PROVIDER Blue

Submitting Claims Through My Insurance Manager^SM

Did you know you can submit claims through My Insurance Manager (MIM)? MIM allows you to submit professional and institutional claims, medical and dental claims, and replacement (corrected) or void claim requests.

When submitting claims through MIM, there are seven screens that you will progress through:

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

There is a claim entry progression bar near the top of the screen that tracks your progress. At any time, you can go back to a previous screen by selecting the page from the bar.

You can review more details on the different *claims entry* options by reading the Claims Entry MIM guide online.

Reminder: Importance of Proper Coding

Using correct coding is critical to ensure we apply benefits and reimbursement correctly to claims. We encourage our providers to strive for highest level of detail in the coding they use. This applies to all coding submitted on a claim for payment. Using coding that is "unspecified" or "unknown" could cause denials or delays in reimbursement.

At the time of service, you may not have specific codes. However, it is best to determine what the condition is or what exactly is being treated before coding and submitting the claim.

Benefits of using specific codes include:

- Accurate reimbursement.
- Reduced number of corrected claims.
- Quicker processing of claims.
- Lower number of denials.

To ensure claims follow the correct coding guidelines, we encourage you to:

- Consult with your business partners who code and bill on your behalf to ensure they use proper coding.
- Ensure all appropriate staff are current on correct coding guidelines.
- Review your remittances, locate impacted claims and make the necessary changes.

Reminder: 90-Day Provider Validation

Provider demographic data can change frequently throughout the year and in our networks. To ensure our members know where to find the right physicians or facilities for the care they need, it is vital that we validate the accuracy of their contact information regularly.

As a reminder, on Jan. 1, 2022, the Consolidated Appropriations Act required providers to verify or update their demographic data at least **every 90 days**. If more than 90 days have passed since the provider's last validation, we must suppress them from our directories.

Use M.D. Checkup, located in MIM, to validate your demographic data. Validations are determined based on the number of days since the provider's last validation. To perform the validation, do the following:

1. Log into MIM.
2. In the purple box labeled **Provider Validation**, select **Validate Now**.
3. For each location with a status of **Verification Required**, select **View & Edit**.
4. Review and edit the information if needed. Then select **Verify**.

To update suppressed locations due to missing the 90-day validation period, do the following:

1. Log into MIM.
2. In the purple box labeled **Provider Validation**, select **Validate Now**.
3. For each location with a status of **Suppressed from Directories**, select **View & Edit**.
4. Review and edit the information if needed. Then select **Verify**.

We receive the provider's data automatically once validated in MIM and update our directories.

Upcoming Webinars

This year, we will host various webinars to provide further education to our provider community. Below are the topics being presented this year.

- My Provider Enrollment Portal | Aug. 7, 2024
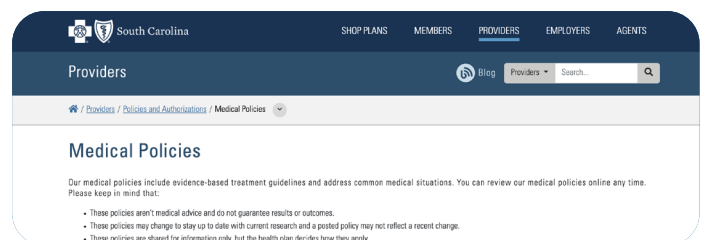- My Provider Enrollment Portal | Nov. 6, 2024

All webinars are hosted through Microsoft Teams and are scheduled from noon – 1 p.m. You can *sign up* for any of the available sessions. We look forward to your attendance.

Medical Policy Updates

BlueCross BlueShield of South Carolina frequently revises the medical policies used to make clinical determinations for a member's coverage.

Review the *latest medical policy updates*.

We strongly encourage you to visit the *Medical Policies and Clinical Guidelines* pages regularly to stay abreast of these changes and to read any policy in its entirety.