South Carolina

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PROVIDER Blue

Importance of Using Specific Diagnosis Codes

Using correct coding is critical to ensure we apply benefits and reimbursement accurately to claims.

BlueCross BlueShield of South Carolina made updates to better align the effectuation of our current coding practices around the use of unspecified diagnosis codes. Providers use unspecified codes when the condition is unknown at the time of coding. However, it is important to strive for the highest level of detail in the diagnosis code(s) to ensure accuracy when submitting claims.

Use of unspecified coding could result in claim rejections. If your claim rejects for this reason, you will receive adjustment reason code (CARC) 189 and remittance advice remark code (RARC) M81 on the claim.

While there are many unspecified diagnosis codes, a few examples include:

- F3289.
- J45909.
- G4700.
- K254.
- R69.

We encourage providers to refrain from using unspecified diagnosis whenever possible. To ensure claims follow the correct coding guidelines, we encourage providers to:

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

If you have any questions on this bulletin, please contact Provider Education at *Provider.Education@bcbssc.com* or 803-264-4730.

Medical Policy Updates

BlueCross 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 up to date with these changes and to read any policy in its entirety.

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My Remit Manager

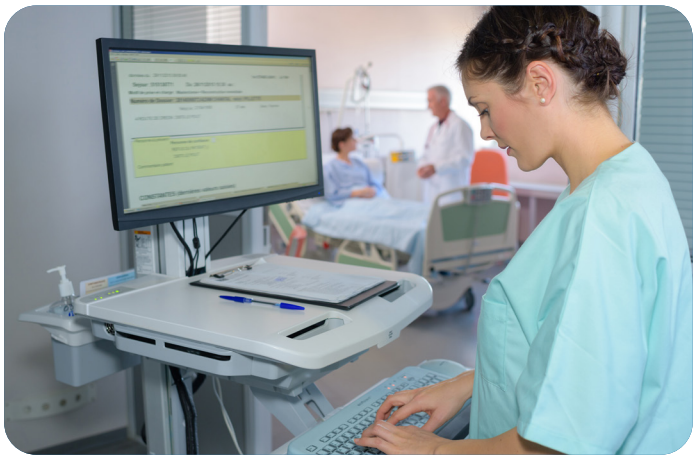
Looking for an easy way to track payment information for your claims? With My Remit Manager, you can easily view, sort or print electronic remittance advice (ERA) information online.

My Remit Manager is free to providers enrolled with BlueCross who receive electronic payments. It accepts 835 files from all commercial BlueCross plans and works independently of your claims management system or clearinghouse.

Use My Remit Manager to:

- View ERA information by file and see all details. You can opt to view ANSI-specific details. Or view information in a conventional format.
- View information categorized by check number or by patient. My Remit Manager clearly lists the name of each patient whose Explanation of Benefits is associated with an individual check or electronic funds transfer.
- Print individual remits for a single patient. Eliminate the need to remove or black out other patient information.
- Print remits for selected patients. You can print individual or group remits.

To get started using My Remit Manager, complete the *form* online.



My Insurance Manager

My Insurance Manager℠ is a unique online tool for providers. Once you've registered, you can log in to do the following and more:

- Check benefits and eligibility in real time
- Request prior authorization
- Submit and track claims
- Get remittance information
- Send us a secure message through the "Ask Provider Services" feature

You can even talk with a provider services representative online through *STATchat*. This fast, free service is available if you have further questions about claims status, eligibility or prior authorization.

Registering is easy! Simply go to *My Insurance Manager* and click on "Register Now!" Then follow the instructions. You'll need to enter the Tax ID number you use for BlueCross. Then create a username and password. Each authorized user from your practice will need a unique login.

For more details, explore our available *user guides*.

BlueCross BlueShield of South Carolina is an independent licensee of the Blue Cross Blue Shield Association.