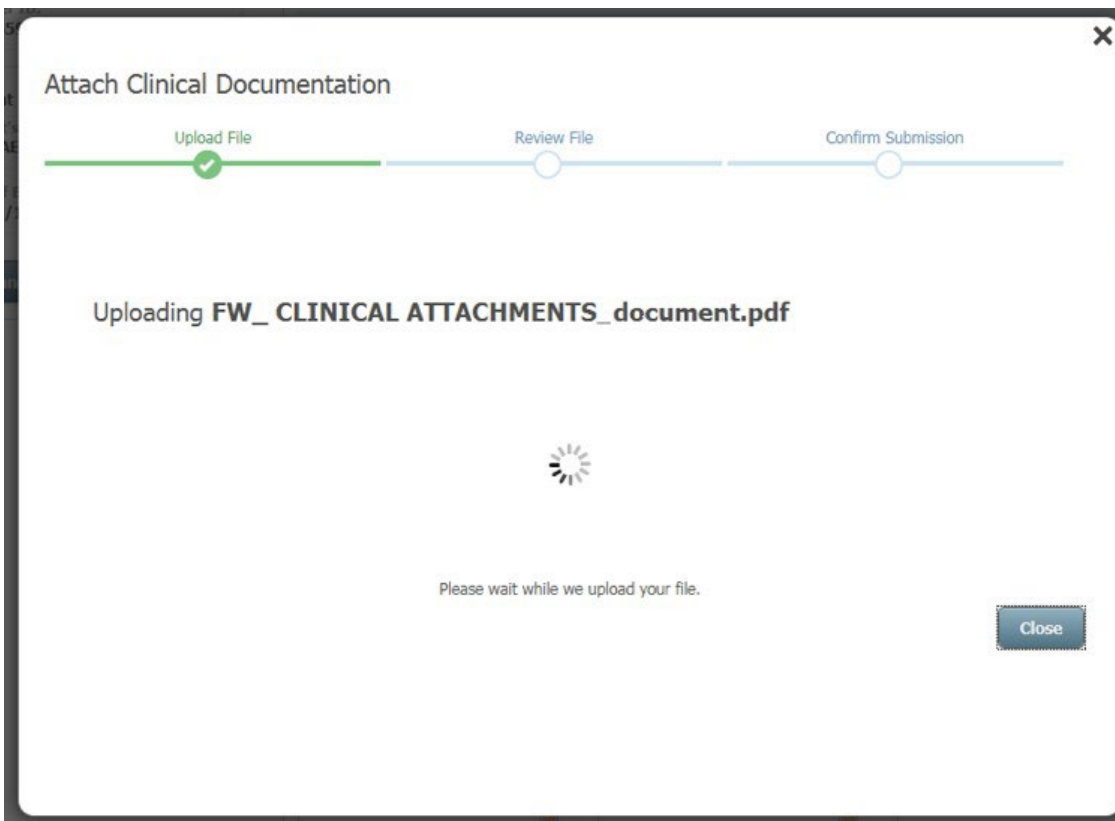
- Diagnosis Information:** Labeled as "* Required". It contains a message: "Please choose the most appropriate diagnosis code for this request." Below this is another "Diagnosis Information" section with a warning icon and text: "This transaction can only be associated with ICD-10 codes. If you are typing in a code, please verify it is a valid ICD-10 code." There are input fields for "Principal Diagnosis:" and "Date of Diagnosis:" with search icons.
- Add Additional Diagnosis Codes:** A green plus icon and a link.
- Clinical Information:** Contains a message: "If you need to identify the department within your organization that made this request, please enter a department identifier:" followed by a large text area with a "264 character maximum" label.
- Attach Clinical Documentation:** A link with a document icon, highlighted by a red rectangular box.
- Service Type Selection:** Labeled "Service Type:" with three radio button options: Institutional, Professional, and None.
- Additional Patient Level Information [±]:** Contains three date input fields: "From Event Date:", "To Event Date:", and "Discharge Date:", each with a calendar icon and a "mm/dd/yyyy" format label.

At the bottom of the form, there is a "Continue" button, a "or Back" link, and a "Start Over" link.

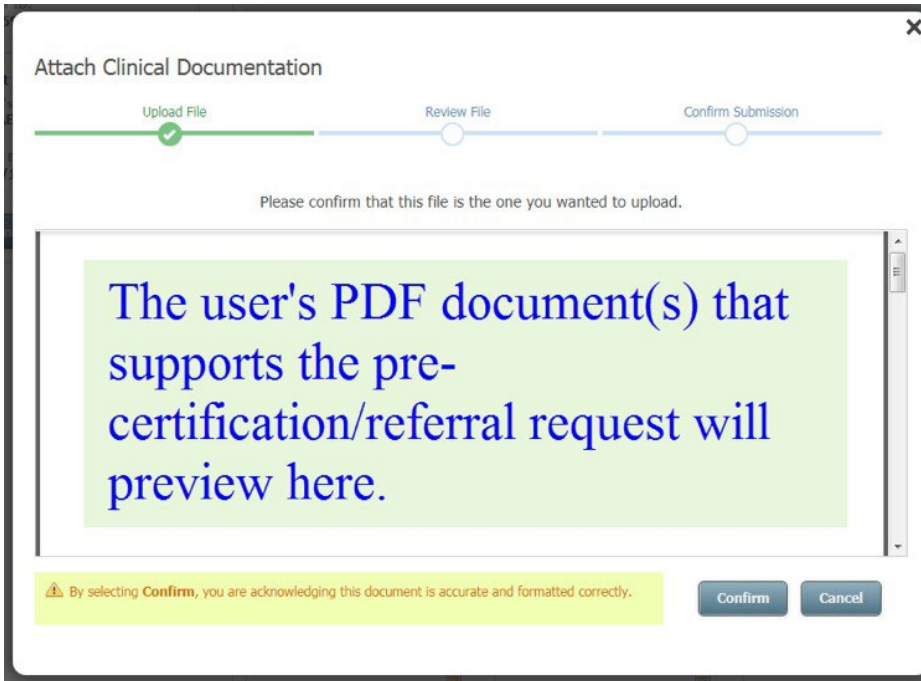
Choose a file [up to 10 documents] to attach. The file must be in .PDF format with a maximum of 30 MB. Select **Open**.



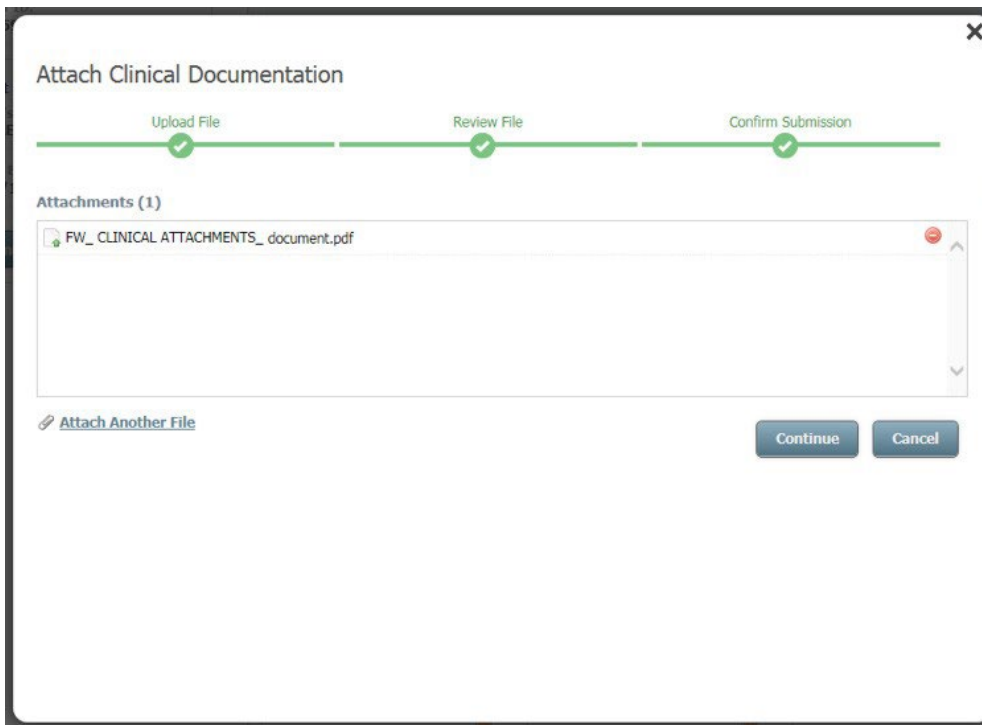
This screen will appear when the file begins to upload to My Insurance Manager. If the file is invalid [i.e. a non-PDF file or one that exceeds 30 MB], you will receive this error message: **the file type selected cannot be accepted; please try another type.**



You can see a preview of the selected document during upload. Once you select **Confirm**, you will not be able to go back and view what was uploaded.



Review and confirm that this is the file you want to upload. You can choose to **Attach Another File**. You can abandon the clinical attachment process by selecting **Cancel**. To remove an attached document, select the red minus [-] button. Select **Continue**.



Pre-Certification/Referral – Laboratory Instruction

From the Patient Care tab, select Pre-Certification/Referrals. Enter all required patient and location information. At the Request Type screen, choose Laboratory Test as the service type and where the service will take place. 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](#)

Pre-Certification/Referrals

[Printer-Friendly](#)

Date of Service: 02/13/2017 * Required

Insurance
Plan Name: BlueCross BlueShield Plans
Member ID: ZCZ065922516805

Patient
Patient's Name: MICHAEL TESTING
Date of Birth: 10/01/1958
[Change Patient](#)

Request

Request Type

In order to help us identify the required service, please answer these questions:

Which type of service are you requesting?

- Procedure
- Non-Procedure
- Laboratory Test
- Behavioral Health Treatment
- Maternity
- Specialty Drug

Where will this service take place?

- Independent Lab
- Outpatient Facility
- Office

Please note: Any drugs, services, treatment or supplies the BlueCross medical staff determines, with appropriate consultation, to be experimental, investigational or unproven are not covered services. For further information, please refer to our [pre-certification requirements](#).

[Continue](#) [Ask Health Care Services](#) or [Back](#) [Start Over](#)

Fast-Track Requests

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z All

20 Results

BCR-ABL 1 CHRON MYELOID LEUK	Detail
BRCA1 AND BRCA2 TESTING	Detail
CARDIAC ION CHANNELOPATHY	Detail
CHROMOSOMAL MICROARRAY	Detail
CYSTIC FIBROSIS GENETIC TEST	Detail
CYTOCHROME P450 GENETIC TEST	Detail
EGFR MUTATION ANALYSIS NSCLC	Detail
FAMIL ADENOMAT POLYPOS/MUTYH	Detail
FLOW CYTOMETRY	Detail
FLT3/NPM1 IN ACUTE MYELOID	Detail
GENETIC TESTING GENERAL	Detail

If you don't see the Fast-Track Request you want, go back and choose a different service category or setting, or select Unlisted.

You will see the Fast-Track Requests field after you select the location. Place the cursor on the desired procedure to select.

A message appears alerting you of special pre-certification/referral requirements for the selected service. Laboratory procedures that require pre-certification must be authorized via Avalon Healthcare Solutions, an independent company that provides laboratory benefit management services on behalf of your health plan. Call 844-227-5769 to continue. Select the link www.avalonhcs.com/provider for additional information about laboratory pre-certification via Avalon.

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](#)

Pre-Certification/Referrals Printer-Friendly

Date of Service: 02/13/2017 * Required

Insurance
Plan Name: BlueCross BlueShield Plans
Member ID: ZCZ065922516805

Patient
Patient's Name: MICHAEL TESTING
Date of Birth: 10/01/1958
[Change Patient](#)

Request

Request Type
In order to help us identify the required service, please answer these questions:

Warning: This health plan requires pre-certification for this lab procedure. Please call 1-844-227-5769, or visit www.avalonhcs.com/provider to continue this authorization request. This link leads to a third party website for a company that handles pre-authorizations on behalf of this Health Plan. That company is solely responsible for the content and privacy policy on its site.

Which type of service are you requesting?

- Procedure
- Non-Procedure
- Laboratory Test
- Behavioral Health Treatment
- Maternity
- Specialty Drug

Where will this service take place?

- Independent Lab
- Outpatient Facility
- Office

[Back](#)

Info: Please note: Any drugs, services, treatment or supplies the BlueCross medical staff determines, with appropriate consultation, to be experimental, investigational or unproven are not covered services. For further information, please refer to our [pre-certification requirements](#).

This screen appears when you follow the link to Avalon's website.

My Insurance Manager

AVALON HEALTHCARE SOLUTIONS

[Provider Home](#) [Education Video Library](#) [Trial Claim Advice](#)

Provider Home

Welcome to the Avalon Healthcare Solutions provider portal. Avalon partners with BlueCross BlueShield of South Carolina and BlueChoice HealthPlan to administer a comprehensive suite of laboratory benefit management services. Currently, from this site you can access the Trial Claim Advice tool, training Information and download any necessary documents and forms. Avalon continues to enhance the capabilities of the provider portal and we will keep you posted on new features as they become available.

If you have any questions, please call Avalon's Provider Services at 1-855-895-1676. Provider service representatives are available to help you Monday through Friday, 8:00 AM – 8:00 PM Eastern Time.

Documents

- [Avalon Claim Editor Demo.pdf](#)
- [Avalon FAQs - Claim Editor.pdf](#)
- [Avalon Pay and Educate Provider Notification 072016_ACB.pdf](#)
- [Trial Claim Advice User Guide SC providers - V1.pdf](#)

Announcement!

To fax a pre-certification/referral request to Avalon, use the Avalon Preauthorization Request Form.

Find this form on the Lab Precertification page in the Providers section of our websites at www.SouthCarolinaBlues.com or www.BlueChoiceSC.com.

Pre-Certification/Referral – Radiology; Radiation Oncology; Musculoskeletal Care; Nuclear Cardiology Instruction

From the Patient Care tab, select Pre-Certification/Referrals. Enter all required patient and location information. At the Request Type screen, choose the type of service and where the service will take place. Select **Continue**.

The screenshot shows a web application interface for Pre-Certification/Referrals. At the top, there is a navigation bar with tabs: 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 (Log Out)" and a link "Go to Message Center" is visible. The main heading is "Pre-Certification/Referrals" with a "Printer-Friendly" icon. On the left side, there are three form sections: "Date of Service" with the value "02/14/2017", "Insurance" with "Plan Name: BlueCross BlueShield Plans" and "Member ID: ZCZ065922516805", and "Patient" with "Patient's Name: MICHAEL TESTING" and "Date of Birth: 10/01/1958". A "Change Patient" button is located below the patient information. The main content area is titled "Request" and contains a "Request Type" section. It asks "Which type of service are you requesting?" with radio buttons for Procedure (selected), Non-Procedure, Laboratory Test, Behavioral Health Treatment, Maternity, and Specialty Drug. It also asks "Where will this service take place?" with radio buttons for Inpatient Hospital and Outpatient Facility (selected). A note below states: "Please note: Any drugs, services, treatment or supplies the BlueCross medical staff determines, with appropriate consultation, to be experimental, investigational or unproven are not covered services. For further information, please refer to our pre-certification requirements." At the bottom of the Request section are buttons for "Continue", "Ask Health Care Services" (highlighted), and "or Back", along with a "Start Over" link. Below this is the "Fast-Track Requests" section, which includes an alphabetical index (A-Z and All) and a list of 200 results. The visible results are: ABDOMINAL MYOMECTOMY, ADENOIDECTOMY, AMPUTATIONS FINGER/HAND, ANGIOGRAM, AORTOGRAM, ARTERIOGRAM, ARTHROGRAM, ARTHROPLASTY, TOTAL SHOULDER, ARTHROPLASTY, WRIST, ARTHROSCOPY, SHOULD BICEP TENODESIS, and ARTHROSCOPY, KNEE. Each result has a "Detail" link. A note at the bottom of the Fast-Track Requests section says: "Don't see the results you're looking for? Submit a customized pre-certification request." A final note at the very bottom states: "If you don't see the Fast-Track Request you want, go back and choose a different service category or setting, or select Unlisted."

You will see the Fast-Track Requests field after you have selected the location. Place the cursor on the desired procedure to select.

- There are only Radiology fast-track options for BlueCross and BlueChoice plans.
- There are no Radiation Oncology or Musculoskeletal Care fast-track options for BlueCross and BlueChoice plans.

A message appears alerting you of special pre-certification/referral requirements for the selected service. Advanced radiology procedures that require pre-certification must be authorized via National Imaging Associates (NIA) Magellan’s website. NIA Magellan is an independent company that handles authorization for certain imaging services on behalf of your health plan. Call 866-500-7664 or select the link www.radmd.com to continue radiology pre-certification via NIA Magellan.

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](#)

Pre-Certification/Referrals [Printer-Friendly](#)

Date of Service
02/14/2017

Insurance
Plan Name:
BlueCross BlueShield Plans

Member ID:
ZCZ065922516805

Patient
Patient's Name:
MICHAEL TESTING

Date of Birth:
10/01/1958

Change Patient

* Required

Request

Request Type

In order to help us identify the required service, please answer these questions:

⚠️ This health plan requires pre-certification for all scheduled outpatient Pet, CT scans, MRI(S), and MRA(S). Physicians requesting services on behalf of members should call 866-500-7664 or visit www.radmd.com to continue this authorization request. This link leads to a third party website for a company that handles preauthorizations on behalf of this Health Plan. That company is solely responsible for the content and privacy policy on its site.

Service Request
Fast Track:
Fast Track Request:
Date of Service: 02/14/2017

Procedure/Service Information:
Procedure: 1
Date of Service Begins: 02/14/2017
Date of Service Ends: 02/14/2017
Service Requested: 62310
Approved Service Range: 62310 - 62310
Quantity: 1 Unit

Service Request
Fast Track:
Fast Track Request: MAGNETIC RESONANCE (EG, PROTO
Date of Service: 02/14/2017

Procedure/Service Information:
Procedure: 2
Date of Service Begins: 02/14/2017
Date of Service Ends: 02/14/2017
Service Requested: 72141 MAGNETIC RESONANCE (EG, PROTO
Approved Service Range: 72141 MAGNETIC RESONANCE (EG, PROTO - 72141 MAGNETIC RESONANCE (EG, PROTO
Quantity: 1 Unit

Diagnosis Information:
Principal Diagnosis: M549 DORSALGIA, UNSPECIFIED

Which type of service are you requesting?

Procedure

Non-Procedure

Laboratory Test

Behavioral Health Treatment

Maternity

Specialty Drug

Where will this service take place?

Inpatient Hospital

Outpatient Facility

[Back](#)

ⓘ Please note: Any drugs, services, treatment or supplies the BlueCross medical staff determines, with appropriate consultation, to be experimental, investigational or unproven are not covered services. For further information, please refer to our [pre-certification requirements](#).

This screen appears when you follow the link to NIA Magellan’s provider portal. Existing users may access the site via the green button. First-time users must complete required fields to create an account. Select the response that best describes your company [physician office that orders procedures; physician office that orders radiation cardiology procedures]. Select **Submit**.

The screenshot shows the NIA Magellan RadMD.com registration page. At the top left is the NIA Magellan logo, and at the top right are links for Login, Home, and Help. Below the logo is the text 'RadMD.com'. A green button labeled 'Existing RadMD Users Click Here' is prominent. Below this is a link for 'RadMD.com: For first time visitors' and a note: 'Please fill out this form only for yourself. Shared accounts are not allowed.' A dropdown menu asks 'Which of the following best describes your company?' with 'Physician's office that orders procedures' selected. A link for 'What about read-only radiology offices' is also present. A disclaimer states: 'NIA does not permit a rendering provider to contractually accept delegation of responsibility for the complete authorization submission from the referring provider. NIA also does not permit a rendering provider to represent itself as a referring provider in order to obtain a complete authorization. These practices could implicate federal or state laws or terms and conditions of a provider contract or benefit plan. Therefore, NIA investigates all situations where this type of activity is suspected or reported. If NIA determines that a rendering provider is representing itself as a referring provider, that provider may be subject to termination from the NIA network.' The form is divided into two sections: 'New Account User Information' and 'Your Direct Report'. The 'New Account User Information' section includes fields for First Name, Last Name, Phone, Fax, Email, Confirm Email, Company Name, Job Title, Address Line 1, Address Line 2, City, State (a dropdown menu), and Zip. The 'Your Direct Report' section includes fields for First Name, Last Name, Phone, and Email, with a note: 'The manager or supervisor responsible for terminating your access. This cannot be yourself.' A 'Submit' button is located at the bottom of the form. At the very bottom, there is a contact email 'RadMdSupport@magellanhealth.com' and a copyright notice '© 1998-2017 Magellan Health, Inc. All Rights Reserved.'

A subsequent screen gives Menu Options and Account Information. Select a Request link to be routed to the appropriate service type:

- Request an Exam – Advanced Radiology Services
- Request Physical Medicine – Physical Medicine Services
- Request a Radiation Treatment Plan – Radiation Oncology Services
- Request Pain Management or Minimally Invasive Procedure – Musculoskeletal Care Management
 - Request Spine Surgery or Orthopedic Surgery – Musculoskeletal Care Management

Follow the NIA Magellan pre-certification process through subsequent screens to complete.

Pre-Certification/Referral – Behavioral Health Instruction

From the Patient Care tab, select Pre-Certification/Referrals. Enter all required patient and location information. At the Request Type screen, choose Behavioral Health Treatment as the type of service, and where the service will take place. Select **Continue**.

Request Type

Continue to use the current process to search for a service

Which type of service are you requesting?

- Procedure
- Non-Procedure
- Laboratory Test
- Behavioral Health Treatment
- Maternity
- Specialty Drug

Where will this service take place?

- Inpatient Hospital
- Outpatient Hospital
- Office

i Please note: Any drugs, services, treatment or supplies the BlueCross medical staff determines, with appropriate consultation, to be experimental, investigational or unproven are not covered services. For further information, please refer to our [pre-certification requirements](#).

[Continue](#) [Ask Health Care Services](#) or [Back](#) [Start Over](#)

Fast-Track Requests

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z All

5 Results

CHEM DEP INTENSIVE OUTPATIENT	Detail
CHEM DEP PARTIAL HOSP ADMIT	Detail
PSYCH INTENSIVE OUTPATIENT	Detail
PSYCH PARTIAL HOSP ADMIT	Detail
TEST ONLY- APPVD POS2	Detail

i If you don't see the Fast-Track Request you want, go back and choose a different service category or setting, or select Unlisted.

You will see the Fast-Track Requests field after you select the location. Place the cursor on the desired procedure to select.

Diagnosis Information, Patient's Information and Procedure/Service Information appear on the screen. Enter Clinical Information and **Attach Clinical Documentation** as appropriate. Verify the service beginning and end dates. Select **Continue**. You can select **Change Fast-Track Selection** if you need to return to the previous screen.

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](#)

Pre-Certification/Referrals Printer-Friendly

Date of Service: 02/14/2017 * Required

Insurance
Plan Name: BlueCross BlueShield Plans
Member ID: ZCZ065922516805

Patient
Patient's Name: MICHAEL TESTING
Date of Birth: 10/01/1958
[Change Patient](#)

Request

Request Type

In order to help us identify the required service, please answer these questions:

Which type of service are you requesting?	Where will this service take place?
<input type="radio"/> Procedure	<input type="radio"/> Inpatient Hospital
<input type="radio"/> Non-Procedure	<input checked="" type="radio"/> Outpatient Hospital
<input type="radio"/> Laboratory Test	<input type="radio"/> Office
<input checked="" type="radio"/> Behavioral Health Treatment	
<input type="radio"/> Maternity	
<input type="radio"/> Specialty Drug	

Please note: Any drugs, services, treatment or supplies the BlueCross medical staff determines, with appropriate consultation, to be experimental, investigational or unproven are not covered services. For further information, please refer to our [pre-certification requirements](#).

[Continue](#) [Ask Health Care Services](#) or [Back](#) [Start Over](#)

Fast-Track Request

PSYCH INTENSIVE OUTPATIENT

Diagnosis Information

This transaction can only be associated with ICD-10 codes. If you are typing in a code, please verify it is a valid ICD-10 code.

* Principal Diagnosis: R69 - ILLNESS, UNSPECIFIED Date of Diagnosis:

[Add Additional Diagnosis Codes](#)

Patient's Information

Please enter the clinical information for this request. In order to continue with this authorization, you should include the specific requested procedure code(s) and corresponding diagnosis code(s) in the Clinical Information box. If you have medical records or other files to support this request, click Attach Clinical Documentation. **Please note: We currently only accept PDF files at this time.**

* Clinical Information:

[View Required Information](#)
[Attach Clinical Documentation](#)

Procedure/Service Information

Please verify this information:

Procedure 1:

Date of Service Begins:	Date of Service Ends:
02/14/2017	02/14/2017

[Continue](#) [Change Fast-Track Selection](#) or [Back](#) [Start Over](#)

At the Other Information screen, provide additional information for level of service [E-Elective; 03-Emergency; U-Urgent]; release of information; facility providing service; provider(s); and the practice. Select **Continue**. Follow the process through Verification and Authorization Confirmation screens.

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](#)

Pre-Certification/Referrals Printer-Friendly

Date of Service * Required
02/14/2017

Insurance
Plan Name:
BlueCross BlueShield Plans
Member ID:
ZCZ065922516805

Patient
Patient's Name:
MICHAEL TESTING
Date of Birth:
10/01/1958
[Change Patient](#)

Fast-Track Request
Request:
PSYCH INTENSIVE OUTPATIENT

Other Information
Please complete this information:
Level of Service:
E - ELECTIVE
Release of Information:
Y - YES, PROVIDER HAS A SIGNED STATEMENT PERMITTING RELEASE OF MEDICAL BILLING DATA RELATE

Facility
Please make sure this is the location where the service will take place.
* Facility Providing Service: ***** Address:
BEHAVIORAL HEALTH CENTER
369 HOPE HWY
CITY, SC 29292-9292
753-951-4862

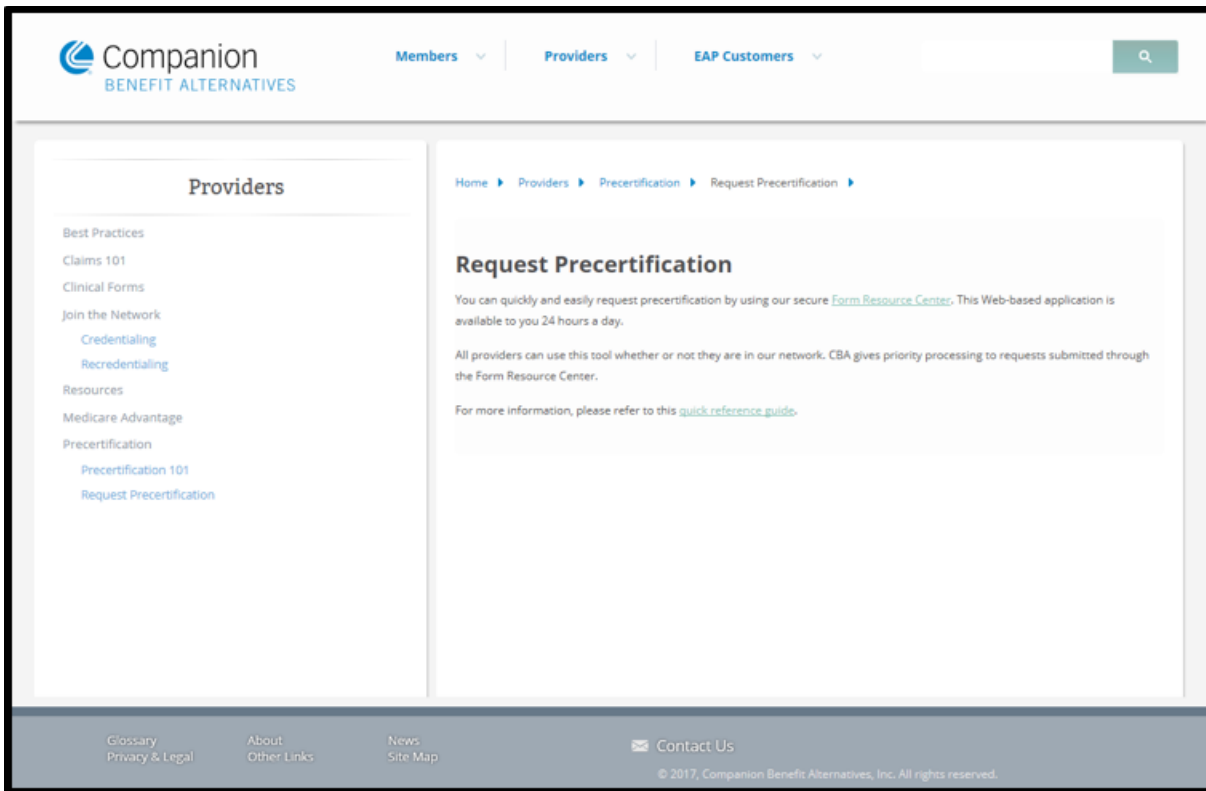
Provider
Please make sure this provider will perform the service.
* Individual Rendering Service: 123456789 Address:
YOUR PRACTITIONER NAME
654 PHYSICIAN PKWY STE B
YOUR CITY, SC 29292
987-654-3210
[Add Secondary Provider \(+\)](#)

Practice
Please make sure this practice will be responsible for this service.
* Group Practice: 123456789 Address:
YOUR PRACTICE NAME
654 PHYSICIAN PKWY STE B
YOUR CITY, SC 29292
987-654-3210

Please note: The provider you choose must be in the member's health plan provider network for us to pay maximum benefits.

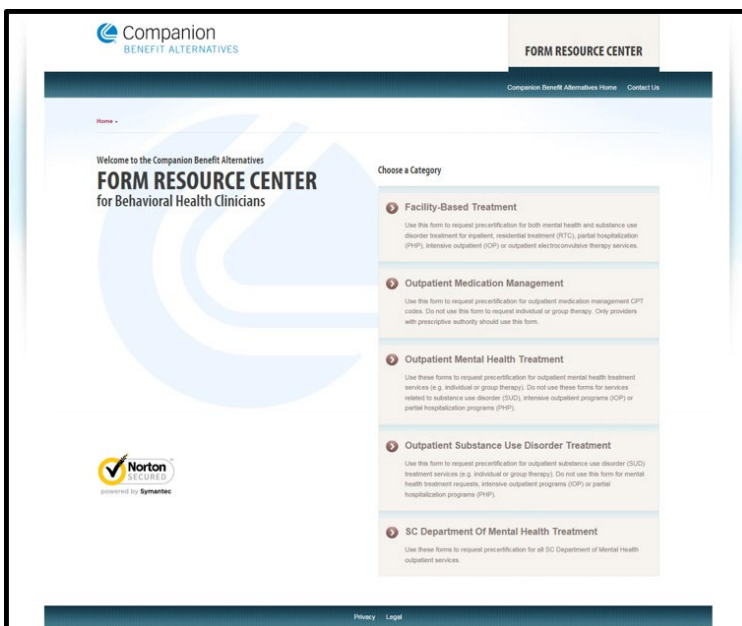
[Continue](#) or [Back](#) [Start Over](#)

Certain behavioral health services require online pre-certification via the Companion Benefit Alternatives (CBA) website. CBA is a behavioral health managed care company that handles behavioral health care services on behalf of your health plan. Call 800-868-1032 or visit the Provider page of www.CompanionBenefitAlternatives.com to continue.



From the secure Form Resource Center page, you can easily complete web-based applications for Facility-Based Treatment; Outpatient Medication Management; Outpatient Mental Health Treatment; Outpatient Substance Use Disorder Treatment; and/or SC Department of Mental Health Treatment.

- To request pre-certification for psychological testing, contact CBA to request the appropriate form.



Pre-Certification/Referral – Maternity Instruction

From the Patient Care tab, select Pre-Certification/Referrals. Enter all required patient and location information. At the Request Type screen, choose Maternity as the type of service, and where the service will take place. Select **Continue**.

The screenshot shows a web application interface for Pre-Certification/Referrals. At the top, there is a navigation bar with tabs: 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 (Log Out)" and a link "Go to Message Center" is visible. The main heading is "Pre-Certification/Referrals" with a "Printer-Friendly" icon. On the left side, there are three sections: "Date of Service" with a date picker set to "02/14/2017"; "Insurance" with "Plan Name: BlueCross BlueShield Plans" and "Member ID: ZCZ065922516805"; and "Patient" with "Patient's Name: MARTHA TESTING" and "Date of Birth: 09/01/1960". A "Change Patient" button is located below the patient information. The main content area is titled "Request" and contains a "Request Type" section. It includes a note: "In order to help us identify the required service, please answer these questions:". Below this, there are two columns of radio button options. The first column, "Which type of service are you requesting?", has options: Procedure, Non-Procedure, Laboratory Test, Behavioral Health Treatment, **Maternity** (selected), and Specialty Drug. The second column, "Where will this service take place?", has options: **Inpatient Facility** (selected), Outpatient Facility, and Home. A note below the options states: "Please note: Any drugs, services, treatment or supplies the BlueCross medical staff determines, with appropriate consultation, to be experimental, investigational or unproven are not covered services. For further information, please refer to our [pre-certification requirements](#)." At the bottom of the Request section, there are buttons for "Continue", "Ask Health Care Services", and "or Back", along with a "Start Over" link. Below the Request section is a "Fast-Track Requests" section with an alphabetical index (A-Z and All). It shows "3 Results" in a list: "C-SECTION", "SALPINGECTOMY/TUBAL PREG", and "VAGINAL DELIVERY", each with a "Detail" link. A note at the bottom of the Fast-Track Requests section says: "If you don't see the Fast-Track Request you want, go back and choose a different service category or setting, or select Unlisted."

You will see the Fast-Track Requests field after you select the location. Place the cursor on the desired procedure to select.

Diagnosis Information and Procedure/Service Information appear on the screen. Verify the service beginning and end dates. Select **Continue**. You can select **Change Fast-Track Selection** if you need to return to the previous screen.

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](#)

Pre-Certification/Referrals [Printer-Friendly](#)

Date of Service
02/14/2017 * Required

Insurance
Plan Name:
BlueCross BlueShield Plans
Member ID:
ZCZ065922516805

Patient
Patient's Name:
MARTHA TESTING
Date of Birth:
09/01/1960
[Change Patient](#)

Request

Request Type

In order to help us identify the required service, please answer these questions:

Which type of service are you requesting?

- Procedure
- Non-Procedure
- Laboratory Test
- Behavioral Health Treatment
- Maternity
- Specialty Drug

Where will this service take place?

- Inpatient Facility
- Outpatient Facility
- Home

Please note: Any drugs, services, treatment or supplies the BlueCross medical staff determines, with appropriate consultation, to be experimental, investigational or unproven are not covered services. For further information, please refer to our [pre-certification requirements](#).

[Continue](#) [Ask Health Care Services](#) or [Back](#) [Start Over](#)

Fast-Track Request

VAGINAL DELIVERY

Diagnosis Information

This transaction can only be associated with ICD-10 codes. If you are typing in a code, please verify it is a valid ICD-10 code.

Principal Diagnosis:
080 ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY

Procedure/Service Information

Please verify this information:

Procedure 1:

Date of Service Begins: 02/14/2017	Date of Service Ends: 02/16/2017
Service Requested: 59400 ROUTINE OBSTETRIC CARE INCLUD	Approved Service Range: 59400 ROUTINE OBSTETRIC CARE INCLUD 59400 ROUTINE OBSTETRIC CARE INCLUD
Quantity: 1 Unit	

[Continue](#) [Change Fast-Track Selection](#) or [Back](#) [Start Over](#)

At the Other Information screen, provide additional information for level of service [E-Elective; 03-Emergency; U-Urgent]; Release of information; Facility providing service; Provider(s); and the Practice. Select **Continue**. Follow the process through Verification and Authorization Confirmation screens.

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](#)

Pre-Certification/Referrals Printer-Friendly

Date of Service * Required
02/14/2017

Insurance
Plan Name: BlueCross BlueShield Plans
Member ID: ZCZ065922516805

Patient
Patient's Name: MARTHA TESTING
Date of Birth: 09/01/1960
[Change Patient](#)

Fast-Track Request
Request: VAGINAL DELIVERY

Other Information
Please complete this information:
Level of Service: E - ELECTIVE
Release of Information: Y - YES, PROVIDER HAS A SIGNED STATEMENT PERMITTING RELEASE OF MEDICAL BILLING DATA RELATEI

Facility
Please make sure this is the location where the service will take place.
Facility Providing Service: *****
Address: GENERAL HOSPITAL
167 CARE DRIVE
CITY, SC 29292-9292

Provider
Please make sure this provider will perform the service.
Individual Rendering Service: 123456789
Address: YOUR PRACTITIONER NAME
654 PHYSICIAN PKWY STE B
YOUR CITY, SC 29292
987-654-3210
[Add Secondary Provider \(+\)](#)

Practice
Please make sure this practice will be responsible for this service.
Group Practice: 123456789
Address: YOUR PRACTICE NAME
654 PHYSICIAN PKWY STE B
YOUR CITY, SC 29292
987-654-3210

Please note: The provider you choose must be in the member's health plan provider network for us to pay maximum benefits.

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

Pre-Certification/Referral – Specialty Medical Drugs Instruction

From the Patient Care tab, select Pre-Certification/Referrals. Enter all required patient and location information. At the Request Type screen, choose Specialty Drug as the service type and Specialty Drug as where the service will take place. Select **Continue**.

Request Type

Continue to use the current process to search for a service

Which type of service are you requesting?

Where will this service take place?

Procedure

Non-Procedure

Laboratory Test

Behavioral Health Treatment

Maternity

Specialty Drug

Specialty Drug

Please note: Any drugs, services, treatment or supplies the BlueCross medical staff determines, with appropriate consultation, to be experimental, investigational or unproven are not covered services. For further information, please refer to our [pre-certification requirements](#).

[Continue](#) [Ask Health Care Services](#) or [Back](#) [Start Over](#)

Fast-Track Requests

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z All

363 Results

ABRAXANE	Detail
ACCRETROPIN	Detail
ACTEMRA IV/SC	Detail
ACTH-80	Detail
ACTIMMUNE NF	Detail
ADAGEN	Detail
ADCETRIS	Detail
ADCIRCA	Detail
ADEMPAS	Detail
ADRIAMYCIN	Detail
ADRUCIL	Detail

If you don't see the Fast-Track Request you want, go back and choose a different service category or setting, or select Unlisted.

You will see the Fast-Track Requests field after you select the location. Place the cursor on the desired procedure to select.

A message appears alerting you of special pre-certification/referral requirements for the selected service. Certain specialty drugs require pre-certification via the Optum Rx, an independent company that provides pharmacy services on behalf of your health plan, online authorization tool, MBMNow. Call **877-440-0089** or follow the **Click here** link to continue.

Welcome, Tiffany Ingersoll of 1972 (Log Out) [Go to Message Center](#)

Pre-Certification/Referrals Printer-Friendly

Date of Service
01/27/2020

Insurance
Plan Name: BlueCross BlueShield Plans
Member ID: ZCF520056702904

Patient
Patient's Name: SUSAN M SCHELLER-DAIDONE
Date of Birth: 06/21/1969
[Change Patient](#)

Request * Required

Request Type

In order to help us identify the required service, please answer these questions:

Click here or please call 877-440-0089 to continue this authorization request. This health plan requires precertification for this drug. This link leads to a third party website for a company that handles pre-authorizations on behalf of this Health Plan. That company is solely responsible for the content and privacy policy on its site. You may also fax your request to 612-367-0742.

Service Request
Fast Track:
Fast Track Request: INJECTION, BEVACIZUMAB, 0.25
Date of Service: 01/27/2020

Procedure/Service Information:
Procedure: 1
Date of Service Begins: 01/27/2020
Date of Service Ends: 01/27/2020
Service Requested: C9257 INJECTION, BEVACIZUMAB, 0.25
Approved Service Range: C9257 INJECTION, BEVACIZUMAB, 0.25 - C9257 INJECTION, BEVACIZUMAB, 0.25
Quantity: 1 Unit

Service Request
Fast Track:
Fast Track Request: INJECTION, BEVACIZUMAB, 10 MG
Date of Service: 01/27/2020

Procedure/Service Information:
Procedure: 2
Date of Service Begins: 01/27/2020
Date of Service Ends: 01/27/2020
Service Requested: J9035 INJECTION, BEVACIZUMAB, 10 MG
Approved Service Range: J9035 INJECTION, BEVACIZUMAB, 10 MG - J9035 INJECTION, BEVACIZUMAB, 10 MG
Quantity: 1 Unit

Diagnosis Information:
Principal Diagnosis: Z79899 OTHER LONG TERM (CURRENT) DRUG THERAPY

Which type of service are you requesting?
 Procedure
 Non-Procedure
 Laboratory Test
 Behavioral Health Treatment
 Maternity
 Specialty Drug

Where will this service take place?
 Specialty Drug

[Back](#)

Please note: Any drugs, services, treatment or supplies the BlueCross medical staff determines, with appropriate consultation, to be experimental, investigational or unproven are not covered services. For further information, please refer to our [pre-certification requirements](#).

Other specialty drugs (for example, certain self-administered drugs) that do not require authorization via MBMNow will continue through the My Insurance Manager pre-certification/referral process.

This screen appears when you follow the link to the pharmacy benefit manager's MBMNow provider portal. Follow the MBMNow pre-certification process through subsequent screens to complete.

OPTUM Home Authorization Contact Us

The information shown below is reflected based on 01-27-2020.

Draft Prior Authorization Requests [+ Create New Request](#) [View All](#)

Displaying your 10 most recently updated draft authorization requests

Actions	Draft ID	Member Name	Subscriber ID	Creation Date	Creator
You have no draft authorizations.					

Submitted Prior Authorization Requests [+ Create New Request](#) [View All](#)

Displaying your 10 most recently submitted requests

Actions	Request Number	Member Name	Subscriber ID	Status	Start Date	End Date	Requesting Provider	Servicing Provider
You have no submitted authorizations.								

Authorization Status

From the Patient Care menu choose Authorization Status. 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

Authorization Status

Printer-Friendly

* Indicates required field.

Patient Selection

Please note: The Health Plan you choose must have your National Provider Identifier (NPI) registered on file, as well as those of any providers you choose in the pre-certification or referral process.
We will display behavioral health authorizations only to the rendering provider.

* Health Plan: --Please Choose One--

* Member ID:
Include alpha prefix, if applicable

* Patient's Date of Birth:
mm/dd/yyyy

* Location: Primary ID:

The Authorization Status screen displays next. You can narrow the Partial Authorization Status List according to search by All Available Dates, Specific Beginning Date or Date Range, then Update Results. Follow the Authorization Number link to view an approved authorization; follow the View Authorization link to view a pending authorization.

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

Authorization Status

Printer-Friendly

Insurance
Plan Name: BlueCross BlueShield Plans
Member ID: #ZC706092516805
Member's Name: MICHAEL TESTING

Patient
Patient's Name: MICHAEL TESTING
Gender: MALE
Date of Birth: 10/01/1958

Please note:
We will display behavioral health authorizations only to the rendering provider.
An approved authorization or referral is not a guarantee of payment or reimbursement or a guarantee of your eligibility for coverage. We will review all claims to verify that:
a. The pre-authorization request and the claim information submitted are consistent.
b. The patient is eligible for benefits at the time of treatment.
c. The patient's health plan covers the services he or she receives.
d. All health plan requirements have been satisfied (e.g. limitations, waiting periods, copayments, deductibles, network eligibility, etc.).
We will pay claims based on this information.

Advanced Search
All Authorizations
 All Available Dates
 Specific Beginning Date ...
 Date Range ...

or

Our records show these authorizations for the period you chose:

Partial Authorization Status List (click a column title to sort) Showing 8 Result(s)

Authorization Number	Status	Authorization Period	Healthcare Provider	Place of Service
1113786585249	APPROVED	06/17/2011 - 06/17/2011	[REDACTED]	OUTPATIENT HOSPITAL
1113789022182	APPROVED	05/30/2011 - 05/30/2011	[REDACTED]	OUTPATIENT HOSPITAL
1113389421513	APPROVED	05/13/2011 - 05/15/2011	[REDACTED]	INPATIENT HOSPITAL
1113015428246	APPROVED	05/10/2011 - 05/12/2011	[REDACTED]	INPATIENT HOSPITAL
1111989528843	APPROVED	04/29/2011 - 05/04/2011	[REDACTED]	INPATIENT HOSPITAL
1109216583238	APPROVED	04/02/2011 - 04/02/2011	[REDACTED]	INPATIENT HOSPITAL
View Authorization	PENDING	02/21/2011 - 02/21/2011	[REDACTED]	INPATIENT HOSPITAL
View Authorization	PENDING	01/22/2011 - 01/22/2011	[REDACTED]	OUTPATIENT HOSPITAL

We list authorization status records according to health plans. If your patient had a different health plan and you would like to see those records, please search under the previous health plan.

This Authorization Detail screen appears when you follow the authorization number link from the Partial Authorization Status List. Select **Return to Authorization List**, **Change Patient** or **Ask Healthcare Services** as appropriate.

Approved Authorization

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](#)

Authorization Detail [Printer-Friendly](#)

Insurance
Plan Name:
BlueCross BlueShield Plans

Member ID:
ZCZ065922516805

Member's Name:
MICHAEL TESTING

Please note: We will display behavioral health authorizations only to the rendering provider.

Authorization Number:
1704112199900

Patient's Name:
MICHAEL TESTING

Status	Authorization Period	Provider's Name	Place of Service	Days/Units
APPROVED	02/10/2017 - 02/11/2017	YOUR PRACTICE NAME	INPATIENT HOSPITAL	00001

Facility:
FACILITY NAME

[Return to Authorization List](#)

Patient
Patient's Name:
MICHAEL TESTING

Gender:
MALE

Date of Birth:
10/01/1958

[Change Patient](#)

If you need help, please [Ask Healthcare Services](#).

Pending Authorization

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](#)

Authorization Detail [Printer-Friendly](#)

Insurance
Plan Name:
BlueCross BlueShield Plans

Member ID:
ZCZ065922516805

Member's Name:
MICHAEL TESTING

Please note: We will display behavioral health authorizations only to the rendering provider.

⚠️ We are still processing the record you selected. Details are not available at this time.

Authorization Number:
Authorization is Pending

Patient's Name:
MICHAEL TESTING

Status	Requested Period	Requesting Provider	Place of Service
PENDING	02/21/2011 - 02/21/2011	YOUR PRACTICE NAME	INPATIENT HOSPITAL

Facility:
FACILITY NAME

If you have medical records or other files to support this request, click [Attach Clinical Documentation](#).
Please note: We currently only accept PDF files at this time.

[Attach Clinical Documentation](#)

[Return to Authorization List](#)

Patient
Patient's Name:
MICHAEL TESTING

Gender:
MALE

Date of Birth:
10/01/1958

[Change Patient](#)

If you need help, please [Ask Healthcare Services](#).

Authorization Extension

From the Patient Care menu choose Authorization Extension. Complete the required fields and Continue. The Authorization Status displays next. The Advanced Search field defaults to Extend.

You can also select Extend [or Update; Appeal; Provide Clinical Information for] from the drop-down menu on the Authorization Status screen of a previous authorization status search.

The Partial Authorization Status List is shown. You can narrow the authorization status list according to search by All Available Dates, Specific Beginning Date or Date Range, then select **Update Results**.

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](#)

Authorization Status [Printer-Friendly](#)

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

Patient
Patient's Name:
MICHAEL TESTING
Gender:
MALE
Date of Birth:
10/01/1958
[Change Patient](#)

Please note:
We will display behavioral health authorizations only to the rendering provider.
An approved authorization or referral is not a guarantee of payment or reimbursement or a guarantee of your eligibility for coverage. We will review all claims to verify that:
a. The pre-authorization request and the claim information submitted are consistent.
b. The patient is eligible for benefits at the time of treatment.
c. The patient's health plan covers the services he or she receives.
d. All health plan requirements have been satisfied (e.g. limitations, waiting periods, copayments, deductibles, network eligibility, etc.).
We will pay claims based on this information.

All Authorizations
Show me ONLY authorizations that I can ...
Extend
Update
Appeal
Provide Clinical Information for

All Available Dates
 Specific Beginning Date ...
 Date Range ...

[Update Results](#) [Show All Authorizations](#) or [New Search](#)

Our records show these authorizations for the period you chose:

Partial Authorization Status List (click a column title to sort) Showing 8 Result(s)

Authorization Number	Status	Authorization Period	Healthcare Provider	Place of Service
1113708585249	APPROVED	06/17/2011 - 06/17/2011	[REDACTED]	OUTPATIENT HOSPITAL
1113709022182	APPROVED	05/30/2011 - 05/30/2011	[REDACTED]	OUTPATIENT HOSPITAL
1113309471513	APPROVED	05/13/2011 - 05/15/2011	[REDACTED]	INPATIENT HOSPITAL
1113015470346	APPROVED	05/10/2011 - 05/12/2011	[REDACTED]	INPATIENT HOSPITAL
1111909592043	APPROVED	04/29/2011 - 05/04/2011	[REDACTED]	INPATIENT HOSPITAL
1109210583238	APPROVED	04/02/2011 - 04/05/2011	[REDACTED]	INPATIENT HOSPITAL
View Authorization	PENDING	02/21/2011 - 02/21/2011	[REDACTED]	INPATIENT HOSPITAL
View Authorization	PENDING	01/22/2011 - 01/22/2011	[REDACTED]	OUTPATIENT HOSPITAL

We list authorization status records according to health plans. If your patient had a different health plan and you would like to see those records, please search under the previous 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, there 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 (Log Out)" and a link "Go to Message Center" is visible. The main heading is "Pre-Service Review for Out-of-Area Members" with a "Printer-Friendly" icon. Below this, it states "Includes Notification, Pre-Certification, Pre-Authorization and Prior Approval" with a red asterisk and the word "Required". 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, a section titled "* Please choose an Option:" contains two radio button options: "View Medical Policy" (which is selected) and "Request Pre-Service Review". A "Verify" button is located at the bottom left of the form area.

When you select View Medical Policy, you will be redirected to this page of www.SouthCarolinaBlues.com. Choose Medical Policy, enter the Alpha Prefix and **Submit**.

The screenshot shows a web page titled "Providers" with a search bar and a breadcrumb trail: "/ Providers / Policies and Authorizations / Prior Authorization / BlueCard Prior Authorization/Medical Policies". The main heading is "BlueCard Prior Authorization/Medical Policies". Below the heading, there is explanatory 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 ManagerSM. Once you've logged in, go to Patient Care. Then select 'Pre-Service Review for Out-of-Area Members' from the menu." and "To view an out-of-area Blue Plan's medical policy or general priorauthorization 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." The "Type of Information" section has the instruction "Please select only one." and two radio button options: "Medical Policy" (selected) and "General Precertification/Preauthorization Information". A red arrow points to the "Medical Policy" option. Below the radio buttons, there is a text input field for "Alpha Prefix" with a red asterisk and the text "This field is required." below it. A "Submit" button is located below the input field. At the bottom of the page, there 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.


The screenshot shows the landing page for a Pre-Service Review. At the top left is the BlueCross BlueShield logo. The main heading is "Pre-Service Review for Out-of-Area Members". Below this, it says "Welcomes YOUR PRACTICE/FACILITY". A message states: "You have been routed from BlueCross BlueShield SC to [redacted] BCBS to conduct pre-service review for a(n) [redacted] BCBS member." Below this, it asks the user to "Please choose from the following options:" and lists two options: "Request Preauthorization/Referral" and "AIM Specialty Health". At the bottom, there is a copyright notice for 2005-2013 and a detailed disclaimer about Anthem's insurance products and services across various states.

When you select Request Pre-Service Review, the screen expands to show additional required fields.

The screenshot shows the expanded form for requesting a pre-service review. The top navigation bar includes links for Home, Patient Care, Office Management, Resources, Modify Profile, Profile Administration, and Staff Directory. The main heading is "Pre-Service Review for Out-of-Area Members" with a "Printer-Friendly" link. Below the heading, it states "Includes Notification, Pre-Certification, Pre-Authorization and Prior Approval". A red asterisk indicates required fields. A 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, there are two radio button options: "View Medical Policy" and "Request Pre-Service Review" (which is selected). There is a text input field for "Alpha Prefix" with the value "TCN". A "Contact Information" section includes fields for "First Name", "Last Name", "Phone" (with a dropdown for area code), "Email", "Date Of Service" (with a date picker set to 02/14/2017), and "Location" (with a dropdown and a "Select" button). A "Verify" button is at the bottom left.

Complete all entries and select **Verify**.

You will then be taken to the pre-certification page of the other Blue Plan.



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**.

The screenshot shows the 'Verify Primary Care Physician' form. At the top, there 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. A 'Go to Message Center' link is also present. The main heading is 'Verify Primary Care Physician' with a 'Printer-Friendly' icon. A red asterisk note states '* Indicates required field.' The form is titled 'Patient Selection' and contains a search instruction: 'Enter this information to find the current Primary Care Physician information.' The form includes three required fields: 'Health Plan' (a dropdown menu with 'BlueCross BlueShield Plans' selected), 'Member ID' (a text box containing 'zcz065922516805' with a note 'include alpha prefix, if applicable'), and 'Patient's Date of Birth' (a text box containing '10/01/1958' with a note 'mm/dd/yyyy'). A 'Continue' button is located at the bottom left.

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

The screenshot shows the results of the search. The navigation bar and welcome message are the same as in the previous screenshot. The main heading is 'Verify Primary Care Physician' with a 'Printer-Friendly' icon. A blue information box states: '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.' The 'Insurance' section displays: Plan Name: BlueCross BlueShield Plans; Member ID: ZCZ065922516805; Member's Name: MICHAEL TESTING. The 'Patient' section displays: Date of Birth: 10/01/1958. The 'Inquiry Date' is 04/24/2017. The 'Primary Care Physician Information' section contains a table with the following data:

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.	

Buttons for 'Change Patient' and 'Back' are located at the bottom left and bottom center, respectively.

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.

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](#)

Pre-Treatment Estimate Printer-Friendly

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

Plan Information * Required

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:
<input type="text" value="Your Name"/>	<input type="text" value="987654321"/>	<input type="text" value="Your.Name@email.com"/>
Phone:	Extension:	Fax:
<input type="text" value="(987) 234-5678"/>	<input type="text" value="Not Available"/>	<input type="text" value="Not Available"/>

Plan Information

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

* Plan:

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**.

The screenshot shows a web application interface for a dental practice. At the top, there is a navigation menu with links: Home, Patient Care, Office Management, Resources, Modify Profile, Profile Administration, and Staff Directory. Below the menu, a welcome message reads "Welcome, Your Name of Your Dental Practice" with a "(Log Out)" link and a "Go to Message Center" link. The main heading is "Pre-Treatment Estimate" with a "Printer-Friendly" icon. A progress bar below the heading shows steps: Plan Information, **Provider Information** (current step), Patient Information, Claim Information, Claim Line Information, Review, and Confirmation. On the left, an "Insurance" section shows "Plan Name: BlueCross BlueShield Plans". The "Provider Information" section is titled "Billing Location Information" and includes a note: "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." Below this note is a "Choose a Billing Provider" link. The form fields include: "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", and "* Provider Signature on File: Yes". The "Rendering Provider Information" section includes a note: "Please Note: You must identify a Rendering Provider on all claims when the services were not rendered by the Billing Provider." Below this note is a "Choose a Rendering Provider" link. The form fields include: "Provider ID Type: --Please Choose One--", "Provider ID:", "Provider's Name:", and "Specialty/Taxonomy Code:" with a "Search" button. At the bottom, there are "Continue" and "Back" buttons, and a "Cancel this claim" link.

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**.

[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](#)

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** * Required**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: <input type="text"/> <small>include alpha prefix, if applicable</small>	* Relationship to Member: SELF <input type="text"/>	* Patient Account Number: <input type="text"/>	
* Last Name: <input type="text"/>	First Name: <input type="text"/>	M.I.: <input type="text"/>	Suffix: <input type="text"/>
* Date of Birth: <input type="text"/> <small>mm/dd/yyyy</small>	* Gender: --Please Choose One-- <input type="text"/>		
* Country: United States <input type="text"/>			
* Address Line 1: <input type="text"/>	Address Line 2: <input type="text"/>		
* City: <input type="text"/>	* State: --Please Choose One-- <input type="text"/>	* ZIP Code: <input type="text"/> - <input type="text"/>	

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 or [Back](#) [X 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.

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](#)

Pre-Treatment Estimate Printer-Friendly

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

*** Required**

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](#) Cancel this claim

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**.

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

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

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

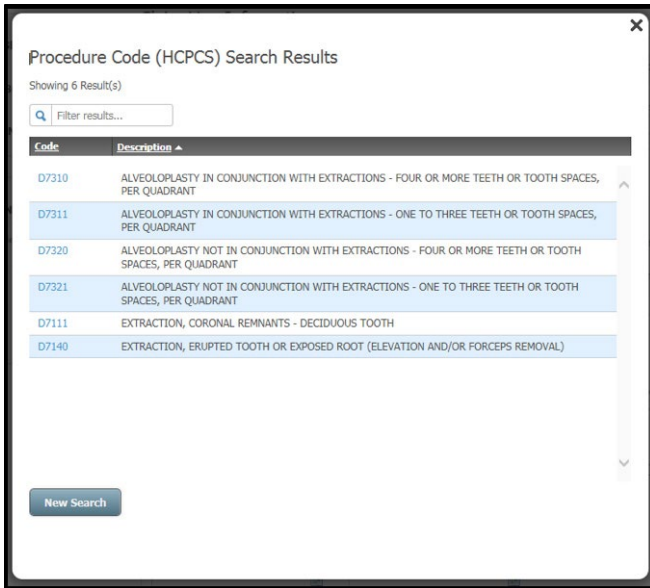
Orthodontic Banding Date: Replacement Date:
mm/dd/yyyy mm/dd/yyyy

Rendering Provider Information: [+/- show/hide]

[Add a New Claim Line](#)

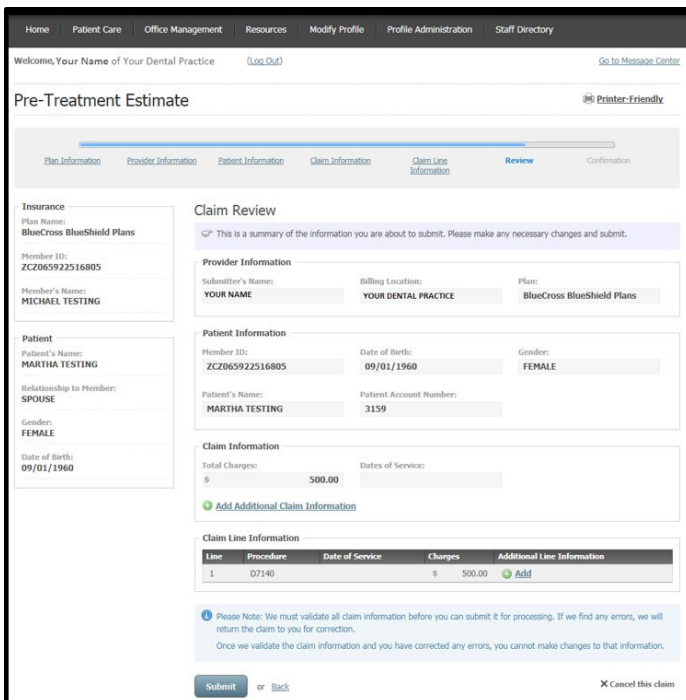
[Continue](#) or [Back](#) [X Cancel this claim](#)

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.



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.



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.

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](#)

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' search form. At the top, there is a navigation bar with '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 Dental Practice' with a '(Log Out)' link and a 'Go to Message Center' link. There are also links for 'Get Adobe Reader' and 'Printer-Friendly'. The main heading is 'Pre-Treatment Estimates' with a red asterisk indicating required fields. A search instruction says 'To search for a Pre-Treatment Estimate, please enter this information.' The form includes three required fields: 'Dental Plan' (a dropdown menu with '--Please Choose One--'), 'Member ID' (a text input field with a note 'include alpha prefix, if applicable'), and 'Patient's Date of Birth' (a date input field with a note 'mm/dd/yyyy'). A 'Continue' button is at the bottom left.

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. It features the same navigation bar as the previous screen. The main heading is 'Pre-Treatment Estimates' with links for 'Get Adobe Reader', 'Printer-Friendly', and 'View Pre-Treatment Estimate Letter'. On the left, there are two summary boxes: 'Insurance' showing 'Plan Name: BlueCross BlueShield Plans' and 'Member ID: ZCZ065922516805', and 'Patient' showing 'Patient's Name: MARTHA TESTING' and 'Date of Birth: 09/01/1960'. A 'Change Patient' button is below the patient information. The main content area is titled 'Estimate Detail' and contains the following information: 'Here is the information about the pre-treatment estimate you chose.' and a disclaimer: 'Please note: This is not a guarantee of benefits or payment. All services are subject to any limitations or exclusions in the contract that are in effect at the time the patient receives services.' Below this, there are two rows of fields: 'Claim Number: T7D10003W' and 'Status: PENDING'. A section titled 'Pre-Treatment Estimate Information' contains: 'Provider's Name: YOUR DENTAL PRACTICE' and 'Primary ID: 987654321'; 'Date Received: 04/20/2017' and 'Date Processed: 04/20/2017'; 'Total Charges: \$500.00' and 'Non-Covered Amount: \$370.00'; 'Allowed Amount: \$64.00', 'Patient Liability: \$66.00', and 'Orthodontics?: No'. At the bottom, there 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