

BlueNewsSM for Providers



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

Benefit Update Meeting Winners
CMS Validation Program Returns
Frequently Asked Questions

Claims and Billing Minute
Featured Webinar
Important Reminders
Medical Policy Updates

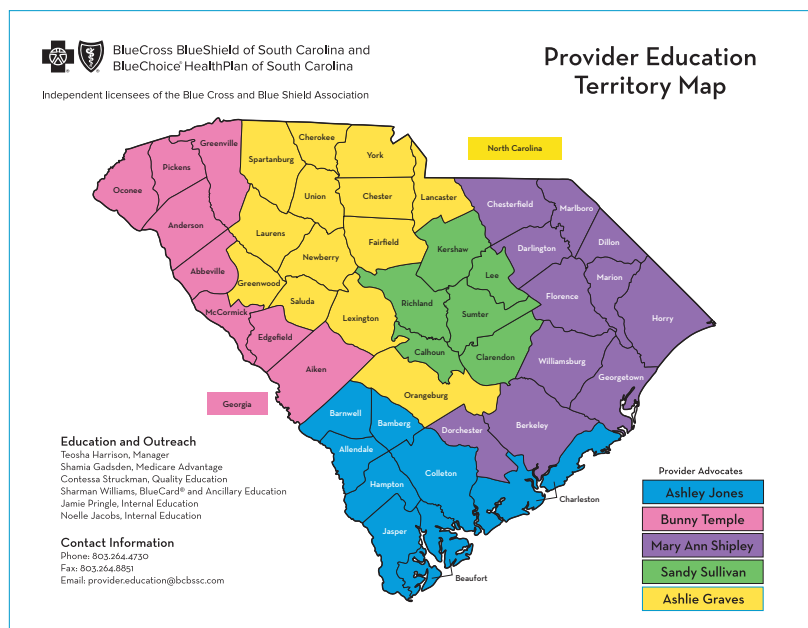
The Wait Is Over!

Realignment within the BlueCross BlueShield and BlueChoice Health Plan Provider Relations and Education Team

We are very excited to introduce you to Ashley Jones, our newest Provider Advocate. She will cover the Lowcountry region of South Carolina. Ashley has previous experience in training, system testing and Marketplace operations. She looks forward to meeting her new providers soon!

The excitement doesn't stop there! Our external relations team has been reorganized to offer our providers a fresh service approach. We believe this will enhance your experience in working with us to accomplish mutual business needs.

Our new map is available on the Provider Advocates page of www.SouthCarolinaBlues.com and www.BlueChoiceSC.com.



In addition to the Midlands area shown, Sandy Sullivan has assumed the responsibility of handling the following hospital organizations:

- Greenville Hospital System/UMG
- MUSC
- Roper St. Francis
- Bon Secours Roper
- HCA medical facilities
- Lexington Medical Center
- McLeod Medical
- Palmetto Health
- Tenet medical facilities

Bunny Temple will also serve as the relations representative for Doctors Care and Carolinas Hospital System in Charlotte, North Carolina.

Ashlie Graves will serve as the relations representative for our Veterans Affairs (VA) facilities.

If you have a training request or question, contact your county's designated Provider Advocate. You can reach your education representative by calling **803-264-4730**, by emailing provider.education@bcbssc.com or by submitting the [Provider Advocate Contact Form](#) (located on the Provider Advocates page of www.SouthCarolinaBlues.com and www.BlueChoiceSC.com).

Benefit Update Meeting Winners Enjoy South Carolina BLUESM RV Events

During the 2017 Benefit Update Meeting, three participants were winners of a catered lunch and a fun, health-related event provided by Provider Relations and Education for their practices. The South Carolina BLUE RV traveled to their locations to help make this occasion a memorable experience. If your practice would like a chance to win this coveted prize this year, make plans to attend the 2018 Benefit Update Meeting in December. We'd love to see you there and celebrate your practice if you're our next lucky winner!



Winner: Abbeville Area Medical Center - Abbeville, S.C.

Financial Analyst Jeannie Capps had the winning ticket that secured her facility a Chick-fil-A lunch on April 3. Provider Education Representatives Ashlie Graves, Ashley Jones and Andy Pineda met with more than 40 staff members, facilitated games and giveaways for participants and had a guided tour of the Abbeville Area Healthcare Center — Abbeville Area Medical Center's new medical office building — before its official grand opening.

Winner: Charleston Cancer Center - Charleston, S.C.

On April 6, Provider Education Representatives Mary Ann Shipley, Ashley Jones, Andy Pineda and Sharman Williams had the pleasure of treating the wonderful staff of Charleston Cancer Center. Thanks to Kimberly Jordan's winning entry, her practice opted to enjoy desserts prepared by Butter Cupcake. It was important to the practice's staff that their event focused on brightening the day of their patients by sharing with them gourmet cupcakes and souvenirs from the South Carolina BLUESM RV.



Winner: Coastal Empire Community Mental Health Center - Beaufort, S.C.

Shirley Martin, Fiscal Tech I and her colleagues have regularly attended the Benefit Update Meetings each year. How fitting that we were able to offer our thanks to their practice when her entry was the winning ticket pulled during last year's conference. Provider Relations and Education manager Teosha Harrison, along with team members Ashley Jones, Andy Pineda and Shamia Gadsden, were thrilled to facilitate their event April 14. Coastal Empire Community Mental Health Center practitioners and staff enjoyed a delicious lunch catered by Alvin Ord's.

Thank you to our winners for being valued providers and active participants in our annual workshop and for allowing Provider Relations and Education the opportunity to show you our appreciation for all you do to care for our members!

Medical Record Requests for CMS Validation Program Returns

Last fall, BlueCross and BlueChoice® sent medical record requests to selected providers for Risk Adjustment Data Validation (RADV). Our plans will again conduct outreach in support of this federally mandated program. The Centers for Medicare & Medicaid Services (CMS) and the U.S. Department of Health & Human Services validate the accuracy of risk adjustment data submitted by health plans in the Individual and Small Group markets.

Just as before, we will require participating providers to respond in a timely manner to medical record requests for members identified as part of the random sample audit. We will review those members' progress notes, hospital notes and correspondence from services provided during calendar year 2016.

Look for more information from our plans for this outreach in our June newsletter.

Frequently Asked Questions

The table includes questions providers have recently asked of our staff, with our responses. Although we highlight frequently asked questions (FAQs) in our monthly newsletter, the best place to view the entire list of FAQs is in the Education Center of our provider websites. We regularly add new questions and answers online at www.SouthCarolinaBlues.com and www.BlueChoiceSC.com.



Your Question	Our Response
Are there specific guidelines for preadmission testing (e.g., EKG) when performed in a physician's office?	If you perform preadmission testing, such as an EKG, in your office, you should file it like any other procedure through an office visit. If the place of service is at the office, you bill as an office claim. When you do the preadmission testing at the hospital within 72 hours of admission, then you should bill it on the UB with the occurrence code 41.
How do I get a copy of our practice's 1099 tax form?	Please call the 1099 Tax Line at 800-991-2701 to request form copies for BlueCross, BlueChoice, TRICARE and other plans.
Who should I contact if I have a question about the status of my provider credentialing application?	For BlueCross and BlueChoice provider credentialing questions, please email provider.cert@bcbssc.com . Email CBA at cba.provrep@companiongroup.com for questions about mental health provider credentialing.
What can I do about an issue with electronic claims and modifiers not transmitting through our clearinghouse?	Our EDI department can work with your clearinghouse if there is a problem with us not getting your claims submissions. Contact EDI by email at edi.services@bcbssc.com or by phone at 800-868-2505 .

Claims and Billing Minute: Filing a Professional Claim Adjustment

If you need to adjust (or correct) a previously paid claim, the adjustment must contain the following three items:

1. Frequency Code “7” (Adjustment) in CMS-1500 Box 22 (Resubmission Code).

This corresponds to the CLM05-3 segment in the 2300 Loop of the electronic claim file.

22. RESUBMISSION CODE 7	ORIGINAL REF. NO. 6D20845580005
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CLM*436944*271***11:B:7Y*A*Y*Y~

2. The BlueCross claim number (“ICN” or “DCN”) of the previously paid claim in CMS-1500 Box 22 (Original Ref. No.).

This corresponds to an REF segment with an F8 qualifier in the 2300 Loop of the electronic claim file.

22. RESUBMISSION CODE 7	ORIGINAL REF. NO. 6D2084558005
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REF*F8*6D2084558005~

3. A brief description of the reason for the adjustment (new service line, different tooth number, etc.) in CMS-1500 Box 19 (Additional Claim Information).

19. ADDITIONAL CLAIM INFORMATION (Designed by NUCC) SERVICE LINE 1 - CHANGE PROCEDURE CODE TO 99211

This corresponds to an NTE segment in the 2300 Loop of the electronic claim file.

NTE*ADD*SERVICE LINE 1 – CHANGE PROCEDURE CODE TO 99211~

Featured Webinars: Affordable Care Act Plans

This month, we present a training opportunity highlighting our current plan offerings on the Federally Facilitated and private marketplaces. You’ll learn about prescription drug information, precertification requirements, premium delinquencies and more.

- **Tuesday, May 16, 2017 – noon (approximately one hour)**

In June, our featured webinars are Provider Credentialing and Town Hall Meeting – Qtr 2. Register for any online training on the Provider Training page at www.SouthCarolinaBlues.com.

Important Reminders...

- For claims that denied UMC0V – Records show that the member is eligible or has Medicare coverage; have the member complete BlueCross’ Other Health Insurance (OHI) Questionnaire Form; then forward it to the Plan.
- Providers cannot use the PWK segment to send supporting documentation when submitting claims electronically. The best method is to use the Claim Attachment feature available in My Insurance Manager.
- Medical claims clearinghouses have their own proprietary payer ID list. Check with your clearinghouse for the payer ID you should use for BlueCross BlueShield of South Carolina plans.
- When billing with a code for an unclassified drug or procedure, providers should include the additional information in the SV 101-7 field of the claim line. This corresponds to Box 24 on the CMS-1500 Claim Form.
- Avalon bills members on behalf of its network providers, then forwards all monies collected to the appropriate provider.
- Dental providers are unable to use STATchatSM to speak with a Provider Services Representative but can send a secure email to Ask Provider Services via My Insurance Manager.

Latest Medical Policy Updates

We regularly review and revise the medical policies we use to make clinical determinations for a member's coverage. Here are recent medical policies that have been reviewed, updated or newly added. Please visit the Medical Policies and Clinical Guidelines pages of www.SouthCarolinaBlues.com and www.BlueChoiceSC.com frequently to stay abreast of these changes and to read any policy in its entirety.

Policy	Update
CAM 233 Hospice Care	Annual review/no change
CAM 10106 Home Cardiorespiratory Monitoring	Update to policy statement to include that monitoring should be initiated in infants under 12 months; term "apparent life-threatening event" is replaced with "brief resolved unexplained event"
CAM 70311 Total Artificial Hearts and Implantable Ventricular Assist Devices	Annual review/no change
CAM 90306 Ophthalmologic Techniques for Evaluating Glaucoma	Annual review/no change



Have a question for Provider Relations and Education?

Provider advocates are always eager to assist you. If you have a training request or inquiry, please contact your county's designated provider advocate by using the [Provider Advocate Contact Form](#).

You can also reach our Provider Education department by emailing provider.education@bcbssc.com or by calling **803-264-4730**.



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

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