

Provider Reconsiderations

BlueCross BlueShield of South Carolina and BlueChoice HealthPlan accept provider reconsideration requests to review a claim that has processed with an adverse determination. An adverse determination is a denial or penalty that may affect the member and/or provider. Requests are reviewed in conjunction with our medical policies and the member's benefit plan.

Submitting Provider Reconsiderations

A provider can pursue provider reconsideration by using the [Provider Reconsideration Form](#). This form is intended for use by physicians and other health care professionals in South Carolina only. Please be sure to complete the form in its entirety and attach all supporting documentation.

Provider reconsideration requests should include an explanation of the issue(s) to be reconsidered, such as seeking additional benefits, or why we should reconsider the service. We require you to include any supporting documentation, such as member's history and physical, any operative reports, office notes, pathology reports, hospital progress notes, radiology reports and/or laboratory reports. We are unable to review requests that are submitted without supporting documentation.

Send the Provider Reconsideration Form to the appropriate fax number or address as provided on the form.

Plan	Reconsideration Time Limits	Fax Number	Mailing Address
BlueChoice HealthPlan	Varies by plan	803-264-4172	AX-620, I-20 @ Alpine Road, Columbia, SC 29219
BlueEssentials SM & Blue Option SM	60 days from process date	803-264-4172	AX-620, I-20 @ Alpine Road, Columbia, SC 29219
Preferred Blue® & BlueCard®	Varies by plan	803-264-4172	AX-620, I-20 @ Alpine Road, Columbia, SC 29219
Group & Individual	180 days from process date	803-264-4172	AX-F25, I-20 @ Alpine Road, Columbia, SC 29219
State Health Plan	180 days from process date	803-264-4204	AX-B10, P.O. Box 100605, Columbia, SC 29260
Federal Employee Program	90 days from process date	803-264-8104	AX-B05, P.O. Box 600601, Columbia, SC 29260
Healthy Blue SM	90 days from process date	1-866-387-2968	Attn: Grievances and Appeals, P.O. Box 100124 Columbia, SC 29202

The table includes some reasons you would or would not request a provider reconsideration. Please note this is not a comprehensive list of reasons to submit a provider reconsideration form for claim denial.

Reasons that would require a provider reconsideration	**Reasons that would not require a provider reconsideration
Medical necessity determination	Membership, eligibility and benefit issues
Lack of authorization for non-emergent services when the member does not present themselves as a BlueCross BlueShield South Carolina member	Lack of authorization for non-emergent services when the member presents themselves as a BlueCross BlueShield South Carolina member

** For the reasons listed in this column, please contact the Provider Services phone number on the back of the member's ID card.

Determinations

After the review is complete the appropriate service area will initiate claim adjustments or notifications will be sent to the provider.

The information in this document is only general guidance. Benefits and member appeal processes are always subject to the terms and limitations of the member's benefit plan. No employee of BlueCross BlueShield of South Carolina has authority to enlarge or expand the terms of the plan. In the event of any inconsistency between information contained in this document and the member benefit plan, the terms of the member benefit plan shall govern.