



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

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

## User Guide

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**Your Partners in Outstanding Quality, Satisfaction and Service**

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## Eligibility and Benefits

There are three Eligibility and Benefits search options: General, Service Type and Procedure Code. You can get additional eligibility and benefit information by sending a secure email message to Ask Provider Services or by initiating STATchat<sup>SM</sup>.



## For Health Providers

Complete the requested information to search for benefits. Be sure to enter the member ID exactly as it appears on the patient's insurance card, including the alpha prefix, if applicable.

Health Plan drop-down menu options: BlueCross BlueShield Plans, BlueChoice HealthPlan, State Health Plan and Federal Employee Program.

You must enter the patient's date of birth or his or her first and last name. Expand the Additional Information option by clicking [+] to input the patient's last name, first name and/or gender. If entering information for a twin or multiple, the Additional Information box will expand after selecting **Continue**; you must then enter the name of the twin or multiple to narrow the patient search.

To choose a location, select **Select**. A list of location associated with your tax ID will appear. Continue. For locations that show NPI Required, you must register the NPI.

The screenshot displays the 'My Insurance Manager' web interface. At the top, there is a navigation bar with links for Home, Patient Care, Office Management, Resources, Modify Profile, and Prof. Below the navigation bar, a welcome message reads 'Welcome, YOUR NAME of YOUR PRACTICE/FACILITY' with a '(Log Out)' link. The main heading is 'Eligibility and Benefits'. The form is divided into sections: 'Patient Selection' and 'Additional Information'. In the 'Patient Selection' section, there is a dropdown menu for 'Health Plan' (currently showing '--Please Choose One--'), a text input field for 'Member ID' (with a note 'include alpha prefix, if applicable'), and a date input field for 'Patient's Date of Birth' (with a note '(recommended)' and a format hint 'mm/dd/yyyy'). The 'Additional Information' section is expanded, showing a date input field for 'Date of Service' (with a value of '01/23/2017' and a format hint 'mm/dd/yyyy'). At the bottom of this section, there is a 'Location' dropdown menu with a 'Select' button, and a 'Primary ID' text input field. At the very bottom of the form, there are two buttons: 'Continue' and 'Clear All'.

**General Eligibility and Benefits** will display the results of a HIPAA transaction for Service Type 30, which are the benefits for 16 commonly searched service types. Select Submit.

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

Service▲	Place of Service▲	Diagnosis Code (ICD-10)▲	Specialty▲
1- MEDICAL CARE ✓ This patient has active coverage. Insurance Type: MEDICAID Plan Name: HEALTHYBLUE ⓘ For this service type, you will see only a covered/not covered message here and not full benefits details. For more detailed benefits, submit a request for Eligibility and Benefits by Service Type or by Procedure Code.			
33- CHIROPRACTIC			
47- HOSPITAL	21- INPATIENT HOSPITAL		
47- HOSPITAL	22- ON-CAMPUS OUTPATIENT HOSPITAL		
48- HOSPITAL - INPATIENT	21- INPATIENT HOSPITAL		282N00000X-GENERAL ACUTE CARE HOSPITAL
50- HOSPITAL - OUTPATIENT	22- ON-CAMPUS OUTPATIENT HOSPITAL		282N00000X-GENERAL ACUTE CARE HOSPITAL
51- HOSPITAL - EMERGENCY ACCIDENT	23- EMERGENCY ROOM - HOSPITAL	S82432E - DISPLACED OBLIQUE FRACTURE OF SHAFT OF LEFT FIBULA, SUBSEQU	
52- HOSPITAL - EMERGENCY MEDICAL	23- EMERGENCY ROOM - HOSPITAL	S82432E - DISPLACED OBLIQUE FRACTURE OF SHAFT OF LEFT FIBULA, SUBSEQU	282N00000X-GENERAL ACUTE CARE HOSPITAL
86- EMERGENCY SERVICES	23- EMERGENCY ROOM - HOSPITAL	S82432E - DISPLACED OBLIQUE FRACTURE OF SHAFT OF LEFT FIBULA, SUBSEQU	282N00000X-GENERAL ACUTE CARE HOSPITAL
88- PHARMACY			
98- PROFESSIONAL (PHYSICIAN) VISIT - OFFICE	11- OFFICE		207Q00000X-FAMILY MEDICINE
98- SPECIALIST	11- OFFICE		
AL- VISION (OPTOMETRY)			
BZ- PHYSICIAN VISIT - OFFICE: WELL			
MH- MENTAL HEALTH			
UC- URGENT CARE	11- OFFICE		

[Back](#)

Expand the Service types listed to find if the patient has active coverage for that specific benefit. Do this by selecting the arrow next to each service.

Choose **Ask Provider Services** for questions about a benefit or service for which you are unable to find the answer using My Insurance Manager or by viewing the member's benefit booklet.

**Eligibility and Benefits by Service Type** allows you to search using a specific service type and diagnosis combination (optional). For routine and mental health services, we recommend you enter the diagnosis code. Verify the correct place of service (defaults to Office – 11) and the service location. Select Submit

- ### Other Service Types
- ABORTION - 84
  - ACUPUNCTURE - 64
  - AIDS - 85
  - AIR TRANSPORTATION - 57
  - ALCOHOLISM - AJ
  - ALLERGY - GY
  - ALLERGY TESTING - 79
  - ALTERNATE METHOD DIALYSIS - 15
  - AMBULATORY SERVICE CENTER FACILITY - 13
  - ANESTHESIA - 07
  - ANESTHESIOLOGIST - 97
  - AUDIOLOGY EXAM - 71
  - BLOOD CHARGES - 10
  - BRAND NAME PRESCRIPTION DRUG - 91
  - BRAND NAME PRESCRIPTION DRUG - NON-FORMULARY - B3
  - BURN CARE - B1
  - Brand Name Prescription Drug - Formulary - B2
  - CABULANCE - 58
  - CANCER - 87

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

**Eligibility and Benefits by Procedure Code** lets you find a patient’s benefits for a specific procedure or

HCPCS code and diagnosis combination. This search option is the most effective in retrieving precise benefits and is highly recommended. However, you cannot use facility revenue codes with this option. You must use a diagnosis code and accurate place of service to get precise benefits.

Home Patient Care Office Management Resources Modify Profile Profile Administration Staff Directory Provider Update

Welcome, EQE Test of JOHN M JONES MD (Log Out) [Go to Message Center](#)

## Eligibility and Benefits Printer-Friendly

Date of Service  
02/02/2024

### Eligibility Request \* Required

**Choose Eligibility View**

**Please note:** Unless otherwise required by state law, this notice is not a guarantee of payment. Benefits are subject to all contract limits and the member's status on the date of service. Accumulated amounts, such as deductibles, may change as additional claims are processed. Deductible and coinsurance amounts are calculated from the member's health or dental plan allowances for the procedures performed.

General Eligibility and Benefits

Eligibility and Benefits by Service Type

Eligibility and Benefits by Procedure Code

**\* Procedure Code:**  
G0438

**Modifiers:**

**Primary Diagnosis Code (ICD-10):**

[Add Diagnosis Code](#)

**Place of Service:** (recommended)  
Office - 11

**Service Facility/Billing Location:**

**Rendering/Performing Provider:**  
JOHN M JONES MD

**Submit**

This screen appears when you select the magnifying glass to search for a CPT or HCPCS code. You can also use the drop-down menu to narrow the code search.

### Procedure Code (HCPCS) Search \* Required

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

**\* Search By:** Description Code


**\* Search Type:** Contains

**\* Search For:**

**Search**



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



<b>Date of Service</b> 02/02/2024	<b>Response Details</b>
<b>Insurance</b> Plan Name: <b>BLUECHOICE HEALTHPLAN</b> Plan ID: <b>95741</b> Member ID: <b>ZCD0780374458</b> Group Number: <b>33ME20004</b> Member's Name: <b>HER SELF</b>	<b>Eligibility Response</b> [-]
<b>Patient</b> Patient's Name: <b>I</b> Relationship to Member: <b>SUBSCRIBER</b> Gender: <b>FEMALE</b> Date of Birth: <b>03/16/1994</b> Address: <b>1234 My House City, St 12345</b> <a href="#">Change Patient</a>	<b>General Information</b> Health Plan: <b>BLUECHOICE HEALTHPLAN</b> Date of Service: <b>02/02/2024</b> Plan ID: <b>95741</b> <b>Subscriber Information</b> Member's Name: <b>Her Self</b> Group Name: <b>HEALTHY BLUE</b> ID Card Number: <b>ZCD0780374458</b> Group Number: <b>33ME20004</b> Coverage Level: <b>INDIVIDUAL</b> <b>Patient Information</b> Name: <b>Her Self</b> Relationship: <b>SELF</b> Gender: <b>FEMALE</b> Address: <b>3500 PELHAM ROAD APT 86 GREENVILLE, SC 296154148</b> <b>Information Used To Determine Benefit Response</b> Provider: <b>JOHN M JONES MD</b> Procedure Code: <b>G0438 - ANNUAL WELLNESS VISIT; INCLUDES A PERSONALIZED PREVENTION PL</b> Entity Type: <b>PERSON</b> Provider Type: <b>CENTERS FOR MEDICARE AND MEDICAID SERVICES NATL PVDR ID</b> <b>Information Receiver</b> Provider: <b>JOHN M JONES MD</b> Provider ID: <b>4444444440</b> Entity Type: <b>PERSON</b>

This screen appears when you select **Ask Provider Services** from the Response Details screen. You can now choose to send an inquiry to Provider Services via secure email or speak with a Provider Services representative online. Complete all required fields; select a location from the list and **Submit Question** to send an email.

Home Patient Care Office Management Resources Modify Profile Profile Administration Staff Directory Provider Update

Welcome, EQE Test of JOHN M JONES MD (Log Out) [Go to Message Center](#)

## Ask Provider Services Printer-Friendly

**\* Required**

**Inquiry**

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

For specific benefit details, please include Healthcare Common Procedure Coding System (HCPCS) and Current Processing Terminology (CPT) codes, diagnoses codes, and place of service codes. If codes are not provided, you will be quoted general benefits.

**How would you like to contact Provider Services?**

Submit your question online

Talk to Provider Services online  
(Monday - Friday, 8:30 a.m. to 5 p.m. EST)

**Inquiry Name:**  
Healthy Blue

**Inquiry Reason:**  
Eligibility Question

**\* Question Category:**  
--Please Choose One--

**\* Patient's First Name:** Her **\* Patient's Last Name:** Self **\* Patient's Member ID:** 10001245517H **\* Patient's Date of Birth:** 03/16/1994  
mm/dd/yyyy

**\* Location:** JOHN M JONES MD **Primary ID:** 444444440

**\* Please enter a question:**

Submit Question or [Back](#)

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

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



## For Dental Providers

Complete the requested information to search for benefits. Be sure to enter the member ID exactly as it appears on the patient's insurance card, including the alpha prefix, if applicable.

Dental Plan drop-down menu options: BlueCross BlueShield Plans, State Dental Plan and Federal Employee Program.

You must enter the patient's date of birth or the first and last name. Expand the Additional Information option by clicking **[+]** to input the patient's last name, first name and/or gender.

Your location may auto-populate in this field. To choose a location, click **Select**. A list of locations associated with your tax ID will appear. **Continue**.

The screenshot shows a web interface for dental providers. 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 DENTAL PRACTICE" with a "(Log Out)" link. The main heading is "Eligibility and Benefits".

The form is divided into sections:

- Patient Selection**
  - Dental Plan:** A dropdown menu currently showing "BlueCross BlueShield Plans".
  - Member ID:** A text input field containing "zcz065922516805". Below it, a note says "include alpha prefix, if applicable".
  - Patient's Date of Birth:** A text input field containing "09/01/1960". A "(recommended)" label is to the right. Below it, a note says "mm/dd/yyyy".
- Additional Information** [+ show/hide]
  - Date of Service:** A date picker field showing "02/08/2017". Below it, a note says "mm/dd/yyyy".
  - Location:** A dropdown menu showing "YOUR DENTAL PRACTICE" and a "Select" button.
  - Primary ID:** A text input field containing "1508023649".

At the bottom of the form, there are two buttons: "Continue" and "Clear All".

**General Eligibility and Benefits** will display the results of 10 commonly searched dental service types. The patient and the patient’s plan display on the left side of the page.

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

Service▲	Place of Service▲	Diagnosis Code (ICD-10)▲	Specialty▲
▶ <a href="#">23- DIAGNOSTIC DENTAL</a>	11- OFFICE	K000 - ANODONTIA	
▶ <a href="#">24- PERIODONTICS</a>	11- OFFICE	K000 - ANODONTIA	
▶ <a href="#">25- RESTORATIVE</a>	11- OFFICE	K000 - ANODONTIA	
▶ <a href="#">26- ENDODONTICS</a>	11- OFFICE	K000 - ANODONTIA	
▶ <a href="#">35- DENTAL CARE</a>			
▶ <a href="#">36- DENTAL CROWNS</a>	11- OFFICE	K000 - ANODONTIA	
▶ <a href="#">38- ORTHODONTICS</a>	11- OFFICE	K000 - ANODONTIA	
▶ <a href="#">39- PROSTHODONTICS</a>	11- OFFICE	K000 - ANODONTIA	
▶ <a href="#">40- ORAL SURGERY</a>	11- OFFICE	K000 - ANODONTIA	
▶ <a href="#">41- ROUTINE (PREVENTIVE) DENTAL</a>	11- OFFICE	K000 - ANODONTIA	

[Ask Provider Services](#)
[New Search](#)
[Back](#)

Expand the Service types listed to find if the patient has active coverage for that specific benefit. Do this by selecting the arrow next to each service.

Choose **Ask Provider Services** for questions about a benefit or service for which you are unable to find the answer using My Insurance Manager or by viewing the member’s benefit booklet.

**Eligibility and Benefits by Service Type** allows you to search using a specific service type and diagnosis combination (optional). Service Type options include: Adjunctive Dental Services; Dental Accident; Dental Care; Dental Crowns; Diagnostic Dental; Endodontics; Maxillofacial Prosthetics; Oral Surgery; Orthodontics; Periodontics; Prosthodontics; Restorative; and Routine (Preventive) Dental.

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

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

**Eligibility and benefits search by Procedure Code** lets you find a patient’s benefits for a specific CPT or HCPCS code. This search option is the most effective in retrieving precise benefits and is highly recommended.

The screenshot shows the 'Eligibility and Benefits' page. 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 DENTAL PRACTICE' with a '(Log Out)' link and a 'Go to Message Center' link. The main heading is 'Eligibility and Benefits' with a 'Printer-Friendly' icon. On the left, there are two sections: 'Date of Service' with a value of '02/08/2017' and 'Insurance' with details for 'BLUECROSS AND BLUESHIELD OF SC', including Plan ID '38520', Member ID 'ZCZ065922516805', Group Number '036011101', and Member's Name 'MICHAEL TESTING'. Below this is the 'Patient' section with Patient's Name 'MARTHA TESTING', Relationship to Member 'SPOUSE', Date of Birth '09/01/1960', and Address 'P O BOX 24015 COLUMBIA, SC 292244015'. A 'Change Patient' button is at the bottom of this section. The main area is titled 'Eligibility Request' and contains a 'Choose Eligibility View' section with three radio buttons: 'General Eligibility and Benefits', 'Eligibility and Benefits by Service Type', and 'Eligibility and Benefits by Procedure Code' (which is selected). To the right of this section are several input fields: '\* Procedure Code' (with 'D2740' entered), 'Primary Diagnosis Code (ICD-10)', 'Add Diagnosis Code', 'Place of Service' (with 'Office - 11' selected), 'Service Facility/Billing Location' (with 'D & R FAMILY DENTISTRY LLC' selected), and 'Rendering/Performing Provider'. A 'Submit' button is at the bottom of the main area. Two informational notes are present: one about state law requirements and another about procedure code inquiries.

This screen appears when you select the magnifying glass to search for a CPT or HCPCS code. You can also use the drop-down menu to narrow the code search.

The screenshot shows a 'Procedure Code (HCPCS) Search' dialog box. It has a title bar with a close button (X). The main heading is 'Procedure Code (HCPCS) Search'. Below the heading is a search input field with a magnifying glass icon and the text 'Please enter a keyword or phrase (at least three letters) to begin your search.' To the right of this field is a '\* Required' label. Below the search field are three sections: '\* Search By:' with a dropdown menu showing 'Description' and 'Code'; '\* Search Type:' with a dropdown menu showing 'Contains'; and '\* Search For:' with an empty input field. A 'Search' button is at the bottom left of the dialog box.



From any eligibility view, you can view a patient's graphical tooth chart for primary and permanent teeth.

The permanent teeth tab shows enumerated teeth that had procedures performed. To get a history of preventive services performed for the patient, select tooth 1.

Permanent Teeth Primary Teeth

Printer-Friendly

Patient's Name: MARTHA TESTING

Click the tooth to view the details of services performed on that tooth.  
**Please note:** Clicking tooth 1 will provide both specific tooth information and other preventative services.

Tooth Number	Procedure	Date of Service
14	CROWN-PROCELAIN FUSED TO PREDOMINANTLY BASE METAL	03/15/2016

Primary teeth are alphabetized not enumerated.

Permanent Teeth Primary Teeth

Printer-Friendly

Patient's Name: MARTHA TESTING

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

Tooth Number	Procedure	Date of Service
T	CROWN-PROCELAIN FUSED TO PREDOMINANTLY BASE METAL	03/15/2016

This screen appears when you select, Ask Provider Services, from the Response Details screen. You can now send an inquiry to Provider Services via secure email. The required fields are pre-filled with patient's information. Enter a question and select **Submit Question**.

Home Patient Care Office Management Resources Modify Profile Profile Administration Staff Directory

Welcome, YOUR NAME of YOUR DENTAL PRACTICE (Log Out) [Go to Message Center](#)

## Ask Provider Services [Printer-Friendly](#)

\* Required

**Inquiry**

Inquiry Name:  
BlueCross BlueShield Plans

Inquiry Reason:  
Eligibility Question

* Patient's First Name: MICHAEL	* Patient's Last Name: TESTING	* Patient's Member id: 999574317	Patient's Date of Birth: 10/01/1958 <small>mm/dd/yyyy</small>
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\* Location:  
YOUR DENTAL PRACTICE [Select](#)

Primary ID:  
987654321

\* Please enter a question:

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

## Troubleshooting Tips – Patient Care Functions

- 45Z Line is out of balance
- 46V Other Payer's Address is missing
- 46W Another Payer's City is missing
- 46X Other Payer Zip Code missing
- E07 Invalid admission date B04
- B20 Revenue Code Invalid I12
- H98 Room Days and/or charges required on inpatient
- Certain services yield the best results for benefits according to the type of eligibility view selected. For chiropractic, physical therapy, occupational therapy and preventive services, you should view Eligibility and Benefits by Service Type. Eligibility and Benefits by Procedure Code is the best method to request details for colonoscopy, bone density studies and office visits.
- My Insurance Manager defaults the place of service to 11-Office. Make sure to change this option as it applies to your practice.
- Ambulatory Surgery Centers (ASCs) should request benefit details by service type. Enter the service type code as 13-ASC Facility; do not use service type code 50-Hospital-Outpatient.
- Always enter a diagnosis code when completing an eligibility and benefits request to get the most accurate response details.