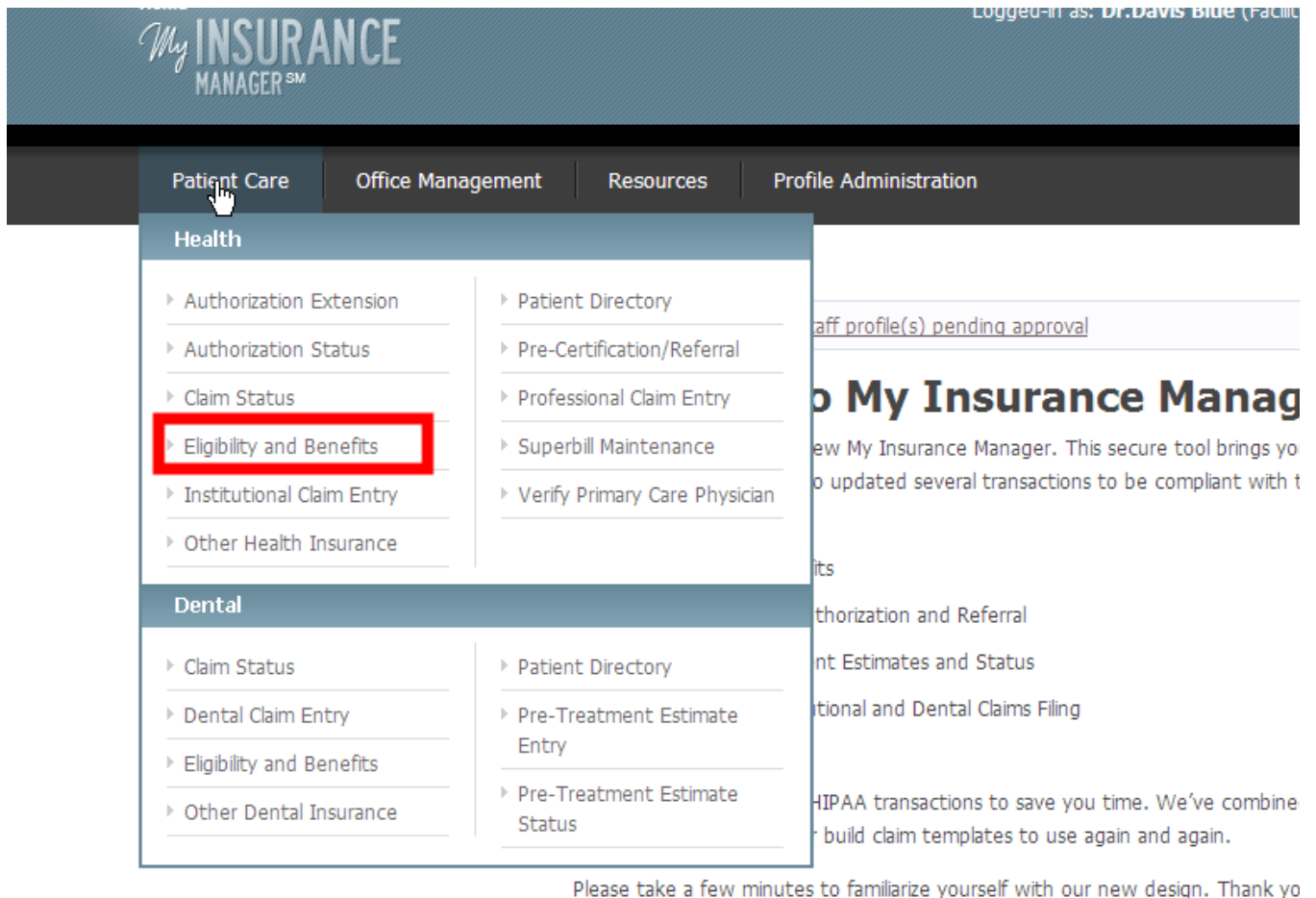


*My* **INSURANCE**  
**MANAGER**<sup>SM</sup>

---

**ELIGIBILITY AND BENEFITS**  
**USER GUIDE**

The HIPAA-compliant Eligibility screens in My Insurance Manager<sup>SM</sup> feature detailed information on deductibles, coinsurance, out-of-pocket amounts, copayments, lifetime summaries and more. The more specific the information you enter into the system (e.g., specific procedure code and diagnosis), the more specific the eligibility information will be on the Web screen.



Log into My Insurance Manager. In the top menu under Patient Care, choose Eligibility and Benefits.

# PATIENT SELECTION

My INSURANCE  
MANAGER<sup>SM</sup>
Logged-in as: Dr. Blue same code (Lexington Test Admin) [Modify Profile](#) [Logout](#)

[Patient Care](#) | [Office Management](#) | [Resources](#) | [Profile Administration](#)

 [Printer-Friendly](#)

## Eligibility and Benefits

\* Indicates required field.

**Patient Selection**

\* Health Plan:

\* Member ID:  
  
include alpha prefix, if applicable

Patient's Date of Birth: (Recommended)  
  
mm/dd/yyyy

**Additional Information** [+]

\* Date of Service:  
  
mm/dd/yyyy

\* Location:   Primary ID:

[Site Map](#) | [Privacy & Legal](#)

Complete the requested information to search for a patient. Be sure to enter the Member ID exactly as it appears on the patient's insurance card, including the alpha prefix.

To choose a location, click the Select button next to the Location field. A list of locations associated with your Tax ID will appear.

After entering the patient information, click Continue.

# CHOOSE ELIGIBILITY VIEW

Patient Care

Office Management

Resources

Profile Administration

 [Printer-Friendly](#)

## Eligibility and Benefits

Date of Service

11/21/2011

\* Indicates required field.

### Choose Eligibility View

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 deductible may change as additional claims are processed.

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

There are three Eligibility and Benefits options: General Eligibility and Benefits, Eligibility and Benefits by Service Type and Eligibility and Benefits by Procedure Code.

General Eligibility and Benefits will display the results of a HIPAA Service Type 30, which displays benefits for 16 commonly searched service types.

Eligibility and Benefits by Service Type lets you search by using a specific service type and diagnosis combination.

Eligibility and Benefits by Procedure Code lets you search for benefits for a particular HCPCS code and diagnosis combination. You can not use facility revenue codes with this option.

# ELIGIBILITY AND BENEFITS RESPONSE

Patient Care   Office Management   Resources   Profile Administration

 [Printer-Friendly](#)

## Eligibility and Benefits

\* Indicates required field.

**Date of Service**  
11/21/2011

**Insurance**  
Plan Name:  
**BLUE CROSS AND BLUE SHIELD OF SC**

Plan ID:  
38520

Member ID:  
**ZCZ123456789**

Member's Name:  
**Michael Testing**

**Patient**  
Patient's Name:  
**Michael Testing**

Relationship to Member:  
SUBSCRIBER

Gender:  
MALE

Date of Birth:  
03/13/1959

Address:  
**123 Testing Lane  
GREENVILLE, SC 29611-1853**


**Choose Eligibility View**

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 deductible may change as additional claims are processed.

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

[Submit](#)


**Eligibility Response** [\[+\] show/hide](#)

 This patient has active coverage for health.

[View HRA Information](#)


[Return to top](#)

**Global Deductible**

 The global deductible is a general, overall deductible. There may also be specific deductibles for specific services. It's important to check the replacement, inclusive and any other specific deductibles to determine the patient's responsibility for payment.

After selecting an option, general information about the patient and the patient's plan displays on the left side of the page.


**Eligibility Response** [\[+\] show/hide](#)

 This patient has active coverage for health.

If the patient has active coverage, you'll see the message, "This patient has active coverage for health." If the patient no longer has health coverage or only has dental coverage, you'll see the message, "This patient does not have active coverage for health."

## ELIGIBILITY RESPONSE

**Eligibility Response** [-] [show/hide](#)

 This patient has active coverage for health.

**General Information**


Health Plan: BLUE CROSS AND BLUE SHIELD OF SC	Date of Service: 11/21/2011
Plan ID: 38520	

**Subscriber Information**

Member Name: MICHAEL TESTING	Insurance Type: PREFERRED PROVIDER ORGANIZATIO
ID Card Number: ZCZ123456789	Group Name: TESTING COMPANY
Coverage Level: INDIVIDUAL AND SPOUSE	Group Number: 24500000
Policy Effective Date: 01/01/2008	Benefit Period: 01/01/2011 - 01/01/2012

**Patient Information**

Name: MICHAEL TESTING	Relationship: SUBSCRIBER
Gender: MALE	Address: 123 Testing Lane GREENVILLE, SC 29611-1853
Date of Birth: 03/13/1959	

 If the member qualifies for COBRA coverage, the policy may be subject to retroactive cancellation or reinstatement, based on the plan design and the member COBRA election.

**Information Receiver**

Provider: Your Provider Name
Provider ID: 222222222
Entity Type: 2 - NON-PERSON

This section is initially hidden when the page loads. Click the show/hide link to reveal this section. You will see more information about the patient's group, address and the information receiver for the request. These fields are populated based on what is returned in the EDI 271 eligibility and benefits response.

Note: Some fields may or may not be displayed, depending on what was returned on the EDI 271 response.

# ELIGIBILITY RESPONSE

[View HRA Information](#)

**Personal Savings Accounts** ✕

Health Reimbursement Account

\$ **\$245.52**

**i** DEDUCTIBLE, COINSURANCE AND PRESCRIPTION DRUGS ARE REIMBURSED FROM THE MEMBER'S HRA.

THIS MEMBER HAS AN HRA ACCOUNT, WHICH ALLOWS FOR DIRECT REIMBURSEMENT TO PROVIDERS. THE BALANCE WE LIST HERE IS ACCURATE AT THIS TIME ONLY. THIS BALANCE MAY CHANGE AS WE PROCESS ADDITIONAL CLAIMS.

[Close](#)

For patients who have a Health Reimbursement Account (HRA), you will see a View HRA Information button. Click it to show the patient’s HRA amount, including any messages on how his or her money is applied.

**Global Deductible** [\[-\] show/hide](#)

**i** The global deductible is a general, overall deductible. There may also be specific deductibles for specific services. It's important to check the replacement, inclusive and any other specific deductibles to determine the patient's responsibility for payment.

Deductible	In Network		Out of Network	
	Limit	Remaining	Limit	Remaining
<b>Individual:</b>	\$1,550.00	\$1,192.14	\$3,100.00	\$2,742.14
<b>Out of Pocket</b>				
<b>Individual:</b>	\$3,450.00	\$3,092.14	\$6,900.00	\$6,542.14

[Return to top](#)

Underneath the Eligibility Response and HRA section is the Global Deductible and Out-of-Pocket information for the policy. Be sure to check benefits for specific service types or procedure codes. Sometimes for a particular service, the deductible and out-of-pocket amounts will be different than for the global amounts.

# FIRST OPTION RESPONSE: GENERAL ELIGIBILITY AND BENEFITS

**Benefit Response** [View Benefit Booklet for this patient](#)

Service Type:

- BY - PHYSICIAN VISIT - OFFICE: SICK
- BZ - PHYSICIAN VISIT - OFFICE: WELL
- 98 - SPECIALIST
- 01 - MEDICAL CARE
- 33 - CHIROPRACTIC
- 35 - DENTAL CARE
- 47 - HOSPITAL
- 48 - HOSPITAL - INPATIENT
- 50 - HOSPITAL - OUTPATIENT
- 52 - HOSPITAL - EMERGENCY MEDICAL
- 86 - EMERGENCY SERVICES
- 88 - PHARMACY
- 98 - PROFESSIONAL (PHYSICIAN) VISIT
- AL - VISION (OPTOMETRY)
- MH - MENTAL HEALTH
- UC - URGENT CARE

Place of Service:       Diagnosis Code:

**Display Benefits**

	In Network		Out of Network	
BY - PHYSICIAN VISIT - OFFICE: SICK	Coinsurance: 10% Copayment: \$0.00		Coinsurance: 30% Copayment: \$0.00	
	✔ This patient is covered for the requested service.		✔ This patient is covered for the requested service.	
	Limit	Remaining	Limit	Remaining
<b>Deductible</b>				
Individual	\$1,550.00	\$1,192.14	\$3,100.00	\$2,742.14
<b>Out of Pocket</b>				
Individual	\$3,450.00	\$3,092.14	\$6,900.00	\$6,542.14
Service Max	\$0.00	\$0.00	\$0.00	\$0.00
Service Days	0	0	0	0
<b>Lifetime Benefit Summary</b>				
Total Max	\$2,000,000.00	\$1,999,982.58	\$2,000,000.00	\$1,999,982.58
Service Max	\$0.00	\$0.00	\$0.00	\$0.00
Messages & Qualifications	[-] Hide Details		[+] View Details	
Group Level Waiting Period: 05/18/2004 - 05/18/2005 Pre-Existing Waiting Period: 05/18/2004 - 05/18/2005 Second Surgical Opinion Required: No Benefit Date: 01/01/2011 - 01/01/2012 Pre-Certification/Authorization Required: Unknown <a href="#">Create a New Pre-</a>				

After choosing General Eligibility and Benefits, you will see this screen. It will show up to 16 service types and the first one highlighted will display benefits.

If the member has benefits for a third network, the third tier benefits will show in addition to In- and Out-of-Network benefits.

To view benefits for a different service type, click one from the list.

**NOTE:** This guide is for training purposes only. This is not a guarantee of payment. Non-payment of premiums and other contractual limitations may result in denial of benefits or refunds.



# FIRST OPTION RESPONSE: GENERAL ELIGIBILITY AND BENEFITS

	In Network		Out of Network	
BY - PHYSICIAN VISIT - OFFICE: SICK	Coinsurance: 10% Copayment: \$0.00		Coinsurance: 30% Copayment: \$0.00	
	✔ This patient is covered for the requested service.		✔ This patient is covered for the requested service.	
	Limit	Remaining	Limit	Remaining
<b>Deductible</b>				
Individual	\$1,550.00	\$1,192.14	\$3,100.00	\$2,742.14
<b>Out of Pocket</b>				
Individual	\$3,450.00	\$3,092.14	\$6,900.00	\$6,542.14
Service Max	\$0.00	\$0.00	\$0.00	\$0.00
Service Days	0	0	0	0
<b>Lifetime Benefit Summary</b>				
Total Max	\$2,000,000.00	\$1,999,982.58	\$2,000,000.00	\$1,999,982.58
Service Max	\$0.00	\$0.00	\$0.00	\$0.00
<b>Messages &amp; Qualifications</b>	<a href="#">[-] Hide Details</a>		<a href="#">[+] View Details</a>	
<p>Group Level Waiting Period: 05/18/2004 - 05/18/2005</p> <p>Pre-Existing Waiting Period: 05/18/2004 - 05/18/2005</p> <p>Second Surgical Opinion Required: No</p> <p>Benefit Date: 01/01/2011 - 01/01/2012</p> <p>Pre-Certification/Authorization Required: Unknown</p> <p><a href="#">Create a New Pre-Certification/Authorization</a></p> <p><b>In Network</b></p> <p>THIS MEMBER HAS AN HRA ACCOUNT WHICH ALLOWS FOR DIRECT REIMBURSEMENT TO PROVIDERS. LOG ON TO MY INSURANCE MANAGER OR CHOOSE OPTION 2 ON THE VRU FOR HRA ACCOUNT BALANCE INFORMATION.</p> <p>IF THE MEMBER QUALIFIES FOR COBRA COVERAGE, THE POLICY MAY BE SUBJECT TO RETROACTIVE CANCELLATION OR REINSTATEMENT, BASED ON THE PLAN DESIGN AND THE MEMBER COBRA ELECTION.</p> <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 DEDUCTIBLE MAY CHANGE AS ADDITIONAL CLAIMS ARE PROCESSED.</p> <p><a href="#">View Additional Messages</a></p>				

[Return to top](#)

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

When reviewing a member's benefits it's always important to check for any benefit-specific messages. These messages alert you to any possible exclusions, additional coverage, HRA information, etc.

Important: Always check the View Additional Messages tabs for more benefit-related messages.

Group Level Waiting Period:  
05/18/2004 - 05/18/2005

---

Pre-Existing Waiting Period:  
05/18/2004 - 05/18/2005

---

Second Surgical Opinion Required: No

---

Benefit Date: 01/01/2011 - 01/01/2012

---

Pre-Certification/Authorization Required: Unknown

[Create a New Pre-Certification/Authorization](#)

Below the coverage amounts are the member's waiting periods and benefit dates. Information about the member's other insurance coverage may also appear here if known. If you would like to start a pre-certification request you can click on Create a New Pre-Certification/Authorization.

# ACTIVE/INACTIVE BENEFITS

**Benefit Response** [View Benefit Booklet for this patient](#)

Service Type:

BY - PHYSICIAN VISIT - OFFICE: SICK

BZ - PHYSICIAN VISIT - OFFICE: WELL

98 - SPECIALIST

**01 - MEDICAL CARE**

33 - CHIROPRACTIC

35 - DENTAL CARE

47 - HOSPITAL

48 - HOSPITAL - INPATIENT

50 - HOSPITAL - OUTPATIENT

52 - HOSPITAL - EMERGENCY MEDICAL

86 - EMERGENCY SERVICES

88 - PHARMACY

98 - PROFESSIONAL (PHYSICIAN) VISIT

AL - VISION (OPTOMETRY)

MH - MENTAL HEALTH

UC - URGENT CARE

Place of Service: NA - NOT APPLICABLE      Diagnosis Code: NA - NOT APPLICABLE      Display Benefits

For this service type, you will see only a covered/not covered message below and not full benefit details. For more detailed benefits, submit a request for Eligibility and Benefits by Service Type or by Procedure Code.

	In Network		Out of Network	
01 - MEDICAL CARE	Coinsurance: -- Copayment: --		Coinsurance: -- Copayment: --	
	✔ This patient is covered for the requested service.		✔ This patient is covered for the requested service.	
	Limit	Remaining	Limit	Remaining
Deductible				
Individual	--	--	--	--
Out of Pocket				
Individual	--	--	--	--
Service Max	--	--	--	--
Service Days	--	--	--	--
Lifetime Benefit Summary				
Total Max	--	--	--	--
Service Max	--	--	--	--
Messages & Qualifications	<a href="#">[-] Hide Details</a>		<a href="#">[+] View Details</a>	

Benefit Date: 01/01/2011 - 01/01/2012

In Network

Some service types will not display dollar amounts, but will instead state only whether the patient is covered or not covered for the service. On the General Eligibility and Benefits Response, these service types are:

- 01 - Medical Care
- 35 - Dental Care
- 47 - Hospital
- 86 - Emergency Services
- 88 - Pharmacy
- 98 - Professional (Physician) Visit
- AL - Vision (Optometry)
- MH - Mental Health

When you have selected one of these service types, you'll see a message, "For this service type, you will see only a covered/not covered message and not full benefit details. For more detailed benefits, submit a request for Eligibility and Benefits by Service Type or by Procedure Code."

## SECOND OPTION: SEARCH BY SERVICE TYPE

\* Indicates required field.

**Choose Eligibility View**

**i** 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 deductible may change as additional claims are processed.

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: (Recommended)

**Search**

**+** [Add Diagnosis Code](#)

Place of Service:  
 Office

Service Facility / Billing Location:  
 MEDICAL CENTER HOSPITALISTS

Rendering / Performing Provider:

**Submit**

Select a Service Type Code from the list.

Important: For the most accurate benefits information, we highly recommend that you enter the diagnosis you intend to use on the claim.

You can also change the place of service, service facility and rendering provider information.

## SECOND OPTION: SEARCH BY SERVICE TYPE – EXAMPLE OF RESULTS

\* Indicates required field.

**Choose Eligibility View**

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 deductible may change as additional claims are processed.

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

**\* Service Type Code:**  
 HOSPITAL - EMERGENCY MEDICAL

**Primary Diagnosis Code:** (Recommended)  
 41090 - AMI NOS, UNSPECIFIED

**Search**

**Add Diagnosis Code**  
**Place of Service:**  
 Emergency Room-Hospital

**Service Facility / Billing Location:**  
 UNKNOWN

**Rendering / Performing Provider:**

**Submit**

**Eligibility Response** [+]<sup>provider</sup>

✔ This patient has active coverage for health.

[Return to top](#)

**Global Deductible** [-]<sup>provider</sup>

The global deductible is a general, overall deductible. There may also be specific deductibles for specific services. It's important to check the replacement, inclusive and any other specific deductibles to determine the patient's responsibility for payment.

Deductible	In Network		Out of Network	
	Limit	Remaining	Limit	Remaining
Individual:	\$0.00	\$0.00	\$0.00	\$0.00
Family:	\$1,000.00	\$353.03	\$2,000.00	\$1,353.03
<b>Out of Pocket</b>				
Individual:	\$2,000.00	\$2,000.00	\$4,000.00	\$4,000.00
Family:	\$4,000.00	\$2,000.00	\$8,000.00	\$6,000.00

[Return to top](#)

**Benefit Response** [View Benefit Booklet for this patient](#)

**Service Type:**  
 52 - HOSPITAL - EMERGENCY MEDICAL

**Place of Service:** 23 - EMERGENCY ROOM - HOSPITAL      **Diagnosis Code:** 41090 - AMI NOS, UNSPECIFIED

**Display Benefits**

S2 - HOSPITAL - EMERGENCY MEDICAL	In Network		Out of Network	
	Coinsurance: 20% Copayment: \$125.00		Coinsurance: 20% Copayment: \$125.00	
	✔ This patient is covered for the requested service.		✔ This patient is covered for the requested service.	
	<b>Limit</b>	<b>Remaining</b>	<b>Limit</b>	<b>Remaining</b>
<b>Deductible</b>				
Individual	\$0.00	\$0.00	\$0.00	\$0.00
Family	\$1,000.00	\$353.03	\$2,000.00	\$1,353.03
<b>Out of Pocket</b>				
Individual	\$2,000.00	\$2,000.00	\$4,000.00	\$4,000.00
Family	\$4,000.00	\$2,000.00	\$8,000.00	\$6,000.00
<b>Service Max</b>	\$0.00	\$0.00	\$0.00	\$0.00
<b>Service Days</b>	0	0	0	0
<b>Lifetime Benefit Summary</b>				
<b>Total Max</b>	\$2,000,000.00	\$1,998,240.32	\$2,000,000.00	\$1,998,240.32
<b>Service Max</b>	\$0.00	\$0.00	\$0.00	\$0.00

**Messages & Qualifications** [-] Hide Details [+]<sup>View Details</sup>

- Group Level Waiting Period: 05/15/1982 - 05/15/1983
- Pre-Existing Waiting Period: 05/15/1982 - 05/15/1983
- Second Surgical Opinion Required: No
- Benefit Date: 01/01/2011 - 01/01/2012
- Pre-Certification/Authorization Required: Unknown
- [Create a New Pre-Certification/Authorization](#)

**In Network**

THIS HEALTH PLAN REQUIRES PRE-CERTIFICATION FOR ALL SCHEDULED OUTPATIENT PET, CT SCANS, MRI(S) AND MRA(S). PHYSICIANS REQUESTING SERVICES ON BEHALF OF MEMBERS SHOULD CALL 1-866-500-7664 OR LOG IN AT WWW.RADMD.COM TO REQUEST AUTHORIZATION OF

Here is an example of the results a provider received when searching for hospital/emergency benefits rendered in the emergency room of a hospital. The provider added a diagnosis code and changed the place of service and service facility for accuracy.

## THIRD OPTION: SEARCH BY PROCEDURE CODE

\* Indicates required field.

**Choose Eligibility View**

**i** 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 deductible may change as additional claims are processed.

**i** Procedure code inquiries are only supported when the billing or rendering provider specialty is professional. We do not provide facility benefits for procedure code eligibility requests.

General Eligibility and Benefits

Eligibility and Benefits by Service Type

Eligibility and Benefits by Procedure Code

\* Procedure Code:

Modifiers:

Primary Diagnosis Code:  (Recommended)

[+ Add Diagnosis Code](#)

Place of Service:

Service Facility / Billing Location:

Rendering / Performing Provider:

The procedure code search lets you enter a specific procedure code, modifiers and diagnosis codes to narrow the search to a clear benefit.

Important: For the most accurate benefits information, we highly recommend that you enter the diagnosis you intend to use on the claim.

The procedure code search does not support facility codes — only professional CPT-4 codes.

# THIRD OPTION: SEARCH BY PROCEDURE CODE – EXAMPLE OF RESULTS

**Choose Eligibility View**

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 deductible may change as additional claims are processed.

Procedure code inquiries are only supported when the billing or rendering provider specialty is professional. We do not provide facility benefits for procedure code eligibility requests.

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

Procedure Code:    
 Modifiers:

Primary Diagnosis Code:  (Recommended)

Place of Service:

Service Facility/Billing Location:

Rendering/Performing Provider:

**Eligibility Response** [\[+\] Show/Hide](#)

This patient has active coverage for health.

[Return to top](#)

**Global Deductible** [\[+\] Show/Hide](#)

The global deductible is a general, overall deductible. There may also be specific deductibles for specific services. It's important to check the replacement, inclusive and any other specific deductibles to determine the patient's responsibility for payment.

Deductible	In Network		Out of Network	
	Limit	Remaining	Limit	Remaining
Individual:	\$0.00	\$0.00	--	--
Family:	\$0.00	\$0.00	--	--
Out of Pocket				

Individual:	\$2,000.00	\$2,000.00	--	--
Family:	\$4,000.00	\$2,000.00	--	--

[Return to top](#)

**Benefit Response** [View Benefit Booklet for this patient](#)

Procedure Code:

Place of Service:       Diagnosis Code:

99395 - PERIODIC COMPREHENSIVE PREVENTIVE MEDICI	In Network		Out of Network	
	Coinsurance: 0% Copayment: \$0.00		Coinsurance: -- Copayment: --	
	<input checked="" type="checkbox"/>	This patient is covered for the requested service.	<input type="checkbox"/>	This patient is not covered for the requested service.
		<b>Limit</b>	<b>Remaining</b>	<b>Limit</b> <b>Remaining</b>
<b>Deductible</b>				
Individual	\$0.00	\$0.00	--	--
Family	\$0.00	\$0.00	--	--
<b>Out of Pocket</b>				
Individual	\$2,000.00	\$2,000.00	--	--
Family	\$4,000.00	\$2,000.00	--	--
Service Max	\$0.00	\$0.00	--	--
Service Days	0	0	--	--
<b>Lifetime Benefit Summary</b>				
Total Max	\$2,000,000.00	\$1,998,240.32	--	--
Service Max	\$0.00	\$0.00	--	--
<b>Messages &amp; Qualifications</b> <a href="#">[-] Hide Details</a> <a href="#">[+] View Details</a>				

Group Level Waiting Period: 05/15/1982 - 05/15/1983

Pre-Existing Waiting Period: 05/15/1982 - 05/15/1983

Second Surgical Opinion Required: No

Benefit Date: 01/01/2011 - 01/01/2012

Pre-Certification/Authorization Required: Unknown

[Create a New Pre-Certification/Authorization](#)

**In Network**

THIS HEALTH PLAN REQUIRES PRE-CERTIFICATION FOR ALL SCHEDULED OUTPATIENT PET, CT SCANS, MRI(S) AND MRA(S). PHYSICIANS REQUESTING SERVICES ON BEHALF OF MEMBERS SHOULD CALL 1-866-500-7664 OR LOG IN AT WWW.RADMD.COM TO REQUEST AUTHORIZATION OF SERVICES.

In this example, the provider searched for procedure code 99395 (Periodic Comprehensive Preventive Medicine Exam), no modifiers and diagnosis code V700 for a routine physical exam. Based on the benefits returned, the patient is covered for this service only when using participating BlueCross and BlueShield providers.