

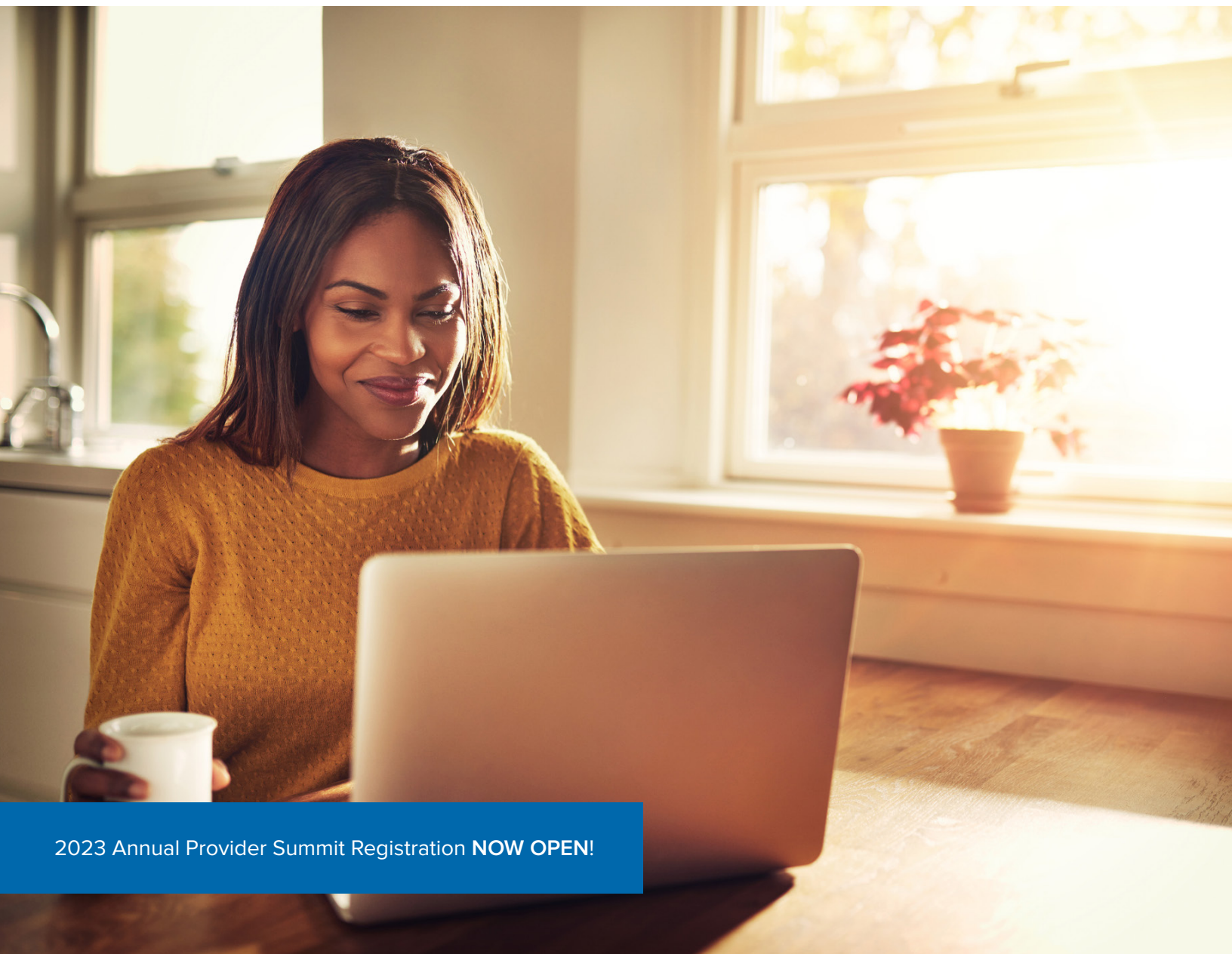
BlueNewsSM for Providers



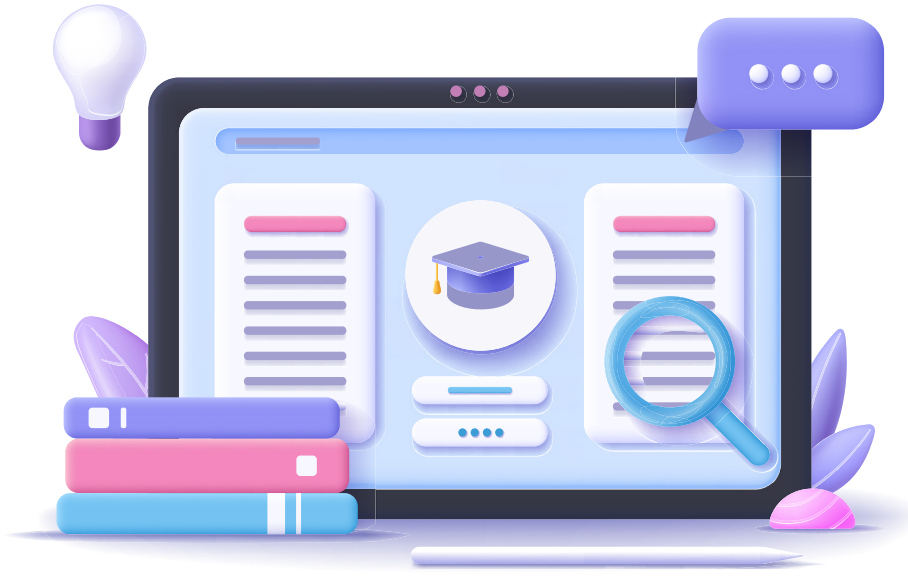
BlueCross BlueShield of South Carolina and
BlueChoice[®] HealthPlan of South Carolina

2023 Annual Provider Summit
Ask Provider Services (Web Inquiries)
Medicare Advantage Partners With Cotiviti

Reminder: ICD-10 Codes That Initiate
New Specialty Pharmacy Policies
MIM, MRM or MyPeP



2023 Annual Provider Summit Registration **NOW OPEN!**



2023 Annual Provider Summit Registration NOW OPEN!

The 2023 Annual Provider Summit (APS) is quickly approaching and registration has officially opened. The APS provides you with new initiatives, updates, and reminders for the upcoming benefit year. Sessions will be held virtually through Microsoft Teams from 9 a.m. - 1 p.m.

Below are the dates and topics that will be presented.

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|--|---|--|
| <ul style="list-style-type: none">• Nov. 29
Provider Enrollment
Healthy Blue
Benefits | <ul style="list-style-type: none">• Dec. 6
Healthy Blue
Quality
Benefits | <ul style="list-style-type: none">• Dec. 13
Benefits
Authorizations
Claims |
| <ul style="list-style-type: none">• Nov. 30
Claims
Dental
Web Tools | <ul style="list-style-type: none">• Dec. 7
Authorizations
Claims
Provider Enrollment | <ul style="list-style-type: none">• Dec. 14
Provider Enrollment
Claims
Benefits |
| <ul style="list-style-type: none">• Dec. 1
Benefits
Pharmacy
Authorizations | <ul style="list-style-type: none">• Dec. 8
Benefits
Pharmacy
Web Tools | <ul style="list-style-type: none">• Dec. 15
Claims
Authorizations
Benefits |

Register for your classes today!

To stay abreast of all upcoming trainings and newsletters, please subscribe [here](#).

If you have any questions, please feel free to contact the provider education team at **803-264-4730** or reach out to your education representative directly.



Reminder: Ask Provider Services (Web Inquiries)

Ask Provider Services is a feature within My Insurance Manager™ (MIM) that allows providers to submit secure email messages. You can use this feature when seeking assistance with claims details that may not be available in MIM or accessible through the voice response unit (VRU). To get the best, detailed responses, be sure to ask specific, probing questions.

Below are a few examples:

- Why was line 1 of the claim denied as not covered?
- Why were services applied to the member's deductible?
- Has the member returned the coordination of care questionnaire?

Additionally, when submitting inquiries through Ask Provider Services, please keep in mind that responses will only go to the individual who submitted the initial inquiry. To review the responses, select Go to Message Center after logging in to MIM.

The results will automatically display all inquiries submitted or received within the past 30 days. However, they can be filtered for a specific member by entering the member's ID number in the appropriate field and selecting his or her plan type. There is also an option to display specific months.

Medicare Advantage Partners With Cotiviti

As of Sept. 1, 2022, BlueCross BlueShield of South Carolina Medicare Advantage will begin working with Cotiviti for periodic reviews of paid medical claims. Cotiviti is a market leader in payment accuracy. Post-payment reviews will include payment data validation (PDV) data mining and clinical chart validation (CCV) diagnosis-related group review.

Cotiviti's staff includes registered nurses, medical specialists and claims specialists. They have expertise in coding, claims operations and more. Working with their clients and medical providers, they create effective strategies, plans and activities to help prevent future payment errors while improving the reimbursement process.

Please note: Claim audits will go back one year.

Review the [announcement](#) to learn more.

If you have questions, please contact the Medicare Advantage team at 855-204-2744.

Cotiviti is an independent company that provides claim auditing services for BlueCross and BlueChoice HealthPlan.



Reminder: ICD-10 Codes That Initiate Accident Questionnaire Requests

BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan automatically generate accident questionnaires to the member if the claim includes trauma-related diagnosis codes.

Often, the member overlooks the questionnaire or he or she returns it incomplete and without sufficient information to determine if the service was related to an event for which a third party may be responsible.

Under both scenarios, multiple attempts are made to reach the member, as it is ultimately the member's responsibility to return the completed questionnaire with all required information. For this reason, we ask that you allow the member at least 60 days to respond and for us to complete our review of the submitted information.

How can you help?

If your claim has been denied pending an accident questionnaire response, as a health care provider, you can:

- Contact your patient to encourage him or her to complete and return the questionnaire. Members can respond to the questionnaires via mail, by phone at the customer service number on the back of their ID cards, or online using the website address on their ID cards.
- Have members complete the accident questionnaire at the time of service. Only submit the questionnaire on behalf of the member if your claim is pending for this reason. Not all claims require the questionnaire, and we want to avoid unwarranted questionnaires. Be sure the accident questionnaire is completed and signed by the member.

If 60 days have passed from the processed date of the claim, you may do one of the following:

- Submit the questionnaire completed by the member at the time of service.
- Submit medical records in lieu of the questionnaire.

If submitting medical records, please note the following:

- Medical records should be submitted using the appropriate avenues for document submission (e.g., MIM, fax, etc.) and should provide all information related to the service.
- Submission of medical records does not guarantee claims will be released for processing. Medical records may be inconclusive for information we might need (such as auto insurance details). Therefore, the best practice is to have the patient complete the accident questionnaire at the time of service.
- Please include any phone numbers or email addresses you may have for your patient. This will assist us in reaching out to the member if we need additional information.
- We will not accept medical records after the response deadline. We encourage you to submit medical records within six months of the process date of the claim.

Please review the **ICD-10 Classifications of Injuries and External Causes*** from the Centers for Disease Control and Prevention (CDC) for a list of codes that will generate an accident questionnaire.

*This is a link to a third-party website. The CDC is solely responsible for the contents and privacy policy on its site.



New Specialty Pharmacy Policies

Sept. 28, 2022

Applying medical policy criteria completely and accurately is critical to ensure benefits and reimbursement are applied correctly to our members' claims. Beginning Dec. 1, 2022, BlueCross BlueShield of South Carolina will implement the following medical policies:

Fasenra® (Benralizumab)	CAM 354
Prolia® (Denosumab)	CAM 355
Xgeva® (Denosumab)	CAM 356
Nexviazyme™ (Avalglucosidase alfa-ngpt)	CAM 359
Durysta™ (Bimatoprost Implant)	CAM 360
Nulojix® (Belatacept)	CAM 361
Vabysmo™ (Faricimab-svoa)	CAM 362

Each policy contains medical necessity criteria used to determine coverage. Criteria could include age limitations, specific diagnosis requirements and more. For this reason, it is important to review each policy closely.

We recommend frequently visiting the Medical Policies pages to remain abreast of any policy updates.

If you have any questions, please feel free to contact the provider education team at 803-264-4730





MIM, MRM or MyPEP

We offer a number of self-service, web-based tools to make it easy for providers to work with us.

My Insurance ManagerSM (MIM)

MIM gives providers access to all this and more:

- Eligibility and benefits
- Claims status
- Prior authorizations
- Electronic remittances

It is the preferred platform to verify eligibility and benefits.

There are three options for verifying eligibility and benefits in MIM. We recommend the **Eligibility and Benefits by Procedure Code** option. This option helps you get the most accurate benefit details. The system will prompt you to enter the procedure code. You can also include modifiers and diagnoses.

Need more guidance on researching eligibility and benefits through MIM? You can access user guides and other resources on our

My Insurance Manager page.

If you have technical issues with MIM, please contact our technical support team at 855-229-5720 or reach out to your provider education representative.

My Remit ManagerSM (MRM)

With MRM, you can easily view, sort or print electronic remittance advice (ERA) information online. For questions, concerns or further assistance, please contact the electronic data interchange (EDI) team at EDI.Services@bcbsc.com.

My Provider Enrollment Portal (MyPEP)

MyPEP is our newest web-based tool. It offers a quick and easy way for providers who credential with us to complete the enrollment process. Use the portal to:

- Become a network provider.
- Maintain enrollment (recredential).
- Get application statuses.
- Get notifications if you need to supply additional information

If you have technical issues with MyPEP, please contact the provider education team at MyPEP.Portal@bcbsc.com or 803-264-0009.

Note: This email address and phone number are not for questions related to eligibility and benefits, claims, or authorizations. Please use MIM or call the number on the back of the member's ID card for those inquiries.

For case-specific questions (status, missing information, etc.), please submit a case comment within the case. The assigned enrollment representative will respond. For questions regarding correct applications or forms, or for other general questions not related to a specific case, complete the support form within the portal.



Need To Get in Touch With Provider Relations and Education?

The provider education team is always eager to assist you. If you have a training request, use the [Provider Training Request Form](#). For questions about an ongoing education initiative or recent news bulletins, submit the [Provider Education Contact Form](#). Lastly, be sure to view the [Provider Education Territory Map](#) for the latest updates.

This information is located on the Provider Education page of our website.



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

Independent licensees of the Blue Cross Blue Shield Association.

Benefits Disclaimer: The information listed is general information and does not guarantee payment. Benefits are always subject to the terms and limitations of specific plans. No employee of BlueCross BlueShield of South Carolina or BlueChoice HealthPlan of South Carolina has authority to enlarge or expand the terms of the plan. The availability of benefits depends on the patient's coverage and the existence of a contract for plan benefits as of the date of service. A loss of coverage, as well as contract termination, can occur automatically under certain circumstances. There will be no benefits available if such circumstances occur.

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