



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

My Insurance ManagerSM User Guide

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Your Partners in Outstanding Quality, Satisfaction and Service

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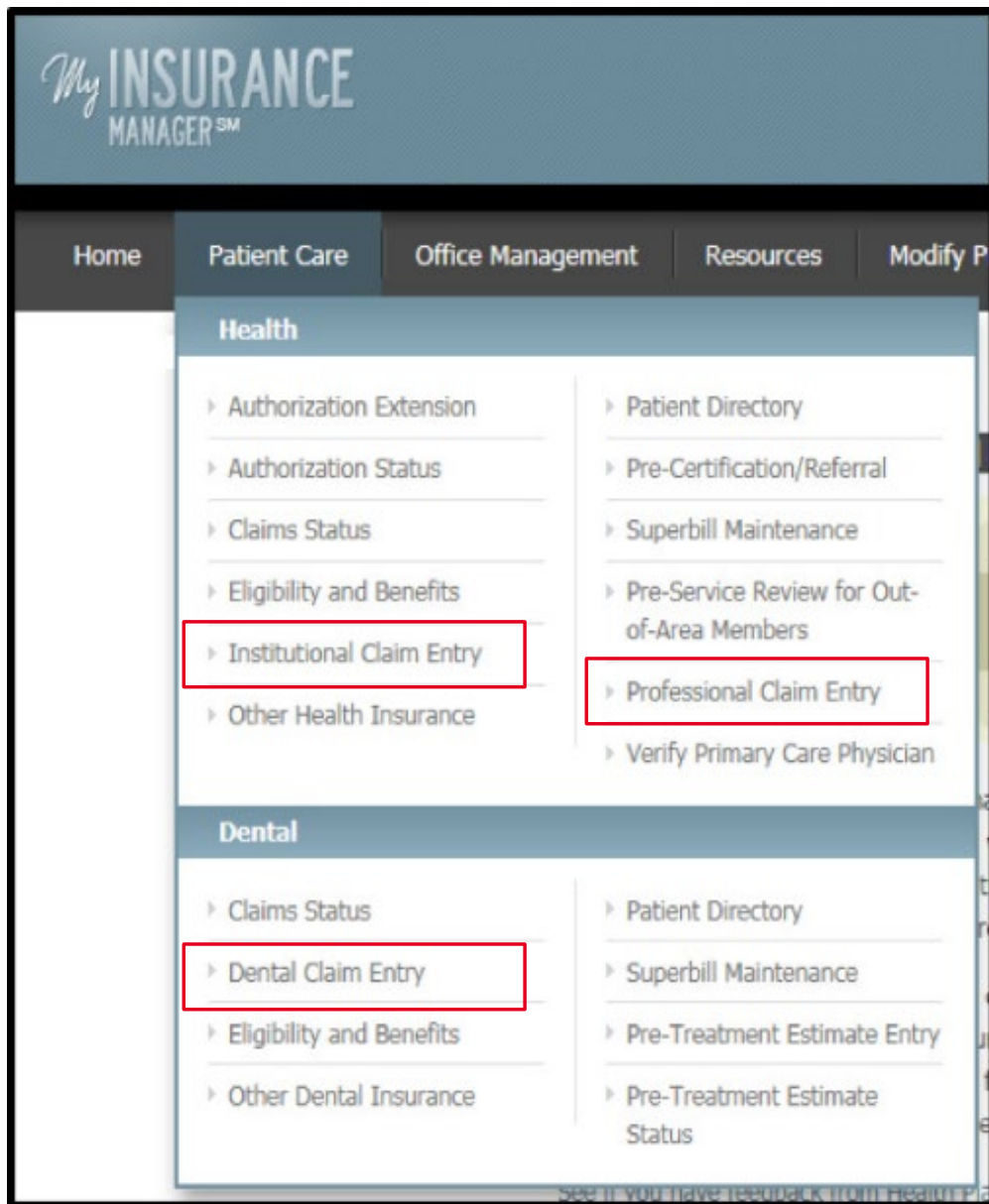
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Claims Entry

There are seven screens a user progresses through to submit a claim through My Insurance Manager: Plan Information; Provider Information; Patient Information; Claim Information; Claim Line Information; Review; and Confirmation. The claim entry progress bar is shown near the top of the screen. You can go back to a previous screen completed by selecting the page desired.



Professional Claim Entry

From the Patient Care menu, select Professional Claim Entry. The Plan Information screen gives information about the submitter (i.e. the user account information). Select a Plan, indicate if the plan is the primary payer and input the date of service. Select **Continue**.

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Professional Claim Entry [Printer-Friendly](#)

[Plan Information](#) | [Provider Information](#) | [Patient Information](#) | [Claim Information](#) | [Claim Line Information](#) | [Review](#) | [Confirmation](#)

Please note: This feature is not available from 11:30 p.m. to 4:00 a.m. Eastern Time for maintenance purposes.

Who Can File Online?
Health care professionals located in South Carolina or in counties contiguous to the state may submit claims online.

The following guidelines apply for ancillary services:

- File claims for Independent Clinical Laboratory services to the Blue Plan in whose service area the specimen was drawn.
- File claims for Durable or Home Medical Equipment to the Blue Plan in whose service area the equipment was shipped to or purchased in a retail store.
- File Specialty Pharmacy claims to the Blue Plan in whose service area the ordering physician is located.

All other professionals must submit claims to the Blue Plan in their local service areas.

Plan Information

Submitter Information

If this information is not correct, please [modify your profile](#). Any information you entered will be lost if you navigate away from this page.

Name:	ID:	Email Address:
YOUR PRACTICE NAME	123456789	YOUR.NAME@EMAIL.COM
Phone:	Extension:	Fax:
(987) 654-3210	NOT AVAILABLE	NOT AVAILABLE

Plan Information

Choose the Plan under which the patient had insurance coverage on the date(s) of service.

We require both a From Date of Service and a To Date of Service. If this claim is for a single date of service, enter the same date in both fields.

* Plan:	* Is the selected plan the primary payer?
BlueCross BlueShield Plans	Yes
* From Date of Service:	To Date of Service:
02/09/2017	02/09/2017
mm/dd/yyyy	mm/dd/yyyy
ICD Code Qualifier:	
ICD-10	

[Continue](#) [X Cancel this claim](#)

At the Provider Information screen, the billing information will pre-populate according to the location affiliated with your user profile. Select **Choose a Billing Provider** if the default billing location is not shown or if you are entering a claim for another location associated with the provider ID.

Select **Choose a Rendering Provider** to have this information auto-filled. You must manually enter Referring Provider Information because the practitioner will not necessarily be affiliated with the billing location. Select **Continue**.

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Welcome, YOUR NAME of YOUR PRACTICE [\(Log Out\)](#) [Go to Message Center](#)

Professional Claim Entry [Printer-Friendly](#)

[Plan Information](#) **[Provider Information](#)** [Patient Information](#) [Claim Information](#) [Claim Line Information](#) [Review](#) [Confirmation](#)

Dates of Service
02/09/2017 - 02/09/2017

Insurance
Plan Name:
BlueCross BlueShield Plans

Provider Information

Billing Location Information

Click Choose a Billing Provider to select from a list of locations affiliated with your Tax ID. The billing location address must be the physical address (not P.O. Box) and must contain a 9-digit ZIP code.

Choose a Billing Provider

Provider ID Type:
Primary ID (NPI)

Provider ID:
123456789

Provider's Name:
YOUR PRACTICE NAME

* Address Line 1:
654 PHYSICIAN PKWY STE B

Address Line 2:

* City:
YOUR CITY

* State:
South Carolina

* ZIP Code:
29292

* Provider Accepts Assignment:
Assigned

* Provider Signature on File:
Yes

Rendering Provider Information

Please Note: You must identify a Rendering Provider on all claims when the services were not rendered by the Billing Provider.

Choose a Rendering Provider

Provider ID Type:
--Please Choose One--

Provider ID:

Provider's Name:

Referring Provider Information

Please note: A Referring Provider must be identified on all claims when the services listed are related to a referral.

Provider ID Type:
--Please Choose One--

Provider ID:

Continue

 or [Back](#) [X Cancel this claim](#)

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This screen appears when you select **Choose a Rendering Provider**. Choose the location where the services have been rendered. Select **Continue** to return to the Provider Information screen in the professional claim entry process. For locations that show NPI Required, contact Provider Education.

Provider Locations Claims Entry Rendering Provider

Please note: These providers are valid for the date(s): 02/09/2017

Select a provider from this list.

Select	Provider ID▲	Provider's Name	Address	Specialty
☐				NURSE PRACTITIONER
☐				INTERNAL MEDICINE
☐				INTERNAL MEDICINE
☐				INTERNAL MEDICINE

Continue

On the Patient Information screen, add the required patient data elements as a one-time entry or use the Patient Directory. Select **Choose a Patient** to have this information auto-filled using a selected patient from the Patient Directory.

At the Patient Account Number field, input the patient's unique number your practice or practice management software has assigned. You can create a patient account number if one does not exist. Select **Continue**.

The screenshot shows the 'Professional Claim Entry' form, specifically the 'Patient Information' section. The form is part of a larger application with a navigation bar at the top containing links like 'Home', 'Patient Care', 'Office Management', etc. The 'Patient Information' section is highlighted in the breadcrumb trail. The form includes several sub-sections: 'Patient Details' with a note about updates, a field for Member ID, a dropdown for 'Choose a Patient', and fields for Member ID, Relationship to Members, Patient Account Number, Last Name, First Name, M.I., Suffix, Date of Birth, Gender, Country, Address Line 1, Address Line 2, City, State, and ZIP Code. Below this is the 'Patient Consent' section with dropdowns for 'Benefits Assigned to Provider' and 'Release of Information', and a checkbox for 'Did the provider generate the signature because the patient was not physically present for services?'. The 'Other Patient Information' section includes fields for 'Date of Death' and 'Weight', and a checkbox for 'Patient is pregnant'. At the bottom, there are 'Continue' and 'Back' buttons, and a link to 'Cancel this claim'.

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Welcome, YOUR NAME of YOUR PRACTICE (Log Out) Go to Message Center

Professional Claim Entry Printer-Friendly

Plan Information Provider Information **Patient Information** Claim Information Claim Line Information Review Confirmation

Dates of Service
02/09/2017 - 02/09/2017

Insurance
Plan Name:
BlueCross BlueShield Plans

Patient Information * Required

Please note: Changes made to this information will not be updated in your Patient Directory.

Enter the Member ID as shown on the member's ID card.

Choose a Patient or enter the information here.

* Member ID: zcz065922516805 include alpha prefix, if applicable * Relationship to Members: SELF * Patient Account Number: 3159

* Last Name: testing * First Name: michael * M.I.: * Suffix:

* Date of Birth: 10/01/1958 * Gender: MALE mm/dd/yyyy

* Country: United States

* Address Line 1: po box 24015 Address Line 2:

* City: columbia * State: South Carolina * ZIP Code: 29224 - 4015

Patient Consent

* Benefits Assigned to Provider: Yes

* Release of Information: Yes, provider has a signed statement permitting release of medical billing data related to a claim

Did the provider generate the signature because the patient was not physically present for services?

Other Patient Information

Date of Death: Weight: mm/dd/yyyy In pounds

☐ Patient is pregnant

Continue or Back X Cancel this claim

When prompted, you have the option to add the patient to Your Patient Directory.

The screenshot shows a confirmation dialog box with the text: 'The patient you entered is not in Your Patient Directory. Would you like to add the patient using the information you entered into the patient information form?'. There are two buttons: 'Yes' and 'No'.

The patient you entered is not in Your Patient Directory. Would you like to add the patient using the information you entered into the patient information form?

Yes No

The next professional claim entry screen is Claim Information. You can bypass the option to choose or create/update a superbill. To use a superbill, select from **Choose a Superbill Template** drop-down menu to have pre-established data fields included in the professional claim entry process.

Choose the place of service and the claim type (original claim; replacement of prior claim; void/cancel of prior claim). If appropriate, add Claim Entry Options by checking the box that corresponds with the claim information to be included. Required fields for each claim entry option:

- Ambulance Information – Transport Reason Code; Transport Miles; Certification Indicator; Condition Indicator(s); Pick-Up Location; Drop-Off Location
- Accident Information – Related Cause
- Claim Note Information – Claim Note Type (ex: diagnosis description, discharge plans); Claim Note
- Hospitalization Date(s) – Admission Date; Discharge Date
- Medicare Information – Acute Manifestation Date; Care Plan Oversight Number; Homebound Indicator
- Prior Authorization or Referral Number – Prior Authorization Number; Referral Number
- Service Facility Information – Provider ID Type; Provider ID; Facility/Name; Country; Address 1; City; State; Zip

Select **Continue**.

The screenshot shows the 'Professional Claim Entry' interface with the 'Claim Information' tab selected. The interface includes a top navigation bar with links like Home, Patient Care, Office Management, Resources, Modify Profile, Profile Administration, and Staff Directory. Below the navigation bar is a welcome message and a 'Log Out' link. The main content area is divided into several sections:

- Dates of Service:** 02/09/2017 - 02/09/2017
- Insurance:** Plan Name: BlueCross BlueShield Plans; Member ID: zcz065922516805
- Patient:** Patient's Name: michael testing; Relationship to Member: SELF; Gender: MALE; Date of Birth: 10/01/1958
- Claim Information:**
 - Superbill Information:** A yellow box contains a 'Please note' message about ICD-9 and ICD-10 templates. Below it is a 'Choose a Superbill Template:' dropdown menu set to 'None', and a link to 'Create a New or Edit an Existing Template'.
 - Service Information:** 'Place Of Service:' dropdown is set to 'Office - 11'; 'Medical Record Number:' is empty. 'Claim Type:' dropdown is set to 'Original Claim'.
 - Claim Entry Options:** A section with a heading 'Please choose the information that you want to add to this claim.' and a grid of checkboxes for: Ambulance Information, Accident Information, Claim Note Information, Hospitalization Date(s), Medicare Information, Prior Authorization or Referral Number, and Service Facility Information. All checkboxes are currently unchecked.

At the bottom, there are 'Continue' and 'Back' buttons, and a 'Cancel this claim' link.

Claim Line Information is the fifth screen in the claim entry process. Enter the total number of lines (up to 50 lines) in the Claim Amounts section. There is also a second chance to include additional claim lines by selecting **Add a New Claim Line** at the bottom of the screen. Claim amounts will automatically calculate based on the amounts the user enters on the claim lines.

At the Diagnosis Code field, enter the appropriate ICD-10 diagnosis code without including a decimal. You can also search for the specific diagnosis code by selecting the magnifying glass icon.

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Professional Claim Entry [Printer-Friendly](#)

Plan Information Provider Information Patient Information Claim Information **Claim Line Information** Review Confirmation

Dates of Service
02/09/2017 - 02/09/2017

Insurance
Plan Name: BlueCross BlueShield Plans
Member ID: zcz065922516805

Patient
Patient's Name: michael testing
Relationship to Member: SELF
Gender: MALE
Date of Birth: 10/01/1958

Claim Line Information * Required

Claim Amounts

Please note: We will calculate the Total Claim Charges automatically based on the amounts you enter on the claim lines.

Total Claim Charges: \$ 100.00 Patient Paid: \$ Total Number of Lines: 1

Diagnosis Codes

Please note: At least one diagnosis code is required.

* Diagnosis Codes
Z0000

Claim Lines

Please note: You must identify a Rendering Provider on all claim lines when these services were not rendered by the Billing Provider or by the Rendering Provider identified earlier.
You must identify a Referring Provider on all claim lines when these services are related to a referral.

Line 1

* Procedures: 99213 Modifiers: Charges: \$ 100.00

* Unit Type: Unit Unit(s): 1

* From Date of Service: 02/09/2017 To Date of Service: 02/09/2017 * Primary and Secondary Diagnosis Codes: Z0000

Place of Service: Procedure Description:

Drug Identification: [showhide](#)

Please enter information about prescribed or administered drugs in this section.
If the drug has a prescription number, please choose Pharmacy Prescription Number in the Prescription Number Qualifier field, then enter the number in the Prescription Number field.
A prescription number is not required if the drug was provided without a prescription (for example, in a physician's office).
Beginning March 1, 2015, begin filing claims with National Drug Code (NDC), NDC unit of measure and NDC quantity for all outpatient-administered drug claims.

National Drug Code: Unit(s): Measurement Code: --Please Choose One--

Prescription Date: Prescription Number Qualifier: --Please Choose One-- Prescription Number:

Additional Indicators (Check all that apply):
☐ Emergency ☐ EPSDT ☐ Family Planning ☐ Copayment Waiver (Copayment Exempt)

Rendering Provider Information: [showhide](#)
Referring Provider Information: [showhide](#)

[Add a New Claim Line](#)

[Continue](#) or [Back](#) [Cancel this claim](#)

This screen appears when searching for a diagnosis code. Search by description or code. Place your cursor on the desired diagnosis code to select it and be returned to the prior screen.

X

Diagnosis Code (ICD-10) Search Results

Showing 13 Result(s)

Filter results...

Code	Description ▲
Z003	ENCOUNTER FOR EXAMINATION FOR ADOLESCENT DEVELOPMENT STATE
Z006	ENCOUNTER FOR EXAMINATION FOR NORMAL COMPARISON AND CONTROL IN CLINICAL RESEARCH PROGRAM
Z0071	ENCOUNTER FOR EXAMINATION FOR PERIOD OF DELAYED GROWTH IN CHILDHOOD WITH ABNORMAL FINDINGS
Z0070	ENCOUNTER FOR EXAMINATION FOR PERIOD OF DELAYED GROWTH IN CHILDHOOD WITHOUT ABNORMAL FINDINGS
Z002	ENCOUNTER FOR EXAMINATION FOR PERIOD OF RAPID GROWTH IN CHILDHOOD
Z005	ENCOUNTER FOR EXAMINATION OF POTENTIAL DONOR OF ORGAN AND TISSUE
Z0001	ENCOUNTER FOR GENERAL ADULT MEDICAL EXAMINATION WITH ABNORMAL FINDINGS
Z0000	ENCOUNTER FOR GENERAL ADULT MEDICAL EXAMINATION WITHOUT ABNORMAL FINDINGS
Z008	ENCOUNTER FOR OTHER GENERAL EXAMINATION
Z00121	ENCOUNTER FOR ROUTINE CHILD HEALTH EXAMINATION WITH ABNORMAL FINDINGS
Z00129	ENCOUNTER FOR ROUTINE CHILD HEALTH EXAMINATION WITHOUT ABNORMAL FINDINGS
Z00111	HEALTH EXAMINATION FOR NEWBORN 8 TO 28 DAYS OLD

New Search

In the Claim Lines section of Claim Line Information entry, add the procedure code and charges in those required fields. You must also enter a unit type (unit or minutes) and the number of units.

The dates of service and diagnosis code(s) are automatically filled from previous entries during the professional claim entry process.

If appropriate, expand to see Drug Identification fields by selecting the show/hide link. When you enter prescription drug information, be sure to accurately capture the National Drug Code (NDC) number, as it is a requirement of BlueCross and BlueChoice plans.

Check the boxes to include Additional Indicators as needed. These options will not require additional fields to be completed.

Select **Continue**.

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Professional Claim EntryPrinter-Friendly

Plan InformationProvider InformationPatient InformationClaim InformationClaim Line InformationReviewConfirmation

Dates of Service02/09/2017 - 02/09/2017

InsurancePlan Name:BlueCross BlueShield PlansMember ID:zc065922516805

PatientPatient's Name:michael testingRelationship to Member:SELFGender:MALEDate of Birth:10/01/1958

Claim Lines

Please note: You must identify a Rendering Provider on all claim lines when these services were not rendered by the Billing Provider or by the Rendering Provider identified earlier.
You must identify a Referring Provider on all claim lines when these services are related to a referral.

Line 1

* Procedure:99213Modifiers:Charges:\$ 100.00

* Unit Type:UnitUnit(s):1

* From Date of Service:02/09/2017To Date of Service:02/09/2017* Primary and Secondary Diagnosis Codes:Z0000

Place of Service:Procedure Description:

Drug Identification: show/hide

Please enter information about prescribed or administered drugs in this section.
If the drug has a prescription number, please choose Pharmacy Prescription Number in the Prescription Number Qualifier field, then enter the number in the Prescription Number field.
A prescription number is not required if the drug was provided without a prescription (for example, in a physician's office).
Beginning March 1, 2015, begin filing claims with National Drug Code (NDC), NDC unit of measure and NDC quantity for all outpatient-administered drug claims.

National Drug Code:Unit(s):Measurement Code:--Please Choose One--

Prescription Date:mm/dd/yyyyPrescription Number Qualifier:--Please Choose One--Prescription Number:

Additional Indicators (Check all that apply):
☐ Emergency☐ EPSDT☐ Family Planning☐ Copayment Waiver (Copayment Exempt)

Rendering Provider Information: show/hide
Referring Provider Information: show/hide

Add a New Claim Line

Continue or BackCancel this claim

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From Claim Review screen, examine your entries for the professional claim. **Submit** the professional claim or return to any previous screen using the **Back** link or clicking on a screen title from the progress bar.

To add claim-level information, select **Add Additional Claim Information**.

To add information that applies to an individual claim line, select **Add** on the line to which the information applies. There is an option to **Cancel this claim** found at the bottom of each screen of the claim entry process.

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Professional Claim Entry

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[Plan Information](#) [Provider Information](#) [Patient Information](#) [Claim Information](#) [Claim Line Information](#) **Review** [Confirmation](#)

Dates of Service
02/09/2017 - 02/09/2017

Insurance
Plan Name:
BlueCross BlueShield Plans
Member ID:
zcz065922516805

Patient
Patient's Name:
michael testing
Relationship to Member:
SELF
Gender:
MALE
Date of Birth:
10/01/1958

Claim Review

This is a summary of the claim information you are about to submit. Please make any necessary changes and submit.

Provider Information
Submitter's Name: YOUR NAME Billing Location: YOUR PRACTICE NAME Plan: BlueCross BlueShield Plans

Patient Information
Member ID: zcz065922516805 Date of Birth: 10/01/1958 Gender: MALE
Patient's Name: michael testing Patient Account Number: 3159

Claim Information

This is a claim-level summary. Click Add Additional Claim Information to add information that applies to the entire claim. If another payer is primary on this claim and you wish to add or edit adjustments at the claim level, click Claim Level Adjustments. To add or edit adjustments at the line level, see the Claim Line Information section below.

Total Charges: \$ 100.00 Dates of Service: 02/09/2017 - 02/09/2017

[Add Additional Claim Information](#)

Claim Line Information

Line	Procedure	From Date of Service	Charges	Additional Line Information
1	99213	02/09/2017	\$ 100.00	Add

If this information is accurate and you are ready to submit the claim for processing, click the Submit button.

Please Note: We must validate all claim information before you can submit it for processing. If we find any errors, we will return the claim to you for correction.
Once we validate the claim information and you have corrected any errors, you cannot make changes to that information.

Submit or [Back](#)

[Cancel this claim](#)

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This screen appears when adding **additional claim information**. Check the corresponding box(es) to include general claim information, additional provider information and/or spinal manipulation claim information. Select **Done** to return to the previous screen.

The screenshot shows the 'Professional Claim Entry' screen. On the left, there are fields for 'Dates of Service' (02/09/2017 - 02/09/2017), 'Insurance' (Plan Name: BlueCross BlueShield Plans, Member ID: zcz065922516805), and 'Patient' (Patient's Name: michael testing, Relationship to Member: SELF, Gender: MALE, Date of Birth: 10/01/1958). The main section is titled 'Additional Claim Information' and includes a 'Please note' box stating that the information applies to all claim lines. Below this, there are three sections: 'General Claim Information' with checkboxes for various codes and dates, 'Additional Provider Information' with a checkbox for supervising provider information, and 'Spinal Manipulation Claim Information' with checkboxes for service and X-ray dates. At the bottom, there are 'Done' and 'Cancel' buttons, and a link to 'Cancel this claim'.

This screen appears when adding **additional claim line information**. Select the corresponding box(es) to include specific additional line information, general line information, additional provider information and/or durable medical equipment related information. Select **Done** to return to the previous screen.

The screenshot shows the 'Professional Claim Entry' screen with the 'Additional Claim Line Information' section selected. The left sidebar is the same as the previous screenshot. The main section has a 'Please note' box stating that the information applies only to the selected claim line. Below this, there is a 'Selected Line' table with one line item: Line 1, Procedure Code 99213, From Date of Service 02/09/2017, Charges 6, and Amount 100.00. The 'Additional Line Information Selection' section includes a 'Please choose the information that you want to add to this claim line:' box. Below this, there are three sections: 'General Line Information' with checkboxes for various codes and dates, 'Additional Provider Information' with a checkbox for supervising provider information, and 'Durable Medical Equipment Related' with checkboxes for therapy, certification, and ordering information. At the bottom, there are 'Done' and 'Cancel' buttons, and a link to 'Cancel this claim'.

A claim number displays the Claim Confirmation screen. You can now **Create a New Claim** or **View Claim Status**.

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Professional Claim Entry [Printer-Friendly](#)

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Dates of Service
02/09/2017 - 02/09/2017

Insurance
Plan Name:
BlueCross BlueShield Plans
Member ID:
zcz065922516805

Patient
Patient's Name:
michael testing
Relationship to Member:
SELF
Gender:
MALE
Date of Birth:
10/01/1958

Claim Confirmation

Please note: We have received and are processing your claim. Here is your claim number.

Click on View Patient Receipt for a printable receipt detailing the patient's liability. Receipts are only available for claims that have finalized. The View Patient Receipt button will not appear for claims that require further processing.

Confirmation

Claim Number: 70400000W	Member ID: zcz065922516805	Patient's Name: michael testing
Patient's Date of Birth: 10/01/1958	Patient's Gender: Male	

Create New Claim

View Claim Status

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Professional Secondary Claim Entry

From the Patient Care menu, select Professional Claim Entry. The Plan Information screen gives information about the submitter (i.e. the user account information). Select a Plan. At the prompt, *“Is the selected plan the primary payer?”* choose No. Input the date of service. Select **Continue**.

MyINSURANCE
MANAGER™

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Professional Claim Entry [Printer-Friendly](#)

Plan Information

Provider Information

Patient Information

Claim Information

Claim Line Information

Review

Confirmation

Please note: This feature is not available from 11:30 p.m. to 4 a.m. Eastern Time for maintenance purposes.

Who Can File Online?
Health care professionals located in South Carolina or in counties contiguous to the state may submit claims online.

The following guidelines apply for ancillary services:

- File claims for Independent Clinical Laboratory services to the Blue Plan in whose service area the specimen was drawn.
- File claims for Durable or Home Medical Equipment to the Blue Plan in whose service area the equipment was shipped to or purchased in a retail store
- File Specialty Pharmacy claims to the Blue Plan in whose service area the ordering physician is located.

All other professionals must submit claims to the Blue Plan in their local service areas.

Plan Information

Submitter Information

If this information is not correct, please [modify your profile](#). Any information you entered will be lost if you navigate away from this page.

Name: YOUR NAME

ID: 123456789

Email Address: your.name@email.com

Phone: (987) 654-3210

Extension: Not Available

Fax: Not Available

Plan Information

Choose the Plan under which the patient had insurance coverage on the date(s) of service.

We require both a From Date of Service and a To Date of Service. If this claim is for a single date of service, enter the same date in both fields.

* Plan: BlueCross BlueShield Plans

* Is the selected plan the primary payer? No

Please note: In later pages you will be asked to provide other payer information.

* From Date of Service: 03/21/2017

To Date of Service:

mm/dd/yyyy

mm/dd/yyyy

ICD Code Qualifier: ICD-10

Continue

Cancel this claim

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At the Provider Information screen, the billing information will pre-populate according to the location affiliated with your user profile. Select **Choose a Billing Provider** if the default billing location is not shown or if you are entering a claim for another location associated with the provider ID.

Choose a Rendering Provider to have this information auto-filled. You must manually enter Referring Provider Information because the practitioner will not necessarily be affiliated with the billing location.

Select **Continue**.

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Welcome, Your Name of Your Practice [\(Log Out\)](#) [Go to Message Center](#)

Professional Claim Entry [Printer-Friendly](#)

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Date of Service
03/21/2017

Insurance
Plan Name:
BlueCross BlueShield Plans

Provider Information

Billing Location Information

Click Choose a Billing Provider to select from a list of locations affiliated with your Tax ID. The billing location address must be the physical address (not P.O. Box) and must contain a 9-digit ZIP code.

[Choose a Billing Provider](#)

Provider ID Type:
Primary ID (NPI)

Provider ID:
123456789

Provider's Name:
YOUR PRACTICE

* Address Line 1:
654 PHYSICIAN PKWY

Address Line 2:
STE 8

* City:
YOUR CITY

* State:
South Carolina

* ZIP Code:
- -

* Provider Accepts Assignment:
Assigned

* Provider Signature on File:
Yes

Rendering Provider Information

Please Note: You must identify a Rendering Provider on all claims when the services were not rendered by the Billing Provider.

[Choose a Rendering Provider](#)

Provider ID Type:
--Please Choose One--

Provider ID:

Provider's Name:

Referring Provider Information

Please note: A Referring Provider must be identified on all claims when the services listed are related to a referral.

Provider ID Type:
--Please Choose One--

Provider ID:

Continue or Back

Cancel this claim

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On the Patient Information screen, add the required patient data elements as a one-time entry or use the Patient Directory. Select **Choose a Patient** to have this information auto-filled using a selected patient from the Patient Directory.

At the Patient Account Number field, input the patient's unique number your practice or practice management software has assigned. You can create a patient account number if one does not exist.

Select **Continue**.

The screenshot shows the 'Professional Claim Entry' form with the 'Patient Information' tab selected. The form is divided into several sections: 'Patient Details', 'Patient Consent', and 'Other Patient Information'. The 'Patient Details' section contains fields for Member ID, Relationship to Member, Patient Account Number, Last Name, First Name, M.I., Suffix, Date of Birth, Gender, Country, Address Line 1, Address Line 2, City, State, and ZIP Code. The 'Patient Consent' section contains fields for Benefits Assigned to Provider, Release of Information, and a checkbox for 'Patient is pregnant'. The 'Other Patient Information' section contains fields for Date of Death and Weight. The form also includes a 'Continue' button and a 'Cancel this claim' link.

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Professional Claim Entry

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Plan Information Provider Information **Patient Information** Claim Information Claim Line Information Other Payer Information Adjustments Review Confirmation

Date of Service: 03/21/2017

Insurance: Plan Name: BlueCross BlueShield Plans

Patient Information

Patient Details

Please note: Changes made to this information will not be updated in your Patient Directory.

Enter the Member ID as shown on the member's ID card.

Choose a Patient or enter the information here.

* Member ID: Relationship to Member: SELF Patient Account Number:

Include alpha prefix, if applicable

* Last Name: First Name: M.I.: Suffix:

* Date of Birth: Gender: --Please Choose One--

mm/dd/yyyy

* Country: United States

* Address Line 1: Address Line 2:

* City: State: --Please Choose One-- ZIP Code:

Patient Consent

* Benefits Assigned to Provider: Yes

* Release of Information: Yes, provider has a signed statement permitting release of medical billing data related to a claim

Did the provider generate the signature because the patient was not physically present for services?

Other Patient Information

Date of Death: Weight:

mm/dd/yyyy In pounds

☐ Patient is pregnant

Continue or Back X Cancel this claim

The next professional claim entry screen is Claim Information. You can bypass the option to choose or create/update a superbill. Select from **Choose a Superbill Template** to have pre-established data fields included in the professional claim entry process.

Choose the place of service and the claim type (original claim; replacement of prior claim; void/cancel of prior claim). If appropriate, add Claim Entry Options by checking the box that corresponds with the claim information to be included.

Select **Continue**.

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Welcome, Your Name of Your Practice (Log Out) [Go to Message Center](#)

Professional Claim Entry [Printer-Friendly](#)

Plan Information Provider Information Patient Information **Claim Information** Claim Line Information Other Payer Information Adjustments Review Confirmation

Date of Service
03/21/2017

Insurance
Plan Name:
BlueCross BlueShield Plans
Member ID:
zcz065922516805

Patient
Patient's Name:
michael testing
Relationship to Member:
SELF
Gender:
MALE
Date of Birth:
10/01/1958

Claim Information

Superbill Information

Please note: The list of Superbill Templates includes either ICD-9 or ICD-10 templates, based on the date of service of this claim. If you have Superbill Templates created with ICD-9 codes, you can convert them to ICD-10 templates. Just click on "Create a New or Edit an Existing Template."

Choose a Superbill Template:
None

[Create a New or Edit an Existing Template](#)

Service Information

Place Of Service: Office - 11 **Medical Record Number:**

Claim Type: Original Claim

Claim Entry Options

Please choose the information that you want to add to this claim.

☐ Ambulance Information ☐ Medicare Information
☐ Accident Information ☐ Prior Authorization or Referral Number
☐ Claim Note Information ☐ Service Facility Information
☐ Hospitalization Date(s)

[Continue](#) or [Back](#) [Cancel this claim](#)

Claim Line Information is the fifth screen in the claim entry process. Enter the total number of lines (up to 50 lines) in the Claim Amounts section. You can also include additional claim lines by selecting **Add a New Claim Line**. Claim amounts will automatically calculate based on the amounts you enter on the claim lines.

At Diagnosis Code field, enter the appropriate ICD-10 diagnosis code without including a decimal. You can also search for the specific diagnosis code by selecting the magnifying glass icon.

In the Claim Lines section of Claim Line Information entry, add the procedure code and charges in those required fields. You must also enter a unit type (unit or minutes) and the number of units.

The dates of service and diagnosis code(s) are automatically filled from previous entries during the professional claim entry process.

If appropriate, expand to see Drug Identification fields by selecting the show/hide link. When you enter prescription drug information, be sure to accurately capture the National Drug Code (NDC) number, as it is a requirement of BlueCross and BlueChoice plans.

Check the boxes to include Additional Indicators as needed. These options will not require additional fields to be completed. Select **Continue**.

The screenshot displays the 'Professional Claim Entry' interface, specifically the 'Claim Line Information' step. The top navigation bar includes links for Home, Patient Care, Office Management, Resources, Modify Profile, Profile Administration, and Staff Directory. A welcome message and a 'Go to Message Center' link are present. The main header shows 'Professional Claim Entry' with a 'Printer-Friendly' option. A progress bar indicates the current step is 'Claim Line Information'. The form is divided into several sections: 'Date of Service' (03/21/2017), 'Insurance' (BlueCross BlueShield Plans, Member ID: zcr065922516805), and 'Patient' (Name: michael testing, Relationship: SELF, Gender: MALE, Date of Birth: 10/01/1958). The 'Claim Line Information' section includes 'Claim Amounts' (Total Claim Charges: \$0.00, Patient Paid: \$, Total Number of Lines: 1), 'Diagnosis Codes' (Note: At least one diagnosis code is required), and 'Claim Lines' (Line 1). The 'Claim Lines' section contains fields for Procedure, Modifiers, Charges, Unit Type, Unit(s), From Date of Service, To Date of Service, Primary and Secondary Diagnosis Codes, Place of Service, Procedure Description, Drug Identification, and Additional Indicators (Emergency, EPSDT, Family Planning, Copayment Waiver). At the bottom, there are links for 'Rendering Provider Information' and 'Referring Provider Information', an 'Add a New Claim Line' button, and 'Continue' or 'Back' buttons.

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Welcome, Your Name of Your Practice (Log Out) Go to Message Center

Professional Claim Entry Printer-Friendly

Plan Information Provider Information Patient Information Claim Information **Claim Line Information** Other Payer Information Adjustments Review Confirmation

* Required

Date of Service: 03/21/2017

Insurance: Plan Name: BlueCross BlueShield Plans Member ID: zcr065922516805

Patient: Patient's Name: michael testing Relationship to Member: SELF Gender: MALE Date of Birth: 10/01/1958

Claim Line Information

Claim Amounts

Please note: We will calculate the Total Claim Charges automatically based on the amounts you enter on the claim lines.

Total Claim Charges: \$ 0.00 Patient Paid: \$ Total Number of Lines: 1

Diagnosis Codes

Please note: At least one diagnosis code is required.

* Diagnosis Codes

Claim Lines

Please note: You must identify a Rendering Provider on all claim lines when these services were not rendered by the Billing Provider or by the Rendering Provider identified earlier. You must identify a Referring Provider on all claim lines when these services are related to a referral.

Line 1

* Procedure: Modifiers: * Charges: \$

* Unit Type: --Please Choose One-- * Unit(s):

* From Date of Service: 03/21/2017 To Date of Service: Primary and Secondary Diagnosis Codes:

Place of Service: Procedure Description:

Drug Identification: [a] show/hide

Additional Indicators (Check all that apply):
☐ Emergency ☐ EPSDT ☐ Family Planning ☐ Copayment Waiver (Copayment Exempt)

Rendering Provider Information: [a] show/hide
Referring Provider Information: [a] show/hide

Add a New Claim Line

Continue or Back X Cancel this claim

Other Payer Information is the next screen in the secondary professional claim entry process. Choose the other payer by selecting the link or manually entering the payer information. Enter the patient's other insurance information and the amount the payer paid in the required fields. Select **Continue**.

[Home](#) [Patient Care](#) [Office Management](#) [Resources](#) [Modify Profile](#) [Profile Administration](#) [Staff Directory](#)

Welcome, Your Name of Your Practice (Log Out) [Go to Message Center](#)

Professional Claim Entry [Printer-Friendly](#)

[Plan Information](#) [Provider Information](#) [Patient Information](#) [Claim Information](#) [Claim Line Information](#) **Other Payer Information** [Adjustments](#) [Review](#) [Confirmation](#)

Date of Service
03/21/2017

Insurance
Plan Name:
BlueCross BlueShield Plans
Member ID:
zc065922516805

Patient
Patient's Name:
michael testing
Relationship to Member:
SELF
Gender:
MALE
Date of Birth:
10/01/1958

Other Payer Information

Please complete this information concerning the patient's and/or member's other insurance.

Insurance Information

Click Choose an Other Payer to search for the other payer for this claim, or complete the information below.

Choose an Other Payer or enter the information here.

Other Payer Primary ID:

Other Payer Secondary ID Type:
--Please Choose One--

Other Payer Secondary ID:

Other Payer Name:

Other Payer Address: [\[-\] show/hide](#)

Country:
United States

Address Line 1:
Address Line 2:

City:
States:
ZIP Codes:

Claim Type Indicator (Type of Insurance):
Preferred Provider Organization (PPO)

Other Member Information

Please enter this information about the member who has the insurance policy with the other plan.

Member ID:
pwk8591

Secondary ID (SSN):

Member Type:
1 - Person

Relationship to Member:
SPOUSE

Group/Policy Number:

Group Name:

Last Name:
testing

First Name:
martha

M.I.:

Suffix:

Country:
United States

Address Line 1:
po box 24015

Address Line 2:

City:
columbia

States:
South Carolina

ZIP Codes:
29224 - 4015

Other Payer Claim Information

Prior Authorization Number:

Referral Number:

Claim Number:

Outpatient Adjudication Information

Reimbursement Rate
Percentage (%):

HCPCS Payable:
\$

ESRD Paid:
\$

Non-Payable Professional
Component Billed:
\$

Remark Code(s):

Claim Adjustment Options

Normally, professional claims are adjusted at the line level. If you would like to make adjustments at the claim level or at both the claim and line level, click Other Adjustment Options.

Other Adjustment Options [\[-\] show/hide](#)

Other Payer Paid Information

Please enter this information using the remittance from the Other Payer.

Payer Paid:
\$ 80.00

Continue or Back

Cancel this claim

21 | Page

This screen appears after entering criteria to search for another payer if the user follows the Choose Another Payer link. Place your cursor on the appropriate plan to select and **Continue** to return to the prior screen.

Other Payer Results

Select the appropriate plan and click Continue.

Results Plans Found: 40

Select	NAIC	Other Payer's Name	Address	City	State	ZIP Code
☐						
☐						
☒						
☐						7
☐						

[Continue](#) or [Back](#)

On the Adjustments screen, information you entered on the Other Payer Claim Information page is displayed. To add claim-level information, select **Add** Other Payer Line Adjustments by clicking the [+] icon shown.

For professional claims, we recommend you enter the other payer money as a line-level adjustment. For institutional secondary claims, we recommend you enter the other payer money as a header-level adjustment. We automatically default to these options based on whether you choose to file a professional or institutional claim.

Select **Continue**.

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Welcome, Your Name of Your Practice [\(Log Out\)](#) [Go to Message Center](#)

Professional Claim Entry [Printer-Friendly](#)

Plan Information Provider Information Patient Information Claim Information Claim Line Information Other Payer Information **Adjustments** Review Confirmation

Date of Service
03/21/2017

Insurance
Plan Name:
BlueCross BlueShield Plans
Member ID:
zcz065922516805

Patient
Patient's Name:
michael testing
Relationship to Member:
SELF
Gender:
MALE
Date of Birth:
10/01/1958

Other Payer Line Selection

Other Payer Paid Information

Please note: This is a display of the information you entered on the Other Payer Claim Information page.

Payer Paid:
\$ **80.00**

Claim Line Adjustments

Please note: This is a summary of your claim line information. You can add, edit or delete adjustments to any claim line.

Line	Procedure	From Date of Service	Charges	Other Payer Paid	Other Payer Line Adjustments
1	99213	03/21/2017	\$ 100.00		Add

[Continue](#) or [Back](#) [Cancel this claim](#)

This screen displays if you opt to enter adjudication information. The procedure code automatically populates from a previous entry screen. Complete the remaining required fields (Prior Adjudication Date and Paid Units) to show how the other payer processed the claim line.

You must enter other required information in the Claim Adjustment Group 1 section, although it is not denoted with an asterisk. Input the group code (contractual obligations; correction and reversals; other adjustments; patient responsibility; payer-initiated reductions), reason code, amount and quantity (not required).

Select **Continue**.

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Welcome, Your Name of Your Practice (Log Out)Go to Message Center

Professional Claim EntryPrinter-Friendly

Plan InformationProvider InformationPatient InformationClaim InformationClaim Line InformationOther Payer InformationAdjustmentsReviewConfirmation

Date of Service
03/21/2017

Insurance
Plan Name:
BlueCross BlueShield Plans
Membership ID:
zc2065922516805

Patient
Patient's Name:
michael testing
Relationship to Member:
SELF
Gender:
MALE
Date of Birth:
10/01/1958

Other Payer Claim Line Adjustments

Other Payer Paid Information
Payer Paid:
\$ 80.00

Selected Line
Please note: This is the information you entered on the Other Payer Claim Information page.

Line	Procedure Code	From Date of Service	Charges
1	99213	03/21/2017	\$ 100.00

Please complete this information to show how the other payer processed this claim line. Usually, this procedure information is identical to what the claim line carries and you only use it to report the actual payment and adjustments the other payer made on the claim line.
The most common claim adjustments are:

Deductible:	Group Code - Patient Responsibility	Reason Code - 1
Coinsurance:	Group Code - Patient Responsibility	Reason Code - 2
Non-Covered:	Group Code - Patient Responsibility	Reason Code - 96

Line Adjudication Information 1
* Procedure Code: 99213 Modifiers:

--	--	--	--

Procedure Code Description:

Payer Paid Amount: \$ 80.00

Remaining Patient Liability: \$

Prior Adjudication Date: 03/27/2017

Paid Units: 1

If the other payer bundled the procedure code together with other procedure codes on this claim, or if the payer unbundled the procedure code into other procedure codes, then please report that information here. [Get directions on how to report bundled or unbundled procedures.](#)

Bundled or Unbundled Line Numbers:

Claim Adjustment Group 1
Group Code:
--Please Choose One--

Reason Codes

Reason Code	Amount	Quantity
1.1 96	\$ 10.00	1
1.2	\$	
1.3	\$	
1.4	\$	
1.5	\$	
1.6	\$	

Add Adjustment Group

Add Line Adjudication Information

Continue or CancelCancel this claim

This screen appears when you select the Reason Codes link from the Adjustments screen. Once you have found the best description, select the X in the upper right corner of this secondary screen to return to the previous Adjustments screen and apply the associated reason code in the appropriate field(s).

Claim Adjustment Reason Codes	
Code	Description
A0	PATIENT REFUND AMOUNT.
A1	CLAIM/SERVICE DENIED. SEE NOTES.
A5	MEDICARE CLAIM PPS CAPITAL COST OUTLIER AMOUNT.
A6	PRIOR HOSPITALIZATION OR 30-DAY TRANSFER REQUIREMENT NOT MET
A7	PRESUMPTIVE PAYMENT ADJUSTMENT.
A8	CLAIM DENIED; UNGROUPABLE DRG.
B1	NON-COVERED VISITS.
B10	ALLOWED AMT REDUCED-COMPNT OF BASIC PROC/TEST PD-BENE NOT LI
B11	CLM/SVC TRNSF'D TO PROPER PYR/PRCSSR. NOT COV'D BY PYR/PRCSS
B12	SVCS NOT DOC'D IN PT'S MED RECS. RJCT FOR MD RECS FRM CSTMR.
B13	PREV PD. PYMNT FOR CLM/SVC MAY HAVE BEEN PRVD IN PREV PYMNT.

The Adjustments screen now shows data in the Other Payer Paid column on the Claim Line 1. Select **Continue**.

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Go to Message Center

Professional Claim Entry

Printer-Friendly

Plan Information
Provider Information
Patient Information
Claim Information
Claim Line Information
Other Payer Information
Adjustments
Review
Confirmation

Date of Service
03/21/2017

Insurance
Plan Name:
BlueCross BlueShield Plans
Member ID:
zcz065922516805

Patient
Patient's Name:
michael testing
Relationship to Member:
SELF
Gender:
MALE
Date of Birth:
10/01/1958

Other Payer Line Selection

Other Payer Paid Information

Please note: This is a display of the information you entered on the Other Payer Claim Information page.

Payer Paid:
\$ 80.00

Claim Line Adjustments

Please note: This is a summary of your claim line information. You can add, edit or delete adjustments to any claim line.

Line	Procedure	From Date of Service	Charges	Other Payer Paid	Other Payer Line Adjustments
1	99213	03/21/2017	\$ 100.00	\$ 80.00	Edit

Continue or Back
Cancel this claim

From Claim Review screen, examine your entries for the secondary payer professional claim. **Submit** the professional claim or return to any previous screen using the **Back** link or selecting a screen title from the progress bar.

To add claim-level information, select **Add Additional Claim Information**.

To add information that applies to an individual claim line, select **Add** on the line to which the information applies. There is an option to **Cancel this claim** found at the bottom of each screen of the claim entry process.

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Welcome, Your Name of Your Practice (Log Out)Go to Message Center

Professional Claim EntryPrinter-Friendly

Plan InformationProvider InformationPatient InformationClaim InformationClaim Line InformationOther Payer InformationAdjustmentsReviewConfirmation

Date of Service03/21/2017

InsurancePlan Name:BlueCross BlueShield PlansMember ID:zcz065922516805

PatientPatient's Name:michael testingRelationship to Member:SELFGender:MALEDate of Birth:10/01/1958

Claim Review

This is a summary of the claim information you are about to submit. Please make any necessary changes and submit.

Provider Information

Submitter's Name:YOUR NAMEBilling Location:YOUR PRACTICEPlan:BlueCross BlueShield Plans

Patient Information

Member ID:zcz065922516805Date of Birth:10/01/1958Gender:MALE

Patient's Name:michael testingPatient Account Number:3159

Claim Information

This is a claim-level summary. Click Add Additional Claim Information to add information that applies to the entire claim.

If another payer is primary on this claim and you wish to add or edit adjustments at the claim level, click Claim Level Adjustments. To add or edit adjustments at the line level, see the Claim Line Information section below.

Total Charges:\$100.00Dates of Service:03/21/2017Other Payer Paid:\$80.00

Add Additional Claim Information

Claim Line Information

Line	Procedure	From Date of Service	Charges	Additional Line Information	Other Payer Paid	Other Payer Line Adjustments
1	99213	03/21/2017	\$100.00	Add	\$80.00	Edit

If this information is accurate and you are ready to submit the claim for processing, click the Submit button.

Please Note: We must validate all claim information before you can submit it for processing. If we find any errors, we will return the claim to you for correction.

Once we validate the claim information and you have corrected any errors, you cannot make changes to that information.

Submit or Back

Cancel this claim

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A claim number displays at the Claim Confirmation screen. You can now **Create a New Claim** or **View Claim Status**.

[Home](#) | [Patient Care](#) | [Office Management](#) | [Resources](#) | [Modify Profile](#) | [Profile Administration](#) | [Staff Directory](#)

Welcome, **Your Name** of Your Practice ([Log Out](#)) [Go to Message Center](#)

Professional Claim Entry

[Printer-Friendly](#)

Plan Information

Provider Information

Patient Information

Claim Information

Claim Line Information

Other Payer Information

Adjustments

Review

Confirmation

Date of Service
03/21/2017

Insurance
Plan Name:
BlueCross BlueShield Plans

Member ID:
zcz065922516805

Patient
Patient's Name:
michael testing

Relationship to Member:
SELF

Gender:
MALE

Date of Birth:
10/01/1958

Claim Confirmation

Please note: We have received and are processing your claim. Here is your claim number.

Click on View Patient Receipt for a printable receipt detailing the patient's liability. Receipts are only available for claims that have finalized. The View Patient Receipt button will not appear for claims that require further processing.

Confirmation

Claim Number:
70870002W

Member ID:
zcz065922516805

Patient's Name:
michael testing

Patient's Date of Birth:
10/01/1958

Patient's Gender:
Male

Create New Claim

View Claim Status

Replacement (Corrected) of Prior Claim Entry

From the Patient Care menu select Professional Claim Entry. Follow the claim entry process from Plan Information screen to Patient Information screen.

At Claim Information screen, select **Replacement of Prior Claim** from the drop-down menu as the claim type after selecting a place of service. A required field to input the Prior Claim Number appears. If appropriate, add Claim Entry Options by checking the box that corresponds with the claim information to be included. Follow prompts through subsequent screens to make corrections to the claim by selecting **Continue** until to reach the Review page.

Select **Submit** when you are ready to submit the claim.

The screenshot shows the 'Professional Claim Entry' interface. The top navigation bar includes links for Home, Patient Care, Office Management, Resources, Modify Profile, Profile Administration, and Staff Directory. A welcome message and a 'Log Out' link are present. The main title is 'Professional Claim Entry' with a 'Printer-Friendly' link. A progress bar shows the current step is 'Claim Information'. The form is divided into several sections:

- Date of Service:** 02/09/2017
- Insurance:** Plan Name: BlueCross BlueShield Plans, Member ID: ZCZ065922516805
- Patient:** Patient's Name: MICHAEL TESTING, Relationship to Member: SELF, Gender: MALE, Date of Birth: 10/01/1958
- Claim Information:**
 - Superbill Information:** A yellow note states: "Please note: The list of Superbill Templates includes either ICD-9 or ICD-10 templates, based on the date of service of this claim. If you have Superbill Templates created with ICD-9 codes, you can convert them to ICD-10 templates. Just click on 'Create a New or Edit an Existing Template.'" Below this is a dropdown for 'Choose a Superbill Template:' set to 'None' and a link to 'Create a New or Edit an Existing Template'.
 - Service Information:**
 - Place Of Service:** Office - 11
 - Medical Record Number:** (empty field)
 - Claim Type:** Replacement of Prior Claim (highlighted with a red circle)
 - Prior Claim Number:** 704-0000w
 - Claim Entry Options:** A section with a heading "Please choose the information that you want to add to this claim." and several checkboxes: Ambulance Information, Accident Information, Claim Note Information, Hospitalization Date(s), Medicare Information, Prior Authorization or Referral Number, and Service Facility Information. All are currently unchecked.

At the bottom, there are 'Continue' and 'Back' buttons, and a link to 'Cancel this claim'.

Void/Cancel of Prior Claim Entry

From the Patient Care menu select Professional Claim Entry. Follow the claim entry process from Plan Information screen to Patient Information screen.

At Claim Information screen, select Void/Cancel of Prior Claim as the claim type after selecting a place of service. A required field to input the Prior Claim Number appears. Follow prompts through subsequent screens to void the claim by selecting **Continue** until to reach the Review page.

Select **Submit** when you are ready to submit the claim.

The screenshot shows the 'Professional Claim Entry' interface. The top navigation bar includes links for Home, Patient Care, Office Management, Resources, Modify Profile, Profile Administration, and Staff Directory. Below the navigation bar, a welcome message and a 'Log Out' link are visible. The main heading is 'Professional Claim Entry', with a 'Printer-Friendly' link. A progress bar shows the current step is 'Claim Information'. The form is divided into several sections: 'Date of Service' (02/09/2017), 'Insurance' (Plan Name: BlueCross BlueShield Plans, Member ID: ZCZ065922516805), and 'Patient' (Patient's Name: MICHAEL TESTING, Relationship to Member: SELF, Gender: MALE, Date of Birth: 10/01/1958). The 'Claim Information' section includes a 'Superbill Information' box with a note about ICD-9 and ICD-10 templates. Below this is a 'Choose a Superbill Template' dropdown (set to 'None') and a link to 'Create a New or Edit an Existing Template'. The 'Service Information' section contains a 'Place Of Service' dropdown (set to 'Office - 11'), a 'Medical Record Number' field, a 'Claim Type' dropdown (circled in red, set to 'Void/Cancel of Prior Claim'), and a 'Prior Claim Number' field (containing '70400000w'). The 'Claim Entry Options' section has a heading 'Please choose the information that you want to add to this claim.' and several checkboxes: Ambulance Information, Accident Information, Claim Note Information, Hospitalization Date(s), Medicare Information, Prior Authorization or Referral Number, and Service Facility Information. At the bottom, there are 'Continue' and 'Back' buttons, and a link to 'Cancel this claim'.

Institutional Claim Entry

From the Patient Care menu select Institutional Claim Entry. The Plan Information screen gives information about the submitter (i.e. the user account information). Select a Plan, indicate if the plan is the primary payer and input the dates of service. Select **Continue**.

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Welcome, YOUR NAME of YOUR FACILITY [\(Log Out\)](#) [Go to Message Center](#)

Institutional Claim Entry [Printer-Friendly](#)

[Plan Information](#) [Provider Information](#) [Patient Information](#) [Claim Information](#) [Claim Codes](#) [Claim Line Information](#) [Review](#) [Confirmation](#)

Please note: This feature is not available from 11:30 p.m. to 4 a.m. Eastern Time for maintenance purposes.

Who Can File Online?
Health professionals located in South Carolina or in counties contiguous to the state may submit claims online. All other professionals must submit claims to the Blue Plan in their local service areas.

Plan Information

Submitter Information

If this information is not correct, please [modify your profile](#). Any information you entered will be lost if you navigate away from this page.

Name:	ID:	Email Address:
YOUR FACILITY NAME	123456789	YOUR.NAME@EMAIL.COM
Phone:	Extension:	Fax:
(987) 234-5678	Not Available	Not Available

Plan Information

Choose the Plan under which the patient had insurance coverage on the date(s) of service.
We require both a From Date of Service and a To Date of Service. If this claim is for a single date of service, enter the same date in both fields.

* Plan:	* Is the selected plan the primary payer?
--Please Choose One--	Yes
* From Date of Service:	* To Date of Service:
mm/dd/yyyy	mm/dd/yyyy

[Continue](#) [X Cancel this claim](#)

At the Provider Information screen, the billing information will pre-populate according to the location affiliated with your user profile. Select **Choose a Billing Provider** if the default billing location is not shown. You can also manually input billing provider address, city, state and ZIP if you are entering a claim for another location associated with the provider ID.

Choose to include an attending provider ID type [primary ID (NPI); secondary ID] and enter the correlated information.

Select **Continue**.

The screenshot shows the 'Institutional Claim Entry' form, specifically the 'Provider Information' section. The form is part of a larger application with a navigation bar at the top containing links like 'Home', 'Patient Care', 'Office Management', 'Resources', 'Modify Profile', 'Profile Administration', and 'Staff Directory'. Below the navigation bar, there's a welcome message and a 'Log Out' link. The main title 'Institutional Claim Entry' is followed by a 'Printer-Friendly' link. A progress bar indicates the current step is 'Provider Information'. On the left, there are two summary boxes: 'Dates of Service' showing '02/13/2017 - 02/20/2017' and 'Insurance' showing 'Plan Name: BlueCross BlueShield Plans'. The 'Provider Information' section is divided into two main parts. The first part, 'Billing Location Information', includes a note about selecting a billing provider, a 'Choose a Billing Provider' link, and fields for 'Provider ID Type' (set to 'Primary ID (NPI)'), 'Provider ID' (123456789), 'Provider's Name' (YOUR FACILITY NAME), 'Address Line 1', 'Address Line 2', 'City', 'State' (South Carolina), 'ZIP Code', and 'Provider Accepts Assignment' (Assigned). The second part, 'Attending Provider Information', includes fields for 'Provider ID Type' (a dropdown menu with '--Please Choose One--') and 'Provider ID'. At the bottom, there are 'Continue' and 'Back' buttons, and a 'Cancel this claim' link.

Home Patient Care Office Management Resources Modify Profile Profile Administration Staff Directory

Welcome, YOUR NAME of YOUR FACILITY (Log Out) Go to Message Center

Institutional Claim Entry

Printer-Friendly

Plan Information **Provider Information** Patient Information Claim Information Claim Codes Claim Line Information Review Confirmation

Dates of Service
02/13/2017 - 02/20/2017

Insurance
Plan Name:
BlueCross BlueShield Plans

Provider Information

Billing Location Information

Click Choose a Billing Provider to select from a list of locations affiliated with your Tax ID. The billing location address must be the physical address (not P.O. Box) and must contain a 9-digit ZIP code.

[Choose a Billing Provider](#)

Provider ID Type:
Primary ID (NPI)

Provider ID:
123456789

Provider's Name:
YOUR FACILITY NAME

* Address Line 1: Address Line 2:

* City: * State: South Carolina * ZIP Code:

* Provider Accepts Assignment:
Assigned

Attending Provider Information

Provider ID Type:
--Please Choose One--

Provider ID:

[Continue](#) or [Back](#) [X Cancel this claim](#)

On the Patient Information screen, add the required patient data elements as a one-time entry or use the Patient Directory. Select **Choose a Patient** to have this information auto-filled using a selected patient from the Patient Directory.

At the Patient Account Number field, input the patient's unique number your practice or practice management software has assigned. You can create a patient account number if one does not exist.

Select **Continue**.

The screenshot shows the 'Institutional Claim Entry' form with the 'Patient Information' tab selected. The form includes a progress bar at the top with steps: Plan Information, Provider Information, Patient Information (active), Claim Information, Claim Codes, Claim Line Information, Review, and Confirmation. On the left, there are sections for 'Dates of Service' (02/13/2017 - 02/20/2017) and 'Insurance' (Plan Name: BlueCross BlueShield Plans). The main 'Patient Information' section contains a note: 'Please note: Changes made to this information will not be updated in your Patient Directory.' Below this is a prompt to 'Enter the Member ID as shown on the member's ID card.' and a link to 'Choose a Patient or enter the information here.' The form fields are as follows: Member ID (zc2065922516805), Relationship to Member (SELF), Patient Account Number (3159), Last Name (testing), First Name (michael), M.I. (empty), Suffix (empty), Date of Birth (10/01/1958), Gender (MALE), Country (United States), Address Line 1 (po box 24015), Address Line 2 (empty), City (columbia), State (South Carolina), and ZIP Code (29224 - 4015). At the bottom, there are 'Patient Consent' fields: 'Benefits Assigned to Provider' (Yes) and 'Release of Information' (Yes, provider has a signed statement permitting release of medical billing data related to a claim). Navigation buttons at the bottom include 'Continue', 'or Back', and 'X Cancel this claim'.

When prompted, you have the option to add the patient to your Patient Directory.

The screenshot shows a confirmation dialog box with the text: 'The patient you entered is not in Your Patient Directory. Would you like to add the patient using the information you entered into the patient information form?'. Below the text are two buttons: 'Yes' and 'No'.

The next institutional claim entry screen is Claim Information. Select a Facility Type [32 options]; Claim Type/Frequency [26 options]; Patient Status [40 options] from the drop-down menus; input the Admission Date (required although not marked with an asterisk); and Priority (Type) of Admission or Visit. A Point of Origin for Admission or Visit is also required. Select one of the following from the drop-down menu:

- Clinic or Physician's Office
- Court/Law Enforcement
- Information Not Available
- Non-Health Care Facility Point of Origin
- Transfer from Another Home Health Agency
- Transfer from Ambulatory Surgery Center
- Transfer from Another Health Care Facility
- Transfer from Hospice and is Under a Hospice Care Plan or Enrolled in a Hospice Program
- Transfer from One Distinct Unit of the Hospital to Another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer
- Transfer from a Hospital
- Transfer from a Skilled Nursing Facility (SNF), Intermediate Care Facility (ICF), or Assisted Living Facility (ALF)

Select **Continue**.

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Welcome, YOUR NAME of YOUR FACILITY (Log Out) Go to Message Center

Institutional Claim Entry [Printer-Friendly](#)

Plan Information Provider Information Patient Information **Claim Information** Claim Codes Claim Line Information Review Confirmation

Dates of Service
02/13/2017 - 02/20/2017

Insurance
Plan Name:
BlueCross BlueShield Plans
Member ID:
zcz065922516805

Patient
Patient's Name:
michael testing
Relationship to Member:
SELF
Gender:
MALE
Date of Birth:
10/01/1958

Claim Information

Service Information

Please note: The Institutional Bill Type is defined by the information in the Facility Type and Claim Type/Frequency fields.
A Point of Origin for Admission or Visit is required on all claims unless the Facility Type is 14.

* Facility Type: --Please Choose One-- * Claim Type/Frequency: 1 - Original Claim

* Patient Status: --Please Choose One--

Admission Date: mm/dd/yyyy Admission Time: hh:mm Discharge Time: hh:mm

* Priority (Type) of Admission or Visit: --Please Choose One--

Point of Origin for Admission or Visit: --Please Choose One--

[Continue](#) or [Back](#) [Cancel this claim](#)

Include diagnosis and condition code data on the Claim Codes screen. At Principal Diagnosis Code field, enter the required appropriate ICD-10 diagnosis code without including a decimal. You can also search for the specific diagnosis code by selecting the magnifying glass icon. Include the Principal Diagnosis Present on Admission (POA) Indicator (for inpatient claims only). An Admitting Diagnosis Code is also required, although it is not marked with an asterisk.

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Institutional Claim Entry
Printer-Friendly

Plan Information
Provider Information
Patient Information
Claim Information
Claim Codes
Claim Line Information
Review
Confirmation

Dates of Service
02/13/2017 - 02/20/2017

Insurance
Plan Name:
BlueCross BlueShield Plans
Member ID:
zcc065922516805

Patient
Patient's Name:
michael testing
Relationship to Member:
SELF
Gender:
MALE
Date of Birth:
10/01/1958

Claim Codes
Diagnosis and Condition Codes
Please use ICD-10-CM codes to report diagnosis information.

Principal Diagnosis Code:
Principal Diagnosis Present on Admission (POA) Indicator:

Add Diagnosis Codes

Please note: We require an Admitting Diagnosis on all inpatient claims and encounters, a Reason for Visit on all unscheduled outpatient visits and an E-Code to describe an injury, poisoning or adverse effect.

Admitting Diagnosis Code:
Reason for Visit Code:
Reason for Visit Code:
Reason for Visit Code:
E-Code:
E-Code Present on Admission (POA) Indicator:

Add E-Codes

Condition Codes:

Diagnosis Related Group (DRG) Code:

Procedure Codes
Please note: We require the Principal Procedure Code and Principal Procedure Code Date on all inpatient claims when a procedure was performed. We also require them on home IV therapy claims when surgery was performed during the inpatient stay when the course of therapy was initiated.

Principal Procedure Code:
Principal Procedure Code Date:

Add Other Procedure Codes

Occurrence Codes and Dates
Occurrence Code:
Occurrence Date:

Add Occurrence Codes and Dates

Occurrence Span Codes and Dates
Occurrence Span Code:
Occurrence Span From Date:
Occurrence Span To Date:

Add Occurrence Span Codes and Dates

Value Codes and Amounts
Please note: You can report some information relating to another payer's adjudication of the claim as Value Codes here or as claim adjustments on the Other Payer Claim Adjustment page. If you report it here do not repeat it on the other page.

Value Code:
Amount:

Add Value Codes and Amounts

Treatment Codes
Please note: We require Treatment Codes when home health agencies need to report plan of treatment information.

Continue or Back
Cancel this claim

This screen appears when searching for a diagnosis code, an admitting diagnosis code (required on all inpatient claims and encounters), a reason for visit code or an E-code. Search by description or code. Place your cursor on the desired diagnosis code to select it and return to the prior screen.

Diagnosis Code (ICD-10) Search Results

Showing 192 Result(s)

Filter results... X

Code	Description ▲
S72131A	DISPLACED APOPHYSEAL FRACTURE OF RIGHT FEMUR, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S72131B	DISPLACED APOPHYSEAL FRACTURE OF RIGHT FEMUR, INITIAL ENCOUNTER FOR OPEN FRACTURE TYPE I OR II
S72131C	DISPLACED APOPHYSEAL FRACTURE OF RIGHT FEMUR, INITIAL ENCOUNTER FOR OPEN FRACTURE TYPE IIIA, IIIB, OR IIIC
S72131S	DISPLACED APOPHYSEAL FRACTURE OF RIGHT FEMUR, SEQUELA
S72131G	DISPLACED APOPHYSEAL FRACTURE OF RIGHT FEMUR, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH DELAYED HEALING
S72131P	DISPLACED APOPHYSEAL FRACTURE OF RIGHT FEMUR, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH MALUNION
S72131K	DISPLACED APOPHYSEAL FRACTURE OF RIGHT FEMUR, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH NONUNION
S72131D	DISPLACED APOPHYSEAL FRACTURE OF RIGHT FEMUR, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH ROUTINE HEALING
S72131H	DISPLACED APOPHYSEAL FRACTURE OF RIGHT FEMUR, SUBSEQUENT ENCOUNTER FOR OPEN FRACTURE TYPE I OR II WITH DELAYED HEALING
S72131O	DISPLACED APOPHYSEAL FRACTURE OF RIGHT FEMUR, SUBSEQUENT ENCOUNTER FOR OPEN

New Search

E-Code:			E-Code Present on Admission (POA) Indicator:		 
E-Code:			E-Code Present on Admission (POA) Indicator:		 

 [Add E-Codes](#)

Condition Codes:

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Diagnosis Related Group (DRG)
Code:

Follow the link(s) to include additional claim data as needed: Add Diagnosis Codes; Add E-Codes; Add Other Procedure Codes; Add Occurrence Codes and Dates; Add Occurrence Span Codes and Dates; and Add Value Codes and Amounts. You can remove an added field by selecting the minus [−] symbol and selecting **Yes** when the secondary screen appears.

Do you want to continue? All information you have entered in this section will be lost if you select Yes.

Yes

No

Define the Total Number of Lines in the Claim Amounts field. In the Claim Lines section of Claim Line Information entry, add the Revenue Code.

Select a Procedure Code Type from the drop-down menu for the revenue code entered: Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes; Health Insurance Prospective Payment System (HIPPS) Skilled Nursing Facility Rate Code; or International Classification of Diseases Clinical Modification (ICD-9-CM) Principal Procedure Codes.

The Procedure Code is required, although it is not marked with an asterisk. You can also search for the specific diagnosis code by selecting the magnifying glass icon.

The dates of service are automatically filled from previous data entered at the Plan Information screen during the institutional claim entry process.

Enter the Line Charge Amount, the Unit Type [days; unit] and the amount of Unit(s).

If appropriate, expand to see Drug Identification fields by selecting the show/hide link. When you enter prescription drug information, be sure to accurately capture the National Drug Code (NDC) number, as it is a requirement of BlueCross and BlueChoice plans. Select **Continue**.

The screenshot shows the 'Institutional Claim Entry' form, specifically the 'Claim Line Information' section. The form is divided into several tabs: Plan Information, Provider Information, Patient Information, Claim Information, Claim Codes, Claim Line Information (selected), Review, and Confirmation. The 'Claim Line Information' tab is active, showing 'Claim Amounts' and 'Claim Lines' sections. The 'Claim Amounts' section includes a note about automatic calculation of total claim charges and a field for 'Total Number of Lines' set to 1. The 'Claim Lines' section contains a note about HCPCS requirements and a form for 'Line 1'. This form includes fields for Revenue Code, Procedure Code Type, Procedure Code, Modifiers, Procedure Description, From Date of Service (02/13/2017), To Date of Service (02/20/2017), Line Charge Amount, Non-Covered Charges, Unit Type, and Unit(s). A 'Drug Identification' link is also present. At the bottom, there are 'Continue', 'Back', 'Add a New Claim Line', and 'Cancel this claim' buttons.

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Institutional Claim Entry Printer-Friendly

Plan Information Provider Information Patient Information Claim Information Claim Codes Claim Line Information Review Confirmation

Dates of Service: 02/13/2017 - 02/20/2017

Insurance: Plan Name: BlueCross BlueShield Plans Member ID: zcz065922516805

Patient: Patient's Name: michael testing Relationship to Member: SELF Gender: MALE Date of Birth: 10/01/1958

Claim Line Information

Claim Amounts

Please note: We will calculate the Total Claim Charges automatically based on the amounts you enter on the claim lines.

Total Claim Charges: \$ 0.00 Total Number of Lines: 1

Claim Lines

Please note: We require the HCPCS Procedure Code and Date of Service on all outpatient claim lines when an appropriate HCPCS Level 1 (AMA CPT Code) exists for the services the patient received.

Line 1

Revenue Code:

Procedure Code Type:

Procedure Code:

Modifiers:

Procedure Description:

From Date of Service: 02/13/2017 To Date of Service: 02/20/2017 Line Charge Amount: \$ Non-Covered Charges: \$

Unit Type: --Please Choose One-- Unit(s):

Drug Identification: [4] show/hide

Add a New Claim Line

Continue or Back X Cancel this claim

From Claim Review screen, examine your entries for the institutional claim. **Submit** the institutional claim or return to any previous screen using the **Back** link or selecting a title from the progress bar. There is an option to **Cancel this claim** found at the bottom of each screen of the claim entry process.

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Institutional Claim Entry
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Dates of Service
02/13/2017 - 02/20/2017

Insurance
Plan Name:
BlueCross BlueShield Plans
Member ID:
zcz065922516805

Patient
Patient's Name:
michael testing
Relationship to Member:
SELF
Gender:
MALE
Date of Birth:
10/01/1958

Claim Review
This is a summary of the claim information you are about to submit. Please make any necessary changes and submit.

Provider Information

Submitter's Name:
YOUR NAME

Billing Location:
YOUR FACILITY NAME

Plan:
BlueCross BlueShield Plans

Patient Information

Member ID:
zcz065922516805

Date of Birth:
10/01/1958

Gender:
MALE

Patient's Name:
michael testing

Patient Account Number:
3590

Claim Information

Please note: This is a claim-level summary.

Click Add Additional Claim Information to add information that applies to the entire claim. If another payer is primary for this claim, click Claim Level Adjustments to add or edit adjustments at the claim level.

Total Charges:
\$ 1700.00

Dates of Service:
02/13/2017 - 02/20/2017

Add Additional Claim Information

Claim Line Information

Line	Revenue	From Date of Service	Charges	Additional Line Information
1	191	02/13/2017	\$ 1700.00	Add

If this information is accurate and you are ready to submit the claim for processing, click the Submit button.

Please Note: We must validate all claim information before you can submit it for processing. If we find any errors, we will return the claim to you for correction. Once we validate the claim information and you have corrected any errors, you cannot make changes to that information.

Submit
or
Back

Cancel this claim

From the Claim Review screen, you can add claim-level information that applies to all claim lines by selecting **Add Additional Claim Information**. Select general claim information and additional provider information. Complete subsequent required fields as appropriate. Select **Done**.

The screenshot shows the 'Institutional Claim Entry' form. On the left, there are fields for 'Dates of Service' (02/13/2017 - 02/20/2017), 'Insurance' (Plan Name: BlueCross BlueShield Plans, Member ID: zcz065922516805), and 'Patient' (Patient's Name: michael testing, Relationship to Member: SELF, Gender: MALE, Date of Birth: 10/01/1958). The main section is titled 'Additional Claim Information' and includes a note: 'Please note: This information will apply to all claim lines included on this claim.' Below this is a section for 'Additional Claim Information Selection' with a note: 'Please note: This information will apply to all claim lines on this claim.' The 'General Claim Information' section contains checkboxes for: Auto Accident State, Billing Note Information, Claim Attachment Information, Claim Note Information, Delay Reason Code, Demonstration Project ID, Early & Periodic Screening, Diagnosis, and Treatment Information, Group Information, Investigational Device Exemption Number, Medical Record Number, Patient Estimated Amount Due, Peer Review Organization Approval Number, and Prior Authorization or Referral Number. The 'Additional Provider Information' section contains checkboxes for: Operating Physician Information, Other Operating Physician Information, Referring Provider Information, Rendering Provider Information, and Service Facility Location Information. At the bottom, there are 'Done' and 'Cancel' buttons, and a link to 'Cancel this claim'.

From the Claim Review screen, you can also add information that only applies to a single claim line by selecting **Add** on the line to which the information applies. Select general line information and/or additional provider information. Complete subsequent required fields as appropriate. Select **Done**.

The screenshot shows the 'Institutional Claim Entry' form. On the left, there are fields for 'Dates of Service' (02/13/2017 - 02/20/2017), 'Insurance' (Plan Name: BlueCross BlueShield Plans, Member ID: zcz065922516805), and 'Patient' (Patient's Name: michael testing, Relationship to Member: SELF, Gender: MALE, Date of Birth: 10/01/1958). The main section is titled 'Additional Claim Line Information' and includes a note: 'Please note: This information will apply only to the claim line you selected.' Below this is a section for 'Additional Line Information Selection' with a note: 'To add information that applies to the entire claim, return to the Claim Review page and click the Add Additional Claim Information link.' The 'Selected Line' section contains a table with the following data:

Line	Revenue Code	From Date of Service	Charges
1	123	02/13/2017	\$ 1700.00

The 'Additional Line Information Selection' section contains a note: 'Please choose the information that you want to add to this claim line:'. The 'General Line Information' section contains checkboxes for: Facility Tax Amount, Line Attachment Information, Line Item Control Number, and Service Tax Amount. The 'Additional Provider Information' section contains checkboxes for: Operating Physician Information, Other Operating Physician Information, Referring Provider Information, and Rendering Provider Information. At the bottom, there are 'Done' and 'Cancel' buttons, and a link to 'Cancel this claim'.

A claim number displays on the Claim Confirmation screen. You can now **Create a New Claim** or **View Claim Status**.

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Welcome, YOUR NAME of YOUR PRACTICE/FACILITY [\(Log Out\)](#) [Go to Message Center](#)

Institutional Claim Entry [Printer-Friendly](#)

Plan Information

Provider Information

Patient Information

Claim Information

Claim Codes

Claim Line Information

Review

Confirmation

Dates of Service
02/13/2017 - 02/13/2017

Insurance
Plan Name:
BlueCross BlueShield Plans
Member ID:
zcz065922516805

Patient
Patient's Name:
MICHAEL TESTING
Relationship to Member:
SELF
Gender:
MALE
Date of Birth:
10/01/1958

Claim Confirmation

Please note: We have received and are processing your claim. Here is your claim number.

Confirmation

Claim Number:	Member ID:	Patient's Name:
71470003W	zcz065922516805	MICHAEL TESTING
Patient's Date of Birth:	Patient's Gender:	
10/01/1958	Male	

[Create New Claim](#) [View Claim Status](#)

Dental Claim Entry

From the Patient Care menu select Dental Claim Entry. The Plan Information screen gives information about the submitter (i.e. the user account information). Select a plan, indicate if the plan is the primary payer and input the date of service. Select **Continue**.

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Dental Claim Entry

[Printer-Friendly](#)

[Plan Information](#) [Provider Information](#) [Patient Information](#) [Claim Information](#) [Claim Line Information](#) [Review](#) [Confirmation](#)

Please note: This feature is not available from 11:30 p.m. to 4 a.m. Eastern Time for maintenance purposes.

Who Can File Online?
Health care professionals located in South Carolina or in counties contiguous to the state may submit claims online. All other professionals, excluding dentists, must submit claims to the Blue Plan in their local service areas.

ICD-10 Note to Dental Providers!
Dental providers will not be affected by ICD-10 changes unless they file a claim (CMS-1500 or electronically) for dental/oral surgical procedures under a patient's medical plan. An example of a dental/oral surgical procedure that may be covered under medical is the extraction of an impacted teeth.

Plan Information

Submitter Information

If this information is not correct, please [modify your profile](#). Any information you entered will be lost if you navigate away from this page.

Name:	ID:	Email Address:
YOUR NAME	111222345	YOUR.NAME@EMAIL.COM
Phone:	Extension:	Fax:
(123) 456-7890	Not Available	Not Available

Plan Information

Please note: You are entering a Dental Claim. [Switch to create a Pre-Treatment Entry.](#)

* Plan:	* Is the selected plan the primary payer?
--Please Choose One--	Yes
* Date of Service:	
mm/dd/yyyy	

[Continue](#) [X Cancel this claim](#)

From the Provider Information screen select **Choose a Billing Provider** and/or **Choose a Rendering Provider** to have this information auto-populate. **Choose a rendering provider** if it differs from the billing provider.

A Specialty/Taxonomy Code is required when you enter the rendering provider information. Use the National Plan & Provider Enumeration System's (NPPES) website to locate your rendering provider's specialty/taxonomy code if you are unfamiliar with this number. NPPES is a separate program run by the Centers for Medicare & Medicaid Services that handles these unique identifiers. You can also find the specialty/taxonomy code in My Insurance Manager by searching for a partial code or description.

Select **Continue**.

The screenshot displays the 'Dental Claim Entry' form. At the top, a navigation bar includes links for Home, Patient Care, Office Management, Resources, Modify Profile, Profile Administration, and Staff Directory. Below this, a welcome message and a 'Log Out' link are visible. The main title 'Dental Claim Entry' is followed by a 'Printer-Friendly' link. A progress bar shows the current step as 'Provider Information'. On the left, there are input fields for 'Date of Service' (02/08/2017) and 'Insurance' (Plan Name: BlueCross BlueShield Plans). The 'Provider Information' section includes a 'Billing Location Information' sub-section with a note about selecting a billing provider. It contains fields for 'Provider ID Type' (Primary ID (NPI)), 'Provider ID' (7775553333), 'Provider's Name' (YOUR DENTAL PRACTICE), 'Address Line 1' (456 MAIN ST), 'Address Line 2', 'City' (FORT MILL), 'State' (South Carolina), 'ZIP Code' (29715), 'Provider Accepts Assignment' (Assigned), and 'Provider Signature on File' (Yes). Below this is the 'Rendering Provider Information' section with a note about identifying a rendering provider. It includes a 'Choose a Rendering Provider' link, 'Provider ID Type' (Please Choose One), 'Provider ID', 'Provider's Name', and 'Specialty/Taxonomy Code' with a 'Search' button. At the bottom, there are 'Continue' and 'Back' buttons, and a 'Cancel this claim' link.

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Welcome, YOUR NAME of YOUR DENTAL PRACTICE (Log Out) Go to Message Center

Dental Claim Entry

Printer-Friendly

Plan Information **Provider Information** Patient Information Claim Information Claim Line Information Review Confirmation

Date of Service
02/08/2017

Insurance
Plan Name:
BlueCross BlueShield Plans

Provider Information

Billing Location Information

Click Choose a Billing Provider to select from a list of locations affiliated with your Tax ID. The billing location address must be the physical address (not P.O. Box) and must contain a 9-digit ZIP code.

[Choose a Billing Provider](#)

Provider ID Type:
Primary ID (NPI)

Provider ID:
7775553333

Provider's Name:
YOUR DENTAL PRACTICE

* Address Line 1: Address Line 2:
456 MAIN ST

* City: * State: * ZIP Code:
FORT MILL South Carolina 29715

* Provider Accepts Assignment: * Provider Signature on File:
Assigned Yes

Rendering Provider Information

Please Note: You must identify a Rendering Provider on all claims when the services were not rendered by the Billing Provider.

[Choose a Rendering Provider](#)

Provider ID Type:
--Please Choose One--

Provider ID:

Provider's Name:

Specialty/Taxonomy Code:
Search

Continue or Back X Cancel this claim

On the Patient Information screen, add the required patient data elements as a one-time entry or select **Choose a Patient** to use the Patient Directory.

At the Patient Account Number field, input the patient's unique number your practice or practice management software has assigned. You can create a patient account number if one does not exist.

Select **Continue**.

The screenshot shows the 'Dental Claim Entry' form with the 'Patient Information' tab selected. The form includes sections for Patient Details, Member Details, and Patient Consent. The Patient Details section contains fields for Member ID, Relationship to Member, Patient Account Number, Last Name, First Name, M.I., Suffix, Date of Birth, Gender, Country, Address Line 1, Address Line 2, City, State, and ZIP Code. The Member Details section contains fields for Last Name, First Name, M.I., and Suffix. The Patient Consent section contains fields for Benefits Assigned to Provider and Release of Information. The form also includes a 'Continue' button and a 'Cancel this claim' link.

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Welcome, YOUR NAME of YOUR DENTAL PRACTICE (Log Out) Go to Message Center

Dental Claim Entry Printer-Friendly

Plan Information Provider Information Patient Information Claim Information Claim Line Information Review Confirmation

Date of Service: 02/08/2017

Insurance: Plan Name: BlueCross BlueShield Plans

Patient Information

Please note: Changes made to this information will not be updated in your Patient Directory.

Enter the Member ID as shown on the member's ID card.

Choose a Patient or enter the information here.

* Member ID: zcz065922516805
include alpha prefix, if applicable

* Relationship to Member: SPOUSE

* Patient Account Number: 9513

* Last Name: Testing

* First Name: Martha

* M.I.:

* Suffix:

* Date of Birth: 09/01/1960
mm/dd/yyyy

* Gender: FEMALE

* Country: United States

* Address Line 1: PO Box 24015

* Address Line 2:

* City: Columbia

* State: South Carolina

* ZIP Code: 29224 - 4015

Member Details

If the patient's Relationship to Member is not Self, please enter the member name here.

* Last Name: Testing

* First Name: Michael

* M.I.:

* Suffix:

Patient Consent

* Benefits Assigned to Provider: Yes

* Release of Information: Yes, provider has a signed statement permitting release of medical billing data related to a claim

Continue or Back X Cancel this claim

When prompted, you have the option to add the patient to your Patient Directory.

The screenshot shows a dialog box with the text: 'The patient you entered is not in Your Patient Directory. Would you like to add the patient using the information you entered into the patient information form?'. There are two buttons: 'Yes' and 'No'.

The patient you entered is not in Your Patient Directory. Would you like to add the patient using the information you entered into the patient information form?

Yes No

The next dental claim entry screen is Claim Information. Bypass the option to choose or create/update a superbill. Choose the claim type (original claim; replacement of prior claim; void/cancel of prior claim) and the place of service.

The screenshot shows the 'Dental Claim Entry' interface with the 'Claim Information' tab selected. The top navigation bar includes links for Home, Patient Care, Office Management, Resources, Modify Profile, Profile Administration, and Staff Directory. A welcome message and a 'Log Out' link are present. A progress bar at the top indicates the current step is 'Claim Information'. The left sidebar contains fields for Date of Service (02/08/2017), Insurance (BlueCross BlueShield Plans), Member ID (zcr065922516805), Member's Name (Michael Testing), Patient's Name (Martha Testing), Relationship to Member (SPOUSE), Gender (FEMALE), and Date of Birth (09/01/1960). The main content area is divided into three sections: 'Superbill Information' with a dropdown for 'Choose a Superbill Template' (set to 'None') and a link to 'Create a New or Edit an Existing Template'; 'Service Information' with dropdowns for 'Claim Type' (set to '1 - Original Claim') and 'Place Of Service' (set to 'Office - 11'); and 'Claim Entry Options' with checkboxes for 'Accident Information', 'Claim Note Information', and 'Orthodontics Information'. At the bottom, there are 'Continue', 'Back', and 'Cancel this claim' buttons.

If appropriate, add Claim Entry Options by checking the box that corresponds with the claim information to be included.

Select **Continue**.

This screenshot provides a detailed view of the 'Claim Entry Options' section. It includes a header with a help icon and the instruction 'Please choose the information that you want to add to this claim.' Below this, there are three checked checkboxes: 'Accident Information', 'Claim Note Information', and 'Orthodontics Information'. The 'Accident Information' section contains a help icon and a note about filing accidents, followed by a 'Related Cause 1' dropdown menu. The 'Claim Note Information' section features a 'Claim Notes' text area with a character count of '71 characters remaining' and an 'Add Claim Note' button. The 'Orthodontics Information' section includes a note about treatment and remaining months, and three input fields: 'Treatment Months', 'Remaining Months', and 'Orthodontics Placement Date' (with a date picker icon).

Claim Line Information is the fifth screen in the claim entry process. Enter the total number of lines (up to 50 lines) in the Claim Amounts section. There is also a second chance to include additional claim lines by selecting **Add a New Claim Line** at the bottom of the screen. Claim amounts will automatically calculate based on the amounts you enter on the claim lines.

In the Claim Lines section, enter the procedure code and charges in those required fields. You must enter a unit, although it is not marked with an asterisk.

Select the tooth number or oral cavity from the drop-down menu. Selecting a tooth number or oral cavity is not necessary when performing routine, preventive services.

For prosthesis, crown or inlay placement, select whether it is an initial placement or replacement. Complete any other additional claim information as appropriate.

Select **Continue**.

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Welcome, YOUR NAME of YOUR DENTAL PRACTICE (Log Out) Go to Message Center

Dental Claim Entry

Printer-Friendly

From Claim Review screen, examine your entries for the dental claim. **Submit** the dental claim or return to any previous screen using the **Back** link or selecting a screen title on the progress bar. There is an option to **Cancel the dental claim** found at the bottom of each screen of the claim entry process.

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Welcome, YOUR NAME of YOUR DENTAL PRACTICE (Log Out) [Go to Message Center](#)

Dental Claim Entry [Printer-Friendly](#)

Plan Information Provider Information Patient Information Claim Information Claim Line Information **Review** Confirmation

Claim Review

✔ This is a summary of the claim information you are about to submit. Please make any necessary changes and submit.

Provider Information

Submitter's Name: YOUR DENTAL PRACTICE Billing Location: 7775553333 Plan: BlueCross BlueShield Plans

Patient Information

Member ID: zcz065922516805 Date of Birth: 09/01/1960 Gender: FEMALE

Patient's Name: martha testing Patient Account Number: 9513

Claim Information

✔ This is a claim-level summary. Click Add Additional Claim Information to add information that applies to the entire claim. If another payer is primary on this claim and you wish to add or edit adjustments at the claim level, click Claim Level Adjustments. To add or edit adjustments at the line level, see the Claim Line Information section.

Total Charges: \$ 265.00 Dates of Service: 02/08/2017

[Add Additional Claim Information](#)

Claim Line Information

Line	Procedure	Date of Service	Charges	Additional Line Information
1	D7240	02/08/2017	\$ 265.00	Add

✔ If this information is accurate and you are ready to submit the claim for processing, click the Submit button.

ⓘ Please Note: We must validate all claim information before you can submit it for processing. If we find any errors, we will return the claim to you for correction. Once we validate the claim information and you have corrected any errors, you cannot make changes to that information.

[Submit](#) or [Back](#) [Cancel this claim](#)

A claim number displays on the Claim Confirmation screen. You can now **Create a New Claim**, **Create a Pre-treatment Estimate** or **View Claim Status**.

Home Patient Care Office Management Resources Modify Profile Profile Administration Staff Directory

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Plan Information Provider Information Patient Information Claim Information Claim Line Information Review **Confirmation**

Claim Confirmation

ⓘ Please note: We have received and are processing your claim. Here is your claim number.

Confirmation

Claim Number: T7C39005W Member ID: zcz065922516805 Patient's Name: martha testing

Patient's Date of Birth: 09/01/1960 Patient's Gender: Female

[Create New Claim](#) [Create New Pre-Treatment Estimate](#) [View Claim Status](#)

Dental Claim under Medical Entry

For dental claims that need to be filed under the member's medical benefit, follow the **Professional Claim Entry** steps.

Trouble-Shooting Tips – Patient Care Functions

- 45Z Line is out of balance
- 46V Other Payer's Address is missing
- 46W Other Payer's City is missing
- 46X Other Payer Zip Code missing
- E07 Invalid admission dateB04
- B20 Revenue Code Invalid I12
- H98 Room Days and/or charges required on inpatient
- Certain services yield the best results for benefits according to the type of eligibility view selected. For chiropractic, physical therapy, occupational therapy and preventive services, you should view Eligibility and Benefits by Service Type. Eligibility and Benefits by Procedure Code is the best method to request details for colonoscopy, bone density studies and office visits.
- My Insurance Manager defaults the place of service to 11-Office. Make sure to change this option as it applies to your practice.
- Ambulatory Surgery Centers (ASCs) should request benefit details by service type. Enter the service type code as 13-ASC Facility; do not use service type code 50-Hospital-Outpatient.
- Always enter a diagnosis code when completing an eligibility and benefits request to get the most accurate response details.



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