



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

# MY INSURANCE MANAGER USER GUIDE



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# JUST FOR HEALTH PROVIDERS

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



## Pre-Certification/Referral – General Instruction

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

The screenshot shows a web application interface for Pre-Certification/Referral. 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/Referral" with a "Printer-Friendly" icon. A red asterisk indicates required fields. A blue information box states: "Please note: If you navigate away from a pre-certification or referral request without finishing and submitting it, your information will be lost and you will need to start over. We will not save partially completed requests on our system." The form fields include: "Health Plan" (dropdown menu showing "BlueCross BlueShield Plans"), "Member ID" (text input with "jca06922516805" and a note "include alpha prefix, if applicable"), "Patient's Date of Birth" (text input with "10/01/1958" and a note "mm/dd/yyyy"), "Patient Gender" (dropdown menu showing "MALE"), "Date of Service or Admission Date" (text input with "02/10/2017" and a note "mm/dd/yyyy"), "Location" (dropdown menu showing "YOUR PRACTICE/FACILITY NAME" and a "Select" button), and "Primary ID" (text input with "123456789"). A "Continue" button is at the bottom left. A blue information box provides submission rules: "Please note: You can submit: • Non-behavioral Health Treatment Pre-certifications up to three days in the past and one year in the future. • Behavioral Health Treatment requests up to five days in the past and one year in the future. • Requests for Referrals with today's date or up to one year ahead."

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

The screenshot shows the "Request" screen. At the top, the word "Request" is displayed. Below it is a "Search" section with a dropdown arrow. A blue box contains the text: "New - Enter a descriptive keyword, procedure code or diagnosis code to search for a Fast-Track service." Below this, there are three radio button options: "Procedure Code", "Keyword", and "Diagnosis Code". At the bottom left, there is a "Back" link.

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.

### 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](#)

Select **Continue**.

Note: Select **Ask Health Care Services** if you have questions about a service request. Be sure to review the 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. Numerous results of procedures are listed for each letter of the alphabet. Select the appropriate procedure link or its detail link to reveal the Fast-Track Request you selected, diagnosis code and procedure code(s). Select the desired procedure.

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:  
ZC2065922516805

---

**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**

<a href="#">COLONOSCOPY</a>	<a href="#">Detail</a>
<a href="#">COLPOSCOPY</a>	<a href="#">Detail</a>
<a href="#">CONIZATION OF CERVIX</a>	<a href="#">Detail</a>
<a href="#">CT CHEST</a>	<a href="#">Detail</a>
<a href="#">CT OF ABDOMEN</a>	<a href="#">Detail</a>
<a href="#">CT OF EXTREMITY</a>	<a href="#">Detail</a>
<a href="#">CT OF HEAD/NECK</a>	<a href="#">Detail</a>
<a href="#">CT OF SPINE</a>	<a href="#">Detail</a>
<a href="#">CT PELVIS</a>	<a href="#">Detail</a>
<a href="#">CT SCAN</a>	<a href="#">Detail</a>
<a href="#">CUBITAL TUNNEL DECOMPRESSION</a>	<a href="#">Detail</a>

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.

5

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 select **Attach Clinical Documentation** to add files. Select **Continue** or **Change Fast-Track Selection** to return to the previous screen.

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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

**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

**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 Request**

SEPTOPLASTY

**Diagnosis Information**

**i** 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 30520 SEPTOPLASTY OR SUBMUCOUS RESE
Quantity: 1 Unit	

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

The next screen shows your Fast-Track Request. It is optional to provide other information in place of the default data for level of service (E-Elective, O3-Emergency, U-Urgent) release of information (optional), facility providing service, provider(s) and the practice.

At the Facility Providing Service field, select the magnifying glass to search for the specific location. 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. 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** \* 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](#)

**Fast-Track Request**  
Request: **INTESTINAL OBSTRUCTION**

**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: [Search](#)

**Provider**  
Please make sure this provider will perform the service.  
Individual Rendering Service: Address: [Search](#)  
[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 29292-0000

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](#)



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.

The screenshot shows the 'Health Care Finder - Facility Search' form. At the top, there is a note: 'For this type of authorization, you must identify the facility that will be responsible for the service.' Below this, the 'Search Type' is set to 'FACILITY/RENDERING LOCATION'. The 'Facility Type' dropdown menu is currently set to '-- Please Choose One --'. The 'Location' section contains a note: 'Please enter the State, as well as the City and/or the County.' It includes three dropdown menus: 'State' (set to 'South Carolina'), 'City' (empty), and 'County' (set to '-- Please Choose One --'). Below the location fields is a 'Facility Name' text input field with a note: 'must have at least two letters'. A 'Select' button is located at the bottom left of the form.

The screenshot shows the 'Health Care Finder - Facility Search' results page. It displays 'Results: 2 found.' and a table with the following columns: 'Select', 'Health Care Facility', 'Address', 'City, State & ZIP Code', and 'Telephone'. Two rows of results are visible, each with a radio button in the 'Select' column. The second row is highlighted in blue. At the bottom of the page, there is a 'Continue' button and a 'Back' link.

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

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

At the Verification screen, you must include the best contact number to call if 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.
- Select 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 (nonchiropractic), service trace number and/or paperwork related to this service. Select **Done** or **Back** to return to the previous screen.

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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](#)

**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:   -  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:     Date of Service Ends:

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	<a href="#">Add</a>

[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 information that will support medical necessity of the services requested. These are the 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

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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

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.

**Insurance**  
Plan Name: BlueCross BlueShield Plans  
Member ID: ZCZ065922516805

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

[Change Patient](#)

**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 Verification screen. Select **Submit**.

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

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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**.

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?

- 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

199 Results

<a href="#">ABDOMINAL MYOMECTOMY</a>	<a href="#">Detail</a>
<a href="#">ADENOIDECTOMY</a>	<a href="#">Detail</a>
<a href="#">AMPUTATIONS FINGER/HAND</a>	<a href="#">Detail</a>
<a href="#">ANGIOGRAM</a>	<a href="#">Detail</a>
<a href="#">AORTOGRAM</a>	<a href="#">Detail</a>
<a href="#">ARTERIOGRAM</a>	<a href="#">Detail</a>
<a href="#">ARTHROGRAM</a>	<a href="#">Detail</a>
<a href="#">ARTHROPLASTY, TOTAL SHOULDER</a>	<a href="#">Detail</a>
<a href="#">ARTHROPLASTY, WRIST</a>	<a href="#">Detail</a>
<a href="#">ARTHROSCOPY SHOULD BICEP TENODESIS</a>	<a href="#">Detail</a>
<a href="#">ARTHROSCOPY, KNEE</a>	<a href="#">Detail</a>

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.

On the Other Information screen, provide information for level of service (E-Elective, O3-Emergency, U-Urgent), release of information, facility providing service, provider(s) and the practice.

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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](#)

Please note: You can change the current results by entering a valid National Provider Identifier (NPI) or by performing a search.

#### 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 Services: 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

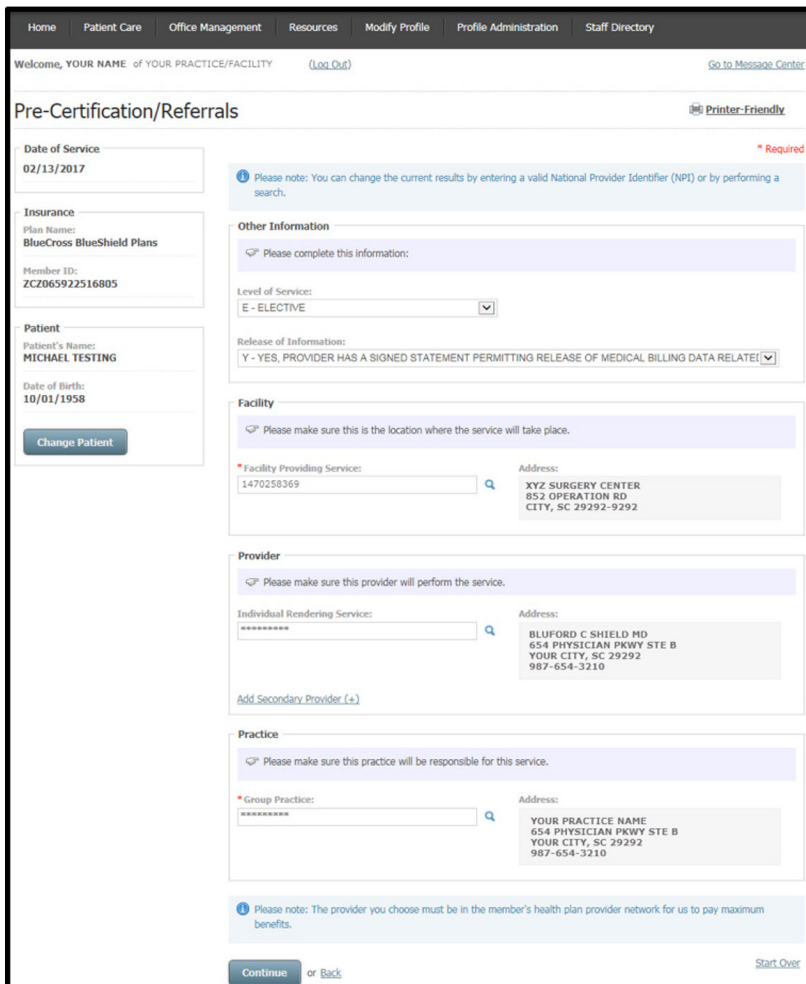
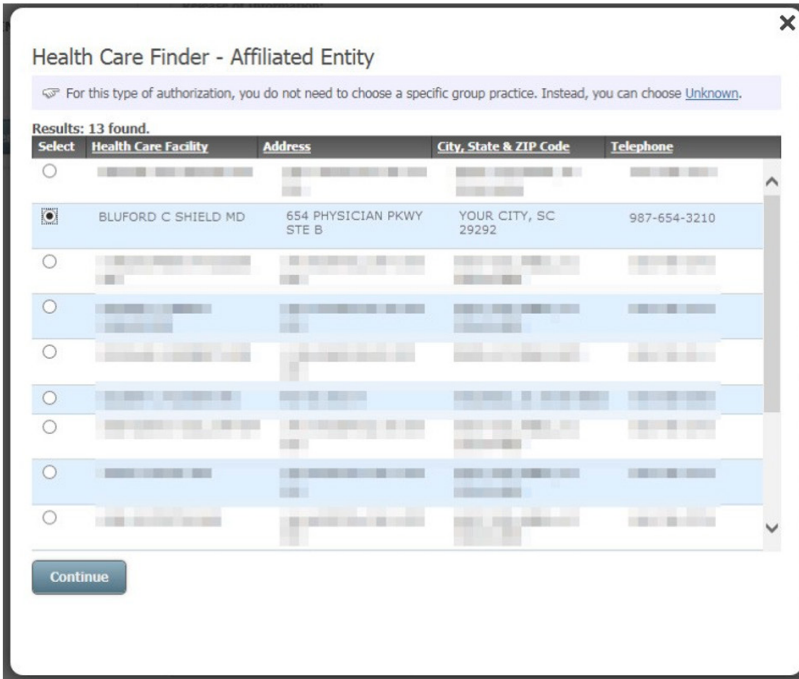
Please enter the State, as well as the City and/or the County.

\* 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**.



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 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
- 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 'Diagnosis Information' and includes a red asterisk indicating a required field. It contains the following elements:

- A message: 'Please choose the most appropriate diagnosis code for this request.'
- 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.'
- Fields for 'Principal Diagnosis' (with a magnifying glass icon) and 'Date of Diagnosis' (with a calendar icon).
- A green plus icon and text: 'Add Additional Diagnosis Codes'.
- A section for 'Clinical Information' with a message: 'If you need to identify the department within your organization that made this request, please enter a department identifier:' and a text input field with a '264 character maximum' limit.
- A red-bordered button with a magnifying glass icon and text: 'Attach Clinical Documentation'.

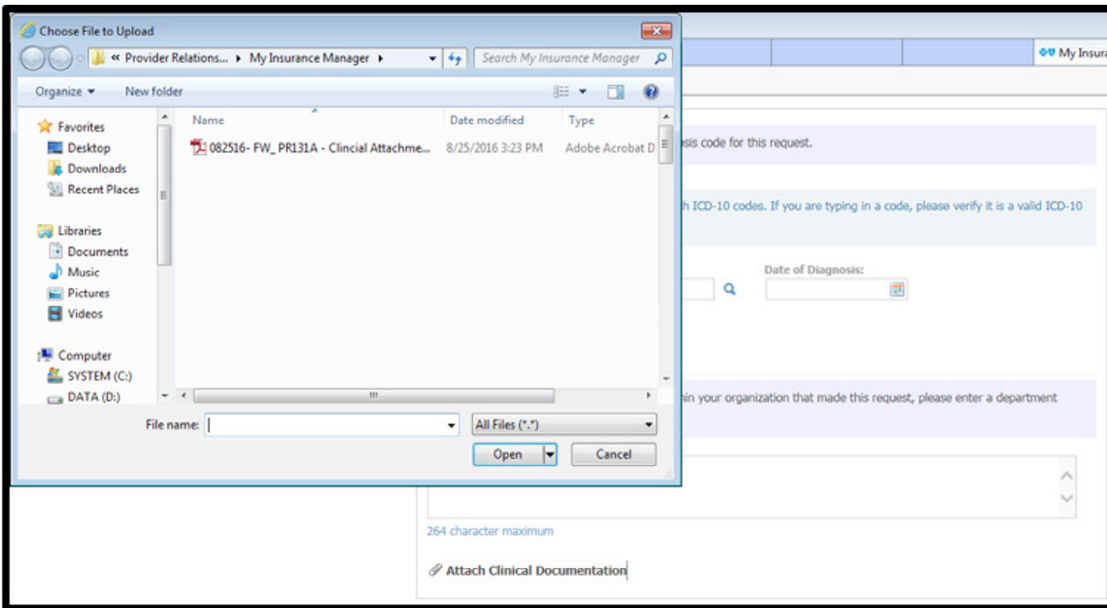
Below the 'Diagnosis Information' section is the 'Service Type Selection' section, which includes a 'Service Type' label and three radio button options: Institutional, Professional, and None.

At the bottom of the main content area is the 'Additional Patient Level Information' section, which includes three date input fields: 'From Event Date', 'To Event Date', and 'Discharge Date', each with a calendar icon and a 'mm/dd/yyyy' format hint.

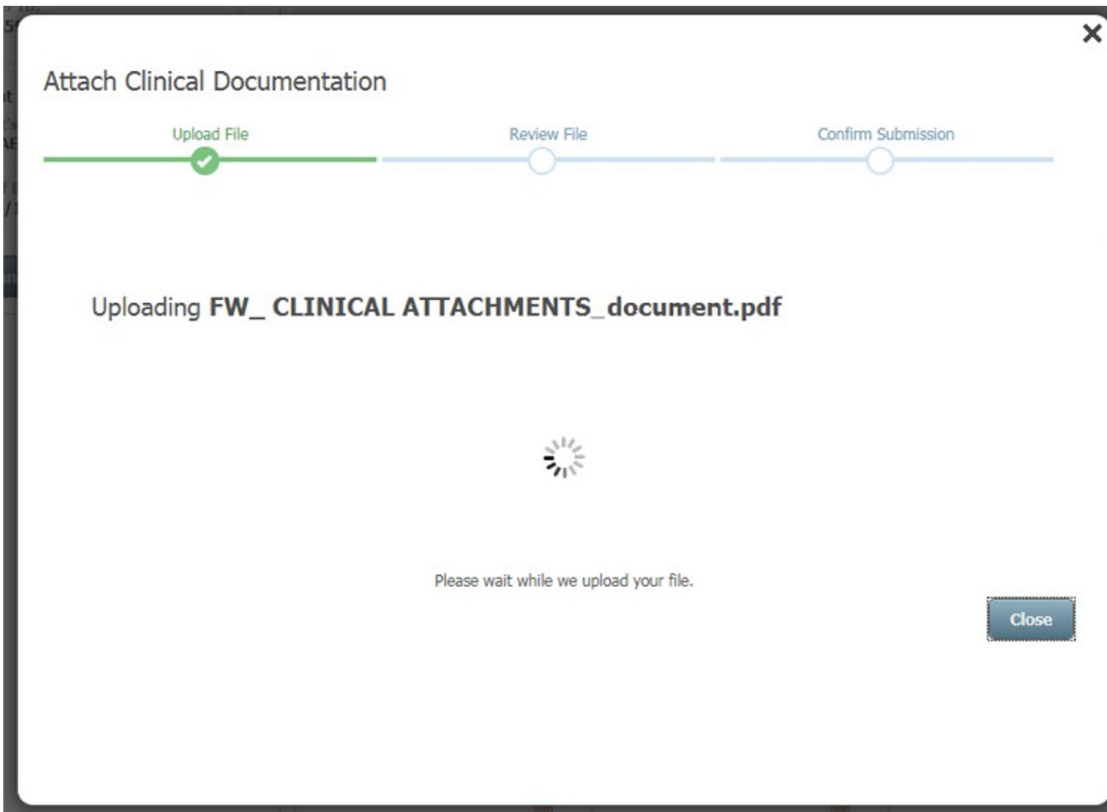
At the very bottom of the page, there are two buttons: 'Continue' and 'Back', and a 'Start Over' link on the right side.



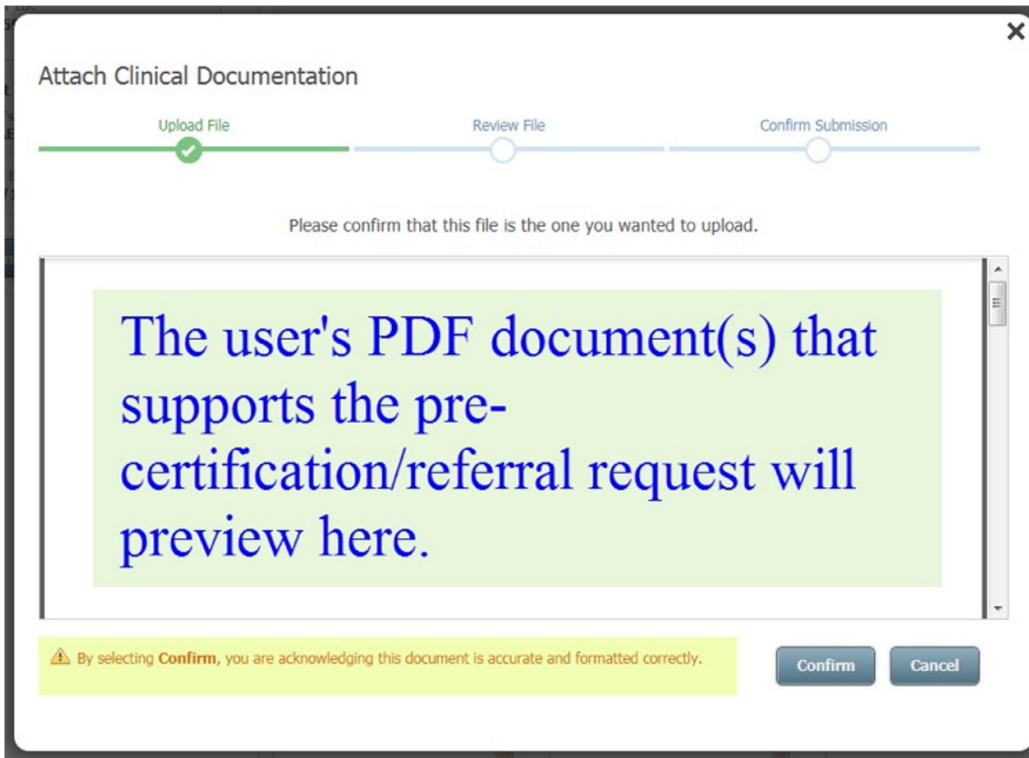
Choose a file to attach. You can attach up to 10 documents. The files must be in .PDF format with a maximum of 30 MB. Select **Open**.



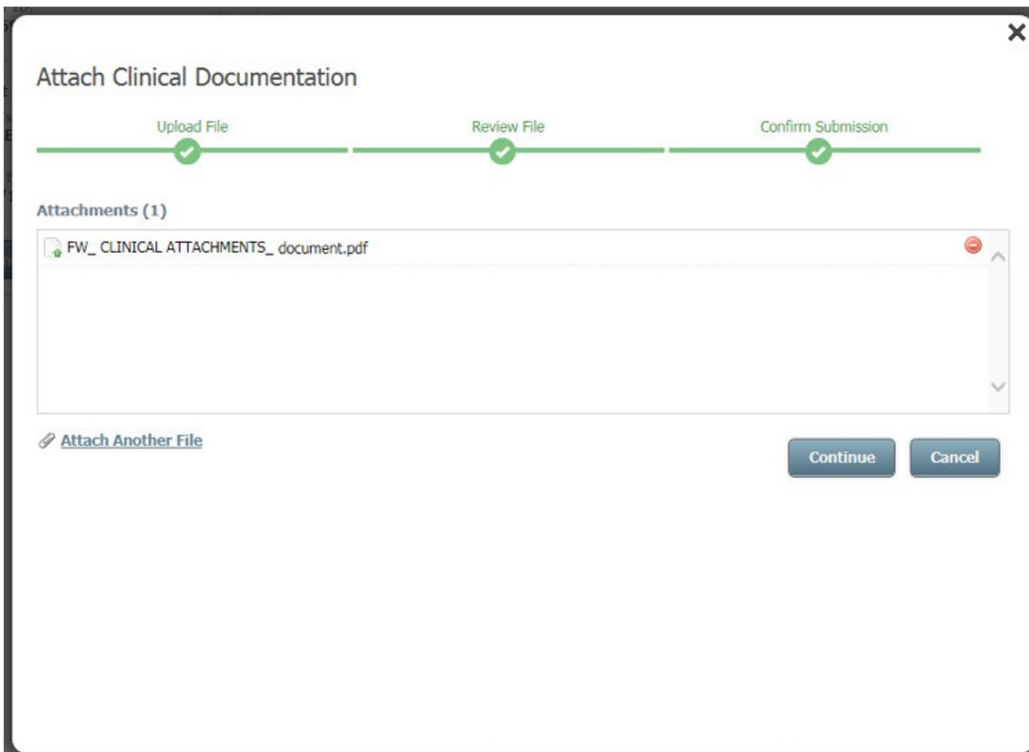
This screen will appear when the file begins to upload to My Insurance Manager. If the file is invalid (i.e., a non-PDF file or one that exceeds 30MB), you will receive this error message: **The file type selected cannot be accepted; please try another type.**



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 choose 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 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".

The main heading is "Pre-Certification/Referrals" with a "Printer-Friendly" icon. On the left side, there are three 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 titled "Request" and includes a "Request Type" section. A note states: "In order to help us identify the required service, please answer these questions:". Below this, there are two columns of radio button options:

- 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

A note below the options reads: "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", and "Back", along with a "Start Over" link.

The "Fast-Track Requests" section features an alphabetical index (A-Z and All) and a list of 20 results. Each result is a link with a "Detail" button next to it:

Fast-Track Request	Action
<a href="#">BCR-ABL 1 CHRON MYELOID LEUK</a>	<a href="#">Detail</a>
<a href="#">BRCA1 AND BRCA2 TESTING</a>	<a href="#">Detail</a>
<a href="#">CARDIAC ION CHANNELOPATHY</a>	<a href="#">Detail</a>
<a href="#">CHROMOSOMAL MICROARRAY</a>	<a href="#">Detail</a>
<a href="#">CYSTIC FIBROSIS GENETIC TEST</a>	<a href="#">Detail</a>
<a href="#">CYTOCHROME P450 GENETIC TEST</a>	<a href="#">Detail</a>
<a href="#">EGFR MUTATION ANALYSIS NSCLC</a>	<a href="#">Detail</a>
<a href="#">FAMIL ADENOMAT POLYPOS/MUTYH</a>	<a href="#">Detail</a>
<a href="#">FLOW CYTOMETRY</a>	<a href="#">Detail</a>
<a href="#">FLT3/NPM1 IN ACUTE MYELOID</a>	<a href="#">Detail</a>
<a href="#">GENETIC TESTING GENERAL</a>	<a href="#">Detail</a>

A note at the bottom of the Fast-Track Requests section 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."

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](http://www.avalonhcs.com/provider) for additional information about laboratory pre-certification via Avalon.

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, there are three input fields: "Date of Service" (02/13/2017), "Insurance" (Plan Name: BlueCross BlueShield Plans, Member ID: ZC2065922516805), and "Patient" (Patient's Name: MICHAEL TESTING, Date of Birth: 10/01/1958) with a "Change Patient" button. The main content area is titled "Request" and contains a "Request Type" section with a message: "In order to help us identify the required service, please answer these questions:". Below this is a yellow warning box: "This health plan requires pre-certification for this lab procedure. Please call 1-844-227-5769, or visit [www.avalonhcs.com/provider](http://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." There are two columns of radio button options: "Which type of service are you requesting?" (Procedure, Non-Procedure, Laboratory Test, Behavioral Health Treatment, Maternity, Specialty Drug) and "Where will this service take place?" (Independent Lab, Outpatient Facility, Office). A "Back" link is at the bottom left. A blue information box at the bottom contains a note: "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.

The screenshot shows the "Provider Home" page of the Avalon Healthcare Solutions website. The top navigation bar includes "My Insurance Manager" and three buttons: "Provider Home", "Education Video Library", and "Trial Claim Advice". The Avalon logo is on the left. The main heading is "Provider Home". Below the heading is a welcome message: "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." Below this is contact information: "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." On the right, there is a "Documents" section with a list of PDF files: "Avalon Claim Editor Demo.pdf", "Avalon FAQs - Claim Editor.pdf", "Avalon Pay and Educate Provider Notification 072016\_ACB.pdf", and "Trial Claim Advice User Guide SC providers - V1.pdf". At the bottom left, there is a yellow sticky note graphic that says "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](http://www.SouthCarolinaBlues.com) or [www.BlueChoiceSC.com](http://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 the 'Pre-Certification/Referrals' web application interface. 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)' with 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 input fields: 'Date of Service' (02/14/2017), 'Insurance' (Plan Name: BlueCross BlueShield Plans, Member ID: ZCZ065922516805), and 'Patient' (Patient's Name: MICHAEL TESTING, 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 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 Type section are buttons for 'Continue', 'Ask Health Care Services', 'or Back', and 'Start Over'. 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 and a vertical scroll bar on the right. 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.' and another note 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 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](http://www.radmd.com) to continue radiology pre-certification via NIA Magellan.

Home
Patient Care
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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

**Request** \* Required

**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](http://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**.

**NIA Magellan**<sup>SM</sup> [Login](#) [Home](#) [Help](#)

RadMD.com

**Existing RadMD Users**  
Click Here

[RadMD.com: For first time visitors](#)

Please fill out this form only for yourself. Shared accounts are not allowed.

Which of the following best describes your company?  
Physician's office that orders procedures  [What about read-only radiology offices?](#)

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.

**New Account User Information**

First Name:  Last Name:

Phone:  Fax:

Email:  Confirm Email:

Company Name:  Job Title:

Address Line 1:  Address Line 2:

City:  State:

Zip:

**Your Direct Report**

The manager or supervisor responsible for terminating your access. This cannot be yourself.

First Name:  Last Name:

Phone:  Email:

**Submit**

If you have problems, please contact us at [RadMdSupport@magellanhealth.com](mailto:RadMdSupport@magellanhealth.com).

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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

**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**

<a href="#">CHEM DEP INTENSIVE OUTPATIENT</a>	<a href="#">Detail</a>
<a href="#">CHEM DEP PARTIAL HOSP ADMIT</a>	<a href="#">Detail</a>
<a href="#">PSYCH INTENSIVE OUTPATIENT</a>	<a href="#">Detail</a>
<a href="#">PSYCH PARTIAL HOSP ADMIT</a>	<a href="#">Detail</a>
<a href="#">TEST ONLY- APPVD POS2</a>	<a href="#">Detail</a>

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. Select the desired procedure.



Diagnosis information, patient's information and procedure/service information appear on the screen. Enter clinical information and choose **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
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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

### 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 Hospital

Outpatient Hospital

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 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:  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:  
02/14/2017

Date of Service Ends:  
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 the 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

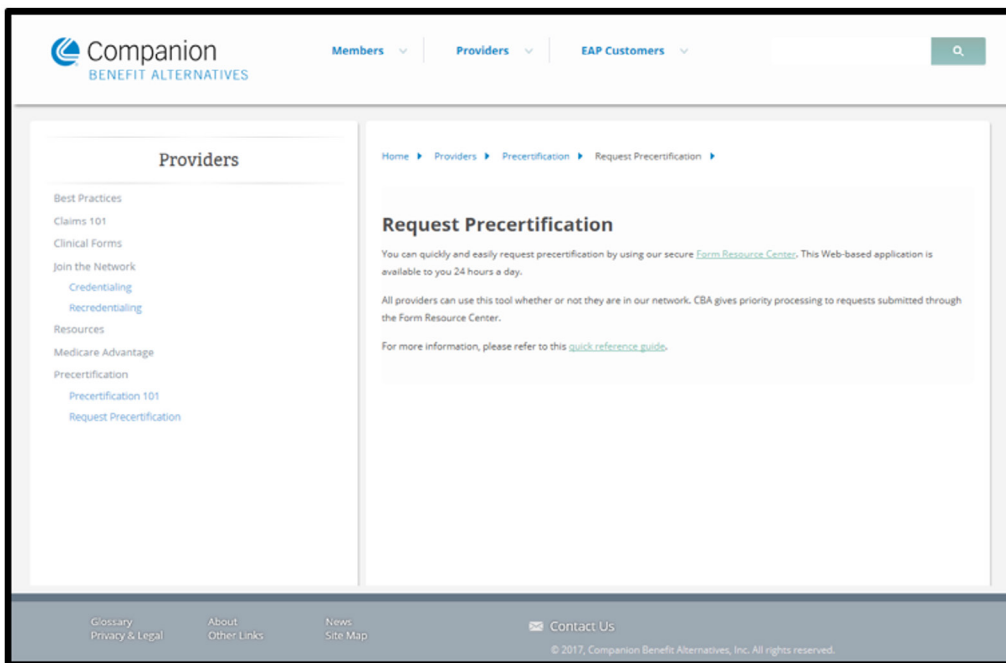
**Provider**  
Please make sure this provider will perform the service.  
\* Individual Rendering Service: 123456789  
Address: YOUR PRACTITIONER NAME  
654 PHYSICIAN PKWY STE B  
YOUR CITY, SC 29292  
987-654-3210  
[Add Secondary Provider \(+\)](#)

**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.

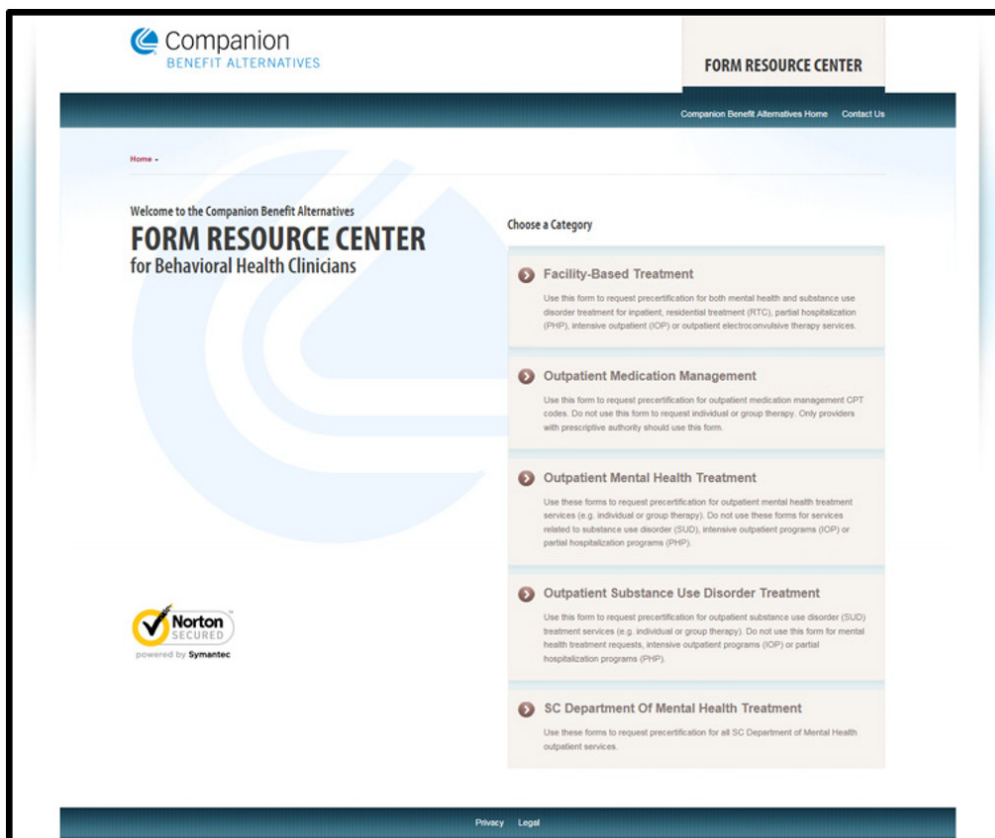
[Continue](#) or [Back](#) [Start Over](#)

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 Providers page of [www.CompanionBenefitAlternatives.com](http://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 South Carolina 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 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)" with 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 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: 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 asks "Which type of service are you requesting?" with radio buttons for Procedure, Non-Procedure, Laboratory Test, Behavioral Health Treatment, Maternity (selected), and Specialty Drug. It also asks "Where will this service take place?" with radio buttons for Inpatient Facility (selected), Outpatient Facility, and Home. 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", and "or Back", along with a "Start Over" link. Below this is a "Fast-Track Requests" section with an alphabetical index (A-Z and All). It shows "3 Results" in a table:

Request	Action
<a href="#">C-SECTION</a>	<a href="#">Detail</a>
<a href="#">SALPINGECTOMY/TUBAL PREG</a>	<a href="#">Detail</a>
<a href="#">VAGINAL DELIVERY</a>	<a href="#">Detail</a>

At the bottom of the Fast-Track Requests section, a note 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. Select the desired procedure.

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

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

On the Other Information screen, provide additional information for level of service (E-Elective, O3-Emergency, U-Urgent), release of information, facility providing service, provider(s) and the practice. Select **Continue**. Follow the process through the 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 RELATE[...]

**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

<a href="#">ABRAXANE</a>	<a href="#">Detail</a>
<a href="#">ACCRETROPIN</a>	<a href="#">Detail</a>
<a href="#">ACTEMRA IV/SC</a>	<a href="#">Detail</a>
<a href="#">ACTH-80</a>	<a href="#">Detail</a>
<a href="#">ACTIMMUNE NF</a>	<a href="#">Detail</a>
<a href="#">ADAGEN</a>	<a href="#">Detail</a>
<a href="#">ADCETRIS</a>	<a href="#">Detail</a>
<a href="#">ADCIRCA</a>	<a href="#">Detail</a>
<a href="#">ADEMPAS</a>	<a href="#">Detail</a>
<a href="#">ADRIAMYCIN</a>	<a href="#">Detail</a>
<a href="#">ADRUCIL</a>	<a href="#">Detail</a>

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. Select the desired procedure.

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® online authorization tool, MBMNow. Optum Rx is an independent company that provides pharmacy services on behalf of you BlueCross and BlueChoice. 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

\* Required

**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

**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 (e.g., 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.

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, making 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: Select Primary ID:

Continue

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. Choose **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: 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.

**Advanced Search**  
All Authorizations  
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
<a href="#">1113708585249</a>	APPROVED	06/17/2011 - 06/17/2011	[REDACTED]	OUTPATIENT HOSPITAL
<a href="#">1113709022182</a>	APPROVED	05/30/2011 - 05/30/2011	[REDACTED]	OUTPATIENT HOSPITAL
<a href="#">1113309471513</a>	APPROVED	05/13/2011 - 05/15/2011	[REDACTED]	INPATIENT HOSPITAL
<a href="#">1113015470346</a>	APPROVED	05/10/2011 - 05/12/2011	[REDACTED]	INPATIENT HOSPITAL
<a href="#">1111909592043</a>	APPROVED	04/29/2011 - 05/04/2011	[REDACTED]	INPATIENT HOSPITAL
<a href="#">1109210583238</a>	APPROVED	04/02/2011 - 04/05/2011	[REDACTED]	INPATIENT HOSPITAL
<a href="#">View Authorization</a>	PENDING	02/21/2011 - 02/21/2011	[REDACTED]	INPATIENT HOSPITAL
<a href="#">View Authorization</a>	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.

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 select **Continue**. The authorization status displays next. The Advanced Search field defaults to Extend.

You can also select **Extend** (or **Update**, **Appeal** or **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**.

The screenshot displays the 'Authorization Status' 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 PRACTICE/FACILITY' with a '(Log Out)' link and a 'Go to Message Center' link.

The main heading is 'Authorization Status' with a 'Printer-Friendly' icon. On the left, there are two sections: 'Insurance' and 'Patient'. The 'Insurance' section shows 'Plan Name: BlueCross BlueShield Plans' and 'Member ID: ZCZ065922516805'. The 'Patient' section shows 'Patient's Name: MICHAEL TESTING', 'Gender: MALE', and 'Date of Birth: 10/01/1958'. A 'Change Patient' button is located below the patient information.

In the center, there is a 'Please note' section with a blue background. It contains the following text: '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.'

Below the note is a search filter dropdown menu. The dropdown is open, showing options: 'All Authorizations', 'Show me ONLY authorizations that I can ...', 'Extend', 'Update', 'Appeal', and 'Provide Clinical Information for'. The 'Extend' option is selected. Below the dropdown are three radio button options: 'All Available Dates' (selected), 'Specific Beginning Date ...', and 'Date Range ...'.

At the bottom of the search area, there are two buttons: 'Update Results' and 'Show All Authorizations', followed by the text 'or New Search'.

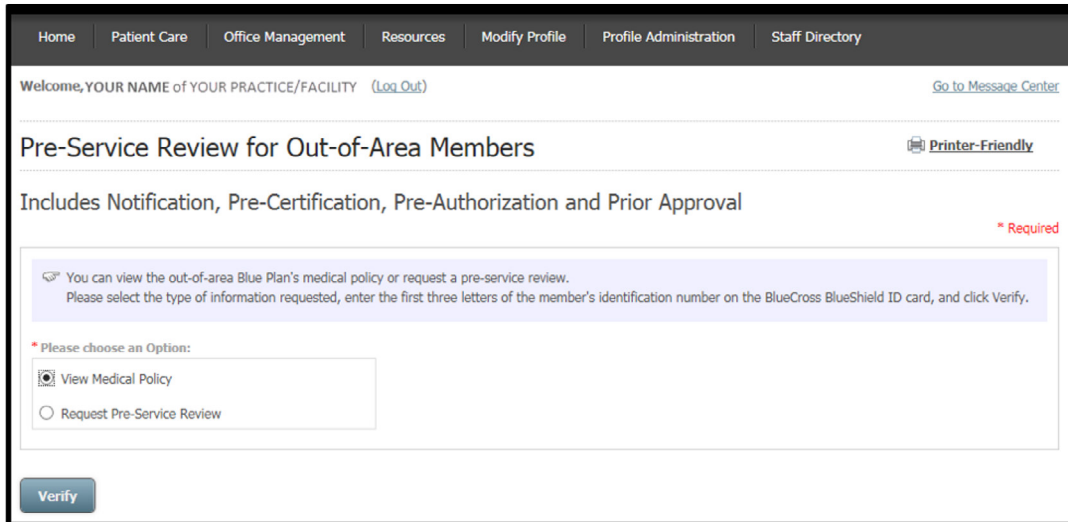
Below the buttons, it says 'Our records show these authorizations for the period you chose:'. This is followed by the heading 'Partial Authorization Status List' with a '(click a column title to sort)' note and 'Showing 8 Result(s)'. Below this is a table with the following data:

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

At the bottom of the table, there is a note: '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.'

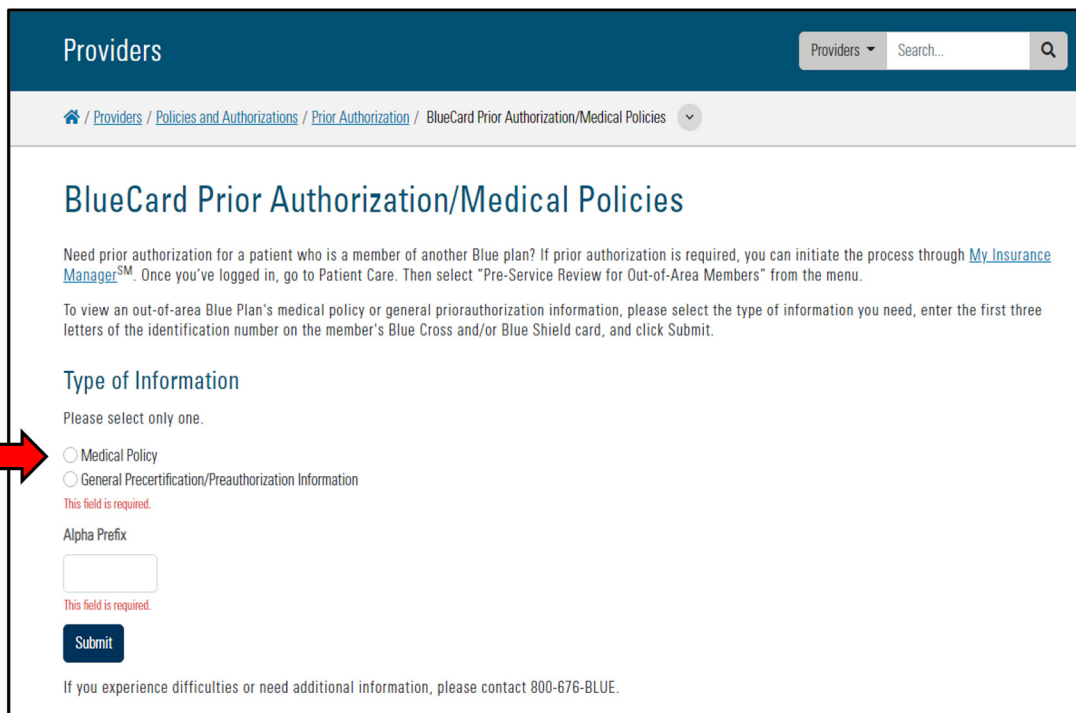
## Pre-Service Review for Out-of-Area Members

From the Patient Care menu, choose **Pre-Service Review for Out-of-Area Members**. Select **View Medical Policy** or **Request Pre-Service Review**. Then select **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)" with a "Go to Message Center" link. The main heading is "Pre-Service Review for Out-of-Area Members" with a "Printer-Friendly" icon. Below the heading, it states "Includes Notification, Pre-Certification, Pre-Authorization and Prior Approval" and a red asterisk indicates a required field. 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 buttons: "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](http://www.SouthCarolinaBlues.com). Choose **Medical Policy**, enter the alpha prefix, and then select **Submit**.



The screenshot shows a web application interface for "Providers". At the top, there is a search bar with "Providers" and "Search..." and a magnifying glass icon. Below the search bar, a breadcrumb trail reads: "Home / 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 a paragraph of text: "Need prior authorization for a patient who is a member of another Blue plan? If prior authorization is required, you can initiate the process through [My Insurance Manager](#)<sup>SM</sup>. Once you've logged in, go to Patient Care. Then select 'Pre-Service Review for Out-of-Area Members' from the menu." Another paragraph follows: "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." Below this, a section titled "Type of Information" contains the instruction "Please select only one." and two radio buttons: "Medical Policy" (which is selected) and "General Precertification/Preauthorization Information". A red asterisk and the text "This field is required." are positioned below the radio buttons. Below the radio buttons, there is a section titled "Alpha Prefix" with an empty text input field. A red asterisk and the text "This field is required." are positioned below the input field. A "Submit" button is located at the bottom left of the form area. A red arrow points to the "Medical Policy" radio button. 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.

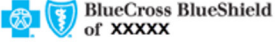
The screenshot shows the landing page for a Pre-Service Review. At the top left is the BlueCross BlueShield logo. The main heading is "Pre-Service Review for Out-of-Area Members". Below this, it says "Welcomes YOUR PRACTICE/FACILITY". A message states: "You have been routed from BlueCross BlueShield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

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

The screenshot shows the expanded form for a Pre-Service Review. The top navigation bar includes links for Home, Patient Care, Office Management, Resources, Modify Profile, Profile Administration, and Staff Directory. Below the navigation bar, there is a welcome message for "YOUR NAME" and a "Log Out" link. The main heading is "Pre-Service Review for Out-of-Area Members" with a "Printer-Friendly" link. Below this, it says "Includes Notification, Pre-Certification, Pre-Authorization and Prior Approval". A red asterisk indicates that the following fields are required. The form includes a message box with 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 also a text field for "Alpha Prefix" with the value "TCN". The "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). At the bottom left, there is a "Verify" button.

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, making sure to enter the member ID exactly as it appears on the patient's insurance card, including the alpha prefix if applicable. Select **Continue**

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

Welcome, YOUR NAME of YOUR PRACTICE/FACILITY (Log Out) Go to Message Center

### Verify Primary Care Physician

Printer-Friendly

\* Indicates required field.

**Patient Selection**

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

\* Health Plan:  
BlueCross BlueShield Plans

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

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

Continue

The primary care physician information will display on the next screen if applicable to the member's health plan.

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

Welcome, YOUR NAME of YOUR PRACTICE/FACILITY (Log Out) Go to Message Center

### Verify Primary Care Physician

Printer-Friendly

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

Inquiry Date:  
04/24/2017

**Primary Care Physician Information**

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

Change Patient Back

# JUST FOR DENTAL PROVIDERS

## Pre-Treatment Estimate Entry

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

The screenshot shows a web application interface for entering a pre-treatment estimate. At the top, there is a navigation menu with links for 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 the current step: "Plan Information", followed by "Provider Information", "Patient Information", "Claim Information", "Claim Line Information", "Review", and "Confirmation".

On the left side, there is a blue information box: "Please note: This feature is not available from 11:30 p.m. to 4 a.m. Eastern Time for maintenance purposes." A red asterisk indicates a required field. The main form area is titled "Plan Information" and contains two sections:

- Submitter Information:** Includes a warning: "If this information is not correct, please [modify your profile](#). Any information you entered will be lost if you navigate away from this page." Below this are input fields for Name (Your Name), ID (987654321), Email Address (Your.Name@email.com), Phone ((987) 234-5678), Extension (Not Available), and Fax (Not Available).
- Plan Information:** Includes a note: "Please note: You are entering a Pre-Treatment Estimate request. [Switch to create a Dental Claim Entry](#)." Below this is a dropdown menu for Plan selection, currently showing "--Please Choose One--".

At the bottom of the form, there is a "Continue" button and a "Cancel this claim" link.



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

You 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 'Pre-Treatment Estimate'. 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 '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 main content area is titled 'Provider Information' and includes a red asterisk indicating required fields. It is divided into two sections: 'Billing Location Information' and 'Rendering Provider Information'. The 'Billing Location Information' section contains a help icon and text: '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 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' (empty), '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 contains a help icon and text: 'Please Note: You must identify a Rendering Provider on all claims when the services were not rendered by the Billing Provider.' Below this is a 'Choose a Rendering Provider' link. The form fields include: 'Provider ID Type' (Please Choose One), 'Provider ID' (empty), 'Provider's Name' (empty), and 'Specialty/Taxonomy Code' (empty) with a 'Search' button. At the bottom, there are 'Continue' and 'Back' buttons, and a link to 'Cancel this claim'.

On the Patient Information screen, add the required patient data elements as a one-time entry or use the Patient Directory. In 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:  include alpha prefix, if applicable

\* Relationship to Member: SELF

\* Patient Account Number:

\* Last Name:  First Name:  M.I.:  Suffix:

\* Date of Birth:  mm/dd/yyyy

\* Gender: --Please Choose One--

\* Country: United States

\* Address Line 1:  Address Line 2:

\* City:  \* State: --Please Choose One--  \* ZIP Code:  -

**Patient Consent**

\* Benefits Assigned to Provider: Yes

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

**Continue** or [Back](#) ✕ Cancel this claim

The next pre-treatment estimate entry screen is Claim Information. Bypass the option to choose or create/update a superbill from the drop-down menu. Choose the place of service. If appropriate, add claim entry options by checking the box that corresponds with the claim information to be included. Select **Continue**.

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 Information \* Required

**Superbill Information**

Choose a Superbill Template:  
None

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

**Service Information**

Claim Type:  
Pretreatment Estimate

\* Place Of Service:  
Office - 11

**Claim Entry Options**

Accident Information

Claim Note Information

Orthodontics Information

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

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

\* Required

**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:

**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:   \* Charges: \$  Unit(s):

Procedure Description:  Tooth # -OR- Oral Cavity:

Surfaces:

Occlusal  Mesial  Distal  Facial  Incisal  Lingual  Buccal

Place of Service:

Treatment Start Date:  Treatment Completion Date:

Prosthesis, Crown or Inlay Placement:

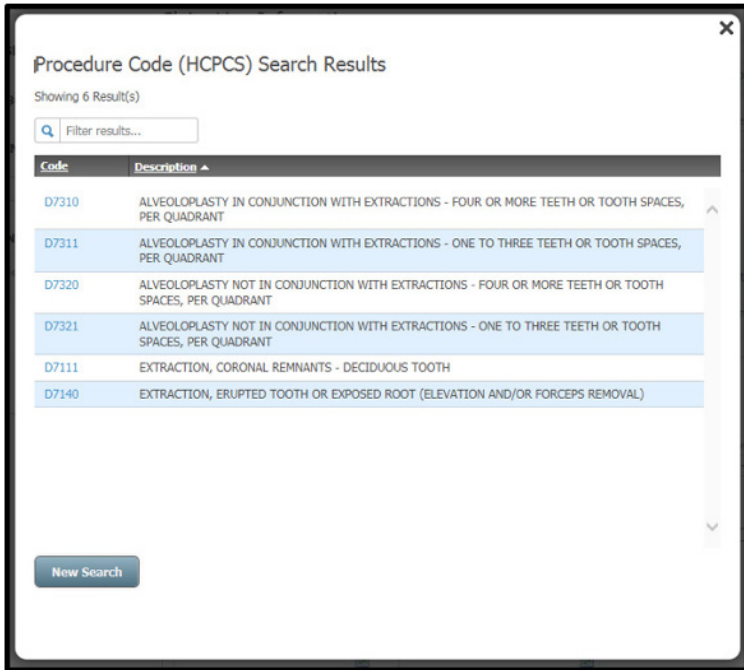
Orthodontic Banding Date:  Replacement Date:

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

[Add a New Claim Line](#)

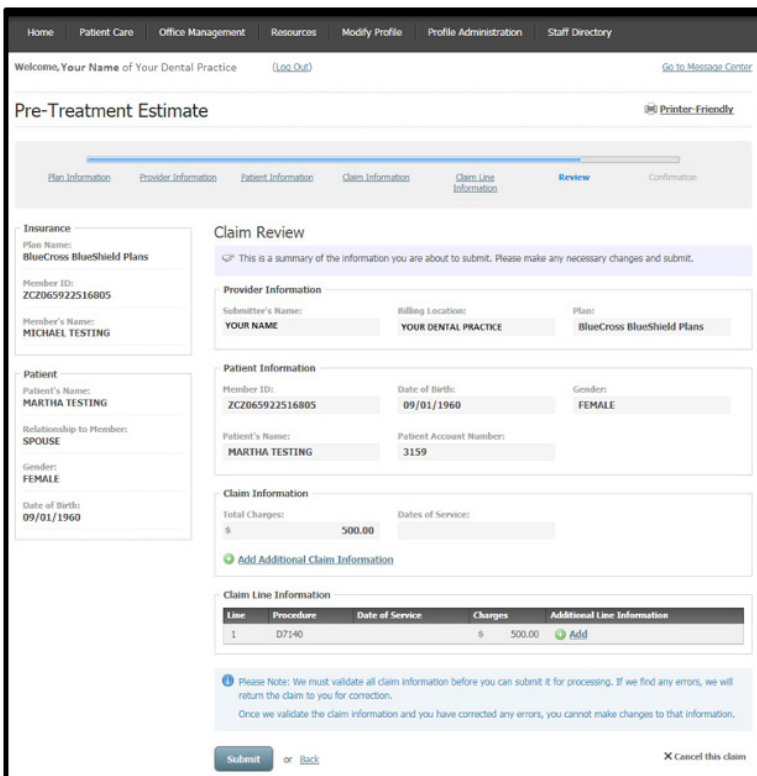
or [Back](#)

This screen appears when you are searching for a procedure code. Search by description or code. Select your desired code and be returned to the prior screen.



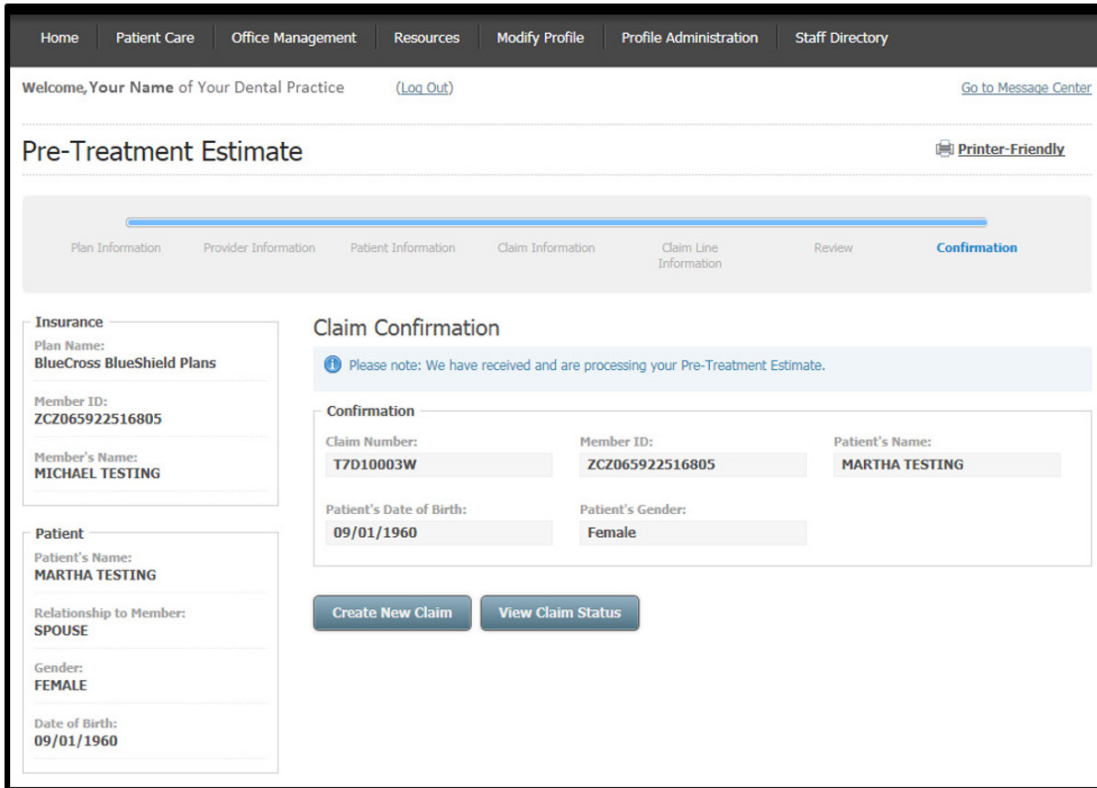
From the Review screen, examine your entries for the pre-treatment estimate. Submit the pre-treatment estimate or return to any previous screen using the **back** hyperlink or selecting a screen title on the progress bar.

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 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: <b>T7D10003W</b>	Member ID: <b>ZCZ065922516805</b>	Patient's Name: <b>MARTHA TESTING</b>
Patient's Date of Birth: <b>09/01/1960</b>	Patient's Gender: <b>Female</b>	

[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 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. To the right, there is a 'Go to Message Center' link. Below this, there are links for 'Get Adobe Reader' and 'Printer-Friendly'. The main heading is 'Pre-Treatment Estimates'. A red asterisk note states '\* Indicates required field.' The form is titled 'Patient Selection' and contains a search instruction: 'To search for a Pre-Treatment Estimate, please enter this information.' There are 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 text input field with a note 'mm/dd/yyyy'). A 'Continue' button is located at the bottom left of the form.

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

You can now choose to send a secure email to Provider Services by selecting **Ask Provider Services**. You can also choose **Previous Estimate** to see previous updates or **Next Estimate** to see the next update.

The screenshot shows the 'Pre-Treatment Estimates' detail screen. The navigation bar and welcome message are the same as in the previous screenshot. The main heading is 'Pre-Treatment Estimates'. There are links for 'Get Adobe Reader', 'Printer-Friendly', and 'View Pre-Treatment Estimate Letter'. The screen is divided into several sections. On the left, there is an 'Insurance' section with 'Plan Name: BlueCross BlueShield Plans' and 'Member ID: ZCZ065922516805'. Below that is a 'Patient' section with 'Patient's Name: MARTHA TESTING' and 'Date of Birth: 09/01/1960', and a 'Change Patient' button. The main section is titled 'Estimate Detail' and contains the following information: 'Here is the information about the pre-treatment estimate you chose.' and '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 information: 'Claim Number: T7D10003W' and 'Status: PENDING'. The 'Pre-Treatment Estimate Information' section contains: 'Provider's Name: YOUR DENTAL PRACTICE', 'Primary ID: 987654321', 'Date Received: 04/20/2017', 'Date Processed: 04/20/2017', 'Total Charges: \$500.00', 'Non-Covered Amount: \$370.00', 'Allowed Amount: \$64.00', 'Patient Liability: \$66.00', 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 selected the show/hide link for drug identification when you entered claim line information but did not have prescription drug information to add, the claim will not submit without this information or without collapsing this option.
- B06 Invalid Point of Origin I84
- E07 Invalid Admission Date B04
- B9A Patient Reason for Visit/Admitting Diagnosis I
- B20 Revenue Code - Invalid I12
- H98 Room Days and/or Charges Required on Inpatient
- L25 Enter a valid tooth number or oral cavity





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