



Durable Medical Equipment



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

Independent licensees of the Blue Cross and Blue Shield Association

Note! Contents are subject to change and are not a guarantee of payment.

- **General Information**
- Durable Medical Equipment (DME)
- Eligibility and Benefits
- Filing DME Claims
- Group Updates
- Resources

- Visit our websites to get the information you need.
 - www.SouthCarolinaBlues.com
 - www.BlueChoiceSC.com

The screenshot displays the BlueChoice HealthPlan South Carolina website. The top navigation bar includes links for Home, Providers, and Education Center. The main content area is titled "Education Center" and features a purple background with a map of South Carolina. A central image shows a doctor in a white coat standing with arms crossed. The text reads: "Because it matters how you're treated. You are a valuable part of our team in providing service to our customers. Here you'll find online tools and information to help you work with us effectively." Below this, there are three tabs: "My Insurance Manager", "Education Center", and "Forms". The "Education Center" tab is active, showing a list of resources: "Learn About Claims and Remittances", "Get Fee Schedules and Health Plan Information", and "Read Bulletins and More". A "Find Out More" link is also present. On the right side, there is a vertical list of links: "My Insurance Manager", "Forms", "Prescription Drug Information", "Education Center", "Medicare Advantage", "HIPAA Critical Center", "Quality Initiatives", "Benefit Update Meetings", "Providers Home", "Provider News", "Contact Us", and "Site map".

You will find...

- Provider News & Updates
- Provider Resources & Tools
- Provider Training
- Forms

- Use this form to save time and costs for your practice.

EFT and ERA Enrollment

Completion of this Electronic Funds Transfer enrollment form will authorize the Electronic Remittance Advice. [Read more](#) on how to complete this form.

Provider Information

* Provider Name:

Provider's Contact Information

* Provider Contact Name:

* Job Title:

* Telephone Number: Ext.

* Email Address:

Financial Institution Information

* Financial Institution Name:

* Street:

* City: * State: * ZIP Code:

* Financial Institution Telephone Number: Ext.

* Financial Institution Routing Number:

* Type of Account at Financial Institution:

* Provider's Account Number with Financial Institution:

Enrollment

New Enrollment: Select if you do not currently receive EFTs from us and need to add a bank account.
Change Enrollment: Select if you already receive EFTs from us and need to update your bank account.

* Choose Enrollment Type

New Enrollment

Change Enrollment

Requested EFT Start/Change Date:

Signature:

South Carolina BlueChoice HealthPlan

TERMS AND CONDITIONS FOR ELECTRONIC PAYMENT

By signing below, your company agrees to accept payment by BlueCross BlueShield of South Carolina and/or BlueChoice HealthPlan of South Carolina (BlueCross BlueChoice HealthPlan), through electronic funds transfer (EFT). Additionally, you acknowledge and agree that all payments shall be made in accordance with the information that you supply on the Electronic Funds Transfer Authorization Form and that BlueCross BlueChoice HealthPlan shall be entitled to rely exclusively upon such information. The terms and conditions of the agreement between you and BlueCross BlueShield of South Carolina and/or BlueChoice HealthPlan, Company Benefit Alternatives (CBA) are hereby accepted by you based on the following:

Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) Enrollment

Provider Information

Provider's Name: National Provider Identifier (NPI):

Provider's Address:

Provider's Federal Tax Identification Number (TIN) or Employer Identification Number (EIN):

Provider's Contact Information

Provider's Contact Name:

Job Title:

Telephone Number: Ext.:

Email Address:

Financial Institution Information

Financial Institution's Name:

Street:

City: State: ZIP Code:

Financial Institution's Telephone Number: Ext.:

Financial Institution's Routing Number:

Type of Account at Financial Institution:

Provider's Account Number with Financial Institution:

Enrollment

New Enrollment: Select if you do not currently receive EFTs from us and need to add a bank account.
 Change Enrollment: Select if you already receive EFTs from us and need to update your bank account.

Choose Enrollment Type: New Enrollment Change Enrollment

Requested EFT Start/Change Date (mm/dd/yyyy):

Signature:

Signature

Enrollment

Date:

Tax ID:

The Electronic Funds Transfer (EFT)/Electronic Remittance Advice (ERA) Enrollment Form and EFT Terms and Conditions are available in electronic and paper formats.

- General Information
- **Durable Medical Equipment (DME)**
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- What is DME?
 - DME is any equipment that ...
 - Provides therapeutic benefits to a patient in need due to certain medical conditions and/or illnesses.
 - Can withstand repeated use and is primarily and customarily used to serve a medical purpose.
 - Is used to treat any illness or injury, and is appropriate for home use.

- What is DME?
 - DME includes, but is not limited to:

Traction Equipment	Wheelchairs
Kidney Machines	Ventilators
Pressure Mattresses	Prostheses
Hospital Beds	Walkers
Crutches	Oxygen
Monitors	Shoe Inserts

- What is DME?
 - The patient must be capable of operating the equipment unassisted.
 - When prescribing DME, the patient's physician should complete the CMN form.
 - BlueCross BlueShield of South Carolina may, in some cases, request additional medical records and documentation from the prescribing physician.

- What is DME?
 - Repair or maintenance of rented DME is the responsibility of the participating DME supplier at no additional charge to the member.
 - Repair and maintenance of purchased equipment is the responsibility of the member (subject to warranty provisions or medical necessity).

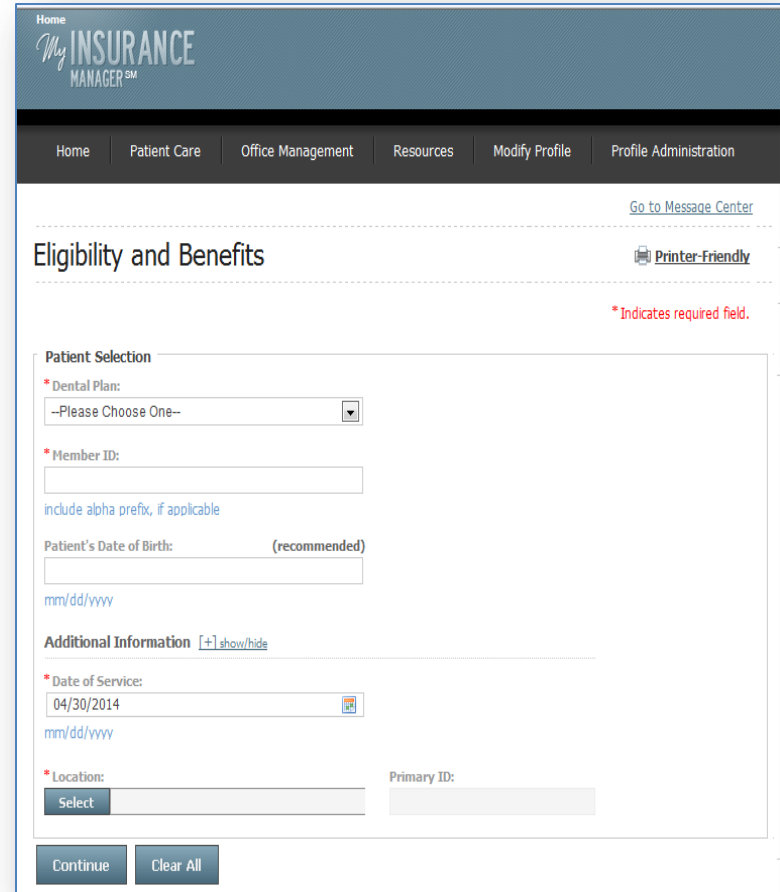
- What is DME?
 - BlueCross will review the option to rent or purchase eligible DME on an individual basis as based on specific contract verbiage.
 - DME and prosthetic/orthotic fees include these things:
 - Delivery and/or Installation
 - Sales Tax
 - Casting, Molding, Fabrication, Fitting and/or Adjustments
 - Materials and Hardware (i.e., screws, bolts, etc.)
 - Labor (with the exception of medical necessary repairs after the "warranty period")

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- Methods to Verify Eligibility and Benefits
 - My Insurance ManagerSM
 - Preferred method
 - Call the provider services number on the back of the ID card.
 - Submit a HIPAA 270 electronic inquiry.
 - BlueCard[®] Eligibility Line
 - 800-676-BLUE(2583)
 - For out-of-area members.



- My Insurance Manager
 - Online tool to access
 - ✓ Eligibility and Benefits
 - ✓ Claims Entry
 - ✓ Prior Authorization
 - ✓ Request Status
 - ✓ Claims Status
 - ✓ Remittance Information
 - ✓ Ask Provider Services
 - ✓ EDI Reports



Home My INSURANCE MANAGER SM

Home Patient Care Office Management Resources Modify Profile Profile Administration

[Go to Message Center](#)

Eligibility and Benefits [Printer-Friendly](#)

* Indicates required field.

Patient Selection

* Dental Plan:
--Please Choose One--

* Member ID:

include alpha prefix, if applicable

Patient's Date of Birth: (recommended)

mm/dd/yyyy

Additional Information [+/- show/hide]

* Date of Service:
04/30/2014

mm/dd/yyyy

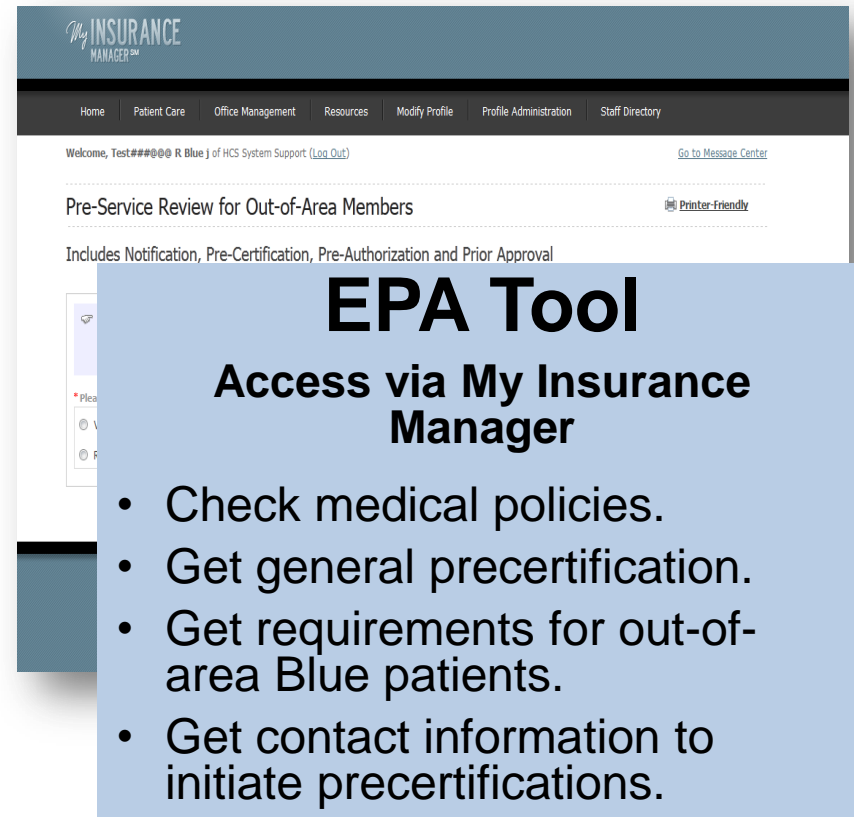
* Location: Primary ID:

Select

Continue Clear All

- Utilization Review
 - Call the utilization management/precertification number on the back of the card.
 - Call BlueCard Eligibility at 800-676-BLUE (2583).
 - Submit a HIPAA 278 transaction.
 - Use the Precertification/Referral option on My Insurance Manager.
 - FEATURE! Clinical Attachments
 - Submit clinical information for pending precertification.
 - » Accepts PDF documents created in Adobe Acrobat version 1.3 or higher and documents a maximum of 30 MB each.
 - » Accepts up to 10 attachments per request.

- My Insurance Manager
- Use the Electronic Provider Access (EPA) Tool
 - Allows access to out-of-area members' Blue Plan provider portals.
 - The EPA Tool is not implemented with every Plan.
- EPA Tool Guide
www.SouthCarolinaBlues.com



The screenshot shows the 'My Insurance Manager' website interface. The header includes the logo and navigation links: Home, Patient Care, Office Management, Resources, Modify Profile, Profile Administration, and Staff Directory. The main content area displays a welcome message for 'Test####@R Blue J of HCS System Support' with a 'Log Out' link and a 'Go to Message Center' link. Below this, the section is titled 'Pre-Service Review for Out-of-Area Members' with a 'Printer-Friendly' link. A sub-section lists 'Includes Notification, Pre-Certification, Pre-Authorization and Prior Approval'. A blue callout box is overlaid on the right side of the screenshot, containing the following text:

EPA Tool

Access via My Insurance Manager

- Check medical policies.
- Get general precertification.
- Get requirements for out-of-area Blue patients.
- Get contact information to initiate precertifications.

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Filing DME Claims

DME Claims

Provider type	How to file: (required fields)	Where to file	Example
<p>DME and Supplies: Types of service include, but are not limited to: hospital beds, oxygen tanks, crutches, etc.</p>	<p>Patient's Address:</p> <ul style="list-style-type: none"> - Field 5 on CMS 1500 Health Insurance Claim Form or - Loop 2010CA on the 837 Professional Electronic Submission. <p>Ordering Provider:</p> <ul style="list-style-type: none"> - Field 17 on CMS 1500 Health Insurance Claim Form or - Loop 2420E (line level) on the 837 Professional Electronic Submission. <p>Place of Service:</p> <ul style="list-style-type: none"> - Field 24B on the CMS 1500 Health Insurance Claim Form or - Loop 2300, CLM05-1 on the 837 Professional Electronic Submissions. <p>Service Facility Location Information:</p> <ul style="list-style-type: none"> - Field 32 on CMS 1500 Health Insurance Form or - Loop 2310C (claim level) on the 837 Professional Electronic Submission. 	<p>File the claim to the Plan in whose state the equipment was shipped to or purchased in a retail store.</p>	<p>A. Member purchased the wheelchair at a retail store in South Carolina.</p> <p>File to: BlueCross BlueShield of South Carolina.</p> <p>B. Member purchased the wheelchair on the Internet from an online retail supplier in Ohio and it shipped to South Carolina.</p> <p>File to: BlueCross BlueShield of South Carolina.</p>

- Filing DME Claims
 - Always verify a member's eligibility and benefits.
 - It is important that you use in-network participating ancillary providers to reduce the possibility of additional member liability for covered benefits.
 - Members are financially liable for ancillary services their benefit plan doesn't cover.
 - It is the provider's responsibility to request payment directly from the member for non-covered services.

Important: Precertification is not a guarantee of payment.


- Filing DME Claims
 - Prior authorizations do not guarantee payment of benefits.
 - Claim payments are subject to the rules of the plan.



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- BlueChoice[®] HealthPlan of South Carolina
 - BlueChoice HealthPlan directly manages prior authorizations, claims and network management processes for DME.
 - Most services do not require prior authorization.
 - Use the Request for Preauthorization of Benefits for Ancillary Services form to request all other services requiring prior authorization.
 - Go to www.BlueChoiceSC.com and select Providers, then select Resources.
 - The physician's office can supply DME under \$100 without prior authorization.
 - File it under the physician's tax ID number.

- BlueChoice HealthPlan
 - You must fax authorizations
 - Use the Ancillary Services Preauthorization Request form.
 - Located in the Referral and Authorizations Forms section in Forms on www.BlueChoiceSC.com.



Request for Preauthorization of Benefits for Ancillary Service

Please refer to our website, BlueChoiceSC.com, for a complete list of ancillary services that require authorization.
 Fax this form to BlueChoice HealthPlan, Health Care Services
 Fax: 800-610-5685 or 803-714-6463

Original (Prospective) Request Reauthorization (Concurrent) Request

MEMBER INFORMATION

Member's Name: _____

Member's ID #: _____, DOB: _____

Home Phone: _____, Alternate Phone: _____

Primary Diagnosis: _____, ICD9: _____

Secondary Diagnosis: _____, ICD9: _____

Height: _____, Weight: _____ (Provide if necessary to service member — selecting size, dose, etc.)

YOUR INFORMATION

Provider's Name: _____, Location: _____

Tax ID Number: _____, NPI: _____

Contact's Name: _____, Phone: _____, Fax: _____

PHYSICIAN INFORMATION

Physician's Name: _____, NPI: _____

Phone: _____, Fax: _____, UPIN: _____

(Continued on back.)

The attached information is confidential and is intended only for the use of the addressee identified above. If the reader of this message is not the intended recipient(s), please be advised that any dissemination, distribution or copying of the communication is strictly prohibited. Anyone who receives this communication in error should notify us immediately by telephone (1-800-327-3153). The document can be faxed to us at (1-800-610-5685). After contacting us, this original document can be destroyed or returned to us via U.S. mail by sending to the following address: BlueChoice HealthPlan, Mail Code AX-325, P.O. Box 5170, Columbia, SC 29260-5170.

(Rev. 12/10)

Dates of Service
(From – To)

are faxing to us,

showing U&C charge and plan's prescription. 3) All Re-authorization request

This message is not the intended recipient. Anyone who receives this message in error should notify us immediately by telephone (1-800-610-5685). After contacting us, this original document can be destroyed or returned to us via U.S. mail by sending to the following address: BlueChoice HealthPlan, Mail Code AX-325, P.O. Box 5170, Columbia, SC 29260-5170.

(Rev. 12/10)

- State Health Plan (SHP)
 - SHP requires prior authorization for DME over \$500.00.
 - SHP requires DME rental for more than six months.

- Federal Employee Program (FEP)
 - FEP does not require prior authorization for DME.
 - For the FEP only, DME suppliers must file all initial claims for the rental or purchase of DME with a completed CMN.
 - Providers can submit the CMN form found at www.fepblue.org or Medicare's website at www.CMS.gov.

- Affordable Care Act
 - Blue OptionSM
 - List of DME that require prior authorization
 - Visit www.BlueOptionSC.com.
 - DME rental or purchase price over \$500.00 requires prior authorization.
 - BlueEssentialsSM
 - DME rental or purchase price over \$500.00 requires prior authorization.

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- www.SouthCarolinaBlues.com
 - 2015 Provider Office Administrative Manual
 - 2015 BlueChoice® Provider Office Administrative Manual
 - BlueCard Program Provider Manual
 - Bulletins
 - Web Blasts
 - Webinar Trainings
 - DME - CAM Policy 115

And your provider advocate!

Direct general questions to your provider advocate at provider.education@bcbssc.com or 800-288-2227, ext. 44730.

- Breast Pump - CAM Policy 046
 - Members must get breast pumps from contracted, network providers for in-network benefits to apply.
 - Better Living Now
 - For members who qualify for no cost sharing in relation to breast pump purchases, there are two allowable pumps available:
 - Ameda Purely Yours (Electric)
 - Ameda One Hand (Manual)

- CPAP - CAM Policy 20118
 - CPAP machines and supplies follow the guidelines in CAM 115 for DME.
 - Supplies are included in the rental up to the purchase, based on medical necessity at the allowed frequency.

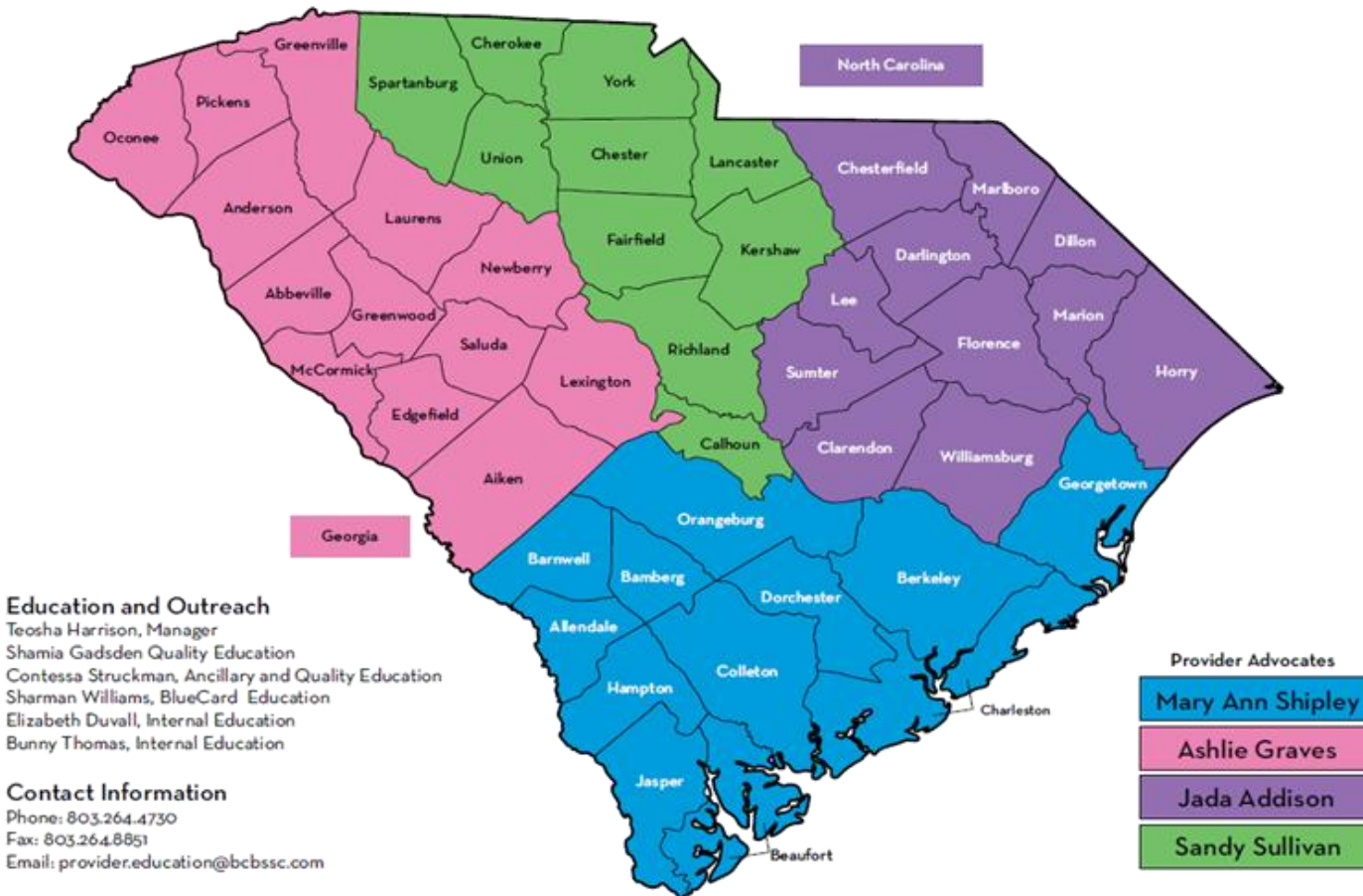
Code	Description	Frequency		Code	Description	Frequency
A7030	CPAP Full Mask	one every year		A7035	Replacement Headgear	one every 180 Days
A7031	Replacement Face Mask Interface	one every 30 days		A7036	Replacement Chinstrap	one every 180 days
A7032	Replacement Nasal Cushion	two every 30 days		A7037	Replacement Tubing	one every 90 days
A7033	Replacement Nasal	two pairs every 30 days		A7038	Replacement Disposable Filters	one every 30 days
A7034	Replacement Nasal Application Device	one every year		A7039	Replacement Non-Disposable Filters	one every 180 days

- Precertification Requirements
 - Some services require additional documentation in order to review a precertification request.

CPAP and BIPAP	Oxygen
CPMs	Prosthesis
Insulin Pumps	Wheelchairs
Maternity (Breast Pump)	Wound Care
Orthotics	

- Visit www.SouthCarolinaBlues.com for the requirements and forms.

- Provider Education Advocates





Resources

Name	Area	Telephone	Email
Jada Addison	Provider Education	803-264-2724	Jada.Addison@bcbssc.com
Shamia Gadsden	Provider Education	803-264-6966	Shamia.Gadsden@bcbssc.com
Ashlie Graves	Provider Education	803-264-4301	Ashlie.Graves@bcbssc.com
Mary Ann Shipley	Provider Education	803-264-3724	Mary.Ann.Shipley@bcbssc.com
Sandy Sullivan	Provider Education	803-264-5969	Sandy.Sullivan@bcbssc.com
Contessa Struckman	Provider Education	803-264-3481	Contessa.Struckman@bcbssc.com
Sharman Williams	Provider Education	803-264-8425	Sharman.Williams@bcbssc.com

Provider advocates are always eager to assist you!

Questions?

