

2023 Healthy Blue Training

Frequently Asked Questions

Authorizations

1. **Who handles authorization for outpatient surgery?** The Utilization Management Department handles authorizations for outpatient surgery and can be reached at 866-757-8286.
2. **Is authorization required for physical, occupational and speech therapy services?** Authorization is required for the following codes: 97022, 97140, 97150, 97166, and 97167 and all other codes or services beyond the benefit maximum.
3. **Are retro-authorizations possible?** Healthy Blue does not offer retro-authorizations. You must file a claim dispute. For more information on filing a dispute, visit www.HealthyBlueSC.com.

Provider Enrollment

4. **How do you enroll into Healthy Blue?** To enroll in the Healthy Blue network, you must go through My Provider Enrollment Portal. As a reminder, the Medicaid ID number is needed to enroll in the network.
5. **How can I find the provider enrollment portal?** My Provider Enrollment Portal can be accessed through www.HealthyBlueSC.com.

Benefits

6. **What are the benefits for physical, occupational and speech therapy?** The benefits are as follows:
 - Members under 21 years: Limit of 105 combined visits or 420 units
 - Members 21 years and older: Limit of 75 combined visits or 300 units
7. **When will copays resume?** Copays are being waived in 2024 for medical services. Pharmacy services will continue to have copays. At this time, there is no specific date for when the copays will resume. However, providers will be notified in advance through e-blast, bulletins and the BlueBlast. Be sure to sign up for the BlueBlast on www.HealthyBlueSC.com.
8. **What is the incentive for Screening, Brief Intervention and Referral to Treatment (SBIRT)?** The screening incentive is \$24, and the brief intervention incentive is \$48. To view additional incentives, please review the Quality Incentive Program presentation on www.HealthyBlueSC.com.

Claims

9. **Will Availity be used for claim submission in 2024?** No. Beginning Jan. 1, 2024, Healthy Blue will use My Insurance ManagerSM for claim submission.
10. **If you are enrolled with Availity, will you automatically be enrolled with My Insurance Manager for the upcoming year?** If you already have an account with My Insurance Manager, you do not need a new one. You can use your existing login information. If you are new to My Insurance Manager, you will need to register for an account.
11. **What claim forms are accepted for Healthy Blue?** Healthy Blue accepts HCFA 1500 and UB-04 claim forms for claim submission.

Other Health Insurance

12. **What solutions are available when a patient does not call to update other health insurance (OHI)?** Encourage the members to update OHI through South Carolina Department of Health and Human Services (SCDHHS) as we receive updates from SCDHHS. If you receive a claim denial for OHI, you must appeal to the primary insurance first.

If the request is denied, you can appeal with Healthy Blue. Please include the determination letter and explanation of benefits denial. Contact Provider Service at 866-757-8286 for any additional assistance.

General Questions

13. **If a patient signs a waiver for refraction charges, should the patient be balanced bill?** Providers cannot balance bill members, per their contractual agreement with Healthy Blue.
14. **Will the vision vendor change for 2024?** Vision Service Provider (VSP)* will continue to be vision carrier for 2024.
15. **Where can contact numbers and addresses for different areas within Healthy Blue be found?** Contact numbers are on www.HealthyBlueSC.com. You can use the Provider Manual or Quick Reference Guide as resources for contacts as well.