



Eligibility

1. Before rendering service, ask to see the patient's Medicare Blue Private identification card.
2. Next, verify eligibility and coverage by calling 1-800-605-3256.

Claims Submission

Send claims for Medicare Blue Private members to BlueCross BlueShield of South Carolina, not to a Medicare carrier or fiscal intermediary. The only exception is for hospice services, which continue to be paid by original Medicare. Please send all claims for hospice services to your Medicare carrier or fiscal intermediary.

How to Submit Claims

All providers should submit claims as soon as possible after providing service using the standard CMS-1500, CMS-1450 or UB92 forms. You must follow all Medicare billing guidelines when submitting claims.

Electronic Claims

Submit electronic claims using the EDI 837 billing form.

- Include the source of payment
- Bill BlueCross BlueShield of South Carolina and use the following Payer IDs:
 - Medicare Blue Private – C62

Paper Claims

Send paper claims to BlueCross BlueShield of South Carolina at this address:

Medicare Blue
Consumer Products
P.O. Box 100133
Columbia, SC 29202-9545

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Paper Claim Forms

- Bill facility paper claims on a CMS-1450 claim form.
- Bill professional claims on a CMS-1500 claims form.

Claim Status

Here is how to inquire about claims status:

- Visit www.SouthCarolinaBlues.com and log into My Insurance Manager^{SM†}.
 - Use our Ask Provider Services feature or the STATChat feature.
 - For information on how to use these features, please contact the Education department.
- If you do not have Internet access, you can access claim status through the Voice Response Unit (VRU) by calling 1-800-868-2510.

Key Points

Be sure to include the following on your claims:

- Medicare Provider Number (Box 33 of the CMS 1500 claims form) and Federal Tax Identification Number (Box 25 of the CMS 1500 claims form).
- Alpha prefix of the member's Contract ID Number (on the member ID card) along with the member contract number.
- **Laboratories** — send claims directly to BlueCross BlueShield of South Carolina. Use your CLIA number.
- **Facilities** — when submitting bills on a CMS-1450 form or UB-92, you must include the six-digit Medicare number in field 51 (Provider No.).



Coordination of Benefits

If a member has primary coverage with another plan, please submit claims for payment to that plan first. The amount payable by Medicare Blue Private will be governed by the amount paid by the primary plan and the coordination of benefits policies.

Advanced Beneficiary Notification (ABN)

ABNs are not required for Medicare Advantage members. You must inform a private fee-for-service (PFFS) member in advance of the service that it will not be covered. Your notification can be verbal or in writing, but we encourage you to document the discussion.

Claims Payment

Medicare Blue Private process claims following original Medicare billing rules, including all Prospective Payment System requirements. Submit claims using the same coding rules as original Medicare. Use Medicare CPT codes and defined modifiers. Bill diagnosis codes to the highest level of specificity. Remember to use the CMS-approved HCPCS codes and CMS-approved modifiers.

Medicare Blue Private also reserve the right to review final cost settlements to determine if an overpayment situation exists and therefore, recover any monies owed to us. If it is determined that monies have been overpaid, you will be contacted by BlueCross BlueShield of South Carolina for further action.

Claim Payment Inquiries

If you have any questions about a claim payment, please call the Provider Services department at 1-800-868-2510. Please have the following information available:

- Medicare provider billing number assigned by CMS
- Member's name
- Member's date of birth
- Member's Medicare Blue/Medicare Blue Plus number listed on the ID card
- Claim number in question
- Date of service
- Issue you want reviewed
- Additional information if necessary
- Copy of claim (if available)

Claims Appeals

If the payment amount a provider receives from Medicare Blue Private (including the member cost sharing collected) is less than the provider would have received under original Medicare for the service, the provider can appeal the payment amount.

To appeal the payment amount, the provider must provide reasonable documentation to the plan of the original Medicare payment amount that applies to the service. For example, a remittance advice from a Medicare carrier would be considered as documentation. If the provider is paid less than the amount he or she is entitled to receive, Medicare Blue Private must pay the provider the difference.



Right to Appeal

You may file a standard appeal of a denied claim if you completed a waiver of liability statement that says you will not bill the member regardless of the outcome of the appeal.

Send Appeals to:

BlueCross BlueShield of South Carolina
Medicare Blue and Medicare Blue Plus
Consumer Products Business Unit
4101 Percival Road
Columbia, SC 29229

If providers demonstrate that they have not received proper payment, Medicare Blue Private will then pay the difference between what was originally received and what would have been received under original Medicare.

Record Retention

In accordance with federal law, we will retain all records for 10 years.

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