



South Carolina

*BlueCross BlueShield of South Carolina
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Blue Cross Blue Shield Association.*

Medicare Advantage Claims

Frequently Asked Questions

1. What are Blue Cross and/or Blue Shield Medicare Advantage claims?

Medicare + Choice and Medicare Risk claims are now known as "Medicare Advantage." The Centers for Medicare and Medicaid Services (CMS) have authorized several Blue Plans to offer these products as a replacement for their current Medicare product. Plans are also being allowed to develop preferred provider organization (PPO) and health maintenance organization (HMO) networks for these products as well as accessing the current Medicare agreements. The Blue Plan is the primary payer for Medicare Advantage claims.

2. How do I identify a member with a Medicare Advantage policy?

Members who enroll in a Medicare Advantage product agree to get most services through network providers but may seek service in another state. Ask for the member's ID card. Members will not have a standard Medicare card, but they will have a Blue Cross and/or Blue Shield logo on their ID cards.

Verify eligibility by contacting 800-676-BLUE (2583) and providing the prefix. Be sure to ask if Medicare Advantage benefits apply. If you have trouble getting eligibility information, please record the prefix and report it to your provider advocate.

3. Where do I submit out-of-state Medicare Advantage claims?

Submit claims to your local Blue Plan. Do not bill Medicare directly for any services rendered to a Medicare Advantage member. Payment is made directly by a Blue Plan.

4. I accept Medicare assignment. Will I be paid my PPO contractual allowable amount?

Based upon CMS regulations, if you are a provider who accepts Medicare assignment and renders service to Medicare Advantage members from other Blue Plans, you will be reimbursed the equivalent of the current Medicare allowable amount for all covered services. This amount may be less than your charge amount or different from your PPO contractual allowable amount. CMS regulations state that the Medicare allowable amount is considered payment in full.

5. Can I balance bill the patient?

You can collect only the applicable cost sharing (e.g., copayment) amounts from the member at the time of service and may not otherwise charge or balance bill the member. Other than the applicable member cost sharing amounts, reimbursement is made directly by the Blue Plan.

6. Why is the remittance advice for a Medicare Advantage claim important?

Please review the remittance to see references to CMS requirements for Medicare-allowable amounts, member's payment responsibility and balance billing limitations.