

## Quick Reference Guide

- 1. Who is my Account Executive?**
  - Stephanie McGurn [smcgurn@selecthealthofsc.com](mailto:smcgurn@selecthealthofsc.com) 864-607-6935.
  - Nancy Carey, Manager, Provider Network Management [ncarey@selecthealthofsc.com](mailto:ncarey@selecthealthofsc.com) 843-300-5857
- 2. How do I verify member eligibility?**
  - Through the [SCDHHS website](#). Or if you have access to our secure provider portal, [NaviNet](#).
- 3. What is the Select Health website?**
  - [www.selecthealthofsc.com](http://www.selecthealthofsc.com)
- 4. How do I find the Select Health Billing and Claims Manual?**
  - On the Select Health website under [Providers/Claims and Billing](#).
- 5. What form do I use to bill First Choice?**
  - CMS 1500
- 6. Can I use Availity to file claims with Select Health?**
  - *You can only use Availity for Select Health Claims if you are filing **batch claims***. For individual claims submission, you will need to go through Optum/Change Healthcare [ConnectCenter](#).
- 7. How do I submit claims?**
  - Claims can be submitted through Optum/Change Healthcare/[ConnectCenter](#), [NaviNet](#), [PCH Global](#), [Availity](#) (if filing batch claims) or via paper.
- 8. What is the Select Health payer ID?**
  - Payer ID is **23285**
- 9. Ensure the member's effective date is within the DOS you are requesting on the claim form.**

- 10. How do I find the SCDHHS Fee Schedule and if a modifier is needed?**
- SCDHHS [Fee Schedule](#)
- 11. Is there a charge for Availity?**
- There is no charge for Availity (*Availity can only be used for Select Health if filing **batch claims***).
- 12. How do I register for Availity?**
- Providers or clearinghouses filing **batch claims** and not currently using Availity to submit claims must register at [Availity](#).
  - Providers who are currently registered with Availity for another payer, or using another clearinghouse to file **batch claims**, must request to have electronic claims for Select Health routed to Availity.
  - For registration process assistance, submit the Provider Inquiry form at the bottom of the Availity webpage or contact Availity Client Services at **1-800-AVAILITY (282-4548)**. Assistance is available Monday through Friday 8 a.m. to 8 p.m. ET.
  - For registration process assistance and other resources, access the [training site link](#) on the Availity registration page.
- 13. Is there a charge for NaviNet?**
- There is no charge for NaviNet.
- 14. Can I access NaviNet if I am not contracted with Select Health?**
- You may sign-up and access NaviNet if you have previously submitted a claim to Select Health, which will add you to our claims system.
- 15. How do I register for NaviNet?**
- If you are already a NaviNet user for other health plans, go to [www.navinet.net](http://www.navinet.net) or <https://register.navinet.net> to request access to *Select Health of South Carolina information* on NaviNet.
  - If you are not a NaviNet user, go to [www.navinet.net](http://www.navinet.net) and click on ‘sign up now.’ Make sure to complete all information requested.
  - It will take 7-10 days to get access once you have provided all the information requested.
  - More detailed information about NaviNet can be found on the Select Health [NaviNet FAQ](#) page of our website.
- 16. How do I submit an electronic claim?**
- You will need to contact your EDI software vendor or one of the clearinghouses:

- Optum/Change Healthcare’s Provider Support Line, available via online chat or by calling **1-800-527-8133**, option 2,
- Monday – Friday, 7 a.m. to 5:30 p.m. CT.
- Availity Client Services at **1-800-AVAILITY (282-4548)**. Assistance is available Monday – Friday, 8 a.m. to 8 p.m. ET. Availity can only be used for Select Health if filing **batch claims**.

## 17. How do I submit a manual/direct entry claim?

- [Optum/Change Healthcare ConnectCenter™](#)
  - Access the portal via the Claims Submission link in the NaviNet provider portal or via [ConnectCenter™](#) to complete your provider registration.
    - **Note:** This URL is specific to **new provider registration only**.
  - The Select Health vendor code is **214629**.
  - For detailed instructions on the registration process, see the [Provider Sign-up and User Management guide](#) on the Select Health website.
- **PCH Global**
  - To enroll for claims submission through [PCH Global](#), please go to [pchhealth.global](#)
  - Click the Sign-Up link in the upper right-hand corner.
  - Complete the registration process and log into your account. You will be asked how you heard about PCH Global: select **Payer** then **AmeriHealth**.
  - Access your profile by clicking on **Manage User** and then **My Profile**. You will need to complete all the profile information. When you go to the **Subscription Details** screen, select the **More** option on the right-hand side to see how to enter the promo code **EXELA-EDI**.
  - When you are ready to submit claims, use the following information to search for our payer information:
    - **Payer name: AmeriHealth-ACFC-South Carolina**
    - **P.O. Box 7120, London, KY 40742**
  - For detailed walk-through of the registration process, refer to the [PCH Global Registration manual \(PDF\)](#) found on the PCH Global website in the **Resource Menu**.

## 18. Where do I submit a paper claim?

Select Health of South Carolina  
Attn: Claim Processing Department  
P.O. Box 7120  
London, KY 40742

## 19. What if a Virtual Credit Card (VCC) is issued prior to setting up for EFT?

- VCC is the default payment method.

- VCC payments are either faxed or mailed, each containing a virtual credit card with a number unique to the payment transaction.
- *An Explanation of Payments (EOP)* or remittance advice and an instruction page for processing accompanies the VCC payment.
- Normal transaction fees will apply based on the merchant acquirer relationship.
- Once you receive a VCC payment, you can opt out of the VCC payment method, by contacting ECHO directly at **1-888-492-5579**.
  - ***Note: Do not process the VCC payment to avoid the transaction fee. Your payment will be reissued via the payment method you choose when you opt out.***

**20. How do I sign up for electronic remittance advice (ERA)/835 transmissions?**

- To receive ERAs, you will need to sign up with [ECHO](#). You will need to include both the plan payer ID **23285** and the ECHO payer ID **58379**.
- All ECHO Health-generated ERAs and EOPs for each transaction will be accessible to download from the [ECHO provider portal](#) by following these directions.
- See the [Quick Guide. Signing up for e-Services](#)

**21. What are the timely filing limits?**

- 365 days from date of service.
- Resubmissions and corrections: 365 days from date of service.
- Claims with explanation of benefits (EOBs) from primary insurers, including Medicare, must be submitted within 60 days of the date on the primary insurer's EOB (when submitting an EOB with a claim, the dates and the dollar amounts must match to avoid rejection of the claim).

**22. What is the claim payment schedule?**

- Monday, Wednesday, and Friday.

**23. How do I file a corrected claim?**

- Use resubmission code 7 in box 22 and include the original claim number which can be found on the remittance advice-available in [ECHO](#).

**24. How do I know if a Prior Authorization is needed?**

- Consult the [PA Look-Up tool](#) on the Select Health website to verify if a PA is needed.
- Enter the CPT/HCPCS code and expected DOS.

## 25. How do I submit a Prior Authorization?

- Providers are responsible for obtaining prior authorization.  
By phone: **1-888-559-1010** (toll free) or **1-843-764-1988** in Charleston.  
Fax [Prior Authorization Request form](#) to **1-866-368-4562**.  
PAs can be submitted via [NaviNet](#) via Medical Authorizations on the left of the landing page under *Workflows for this Plan*.



- The [Prior Authorization webpage](#) has many resources to assist in the PA process.

## 26. What if there is a change in the original Prior Authorization?

- Send a fax and includes notes that there is currently a PA in place, and due to XXX, the PA needs to be updated.
  - Ex. A change in brief size due to weight loss/gain, etc.

## 27. What is the original benefit limit has been reached?

### Directions

1. Enter a CPT/HCPCS code in the space below.
2. Click "Submit."
3. The tool will tell you if that service needs prior authorization.

Enter CPT/HCPCS Code & Expected Service Date

<input type="text" value="CPT/HCPCS code"/>	<input type="text" value="04/06/2026"/>	<input type="checkbox"/>	<input type="button" value="Submit"/>
---	---	--------------------------	---------------------------------------

- Include as much documentation as possible on why the change is necessary.
- Ex. Max allowable has been reached for original brief request, explanation could be that member has lost muscle control, etc.

**28. What is considered a Unit?**

- If the request is for a 30 day supply, use 30 as the unit.
- When billing for a unit such as T4524, 1 unit = 1 brief.