



INSTIL[®] HEALTH



My Insurance ManagerSM and My Remit Manager

Published by Provider Education
Your Partners in Outstanding Quality, Satisfaction and Service

Revised: October 2024

In the event of any inconsistency between information contained in this handbook and the agreement(s) between you and the health plan, the terms of such agreement(s) shall govern. The information included is general information and in no event should be deemed to be a promise or guarantee of payment. We do not assume and hereby disclaim any liability for loss caused by errors or omissions in preparation and editing of this publication.

Contents

Overview	3
Registering	4
Logging In	7
Profile Administration.....	9
Eligibility and Benefits.....	13
Authorizations.....	22
Claims.....	30
Claim Attachment Feature.....	37
Ask Provider Services and STATchat SM	42
My Remit Manager	44

Overview

My Insurance Manager is a unique, online tool for providers. Once you have registered, you can use it to access information about your claims and coverage for your patients. Secure encryption technology ensures any information you send or receive is completely confidential. Please note that you must access this tool through www.InStilHealth.com.

Registering

From the My Insurance Manager homepage, select **Register Now**.

The screenshot shows the My Insurance Manager homepage. At the top left is the logo "My INSURANCE MANAGER SM". Below the logo is a login and registration form with fields for "Username" and "Password", a "Login" button, and a "Register Now!" button circled in red. There are also links for "Forgot Username?" and "Forgot Password?". To the right of the form is a banner featuring a smiling female doctor and a computer monitor. The banner text reads "Welcome to My Insurance Manager!" and "Log in to file a claim, check benefits and more! If you have never registered, you will need to create a profile." with a "Register Now" button. Below the banner are two feature cards: "Safeguard PHI!" and "Let us know!".

Username
Username

Password
Password

Login or **Register Now!**

[Forgot Username?](#) or [Forgot Password?](#)

Browser Requirements

For predictable, reliable performance, we recommend viewing My Insurance Manager using one of these browsers:

- [Internet Explorer 10 or Higher*](#)
- [Mozilla Firefox \(current version\)](#)
- [Google Chrome \(current version\)](#)
- [Safari \(Mac OS Only\)](#)

For training or assistance with using My Insurance Manager, please contact us at provider_education@cbssc.com.
* STATchat can be accessed with Google Chrome or Mozilla Firefox.

Latest Features

Is your password strong enough?
Safeguard PHI!
Protect important information on the MIM portal by making sure your password is secure.
[Learn how](#)

Are you accepting new patients?
Let us know!
Keep your practice in good standing by validating your practice information.
[Validate Now](#)

Enter the billing tax identification number. Select **Continue**.

The screenshot shows the "Create Profile" page on the My Insurance Manager website. At the top left is the logo "My INSURANCE MANAGER SM". The page title is "Create Profile" and there is a "Printer-Friendly" link. A red asterisk indicates a required field: "* Required". Below this is a light blue input field with the placeholder text "Please enter your 9-digit Tax ID number." Below the input field is a label "* Tax ID:" and an empty input box. Below the input box is the text "By clicking Continue, you agree to the [Terms and Conditions](#)." At the bottom are "Continue" and "Cancel" buttons. At the very bottom is the text "Need help? Call us at 855-229-5720."

My INSURANCE MANAGER SM

Create Profile [Printer-Friendly](#)

* Required

Please enter your 9-digit Tax ID number.

* Tax ID:
[Input Field]

By clicking Continue, you agree to the [Terms and Conditions](#).

Continue or **Cancel**

Need help? Call us at 855-229-5720.

Your profile administrator and each authorized user must have a unique username and password registered in My Insurance Manager. If your practice is new to My Insurance Manager, the initial user account will be added as the profile administrator.

Complete all other required fields: first name; last name; business phone number; and business email. Create a username and password; and establish a security question and answer. Select **Continue**.

Create Profile Printer-Friendly

* Required

Profile Information

Each person can register under your Tax ID. For example, both Stuart and Sally work for ABC Practice. Under Practice/Facility Name, both would enter "ABC Practice." Then, each would enter a different Username, Password and other registration information.

Tax ID: Provider:

Address: Note: If this address is incorrect, please complete the [change of address form](#).

* Primary Location: Primary Work Location:

Profile Type:

Contact Information

* First Name:

* Last Name:

* Phone Number:

* Email:

* Confirm Email:

Login Information:

* Desired Username: 5 to 11 characters.

* Password: 8 to 25 characters.

* Confirm Password:

Security Question

* Security Question:

* Security Answer:

or

Need help? Call us at 855-229-5720.

The profile administrator must validate the profile by entering claim information or requesting a security code. If you request a security code, you must choose a delivery method: email, fax or mail.

Validate Profile

 **Printer-Friendly**

Profile Validation

 Please choose a way to validate yourself as an administrator of this Tax ID.

- Enter Claim Information
- Request Security Code

Request Security Code

*** Required**

 You can request that we send a Security Code via the delivery method we have on file associated with your Tax ID.

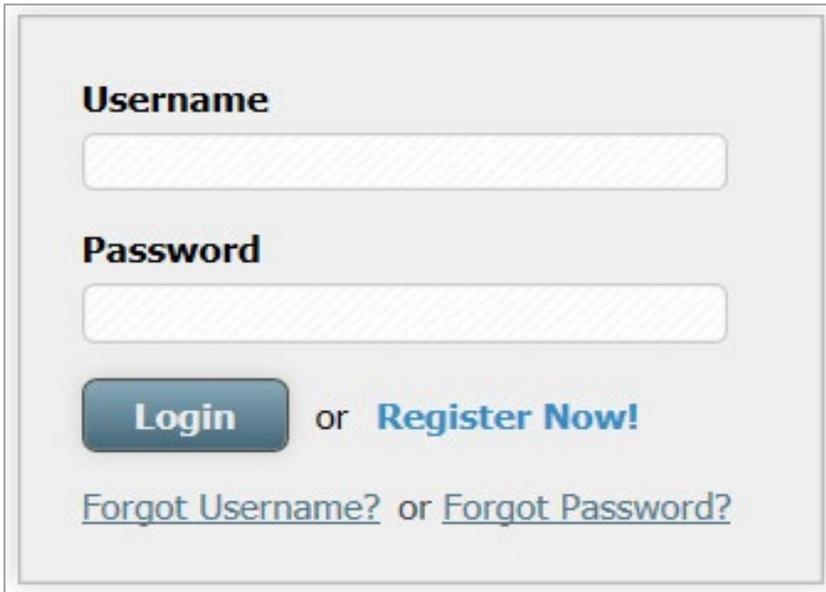
*** Location:**

*** Delivery Method:**

- Email:**
- Fax:**
- Physical Address:**

Logging In

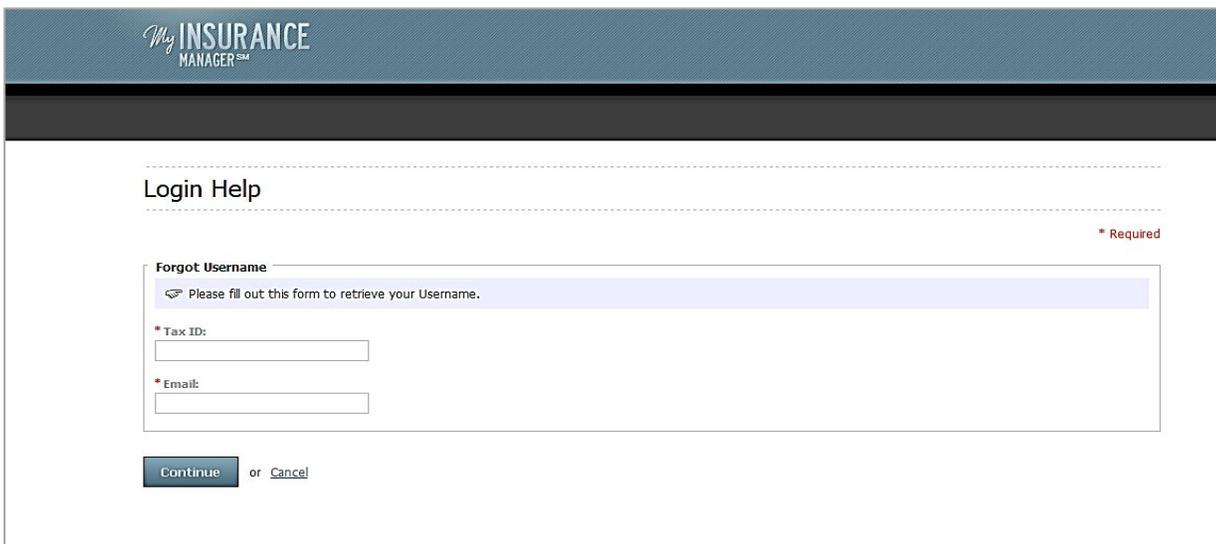
After successful registration, you can log into My Insurance Manager and begin using the tool. From the My Insurance Manager home page, enter your credentials and select **Login**.



A login and registration form with the following elements:

- Username** label above a text input field.
- Password** label above a text input field.
- A blue button labeled **Login** followed by the text "or **Register Now!**".
- Two blue links: [Forgot Username?](#) and [Forgot Password?](#).

If you forget your credentials, you can select [Forgot Username](#) or [Forgot Password](#). You will be prompted to enter your tax identification number and email address.



The "Forgot Username" form within the My Insurance Manager interface:

- Header: **My INSURANCE MANAGER**
- Section: **Login Help**
- Form title: **Forgot Username**
- Instruction: "Please fill out this form to retrieve your Username."
- Fields: *** Tax ID:** and *** Email:** (both marked as required).
- Buttons: **Continue** or **Cancel**.

Additionally, you will receive a prompt to validate that you are trying to access the tool. You would select whether you want the security code emailed to you or if you want the system to call you. After choosing an option, select **Continue**.

We need to make sure it's you

It looks like you're using a different computer or device. For your security, we'll send you a code to help verify your information. This helps keep your account safe.

We will send you a security code to the preferred method of contact selected below. If you prefer a different contact method, please choose from below.

Call me at *****4474

Email me at z*****@bcbscc.com

Cancel

Continue

Need assistance? You can contact our customer support team by calling (855) 229-5720.

Enter the security code provided and select **Continue**.

Security Code

Please enter the 6-digit code that was sent to z*****@bcbscc.com.

Enter the code

Didn't receive a code?

Request a [new code](#) or you can [choose a different way](#) to receive it.

Back

Continue

Need assistance? You can contact our customer support team by calling (855) 229-5720.

Profile Administration

The profile administrator for your practice manages the profiles associated with your TIN in My Insurance Manager. If your practice is new to My Insurance Manager, the initial user account will be added as the profile administrator. Any additional profile administrators must be approved by the initial administrator.

Note: If there is only one profile administrator, and they plan to leave the practice, they must make someone else the administrator to ensure there is a seamless transition.

Profile administrators can:

- Create profiles.
- Approve profiles.
- Deactivate profiles.
- Restore profiles.
- Modify profile types.
- Reset passwords.

Creating Profiles

To create a profile for an employee in the practice, the profile administrator would complete the Profile Information form. From here, they can set the employee's profile type as an office staff member or a profile administrator.

Create Profiles Printer-Friendly

* Required

Profile Information

Each person can register under your Tax ID. For example, both Stuart and Sally work for ABC Practice. Under Practice/Facility Name, both would enter "ABC Practice." Then, each would enter a different Username, Password and other registration information.

Tax ID:
123456789

* Primary Location: Primary Work Location:
4444444440

* Profile Type:
 Office Staff
 Profile Administrator

Contact Information

* First Name:

* Last Name:

* Email:

* Primary Phone Number:

Secondary Phone Number:

* Preferred Method of Contact:

Note: When choosing a phone number to receive either a text or call, please be sure the number is a direct number to you and does not require an extension to be dialed.

Login Information

* Desired Username:

5 to 11 characters.

* Temporary Password:

8 to 25 characters.

or

Approving Profiles

If an employee in your practice creates their own profile, it will pend until the profile administrator approves or denies the profile. The administrator can check the boxes next to the pending profiles and select the appropriate option.

If approved, the employee will be granted access and can use My Insurance Manager. If denied, the employee cannot use the portal.

Approve Profiles

First Name: Last Name: Results (4)

<input type="checkbox"/>	Name^	Username	Phone Number	Email	Location
<input type="checkbox"/>	Mack, Tasha	Testy8989	[REDACTED]	[REDACTED]	JOHN M JONES MD
<input type="checkbox"/>	Ojeikere, Oluwole	MEDPROV	[REDACTED]	[REDACTED]	JOHN M JONES MD
<input type="checkbox"/>	smith, bob	house140	[REDACTED]	[REDACTED]	JOHN M JONES MD
<input type="checkbox"/>	Smithson, John	johnsmithpv	[REDACTED]	[REDACTED]	JOHN M JONES MD

or

Deactivating Profiles

If an employee in your practice leaves or no longer needs access to My Insurance Manager, the profile administrator should deactivate their profile. The administrator should check the box next to the individual's profile that needs to be deactivated and select Continue.

Deactivate Profiles

First Name: Last Name: Results (5)

<input type="checkbox"/>	Name^	Username	Phone Number	Email	Location
<input type="checkbox"/>	[REDACTED]	House133	[REDACTED]	[REDACTED]	JOHN M JONES MD
<input type="checkbox"/>	ForAdminGroup, Tester	TestadminGr	[REDACTED]	[REDACTED]	JOHN M JONES MD
<input type="checkbox"/>	Scripting, Admin	scriptadmin	[REDACTED]	[REDACTED]	JOHN M JONES MD
<input type="checkbox"/>	Test, EQE	eqeadmin	[REDACTED]	[REDACTED]	JOHN M JONES MD
<input type="checkbox"/>	Testing, RSET	MEDADMSUPP	[REDACTED]	[REDACTED]	JOHN M JONES MD

A confirmation box will appear. From there, select Submit, Back or Cancel.

Deactivate Profiles

Verification

[REDACTED]

or [Cancel](#)

Restoring Profiles

Deactivated profiles can be restored within 60 days. After 60 days, the system will purge the profiles.

To restore a profile, the administrator would check the box next to the profile that they want to restore, then select Continue.

Restore Profiles

First Name: Last Name: Results (1)

<input type="checkbox"/>	Name▲	Username	Phone Number	Email	Location
<input type="checkbox"/>	██████████	House133	██████████	██████████	JOHN M JONES MD

A confirmation box will appear. From there, select Submit, Back or Cancel.

Restore Profiles

Verification

 You are about to **restore** the profile(s) in this list.

██████████

or [Cancel](#)

Modifying Profile Types

The profile administrator can modify profile types. This means they can convert an existing profile from office staff to profile administrator, and vice versa.

From the available profiles, the administrator must select the radio button next to the profile they want to modify. Next, select Continue.

Modify Profile Types

First Name: Last Name: Profile Type: Results (4)

<input type="radio"/>	Name▲	Username	Phone Number	Email	Location	Type
<input type="radio"/>	██████████	House133	██████████	██████████	JOHN M JONES MD	Profile Administrator
<input type="radio"/>	Scripting, Admin	scriptadmin	██████████	██████████	JOHN M JONES MD	Office Staff
<input type="radio"/>	Test, EQE	eqeadmin	██████████	██████████	JOHN M JONES MD	Profile Administrator
<input type="radio"/>	Testing, RSET	MEDADMSUPP	██████████	██████████	JOHN M JONES MD	Office Staff

A confirmation box will appear. From here, select Submit, Back or Cancel.

Modify Profile Types

Verification

 You are about to convert this **Profile Administrator** profile to **Office Staff**.

 Please remember profile administrators can take the following profile actions:

- Create
- Approve
- Edit
- Deactivate
- Restore
- Modify

In addition, they can:

- Reset passwords.
- View and read all web inquiry (secure message) responses for their individual location.

or [Cancel](#)

Resetting Passwords

If an employee forgets their password, or wants to change it, the profile administrator can reset their password.

From the available profiles, the administrator must select the radio button next to the profile that needs its password reset. Next, select Continue.

Reset Passwords

First Name: Last Name: Results (4)

	Name^	Username	Phone Number	Email	Location
<input type="radio"/>	[REDACTED]	House133	[REDACTED]	[REDACTED]	JOHN M JONES MD
<input type="radio"/>	Scripting, Admin	scriptadmin	[REDACTED]	[REDACTED]	JOHN M JONES MD
<input type="radio"/>	Test, EQE	eqedadmin	[REDACTED]	[REDACTED]	JOHN M JONES MD
<input type="radio"/>	Testing, RSET	MEDADMSUPP	[REDACTED]	[REDACTED]	JOHN M JONES MD

Another box will appear for the administrator to enter a new, temporary password for the employee. After entering the new password, select Submit, Back or Cancel.

Reset Passwords

Reset Password

 Please enter a new Temporary Password.

Name:

Username:

* Temporary Password

8 to 25 characters.

or [Cancel](#)

Eligibility and Benefits

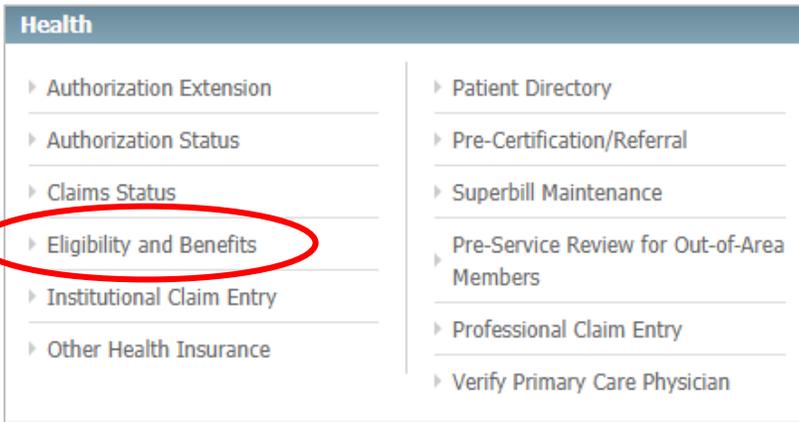
Eligibility and benefits can be pulled in three different ways: general eligibility and benefits, eligibility and benefits by service type, or eligibility and benefits by procedure code.

We recommend providers use the procedure code option to ensure they get the most accurate details.

General Eligibility and Benefits

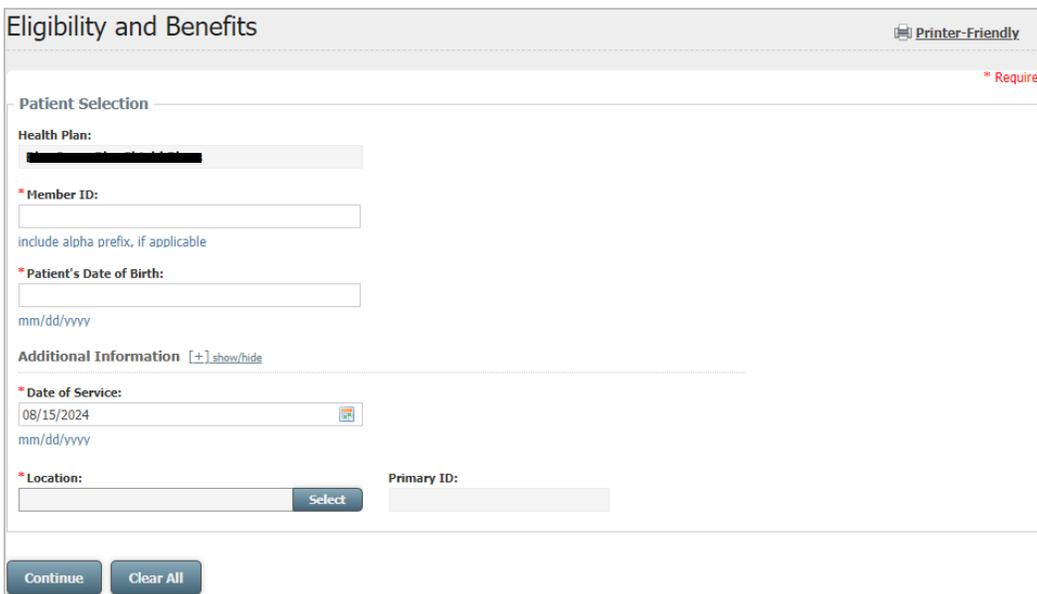
For general benefits do the following:

1. Under **Patient Care**, select **Eligibility and Benefits**.



The screenshot shows a 'Health' menu with two columns of options. The 'Eligibility and Benefits' option in the left column is circled in red. The options in the left column are: Authorization Extension, Authorization Status, Claims Status, Eligibility and Benefits, Institutional Claim Entry, and Other Health Insurance. The options in the right column are: Patient Directory, Pre-Certification/Referral, Superbill Maintenance, Pre-Service Review for Out-of-Area Members, Professional Claim Entry, and Verify Primary Care Physician.

2. Enter the details marked with an asterisk and select the appropriate location. Select **Continue**.



The screenshot shows the 'Eligibility and Benefits' form. It includes a 'Patient Selection' section with fields for Health Plan, Member ID, and Patient's Date of Birth. There is also an 'Additional Information' section with fields for Date of Service, Location, and Primary ID. The form has a 'Continue' button and a 'Clear All' button. A 'Printer-Friendly' link is visible in the top right corner.

3. On the Eligibility Request screen, select **General Eligibility and Benefits**.

Eligibility Request

* Required

Choose Eligibility View

i Please note: Unless otherwise required by state law, this notice is not a guarantee of payment. Benefits are subject to all contract limits and the member's status on the date of service. Accumulated amounts, such as deductibles, may change as additional claims are processed.

Deductible and coinsurance amounts are calculated from the member's health or dental plan allowances for the procedures performed.

- General Eligibility and Benefits
- Eligibility and Benefits by Service Type
- Eligibility and Benefits by Procedure Code

Submit

4. Select **Submit**.

You will be provided with the general details for the member. This includes things like their deductible, out-of-pocket maximums, and more. From the available list of services, you can select the different options to view the corresponding benefit that applies.

[Printer-Friendly](#)

Date of Service
04/30/2024

Insurance
Plan Name: [REDACTED]
Plan ID: 38520
Member ID: [REDACTED]
Group Number: [REDACTED]
Member's Name: MICHAEL TESTING

Patient
Patient's Name: MICHAEL TESTING
Relationship to Member: SUBSCRIBER
Gender: MALE
Date of Birth: 10/01/1958
Address: P O BOX 24015 COLUMBIA, SC 292244015
[Change Patient](#)

Response Details
Eligibility Response [+]

Policy Effective Date: 06/01/2002
Benefit Period: 04/01/2024 - 04/01/2025
[View Benefit Booklet for this patient](#)

IN AND OUT OF NETWORK

Global Benefits

This patient has active coverage.

UNLESS OTHERWISE REQUIRED BY STATE LAW, THIS NOTICE IS NOT A GUARANTEE OF PAYMENT. BENEFITS ARE SUBJECT TO ALL CONTRACT LIMITS AND THE MEMBER'S STATUS ON THE DATE OF SERVICE. ACCUMULATED AMOUNTS SUCH AS DEDUCTIBLES MAY CHANGE AS ADDITIONAL CLAIMS ARE PROCESSED.

INDIVIDUAL DEDUCTIBLE: \$250.00 PER SERVICE YEAR - \$250.00 REMAINING

INDIVIDUAL OUT OF POCKET: \$750.00 PER SERVICE YEAR - \$750.00 REMAINING

OUT-OF-POCKET EXCLUDES COPAYMENTS AND DEDUCTIBLE

FAMILY DEDUCTIBLE: \$500.00 PER SERVICE YEAR - \$500.00 REMAINING

FAMILY OUT OF POCKET: \$1,500.00 PER SERVICE YEAR - \$1,500.00 REMAINING

OUT-OF-POCKET EXCLUDES COPAYMENTS AND DEDUCTIBLE

Service▲	Place of Service▲	Diagnosis Code (ICD-10)▲	Specialty▲
1- MEDICAL CARE ✔ This patient has active coverage. Insurance Type: INDEMNITY Plan Name: INDEMNITY ⓘ For this service type, you will see only a covered/not covered message here and not full benefits details. For more detailed benefits, submit a request for Eligibility and Benefits by Service Type or by Procedure Code.			
33- CHIROPRACTIC	11- OFFICE		
35- DENTAL CARE			
47- HOSPITAL	22- ON-CAMPUS OUTPATIENT HOSPITAL		
48- HOSPITAL - INPATIENT	21- INPATIENT HOSPITAL		
50- HOSPITAL - OUTPATIENT	22- ON-CAMPUS OUTPATIENT HOSPITAL		
51- HOSPITAL - EMERGENCY ACCIDENT	23- EMERGENCY ROOM - HOSPITAL		
52- HOSPITAL - EMERGENCY MEDICAL	23- EMERGENCY ROOM - HOSPITAL		
86- EMERGENCY SERVICES	23- EMERGENCY ROOM - HOSPITAL		
88- PHARMACY			
98- SPECIALIST	11- OFFICE		
98- PROFESSIONAL (PHYSICIAN) VISIT - OFFICE	11- OFFICE		
BZ- PHYSICIAN VISIT - OFFICE: WELL	11- OFFICE		
MH- MENTAL HEALTH			
UC- URGENT CARE	20- URGENT CARE FACILITY		

[Ask Provider Services](#)
[New Search](#)
[Back](#)

Eligibility and Benefits by Service Type

For eligibility and benefits by service type do the following:

1. Under **Patient Care**, select **Eligibility and Benefits**.

Health	
▶ Authorization Extension	▶ Patient Directory
▶ Authorization Status	▶ Pre-Certification/Referral
▶ Claims Status	▶ Superbill Maintenance
▶ Eligibility and Benefits	▶ Pre-Service Review for Out-of-Area Members
▶ Institutional Claim Entry	▶ Professional Claim Entry
▶ Other Health Insurance	▶ Verify Primary Care Physician

2. Enter the details marked with an asterisk and select the appropriate location. Select **Continue**.

Eligibility and Benefits

Printer-Friendly

* Required

Patient Selection

Health Plan:

[Redacted]

* Member ID:

[Input field]

include alpha prefix, if applicable

* Patient's Date of Birth:

[Input field]

mm/dd/yyyy

Additional Information [\[+\] show/hide](#)

* Date of Service:

08/15/2024

mm/dd/yyyy

* Location:

[Input field]

Primary ID:

[Input field]

- 3. While the primary diagnosis is not required, it would be beneficial to include it if it's available. Also, be sure to select the appropriate place of service.

Eligibility Request

* Required

Choose Eligibility View

i Please note: Unless otherwise required by state law, this notice is not a guarantee of payment. Benefits are subject to all contract limits and the member's status on the date of service. Accumulated amounts, such as deductibles, may change as additional claims are processed.
Deductible and coinsurance amounts are calculated from the member's health or dental plan allowances for the procedures performed.

- General Eligibility and Benefits
- Eligibility and Benefits by Service Type
- Eligibility and Benefits by Procedure Code

* Service Type Code:

--Please Choose One--

Primary Diagnosis Code (ICD-10):

[Input field]

[Add Diagnosis Code](#)

Place of Service:

(recommended)

Office - 11

Service Facility/Billing Location:

[Input field]

Rendering/Performing Provider:

JOHN M JONES MD

Other Service Types

ABORTION - 84
ACUPUNCTURE - 64
AIDS - 85
AIR TRANSPORTATION - 57
ALCOHOLISM - AJ
ALLERGY - GY
ALLERGY TESTING - 79
ALTERNATE METHOD DIALYSIS - 15
AMBULATORY SERVICE CENTER FACILITY - 13
ANESTHESIA - 07
ANESTHESIOLOGIST - 97
AUDIOLOGY EXAM - 71
BLOOD CHARGES - 10
BRAND NAME PRESCRIPTION DRUG - 91
BRAND NAME PRESCRIPTION DRUG - NON-FORMULARY - B3
BURN CARE - B1
Brand Name Prescription Drug - Formulary - B2
CABULANCE - 58
CANCER - 87

4. Select **Submit**.

You will be provided with the benefits for the specific service type selected for the member.

[Printer-Friendly](#)

Date of Service 04/30/2024	Response Details Eligibility Response [±]
Insurance Plan Name: [REDACTED] Plan ID: 38520 Member ID: 76705502516005 Group Number: [REDACTED] Member's Name: MICHAEL TESTING	Policy Effective Date: 06/01/2002 Benefit Period: 04/01/2024 - 04/01/2025 View Benefit Booklet for this patient
Patient Patient's Name: MICHAEL TESTING Relationship to Member: SUBSCRIBER Gender: MALE Date of Birth: 10/01/1958 Address: P O BOX 24015 COLUMBIA, SC 292244015 Change Patient	IN AND OUT OF NETWORK Global Benefits ✔ This patient has active coverage. <p>UNLESS OTHERWISE REQUIRED BY STATE LAW, THIS NOTICE IS NOT A GUARANTEE OF PAYMENT. BENEFITS ARE SUBJECT TO ALL CONTRACT LIMITS AND THE MEMBER'S STATUS ON THE DATE OF SERVICE. ACCUMULATED AMOUNTS SUCH AS DEDUCTIBLES MAY CHANGE AS ADDITIONAL CLAIMS ARE PROCESSED.</p> <p>INDIVIDUAL DEDUCTIBLE: \$250.00 PER SERVICE YEAR - \$250.00 REMAINING</p> <p>INDIVIDUAL OUT OF POCKET: \$750.00 PER SERVICE YEAR - \$750.00 REMAINING</p> <p>OUT-OF-POCKET EXCLUDES COPAYMENTS AND DEDUCTIBLE</p> <p>FAMILY DEDUCTIBLE: \$500.00 PER SERVICE YEAR - \$500.00 REMAINING</p> <p>FAMILY OUT OF POCKET: \$1,500.00 PER SERVICE YEAR - \$1,500.00 REMAINING</p> <p>OUT-OF-POCKET EXCLUDES COPAYMENTS AND DEDUCTIBLE</p>

Service▲	Place of Service▲	Diagnosis Code (ICD-10)▲	Specialty▲
50- HOSPITAL - OUTPATIENT	22- ON-CAMPUS OUTPATIENT HOSPITAL		

This patient has active coverage.
Insurance Type: INDEMNITY
Plan Name: INDEMNITY

THIS MEMBER CURRENTLY HAS AN HSA WITH A PAYMENT OPTION WHICH ALLOWS FOR AUTOMATIC PAYMENT DIRECTLY TO THE PROVIDER. QUALIFIED MEDICAL EXPENSES WITH THE EXCEPTION OF DENIED SERVICES ARE ELIGIBLE FOR REIMBURSEMENT.

RESPONSES TO ALL FUTURE DATED INQUIRIES ARE BASED ON THE PATIENT'S CURRENT BENEFITS AND ARE SUBJECT TO CHANGE.

YOU HAVE REQUESTED BENEFITS FOR A MEMBER THAT HAS BENEFIT EXCEPTIONS AT THE PROCEDURE CODE LEVEL. TO OBTAIN MORE SPECIFIC INFORMATION, PLEASE REQUEST BENEFITS ON MY INSURANCE MANAGER USING A SPECIFIC PROCEDURE CODE AND DIAGNOSIS CODE.

[View Additional Messages](#)

INDIVIDUAL COINSURANCE: 15%

51- HOSPITAL - EMERGENCY ACCIDENT	23- EMERGENCY ROOM - HOSPITAL
52- HOSPITAL - EMERGENCY MEDICAL	23- EMERGENCY ROOM - HOSPITAL
A0- PROFESSIONAL (PHYSICIAN) VISIT - OUTPATIENT	22- ON-CAMPUS OUTPATIENT HOSPITAL

[Ask Provider Services](#)
[New Search](#)
[Back](#)

Eligibility and Benefits by Procedure Code

For eligibility and benefits by procedure code do the following:

- Under **Patient Care**, select **Eligibility and Benefits**.

Health

▶ Authorization Extension	▶ Patient Directory
▶ Authorization Status	▶ Pre-Certification/Referral
▶ Claims Status	▶ Superbill Maintenance
▶ Eligibility and Benefits	▶ Pre-Service Review for Out-of-Area Members
▶ Institutional Claim Entry	▶ Professional Claim Entry
▶ Other Health Insurance	▶ Verify Primary Care Physician

- Enter the details marked with an asterisk and select the appropriate location. Select **Continue**.

Eligibility and Benefits Printer-Friendly

* Required

Patient Selection

Health Plan:

* Member ID:
include alpha prefix, if applicable

* Patient's Date of Birth:
mm/dd/yyyy

Additional Information [\[+\] show/hide](#)

* Date of Service:
mm/dd/yyyy

* Location: Primary ID:

- On the Eligibility Request screen, select **Eligibility and Benefits by Procedure Code**. While the primary diagnosis and modifiers are not required, it would be beneficial to include it if it's available. Also, be sure to select the appropriate place of service.

Eligibility Request * Required

Choose Eligibility View

Please note: Unless otherwise required by state law, this notice is not a guarantee of payment. Benefits are subject to all contract limits and the member's status on the date of service. Accumulated amounts, such as deductibles, may change as additional claims are processed.

Deductible and coinsurance amounts are calculated from the member's health or dental plan allowances for the procedures performed.

General Eligibility and Benefits
 Eligibility and Benefits by Service Type
 Eligibility and Benefits by Procedure Code

* Procedure Code:

Modifiers:

Primary Diagnosis Code (ICD-10):

[Add Diagnosis Code](#)

Place of Service: (recommended)

Service Facility/Billing Location:

Rendering/Performing Provider:

Choose Eligibility View

i Please note: Unless otherwise required by state law, this notice is not a guarantee of payment. Benefits are subject to all contract limits and the member's status on the date of service. Accumulated amounts, such as deductibles, may change as additional claims are processed.

Deductible and coinsurance amounts are calculated from the member's health or dental plan allowances for the procedures performed.

General Eligibility and Benefits
 Eligibility and Benefits by Service Type
 Eligibility and Benefits by Procedure Code

*** Procedure Code:**

Modifiers:

Primary Diagnosis Code (ICD-10):

[+ Add Diagnosis Code](#)

Place of Service: (recommended)

Service Facility/Billing Location:

Rendering/Performing Provider:

Submit

4. Select **Submit**.

You will be provided with the benefits for the procedure code entered.

[Printer-Friendly](#)

Date of Service

Insurance
 Plan Name:
 Plan ID: 38520
 Member ID:
 Group Number:
 Member's Name: MICHAEL TESTING

Patient
 Patient's Name: MICHAEL TESTING
 Relationship to Member: SUBSCRIBER
 Gender: MALE
 Date of Birth: 10/01/1958
 Address: P O BOX 24015
 COLUMBIA, SC 292244015

Response Details
 Eligibility Response [\[±\]](#)

Policy Effective Date: 06/01/2002
 Benefit Period: 04/01/2024 - 04/01/2025

[View Benefit Booklet for this patient](#)

IN AND OUT OF NETWORK

Global Benefits

This patient has active coverage.

UNLESS OTHERWISE REQUIRED BY STATE LAW, THIS NOTICE IS NOT A GUARANTEE OF PAYMENT. BENEFITS ARE SUBJECT TO ALL CONTRACT LIMITS AND THE MEMBER'S STATUS ON THE DATE OF SERVICE. ACCUMULATED AMOUNTS SUCH AS DEDUCTIBLES MAY CHANGE AS ADDITIONAL CLAIMS ARE PROCESSED.

INDIVIDUAL DEDUCTIBLE: \$250.00 PER SERVICE YEAR - \$250.00 REMAINING

INDIVIDUAL OUT OF POCKET: \$750.00 PER SERVICE YEAR - \$750.00 REMAINING

OUT-OF-POCKET EXCLUDES COPAYMENTS AND DEDUCTIBLE

FAMILY DEDUCTIBLE: \$500.00 PER SERVICE YEAR - \$500.00 REMAINING

FAMILY OUT OF POCKET: \$1,500.00 PER SERVICE YEAR - \$1,500.00 REMAINING

OUT-OF-POCKET EXCLUDES COPAYMENTS AND DEDUCTIBLE

Service▲ Place of Service▲ Diagnosis Code (ICD-10)▲ Specialty▲

▼ CURRENT PROCEDURAL TERMINOLOGY (CPT) CODES- 99213 - OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANA

1- OFFICE

✔ This patient has active coverage.

Insurance Type: INDEMNITY

Plan Name: INDEMNITY

THIS MEMBER CURRENTLY HAS AN HSA WITH A PAYMENT OPTION WHICH ALLOWS FOR AUTOMATIC PAYMENT DIRECTLY TO THE PROVIDER. QUALIFIED MEDICAL EXPENSES WITH THE EXCEPTION OF DENIED SERVICES ARE ELIGIBLE FOR REIMBURSEMENT.

RESPONSES TO ALL FUTURE DATED INQUIRIES ARE BASED ON THE PATIENT'S CURRENT BENEFITS AND ARE SUBJECT TO CHANGE.

YOU HAVE REQUESTED BENEFITS FOR A MEMBER THAT HAS BENEFIT EXCEPTIONS AT THE PROCEDURE CODE LEVEL. TO OBTAIN MORE SPECIFIC INFORMATION, PLEASE REQUEST BENEFITS ON MY INSURANCE MANAGER USING A SPECIFIC PROCEDURE CODE AND DIAGNOSIS CODE.

[View Additional Messages](#)

INDIVIDUAL COINSURANCE: 15%

Ask Provider Services

New Search

[Back](#)

Authorizations

Currently, there are two options for getting prior authorization: fast-track and custom requests.

Fast-track offers several predetermined authorization requests based on the volume of requests received. They include specific codes based on the type of service, and the authorization number is typically provided after submitting the request.

Custom requests are available when a fast-track option is not. Please note that custom requests will pend for further review, and if approved, the authorization number will be provided.

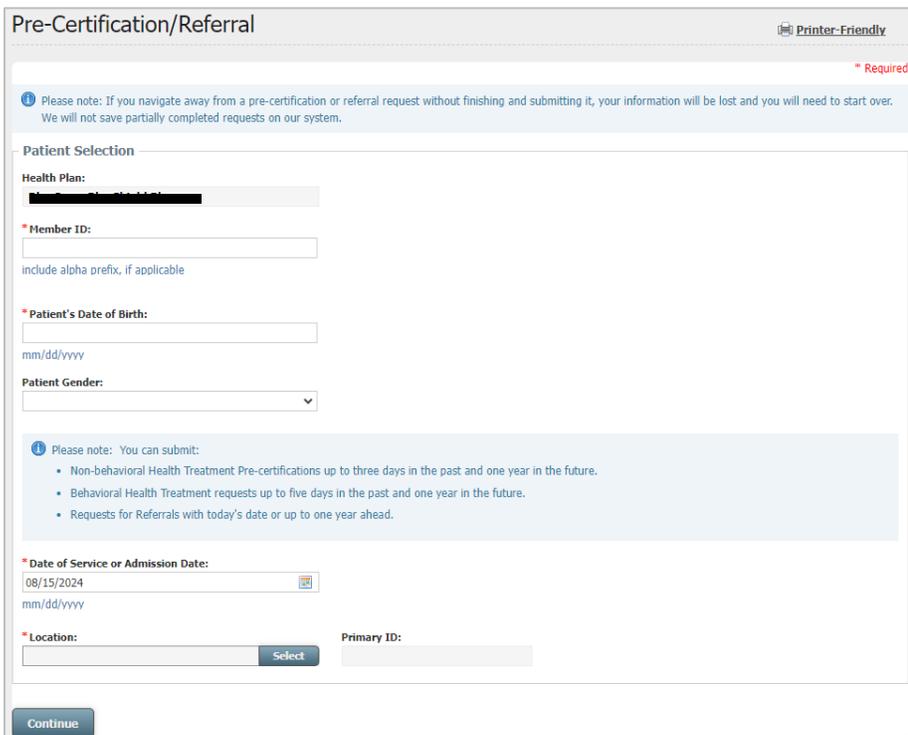
Getting Prior Authorization – Current Process

For prior authorizations, do the following:

1. Under **Patient Care**, select **Pre-Certification/Referral**.



2. Enter the member's ID number and additional details marked with an asterisk. Select **Continue**.

A screenshot of the "Pre-Certification/Referral" form. The form is titled "Pre-Certification/Referral" and has a "Printer-Friendly" icon in the top right corner. A "Required" indicator is present. A warning message 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 is divided into sections: "Patient Selection" and "Date of Service or Admission Date". Under "Patient Selection", there are fields for "Health Plan:" (with a dropdown menu), "Member ID:" (with a text input field and a note "include alpha prefix, if applicable"), "Patient's Date of Birth:" (with a date input field and a note "mm/dd/yyyy"), and "Patient Gender:" (with a dropdown menu). Under "Date of Service or Admission Date", there is a date input field with a calendar icon and a note "mm/dd/yyyy". At the bottom, there is a "Location:" field with a "Select" button and a "Primary ID:" field. A "Continue" button is located at the bottom left of the form.

3. Search for a fast-track option by procedure code, keyword or diagnosis code. You can also search for a fast-track option by request type. Select **Continue**.

Request

Search

New - Enter a descriptive keyword, procedure code or diagnosis code to search for a Fast-Track service.

* Search:

Procedure Code

Keyword

Diagnosis Code

i Please note: Any drugs, services, treatment or supplies our 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](#).

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

OR

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](#).

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

4. When searching by the request type, you will be provided with a full list of available fast-track options. Select the option that best fits the service being rendered.

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

70 Results

COLONOSCOPY	Detail
COLPOSCOPY	Detail
CONIZATION OF CERVIX	Detail
CT CHEST	Detail
CT OF ABDOMEN	Detail
CT OF EXTREMITY	Detail
CT OF HEAD/NECK	Detail
CT OF SPINE	Detail
CT PELVIS	Detail
CT SCAN	Detail
CUBITAL TUNNEL DECOMPRESSION	Detail

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.

If you do not see a fast-track option, select **Submit a Customized Pre-Certification Request**.

5. For fast-track, proceed with entering the requested data marked with an asterisk. Select **Continue**.

Fast-Track Request

Request:
APENDECTOMY/RUPTURED

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 RELATED

Facility

Please make sure this is the location where the service will take place.

* Facility Providing Service: [input] Address: [input]

Provider

Please make sure this provider will perform the service.

Individual Rendering Service: [input] Address: [input]

Add Secondary Provider (+)

Practice

Please make sure this practice will be responsible for this service.

* Group Practice: [input] Address: [input]

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](#)

6. Include the principal diagnosis and attached the necessary clinical documentation. Select **Continue**.

The screenshot shows a web form with the following sections:

- Diagnosis Information** (marked as * Required):
 - Instruction: "Please choose the most appropriate diagnosis code for this request."
 - Info: "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: "Principal Diagnosis:" (circled in red) and "Date of Diagnosis:".
 - Link: "Add Additional Diagnosis Codes".
- Clinical Information**:
 - Instruction: "If you need to identify the department within your organization that made this request, please enter a department identifier:".
 - Text area for department identifier (264 character maximum).
 - Link: "Attach Clinical Documentation" (circled in red).
- Service Type Selection**:
 - Service Type: Radio buttons for Institutional, Professional, and None.
- Additional Patient Level Information [±]**:
 - From Event Date: mm/dd/yyyy
 - To Event Date: mm/dd/yyyy
 - Discharge Date: mm/dd/yyyy
- Buttons: "Continue" or "Back" and "Start Over".

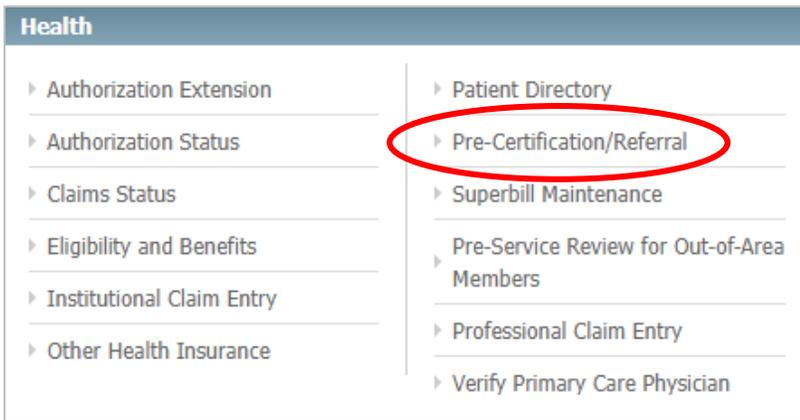
7. Follow the remaining prompts to submit the request.

Getting Prior Authorization – Cohere Process

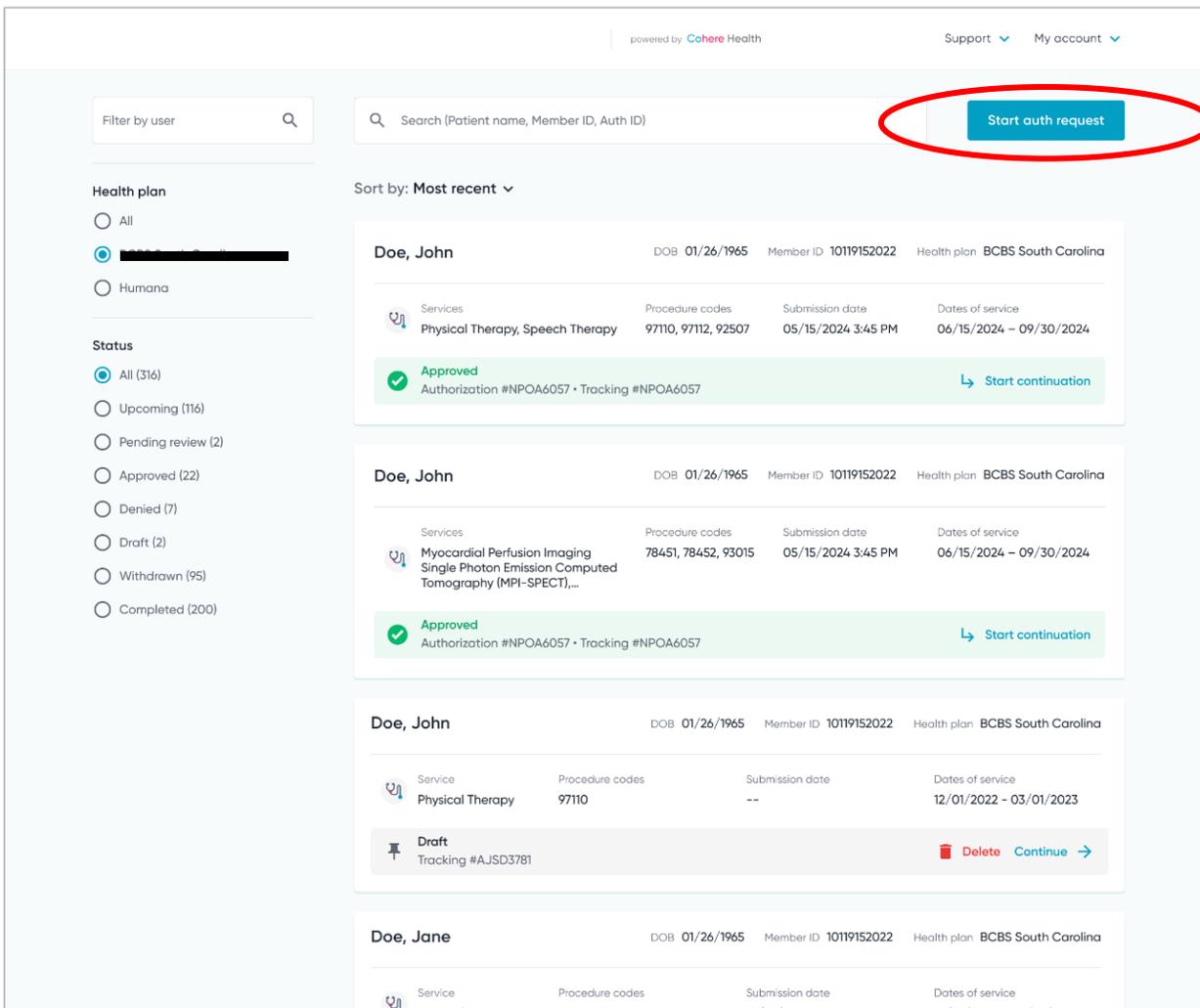
Soon, the current process for getting a prior authorization will change due to the implementation of using Cohere Health. While providers will still go through My Insurance Manager, the remaining steps for getting an authorization are different.

Do the following:

1. Under **Patient Care**, select **Pre-Certification/Referral**.



2. On the new Cohere Health landing page, select **Start auth request**.



3. Choose whether the service is outpatient or inpatient and include the diagnosis and procedure codes. Select **Continue**.

Doe, John powered by **Cohere** Health Support ▼ My account ▼
 DOB: 09/16/1986

Tell us about your request

Request details

Outpatient Inpatient

Start date
06/01/2024

Diagnosis codes

Primary diagnosis code
M48.06

Search for secondary diagnosis codes (optional)

Procedure codes

CPT/HCPCS codes
63047 X

Save and exit
Cancel
Continue

4. Enter the necessary provider details. Select **Continue**.

Providers

Care setting

Outpatient Inpatient

Place of service

Ordering provider

Search for an ordering provider by NPI, TIN, or name
TIN
Address

+ Bailey, Christopher Eric MD

Performing or attending provider

Performing is the same as the ordering

Search for a performing or attending provider by NPI, TIN, or name
TIN
Address

+ Bailey, Christopher Eric MD

Performing facility or agency

Search for a performing facility or agency by NPI, TIN, or name
TIN
Address

+ 1ST START HEALTHCARE SERVICES

Save and exit

5. The codes listed at the top of the screen require prior authorization, while the codes listed at the bottom do not. Note: If the request is urgent, check the Expedite box. Select **Continue**.

Requires authorization

Start date: 04/30/2024 - End date: mm/dd/yyyy

Physical Therapy (PT)

Number of visits: 1

97110 Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility

[+ Add a procedure code](#)

Total Knee Arthroplasty (TKA)

27447 Units: 1 Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty) Remove

[+ Add a procedure code](#)

Expedite

Doesn't require authorization in most cases [Download PDF](#)

93798

[Save and exit](#) **Continue with 2 codes**

6. Upload the relevant clinical documents for review. Select **Continue**.

[< Back](#) Add attachments

Choose files to upload
 Please add clinical documentation to support this authorization and accelerate the review.

[Add files](#)

Clinical Note.pdf
 Uploaded on 05/08/2023 at 12:00:07 PM (EDT) by Brandon Miller

7. Review the services before submitting. Select **Submit services**.

[Back](#)

Review services before submitting

Physical Therapy (PT), Total Knee Arthroplasty (TKA)

This request duplicates an existing one
 Duplicate submissions may be voided. The care setting (outpatient or inpatient), performing provider (if applicable), and facility match an existing request, including overlap in procedure codes and service dates.

! You can choose to withdraw the existing request, change details to avoid duplication, or call Cohere for assistance at (833) 283-0033.

Draft
Tracking #WKGB4665
Delete

Details Edit

Primary diagnosis	M25.561 - Pain in right knee
Secondary diagnosis	--
Care setting	Outpatient
Place of service	Ambulatory Surgical Center

[Save and exit](#)
Submit services

1 evidence-based suggestion to improve your request:

Expedited → Not expedited
 The coverage and/or services on this request do not meet the requirements for an expedited request.

Accept

After submitting the request, providers will receive a faxed notification confirming the receipt of the request. Once a determination is made, providers will be notified. Note: Although InStil Health is using the Cohere Health platform, all clinical decisions are made by the health plan.

Claims

Submitting Claims

Submitting claims in My Insurance Manager can be done in a few simple steps. There are seven screens that you will progress through when using the portal to submit claims: Plan Information, Provider Information, Patient Information, Claim Information, Claim Line Information, Review and Confirmation.

To begin the process, do the following:

1. Under **Patient Care**, select **Institutional Claim Entry**, **Professional Claim Entry** or **Dental Claim Entry**. Note: The screens will be the same for each entry type. However, the Dental Claim Entry will ask additional questions related to the teeth.

The screenshot shows two navigation menus. The top menu is titled 'Health' and contains the following items: Authorization Extension, Authorization Status, Claims Status, Eligibility and Benefits, Institutional Claim Entry (circled in red), Other Health Insurance, Patient Directory, Pre-Certification/Referral, Superbill Maintenance, Pre-Service Review for Out-of-Area Members, Professional Claim Entry (circled in red), and Verify Primary Care Physician. The bottom menu is titled 'Dental' and contains: Claims Status, Dental Claim Entry (circled in red), Eligibility and Benefits, Other Dental Insurance, Patient Directory, Superbill Maintenance, Pre-Treatment Estimate Entry, and Pre-Treatment Estimate Status.

2. Enter all the required details on the Plan Information page. Note: At any time, you can select **Cancel this claim** to abort the process.

The screenshot shows the 'Professional Claim Entry' form. At the top right, there is a 'Printer-Friendly' link. Below it is a progress bar with steps: Plan Information (active), Provider Information, Patient Information, Claim Information, Claim Line Information, Review, and Confirmation. A 'Required' indicator is present. On the left, there is a note: 'Please note: This feature is not available from 11:30 p.m. to 4 a.m. Eastern Time for maintenance purposes. Who Can File Online? Health care professionals located in South Carolina or in counties contiguous to the state may submit claims online. The following guidelines apply for ancillary services: • File claims for Independent Clinical Laboratory services to the Blue Plan in whose service area the specimen was drawn. • File claims for Durable or Home Medical Equipment to the Blue Plan in whose service area the equipment was shipped to or purchased in a retail store. • File Specialty Pharmacy claims to the Blue Plan in whose service area the ordering physician is located. All other professionals must submit claims to the Blue Plan in their local service areas.' The main form area is titled 'Plan Information' and contains two sections: 'Submitter Information' and 'Plan Information'. The 'Submitter Information' section has 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.' It includes fields for Name, ID (123456789), Email Address, Phone ((803) 264 6000), Extension (Not Available), and Fax (Not Available). The 'Plan Information' section has a note: 'Choose the Plan under which the patient had insurance coverage on the date(s) of service. We require both a From Date of Service and a To Date of Service. If this claim is for a single date of service, enter the same date in both fields.' It includes a dropdown for Plan, a checkbox for 'Is the selected plan the primary payer?', and date fields for 'From Date of Service' and 'To Date of Service'. At the bottom, there is a 'Continue' button and a 'Cancel this claim' link.

- Enter the required details on the Provider Information page. Note: You must select **Choose a Billing Provider** if more than one location is on file.

Professional Claim Entry Printer-Friendly

Plan Information **Provider Information** Patient Information Claim Information Claim Line Information Review Confirmation

Date of Service: 04/24/2024

Insurance Plan Name: [REDACTED]

Provider Information * Required

Billing Location Information

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.

Choose a Billing Provider

Provider ID Type: Primary ID (NPI)

Provider ID: 444444440

Provider's Name: JOHN M JONES MD

* Address Line 1: 4101 PERCIVAL RD # 0 Address Line 2:

* City: COLUMBIA * State: South Carolina * ZIP Code: 29229 - 8320

* Provider Accepts Assignment: Assigned * Provider Signature on File: Yes

Specialty/Taxonomy Code: [REDACTED] Search

Rendering Provider Information

Please Note: You must identify a Rendering Provider on all claims when the services were not rendered by the Billing Provider.

- Enter the required details on the Patient Information page. Note: If you have a repeat patient, you can select **Choose a Patient** from your roster.

Professional Claim Entry Printer-Friendly

Plan Information **Provider Information** **Patient Information** Claim Information Claim Line Information Review Confirmation

Date of Service: 04/24/2024

Insurance Plan Name: [REDACTED]

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 enter the information here.

* Member ID: ZCZ769902477864 * Relationship to Member: SELF * Patient Account Number: ABC123
include alpha prefix, if applicable

* Last Name: Testing * First Name: Michael * M.I.: * Suffix:

* Date of Birth: 10/01/1958 * Gender: MALE
mm/dd/yyyy

* Country: United States

* Address Line 1: P.O. Box 24011 Address Line 2:

* City: Columbia * State: South Carolina * ZIP Code: 29224

Patient Consent

* Benefits Assigned to Provider: Yes

- Enter the required details on the Claim Information page. Note: If you render certain services for multiple patients, you can create a **Superbill template** that will include the same details for each patient.

Professional Claim Entry Printer-Friendly

Plan Information Provider Information Patient Information **Claim Information** Claim Line Information Review Confirmation

* Required

Date of Service
04/24/2024

Insurance
Plan Name: [REDACTED]
Member ID: [REDACTED]

Patient
Patient's Name: Michael Testing
Relationship to Member: SELF
Gender: MALE
Date of Birth: 10/01/1958

Claim Information

Superbill Information

Please note: Based on the date of service for this claim, the list of Superbill Templates may include ICD-9 and ICD-10 templates. You can convert ICD-9 to ICD-10 by selecting "Create a New or Edit an Existing Template".

Choose a Superbill Template:
None

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

Service Information

* Place Of Service: Office - 11 Medical Record Number: [REDACTED]

* Claim Type: Original Claim

Claim Entry Options

Please choose the information that you want to add to this claim.

Ambulance Information Medicare Information
 Accident Information Prior Authorization or Referral Number
 Claim Note Information Service Facility Information
 Hospitalization Date(s)

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

- Enter the required details on the Claim Line Information page.

Professional Claim Entry Printer-Friendly

Plan Information Provider Information Patient Information Claim Information **Claim Line Information** Review Confirmation

* Required

Date of Service
04/24/2024

Insurance
Plan Name: [REDACTED]
Member ID: [REDACTED]

Patient
Patient's Name: Michael Testing
Relationship to Member: SELF
Gender: MALE
Date of Birth: 10/01/1958

Claim Line Information

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: \$ 0.00 Patient Paid: \$ [REDACTED] * Total Number of Lines: 1

Diagnosis Codes

Please note: At least one diagnosis code is required.

* Diagnosis Codes: [REDACTED]

Claim Lines

Please note: You must identify a Rendering Provider on all claim lines when these services were not rendered by the Billing Provider or by the Rendering Provider identified earlier.
You must identify a Referring Provider on all claim lines when these services are related to a referral.

Line 1

* Procedure: [REDACTED] Modifiers: [REDACTED] * Charges: \$ [REDACTED]

* Unit Type: --Please Choose One-- * Unit(s): [REDACTED]

* From Date of Service: 04/24/2024 To Date of Service: [REDACTED] * Primary and Secondary Diagnosis Codes: [REDACTED]

mm/dd/yyyy mm/dd/yyyy

Place of Service: [REDACTED] Procedure Description: [REDACTED]

- Review the details on the Claim Review page. If corrections are needed, you can select **Back**. If the information is accurate, select **Submit**.

Professional Claim Entry Printer-Friendly

Plan Information
Provider Information
Patient Information
Claim Information
Claim Line Information
Review
Confirmation

Date of Service
04/24/2024

Insurance
Plan Name: ██████████
Member ID: ██████████

Patient
Patient's Name: Michael Testing
Relationship to Member: SELF
Gender: MALE
Date of Birth: 10/01/1958

Claim Review

This is a summary of the claim information you are about to submit. Please make any necessary changes and submit.

Provider Information

Submitter's Name: ██████████ Billing Location: JOHN M JONES MD Plan: ██████████

Patient Information

Member ID: ██████████ Date of Birth: 10/01/1958 Gender: MALE

Patient's Name: Michael Testing Patient Account Number: ABC123

Claim Information

This is a claim-level summary. Click Add Additional Claim Information to add information that applies to the entire claim. If another payer is primary on this claim and you wish to add or edit adjustments at the claim level, click Claim Level Adjustments. To add or edit adjustments at the line level, see the Claim Line Information section below.

Total Charges: \$ 250.00 Dates of Service: 04/24/2024

[Add Additional Claim Information](#)

Claim Line Information

Line	Procedure	From Date of Service	Charges	Additional Line Information
1	99213	04/24/2024	\$ 250	Add

- The Claim Confirmation page will give you the claim number.

Professional Claim Entry Printer-Friendly

Plan Information
Provider Information
Patient Information
Claim Information
Claim Line Information
Other Payer Information
Adjustments
Review
Confirmation

Date of Service
04/24/2024

Insurance
Plan Name: ██████████
Member ID: ██████████

Patient
Patient's Name: michael testing
Relationship to Member: SELF
Gender: MALE
Date of Birth: 10/01/1958

Claim Confirmation

Please note: We have received and are processing your claim. Here is your claim number.

Click on View Patient Receipt for a printable receipt detailing the patient's liability. Receipts are only available for claims that have finalized. The View Patient Receipt button will not appear for claims that require further processing.

Confirmation

Claim Number: ██████████ Member ID: ██████████ Patient's Name: michael testing

Patient's Date of Birth: 10/01/1958 Patient's Gender: Male

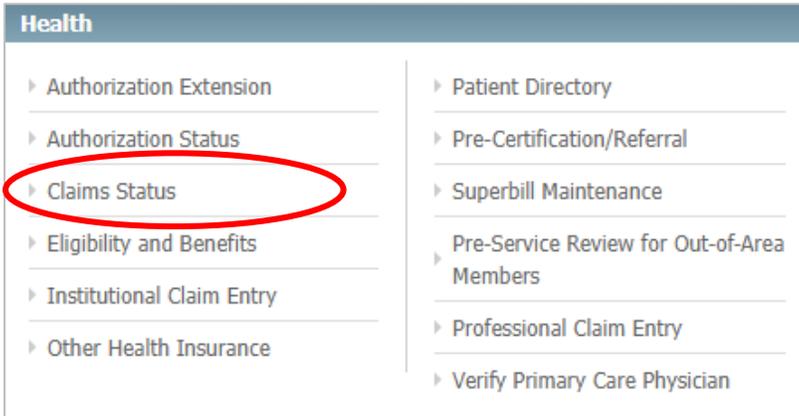
Create New Claim
View Claim Status

Checking Claims Status

There are two ways to get claims status: using the member identification number or using the claim number. We recommend using the identification number to ensure you pull all the available claims.

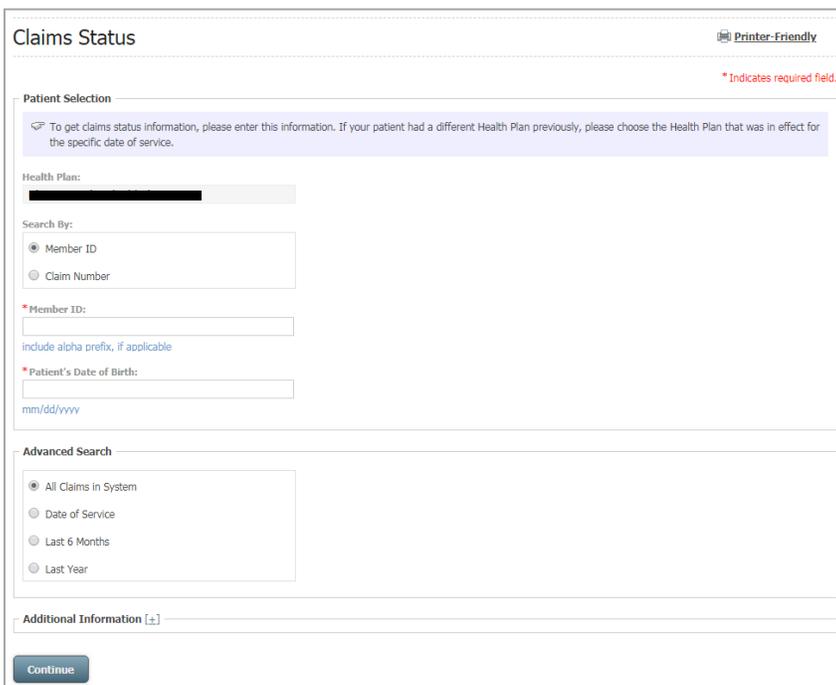
For claims status, do the following:

1. Under **Patient Care**, select **Claims Status**.



The screenshot shows a 'Health' menu with two columns of options. The 'Claims Status' option in the left column is circled in red. The options in the left column are: Authorization Extension, Authorization Status, Claims Status, Eligibility and Benefits, Institutional Claim Entry, and Other Health Insurance. The options in the right column are: Patient Directory, Pre-Certification/Referral, Superbill Maintenance, Pre-Service Review for Out-of-Area Members, Professional Claim Entry, and Verify Primary Care Physician.

2. Select Member ID and enter the member's identification number along with their date of birth. Select **Continue**.



The screenshot shows the 'Claims Status' form. At the top right, there is a 'Printer-Friendly' icon and a note: '* Indicates required field.' The 'Patient Selection' section contains a note: 'To get claims status information, please enter this information. If your patient had a different Health Plan previously, please choose the Health Plan that was in effect for the specific date of service.' Below this, there is a 'Health Plan:' dropdown menu. The 'Search By:' section has two radio buttons: 'Member ID' (selected) and 'Claim Number'. Below this, there are two required fields: '* Member ID:' and '* Patient's Date of Birth:'. The date field has a placeholder 'mm/dd/yyyy'. The 'Advanced Search' section has four radio buttons: 'All Claims in System' (selected), 'Date of Service', 'Last 6 Months', and 'Last Year'. At the bottom, there is an 'Additional Information [+]' field and a 'Continue' button.

3. A list of the available claims will populate. Note, if the date of service in question does not pull, it could be purged from the system depending on the date of service.

Claims Summary List *(click a column title to sort)* Showing 3 Results

List of health claims

Claim Number	Claim Status	Primary ID	Beginning Date of Service	Process Date	Total Charges
207103LDG0000	PROCESSED	15	03/07/2022	03/12/2022	\$81.00
207404P250000	PROCESSED	16	03/07/2022	03/15/2022	\$130.50
2029023B80000	PROCESSED	16	01/18/2022	01/31/2022	\$362.00

[Ask Provider Services](#)

4. Select the claim you want to review. You can select the available buttons to view additional details on the claim.

Claim Number:
207103LDG0000

Check your remittance voucher for any non-covered or non-allowed charges which may be the member's responsibility.

Primary Status:
FINALIZED-THE CLAIM/ENCOUNTER HAS COMPLETED THE ADJUDICATION CYCLE AND N O MORE ACTION WILL BE TAKEN.

[Patient Liability](#)
 [Detailed Status Information](#)
 [Additional Status Information](#)

Detail

Status Effective Date: 03/12/2022 Date(s) of Service: 03/07/2022 - 03/07/2022 Processed Date: 03/12/2022

Primary ID: 1 Organization or Provider's Name: UNI

Total Charges: \$81.00 Amount Paid: \$0.00 Bill Type: 141

Patient Account Number: 24021

Here is a list of the line items associated with this claim. Showing 1 Result

Line Summary List

Line Item	Line Status	Date(s) of Service	Line Charges	Amount Paid
01	PROCESSED	03/07/2022 - 03/07/2022	\$81.00	\$0.00

Revenue Code:
0310 - LABORATORY PATHOLOGICAL,0,GENERAL CLASSIFICATION

Procedure Code:
S1310 - LABORATORY PA

[Previous Claim](#)
 [Next Claim](#)
 [Ask Provider Services](#)
 or [Back](#)

Patient Liability –

Claim Number:
207103LDG0000

Check your remittance voucher for any other non-covered or non-allowed charges which may be the member's responsibility.

Patient Liability

Please note: The amount in the Other field includes any non-covered charges that are not copayments, deductibles or coinsurance. This amount may also include reimbursements from the member's Health Reimbursement Account. For more specific details, please see your remittance advice for this claim.

Deductible:	Copayment:	Coinsurance:	Other:	Total:
\$72.42	\$0.00	\$0.00	\$0.00	\$72.42

Back

Detailed Status Information –

Status Details

FINALIZED-THE CLAIM/ENCOUNTER HAS COMPLETED THE ADJUDICATION CYCLE AND NO MORE ACTION WILL BE TAKEN.

107 - PROCESSED ACCORDING TO CONTRACT/PLAN PROVISIONS

Additional Status Information –

Additional Status Information

Description:
CLAIM HAS PROCESSED

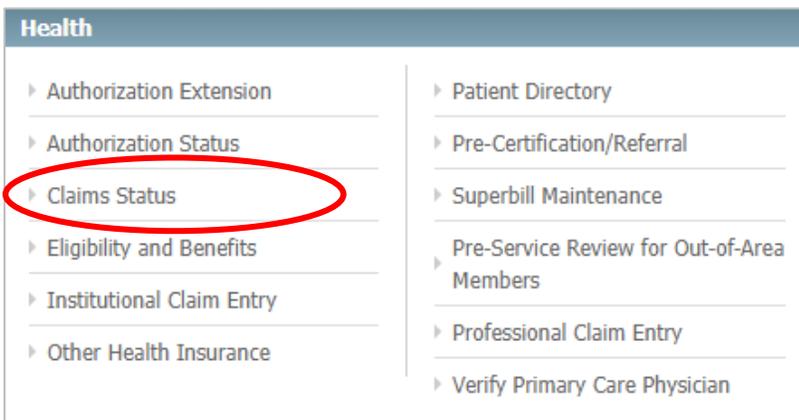
Claim Attachment Feature

Claim Attachments is a feature in My Insurance Manager that lets you upload **requested** documentation directly into the portal for a claim. Documents that can be uploaded include:

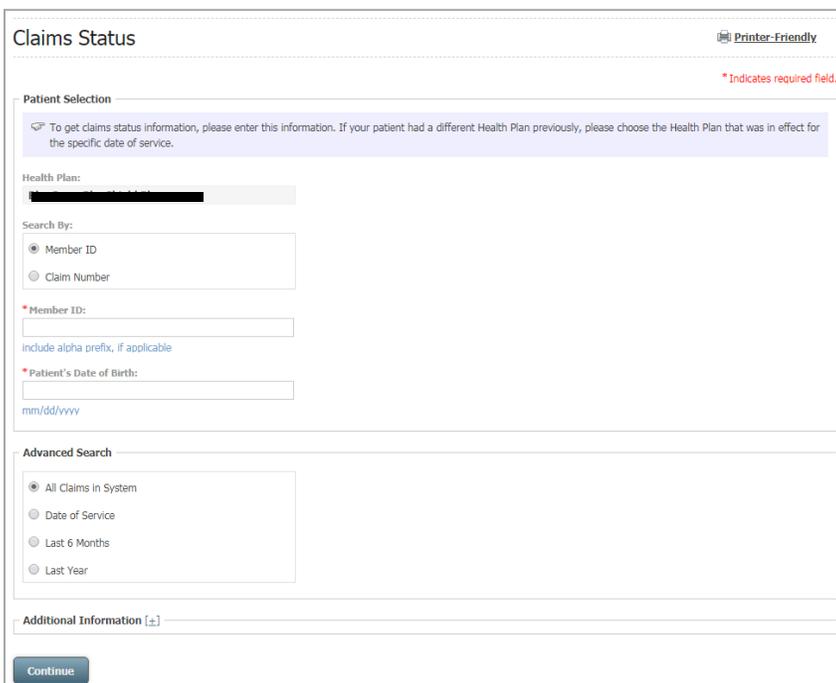
- Accident questionnaires
- Certificate of medical necessity (for durable medical equipment)
- Medical records
- Other health insurance
- Primary explanation of benefits
- Itemized bills

Using the Claim Attachment Feature

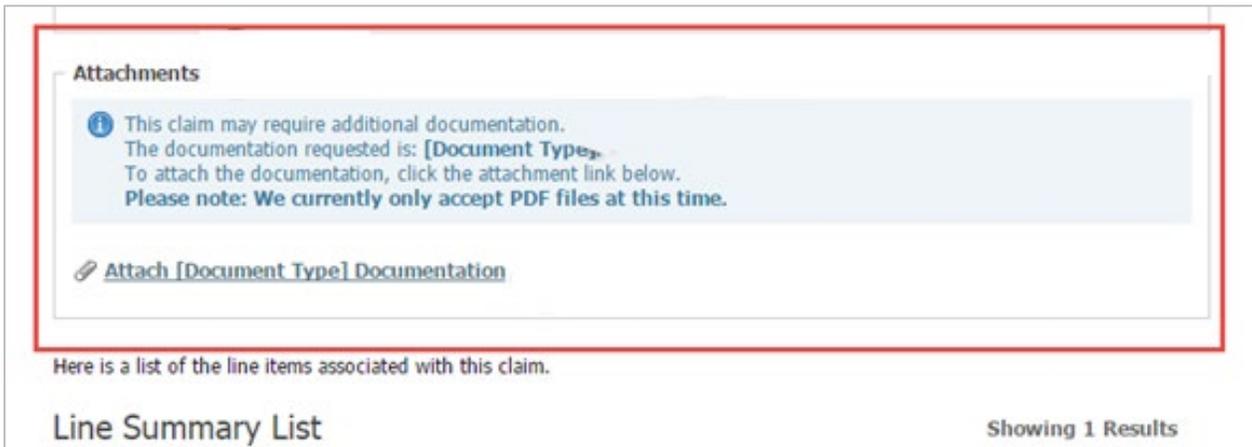
1. Under **Patient Care**, select **Claims Status**.



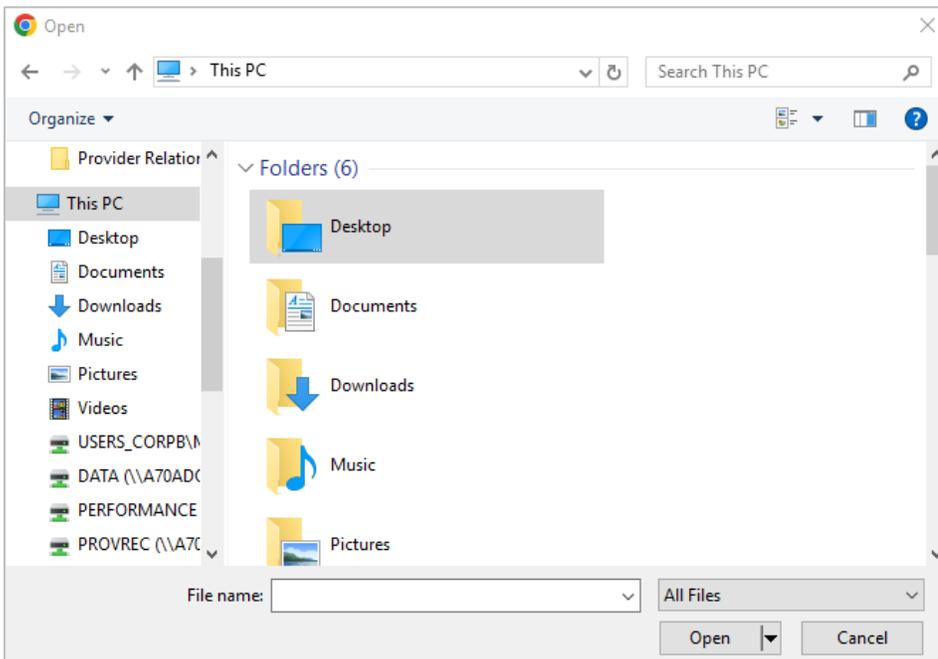
2. Select Member ID and enter the member's identification number along with their date of birth. Select **Continue**.

A screenshot of the 'Claims Status' form. The form has a title 'Claims Status' and a 'Printer-Friendly' link. Below the title is a red asterisk indicating required fields. The form is divided into two main sections: 'Patient Selection' and 'Advanced Search'. The 'Patient Selection' section includes a text box for 'Health Plan', a 'Search By' section with radio buttons for 'Member ID' (selected) and 'Claim Number', a text box for 'Member ID', a text box for 'Patient's Date of Birth' with a 'mm/dd/yyyy' format hint, and a note to 'include alpha prefix, if applicable'. The 'Advanced Search' section includes radio buttons for 'All Claims in System' (selected), 'Date of Service', 'Last 6 Months', and 'Last Year'. At the bottom of the form is an 'Additional Information' field and a 'Continue' button.

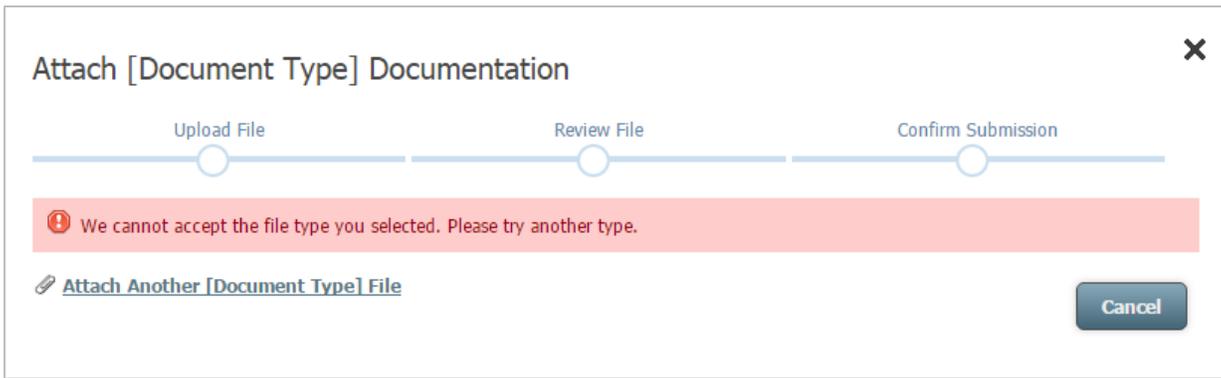
Once you locate the claim in question, the **Claim Status Detail** page will reflect whether additional documentation may be needed as well as what type of documentation may be required. Note: You will not see the Attachments option unless the claim (or service within the claim) requires documentation.



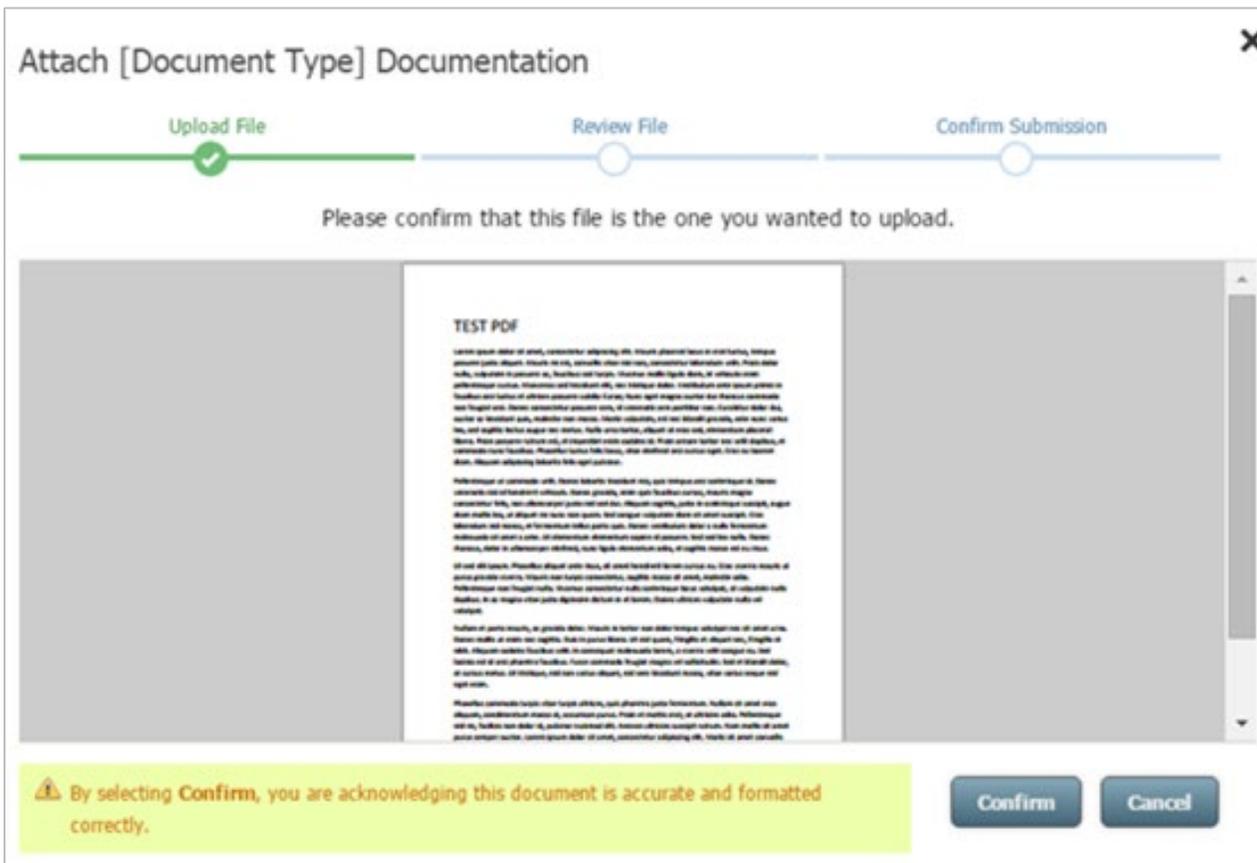
3. Select the **Attach Documentation** option to continue.
4. Next, look for and then select the document you want to attach. Once the appropriate document is chosen, select **Open**.



If the file is invalid (perhaps it is not a PDF file or it exceeds 30MB), then you will receive this message:



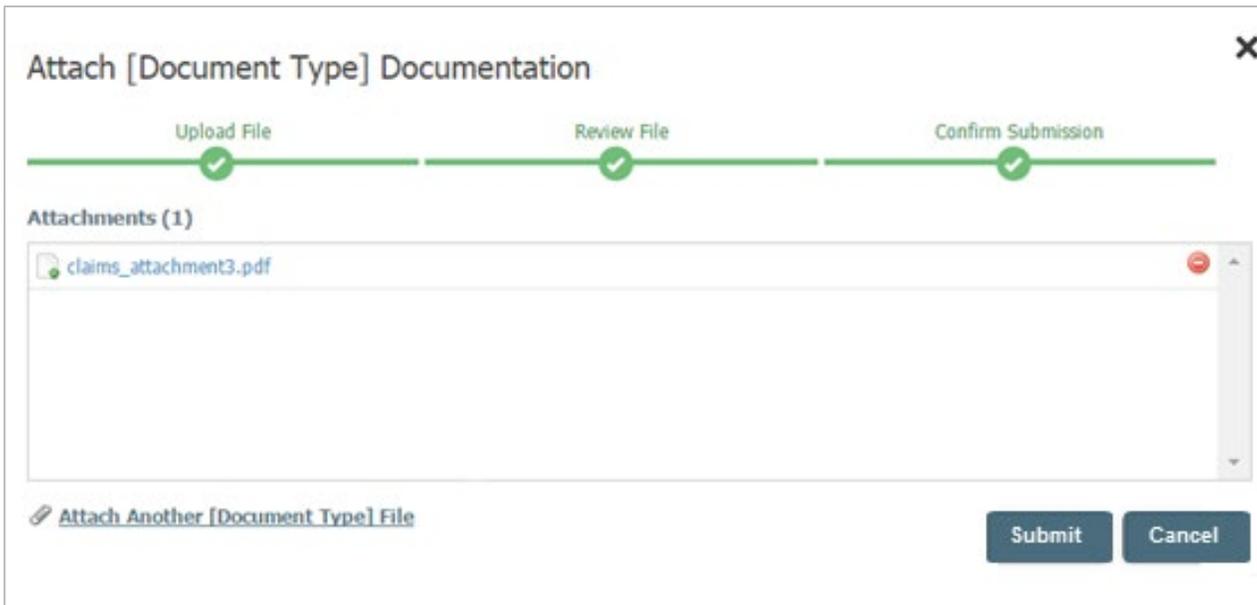
Once you have selected the correct document, it will display in the Attach Documentation screen.



5. Review the document you have uploaded in the Attach Documentation screen and verify the document you want to attach is the one associated with the claim for the member. If the document you have attached contains more than one page, you can use the scroll option to view additional pages.
6. To confirm the document is correct, select **Confirm**. By selecting **Confirm**, you are acknowledging that the document you have attached is accurate and formatted correctly. To cancel the document you attached, select **Cancel**. You will have several opportunities to cancel before completing the attachment process.

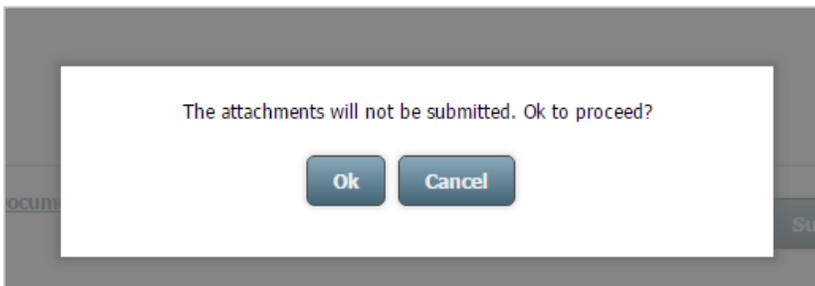
If you select **Cancel**, you'll see the option to either **Cancel Upload** or **Return to Review**.

Once you confirm, you will see a list that displays the document along with its title. You will then have the option to attach additional documents, submit the attachment, cancel the attachment or delete any attachments you have already added.

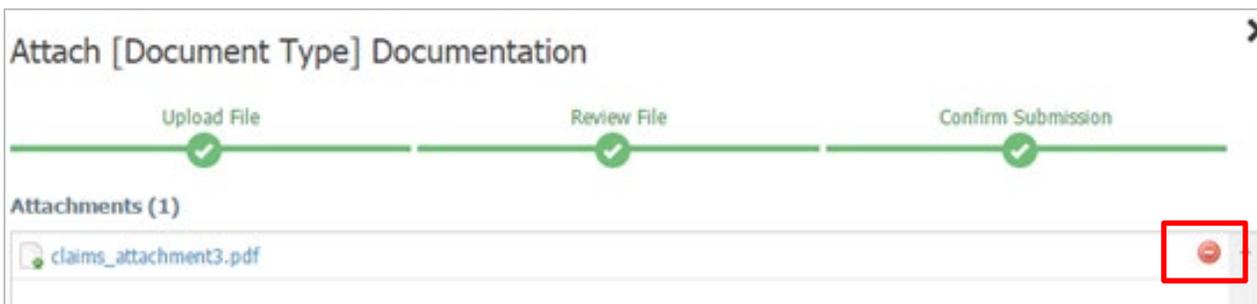


Select **Attach Another File** at the bottom of the screen to attach another document. Each new document you attach will appear in the list of attachments here on the Attach Documentation screen.

If you select **Attach Another File** by mistake, select **Cancel**. Next, Select **Ok** to proceed with your request to cancel the attachment or **Cancel** to return to the Attach Documentation screen.



To remove a document you attach, select the red button.



If you need to remove any document, a box will display asking if you wish to delete the selected document. If you select **Yes**, then the document you selected will be removed. Once the document is removed, the new number of attachments will reflect on the Attach Documentation screen. If you select **No**, the document you selected will remain.

Are you sure you want to delete
claims_attachment3.pdf?

Yes

No

- Once you are satisfied with the documents attached, select **Submit**. When you select **Submit**, you will be routed back to the Claim Status Detail page and see the message, **“You have successfully submitted the requested documentation.”**

Attachments

i This claim may require additional documentation.
The documentation requested is: [Document Type]
To attach the documentation, click the attachment link below.
Please note: We currently only accept PDF files at this time.

✓ You have successfully submitted the requested documentation.

Attached Documents (1)

report.pdf

📎 Attach [Document Type] Documentation

Here is a list of the line items associated with this claim.

Line Summary List Showing 1 Results

Once the documentation has been received, it will be routed to the appropriate department for review and adjudication. You will not receive a confirmation of receipt or a status after you’ve successfully submitted the documentation. You can print the Claim Status Detail page for your records.

[Go to Message Center](#)

Detailed Status Information **Printer-Friendly**

Claim Number: _____

📄 Please see line items for more details about the payment of this claim.

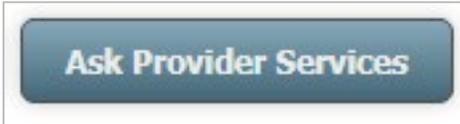
Status Details _____

Ask Provider Services and STATchatSM

Ask Provider Services is a feature in My Insurance Manager that let's you submit secure web inquiries for help with claims. This feature is intended to assist with complex issues and note general claims status.

Submitting Web Inquiries

Once you are on the claim screen in My Insurance Manager, you will see a button labeled **Ask Provider Services**. Select the button.



On the Inquiry screen, be sure **Submit your question online** is selected. Enter the required details. Be sure to ask clear, probing questions, as this will ensure you receive the best response. After all the information has been included, select **Submit Question**.

Inquiry

Use the form and receive a response in the Message Center. Please be aware during our peak season that there may be a delay in receiving a response. You may also talk to a Provider Services representative with STATchat.

How would you like to contact Provider Services?

Submit your question online
Talk to a Provider Services online
(Monday - Friday, 8:30 a.m. to 8 p.m. EST)

Health Plan:
[REDACTED]

Inquiry Reason:
Claim Status Inquiry

* Patient's First Name: [REDACTED] * Patient's Last Name: [REDACTED] * Patient's Member id: [REDACTED] Patient's Date of Birth: 11/13/1955
mm/dd/yyyy

* Location: [REDACTED] **Select** Primary ID: [REDACTED]

* Please enter a question:
[REDACTED]

Submit Question or [Back](#)

Viewing Web Inquiry Responses

To view responses to your inquiries, do the following:

1. Log into My Insurance Manager.
2. Select **Go to Message Center** on the right-hand side.

[Go to Message Center](#)

- You can narrow the results by entering the member's identification (ID) number and selecting specific months. If a response is available, it will appear in your list.

Search by Member ID: Select a Plan...

Last 30 Days Results (0)

Message Tools Last 30 Days

Date ▲	Subject
⚠ We did not find any messages for the time period you chose. Please try your request again with a different time period.	

Note: Provider Administrators can view all web inquiry submissions and responses associated with the Tax ID. After entering the member's ID number, they can select a staff member from the available drop-down menu.

Message Center

Please note: The Message Center will only show mail you submitted through My Insurance Manager. This mailbox will not show other communications you may receive from us, such as faxes or regular mail, that may relate to your questions.

Search by Member ID: Select a Plan...

Search by Staff Member: [show/hide](#)

Staff Member:

Last 90 Days Results (4)

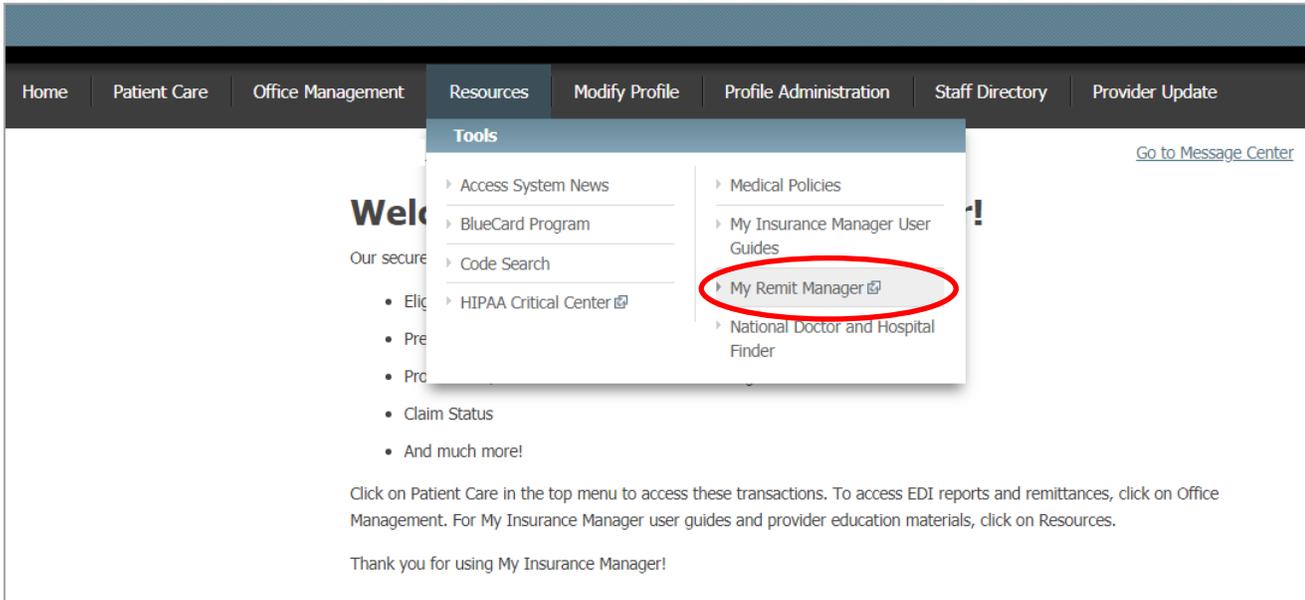
Message Tools Last 90 Days

Date ▲	Subject
<input type="checkbox"/> 01/16/2024	HEALTH - Eligibility Question - KRISTA FUNDERBURK
<input type="checkbox"/> 01/16/2024	HEALTH - Claim Status Inquiry - KRISTA FUNDERBURK
<input type="checkbox"/> 01/16/2024	HEALTH - Claim Status Inquiry - KENNETH CATOE
<input type="checkbox"/> 01/16/2024	HEALTH - Claim Status Inquiry - LAWIS TAYLOR

My Remit Manager

Accessing My Remit Manager

You can access My Remit Manager directly inside My Insurance Manager. Hover over **Resources** and select **My Remit Manager**.



1. From the My Remit Manager landing page, select the Check link on the date in question.

The screenshot displays the 'My Remit Manager' interface for 'ERA by Check Date - May 2022'. The page includes a 'View Checks By:' dropdown menu set to 'Check Date', a 'Check Summary Report' button, and a 'Show Month' button. The main content is a calendar grid for May 2022, showing dates from 24 to 31. Each date cell contains the word 'open' and a link to a check number (e.g., 'CHK: 9', 'CHK: 43', 'CHK: 1'). The calendar grid is organized by day of the week (S, M, T, W, T, F, S).

	S	M	T	W	T	F	S
18	24 open	25 open CHK: 9	26 open CHK: 43	27 open	28 open	29 open CHK: 1	30 open
19	1 open	2 open CHK: 12	3 open CHK: 40	4 open CHK: 1	5 open	6 open CHK: 1	7 open
20	8 open	9 open CHK: 12	10 open CHK: 41	11 open	12 open	13 open CHK: 2	14 open
21	15 open	16 open CHK: 11	17 open CHK: 57	18 open	19 open	20 open CHK: 4	21 open

2. Select the Adobe icon to view the full remittance or select the available check numbers to view specific patient details.

Page size: 10 44 items in 5 pages

Reco	Download	Check Number	Payment Method	Checkdate	Postdate	Billed	Paid	Payer	Provider
<input type="checkbox"/>			ACH	11/1/2022	10/30/2022	\$9,485.00	\$1,572.00	BI	
<input type="checkbox"/>			ACH	11/1/2022	10/30/2022	\$7,807.00	\$1,749.13	SI	
<input type="checkbox"/>			ACH	11/1/2022	10/30/2022	\$530.00	\$132.00	FE	
<input type="checkbox"/>			ACH	11/1/2022	10/30/2022	\$2,105.00	\$213.04	BI	
<input type="checkbox"/>			ACH	11/1/2022	10/30/2022	\$1,157.00	\$96.18	SI	
<input type="checkbox"/>			ACH	11/1/2022	10/30/2022	\$769.00	\$141.47	FE	
<input type="checkbox"/>			ACH	11/1/2022	10/30/2022	\$178.00	\$117.00	BI	
<input type="checkbox"/>			ACH	11/1/2022	10/30/2022	\$196.80	\$24.14	SI	
<input type="checkbox"/>			ACH	11/1/2022	10/30/2022	\$1,410.00	\$78.99	BI	
<input type="checkbox"/>			ACH	11/1/2022	10/30/2022	\$1,710.00	\$380.05	SI	

Page size: 10 44 items in 5 pages

Check Selected:

ERA Patient Listing

Electronic Reproduction ASC 005010X221A1
UNIVE

CHECK/EFT: 0001375495 CHECK DATE: 03/01/2022

BLUECROSS BLUESHIELD OF SOUTH CAROLINA -EXCHANGE

Account: _____ POS: 13 HIC: U _____ ICN: 205402TVL0000 Provider: 1568419976 030219309 1417949694
 Status: Processed as Primary
 MOA: N45

PreProv	ServDate	NOS	REV	Proc/Mods	Billed	Allowed	Deduct	Coins	RC-Amt	Paid	CAS Summary
030219309	02/17/2022	1	0300	HC:80061	84.50	28.11			56.39	28.11	CO 45 56.39 HE N45
030219309	02/17/2022	1	0300	HC:36415	31.50	6.30			25.20	6.30	CO 45 25.20 HE N45
REMITTANCE SUMMARY					116.00	34.41	.00	.00	81.59	34.41	

TOTALS
 Denied/Non-Covered: 0.00
 CO 45 81.59 [Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).]
 HE N45 [Payment based on authorized amount.]

* Denotes Denied Or Non-covered Charges
 N45: Payment based on authorized amount.

CHECK/EFT: 0001375495 CHECK DATE: 03/01/2022

BLUECROSS BLUESHIELD OF SOUTH CAROLINA -EXCHANGE

Account: _____ POS: 13 HIC: U _____ ICN: 202705KQM0000 Provider: 1568419976 030219309 1649664913
 Status: Processed as Primary
 MOA: N2

PreProv	ServDate	NOS	REV	Proc/Mods	Billed	Allowed	Deduct	Coins	RC-Amt	Paid	CAS Summary
030219309	01/19/2022	1	0450	HC:99283	1,040.94	490.41			600.53	440.41	PR 3 50.00 CO 94 550.53 HE N2
REMITTANCE SUMMARY					1,040.94	490.41	.00	.00	600.53	440.41	

TOTALS
 Denied/Non-Covered: 0.00
 PR 3 50.00 [Co-payment Amount]
 CO 94 550.53 [Processed in Excess of charges.]
 HE N2 [This allowance has been made in accordance with the most appropriate course of treatment provision of the plan.]

* Denotes Denied Or Non-covered Charges
 N2: This allowance has been made in accordance with the most appropriate course of treatment provision of the plan.

CHECK/EFT: 0001375495 CHECK DATE: 03/01/2022

BLUECROSS BLUESHIELD OF SOUTH CAROLINA -EXCHANGE

Account: _____ POS: 13 HIC: U _____ ICN: 205402R9Y0000 Provider: 1568419976 030219309 1356374755
 Status: Processed as Primary
 MOA: N2,N363

PreProv	ServDate	NOS	REV	Proc/Mods	Billed	Allowed	Deduct	Coins	RC-Amt	Paid	CAS Summary
030219309	02/15/2022	1	0300	HC:U0005	25.00	52.50			-27.50	52.50	CO 94 -27.50 HE N2
030219309	02/15/2022	1	0300	HC:U0003	102.30	157.50			-55.20	157.50	CO 94 -55.20 HE N363
REMITTANCE SUMMARY					127.30	210.00	.00	.00	-82.70	210.00	