BlueCross BlueShield of South Carolina and
BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross Blue Shield Association.

Provider Reconsideration Guidelines

BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan accept provider reconsideration requests to review a claim that has processed with an adverse determination. An adverse determination is a denial or penalty that may affect the member or provider. Requests are reviewed in conjunction with our medical policies and the member's benefit plan.

Submitting Provider Reconsiderations

A provider can pursue a reconsideration by using the **Provider Reconsideration Form**. This form is intended for use by participating physicians and other health care professionals in South Carolina only. Please be sure to complete the form in its entirety and include all supporting documentation.

Provider reconsideration requests should include an explanation of the issue(s) to be reconsidered, such as seeking additional benefits, or why we should reconsider the service. We require you to include any supporting documentation (i.e., member's history and physical, operative reports, office notes, etc.). We are unable to review requests that are submitted without supporting documentation.

Send the Provider Reconsideration Form to the appropriate fax number or address as provided on the form.

Plan	Reconsideration Time Limits	Fax Number	Mailing Address
BlueChoice®	Varies by plan	803-264-4172	AX-620, I-20 @ Alpine Road, Columbia, SC 29219
BlueEssentials℠ & Blue Option℠	180 days from remit date	803-264-4172	AX-620, I-20 @ Alpine Road, Columbia, SC 29219
Preferred Blue® & BlueCard®	Varies by plan	803-264-4172	AX-620, I-20 @ Alpine Road, Columbia, SC 29219
Group & Individual	180 days from remit date	803-264-4172	AX-F25, I-20 @ Alpine Road, Columbia, SC 29219
State Health Plan	180 days from remit date	803-264-4204	AX-B10, P.O. Box 100605, Columbia, SC 29260
Federal Employee Program	90 days from remit date	803-264-8104	AX-B05, P.O. Box 600601, Columbia, SC 29260
Medicare Advantage	60 days from remit date	803-264-9581	AG-780, P.O. Box 100191, Columbia, SC 29202

The table includes some reasons you would or would not request a provider reconsideration. Please note this is not a comprehensive list of reasons to submit a provider reconsideration form for claim denial.

Reasons that would require a provider reconsideration	Reasons that would not require a provider reconsideration*
Medical necessity determination.	Membership, eligibility and benefit issues.
Lack of authorization for emergent services when the member **cannot** present themselves as a BlueCross or BlueChoice member.	Lack of authorization for non-emergent services when you know the member is a BlueCross or BlueChoice member.

*For the reasons listed in this column, please contact the Provider Services phone number on the back of the member's ID card.

Determinations

After the review is complete the appropriate service area will initiate claim adjustments or notifications will be sent to the provider.

Revised: June 2025