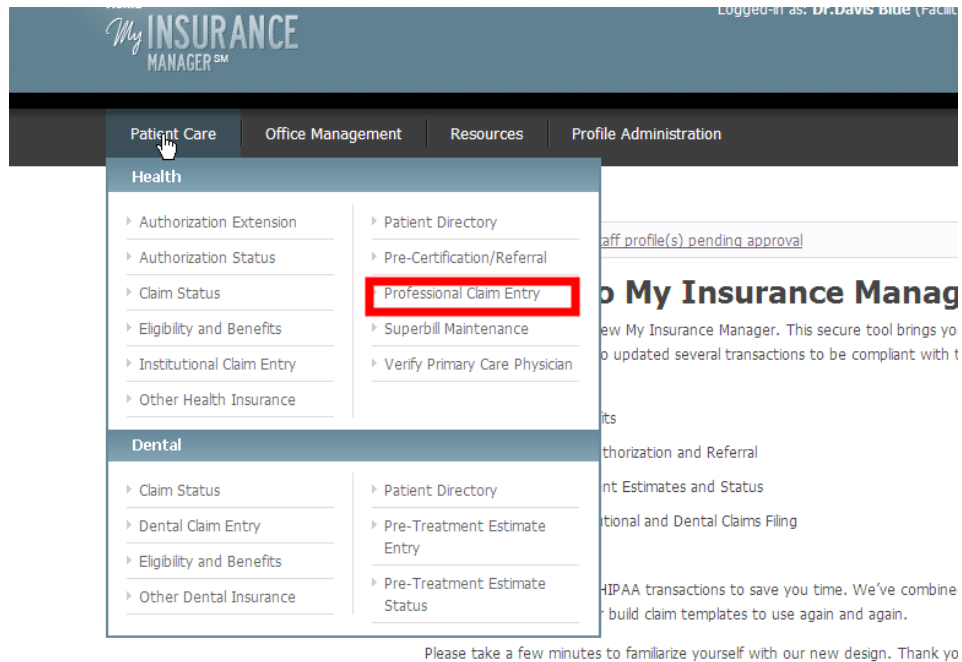


My **INSURANCE**
MANAGERSM

PROFESSIONAL CLAIMS ENTRY — CMS-1500
USER GUIDE



To file a professional CMS-1500 claim, from the Patient Care menu choose Professional Claim Entry.

PROFESSIONAL CLAIM ENTRY – PLAN INFORMATION

Professional Claim Entry

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. All other professionals must submit claims to the BlueCross plan in their local service area.

* Indicates required field.

Plan Information

Submitter Information

If the following information is not correct, please click the link below.

[Modify your profile](#)

Name:	ID:	Email Address:
Dr. Blue	570874077	rao.peddi@bcssc.com
Phone:	Extension:	Fax:
(803) 264-9999	1234	(803) 123-7892

Plan Information

* Plan:	* Is the selected plan the primary payer?
<div style="border: 1px solid black; padding: 2px;"> --Please Choose One-- BlueCross BlueShield Plans BlueChoice HealthPlan Employee Benefit Services dba Key Benefit Admin FEP Planned Administrators State Health Plan Thomas Cooper </div>	Yes

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

Plan Information

* Plan:	* Is the selected plan the primary payer?
BlueCross BlueShield Plans	Yes
* From Date of Service:	To Date of Service:
09/04/2011	09/04/2011
mm/dd/yyyy	mm/dd/yyyy

The Plan Information page will list your profile information first. You will need to select a Plan and indicate if the plan is the primary payer. You will also need to enter the applicable dates of service.

Note: Professional claims entry features a progress bar near the top of the screen. You can go back to previous pages by clicking on the page you want.

PROFESSIONAL CLAIM ENTRY – PROVIDER INFORMATION

Provider Information

Billing Location Information

i 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:

Provider ID:

Provider Name:

* Address Line 1:

Address Line 2:

* City:

* State:

* ZIP Code + 4:

 -

* Provider Accepts Assignment:

* Provider Signature on File:

Select Choose a Billing Provider to pick the location where the services are rendered. Once you choose a location, My Insurance Manager will automatically display the Provider ID Type, Provider ID, Provider Name and Address information. Please make sure the Provider Accepts Assignment and Provider Signature on File fields have the correct selections for your patient/situation.

Provider Locations Claims Entry Billing Provider

i These locations are valid for the date(s): 09/04/2011

i Select a location from this list.

Select	Provider ID ▲	Provider Name	Address	Specialty
<input type="radio"/>	123456789	Test Hospital	123 Hospital Lane, Columbia SC 29223-5555	SHORT TERM GENERAL HOSPITAL
<input type="radio"/>	234567891	Test Ambulatory Surgical Center	123 Surgery Place, Columbia, SC 29201-5555	AMBULATORY SURGICAL CENTER
<input type="radio"/>	345678912	Test Urgent Care Center	123 Urgent Road, Columbia, SC 29203-5555	URGENT CARE
<input type="radio"/>	456789123	Test Clinic	123 Clinic Ave, Columbia, SC 29223-5555	MULTI-SPECIALTY CLINIC
<input type="radio"/>	567891234	Test Internal Medicine	123 Medical Circle, West Columbia, SC 29160-5555	INTERNAL MEDICINE

Continue

PROFESSIONAL CLAIM ENTRY – PROVIDER INFORMATION

Rendering Provider Information

Please Note: A Rendering Provider must be identified on all claims when the services were not rendered by the Billing Provider.

[Choose a Rendering Provider](#)

Provider ID Type:

Provider ID:

Provider 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:

Provider ID:

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

Once you've selected a billing location, you can select a rendering provider and/or a referring provider.

The Choose a Rendering Provider link will display a list of providers associated with the billing location you choose. Once you select a rendering provider, the provider's information will automatically display in the Provider ID and Provider's Name fields.

Since a referring provider will not necessarily be affiliated with your location, you must manually enter the provider's Provider ID number (NPI) .

PROFESSIONAL CLAIM ENTRY – PATIENT INFORMATION

There are two options for entering your patient's information. You can select the Choose a Patient link if the patient is already loaded in your Patient Directory or you can manually enter the patient's information.

This screen will display if you select Choose a Patient. For detailed instructions on using the Patient Directory please refer to the Patient Directory User Guide.

PROFESSIONAL CLAIM ENTRY – PATIENT INFORMATION


Patient Consent

▪ Benefits Assigned to Provider:

▪ Release of Information:

Patient Signature Source:

Other Patient Information

Date of Death: 
mm/dd/yyyy

Weight:
(In pounds)

Patient is pregnant

On the Patient Information page there is a section for Patient Consent. Select the appropriate answer for Benefits Assigned to Provider and Release of Information before clicking Continue.

If applicable, you can also enter the Date of Death and Weight, and indicate if the patient is pregnant.

PROFESSIONAL CLAIM ENTRY – CLAIM INFORMATION

On the claim information page you can create or access an existing Superbill. To select an existing Superbill choose the location and Superbill name from the menu. The pre-populated information will display.

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

CREATING A NEW SUPERBILL

Superbill Information

Choose a Superbill Template:

None

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

To create a new or edit an existing template, please choose Continue.

Please note: If you made any changes to a previously selected template, you will need to re-enter them.

or

Select the Create a New or Edit an Existing Template link to create a new Superbill. On the next screen, click Continue to start creating a Superbill.

Customize Your Superbill

Location Selection

Please choose a Health Plan to display its locations:

-- Please Choose One --

-- Please Choose One --

- BlueCross BlueShield Plans
- BlueChoice HealthPlan
- Employee Benefit Services dba Key Benefit Admin.
- FEP
- Planned Administrators
- State Health Plan
- Thomas Cooper

Select a Health Plan. You'll see a list of locations.

CREATING A NEW SUPERBILL

Billing Location

Please choose a location.

Please note: To sort by Primary ID, Provider Name, Address, City or Specialty, please click the column title.

Primary ID ▲	Provider Name	Address	City	Specialty
<input type="radio"/> 123456789	Your Best Provider	123 Best Street	Columbia	INTERNAL MEDICINE
<input type="radio"/> 1235879	I am Provider	321 True Street	Columbia	INDEPENDENT LABORATORY
<input type="radio"/> 9854236445	You Are the Best Provider	3210 Place Street	Columbia	OBSTETRICS & GYNECOLOGY

Choose the location you want.

Customize Your Superbill All fields are required.

Location Selection

Please choose a Health Plan to display its locations:

Billing Location

Primary ID ▲	Provider Name	Address	City	Specialty
<input checked="" type="radio"/> 123456789	Your Best Provider	N HOSPITAL DR	Columbia	GENERAL SURGERY

[Show All Billing Locations](#)

Superbill Selection

You may either Create a New Superbill or select a Superbill to Preview, Edit, Copy or Delete.

TEST TEST
 CX1430 - NEW ANOTHER TEST

All the Superbills that have been created for that location will display. If you choose one of these Superbills, you will see the options to preview, edit, copy or delete. To create a new Superbill, click Create a New Superbill.

CREATING A NEW SUPERBILL

Customize Your Superbill

Create a New Superbill

Design Information

Location: 4444444440 - JOHN M JONES MD

Superbill Name: (Family Medicine, Pediatric, Sports Medicine, OB/GYN, etc.)

Number of Columns: One Column Two Columns Three Columns Four Columns

Content Information

You can control what content information is displayed below by changing the following date:

Display Begin Date: (mm/dd/yyyy)

Column 1 [Add Category](#) Column 2 [Add Category](#)

Name your Superbill, select the number of columns for it, and select the date you would like for it to begin displaying. Next, select a category for your columns.

Customize Your Superbill

Create a New Superbill

Design Information

Location: 4444444440 - JOHN M JONES MD

Superbill Name: (Family Medicine, Pediatric, Sports Medicine, OB/GYN, etc.)

Number of Columns: One Column Two Columns Three Columns Four Columns

Content Information

You can control what content information is displayed below by changing the following date:

Display Begin Date:

Column 1 [Add Category](#)

PROCEDURE [Add New Procedure](#)

Add Category All fields are required.

The information you enter will appear on the **Electronic Claims Webinar** Superbill.

Category Name:

Category Contents: Procedure Codes Diagnosis Codes

Display In:

Once you've clicked Add Category, you'll see a screen where you will name the category and choose what type of information it will contain.

CREATING A NEW SUPERBILL

Customize Your Superbill

Create a New Superbill

Design Information

Location: 444444440 - JOHN M JONES MD

Superbill Name: (Family Medicine, Pediatric, Sports Medicine, OB/GYN, etc.)

Number of Columns: One Column Two Columns Three Columns Four Columns

Content Information

You can control what content information is displayed below by changing the following date:

Display Begin Date: / / (mm/dd/yyyy)

Column 1 [Add Category](#) Column 2 [Add Category](#)

PROCEDURE [Add New Procedure](#) DIAGNOSIS [Add New Diagnosis](#)

Next, you will enter the content for each category.

Customize Your Superbill

Create a New Superbill

Design Information

Location: 444444440 - JOHN M JONES MD

Superbill Name: (Family Medicine, Pediatric, Sports Medicine, OB/GYN, etc.)

Number of Columns: Professional Claim Entry My Insurance Manager -- Add / Edit Procedure - Micros...

Content Information

You can control what content information is displayed below by changing the following date:

Display Begin Date: / / (mm/dd/yyyy)

Column 1 [Add Category](#)

PROCEDURE [Add New Procedure](#)

Add Procedure Required fields feature an asterisk (*)

The information you enter will appear on the **Electronic Claims Webinar** Superbill when the Date of Service on the claim falls within the Display From/To Date range.

Please note: Either Unit(s) or Minute(s) is required

Procedure Code: *

Modifiers:

NDC:

Unit(s): *

Minutes(s): *

Charges: * \$

Add to Category: *

Description: *

Display From: * / / (mm/dd/yyyy)

Display To: * / / (mm/dd/yyyy)

In the Procedure Column, we've entered a Procedure Code. Be sure to complete all the required fields marked with an *. You should either enter the Minutes or the Units, but not both.

CREATING A NEW SUPERBILL

Customize Your Superbill

Create a New Superbill

Design Information

Location: 444444440 - JOHN M JONES MD

Superbill Name: Electronic Claims Webinar (Family Medicine, Pediatric, Sports Medicine, OB/GYN, etc.)

Number of Columns: One Column Two Columns Three Columns Four Columns

Content Information

You can control what content information is displayed.

Display Begin Date: 02 / 15

Column 1 [Add Category](#)

PROCEDURE [Add New Procedure](#)

Add Diagnosis All fields are required.

The information you enter will appear on the **Electronic Claims Webinar** Superbill when the Date of Service on the claim falls within the Display From/To Date range.

Diagnosis Code: 0341

Add to Category: DIAGNOSIS

Description: SCARLET FEVER

Display From: 02 / 17 / 2010 (mm/dd/yyyy)

Display To: 12 / 31 / 9999 (mm/dd/yyyy)

Save and Close Save and Add Another Clear Close

Save Superbill Back

In the Diagnosis Column, we've entered a Diagnosis Code. All fields are required on this screen.

Customize Your Superbill

Edit Existing Superbill

Design Information

Location: 444444440 - JOHN M JONES MD

Superbill Name: ELECTRONIC CLAIMS WEBINAR (Family Medicine, Pediatric, Sports Medicine, OB/GYN, etc.)

Number of Columns: One Column Two Columns Three Columns Four Columns

Content Information

You can control what content information is displayed below by changing the following date:

Display Begin Date: 02 / 15 / 2010 (mm/dd/yyyy) [Reload Categories](#) [Reset Date to Today](#)

Column 1 [Add Category](#)

PROCEDURE [Add New Procedure](#)

APPLICATION OF BODY CAST

Column 2 [Add Category](#)

DIAGNOSIS [Add New Diagnosis](#)

SCARLET FEVER

Edt Move Up Move Down Move Left Move Right Delete

Save Superbill Back

Click Save Superbill.

PROFESSIONAL CLAIM ENTRY – SERVICE INFORMATION

Dates of Service
01/03/2012 - 01/03/2012

Insurance
Plan Name:
BlueCross BlueShield Plans
Member ID:
XYZ999574317

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

Claim Information

Superbill Information
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
To add information that applies to this claim, click on the check boxes below.
Please choose the information that you want to add to this claim

Ambulance Information
 Accident Information
 Claim Note Information
 Hospitalization Date(s)

Medicare Information
 Prior Authorization or Referral Number
 Service Facility Information

Continue or Back X Cancel this claim

Enter the Place of Service for your existing claim and the Claim Type. The Claim Entry Options at the bottom of the page are optional, in case you want to give us additional information about the claim.

Claim Entry Options
To add information that applies to this claim, click on the check boxes below.
Please choose the information that you want to add to this claim

Ambulance Information
 Accident Information
 Claim Note Information
 Hospitalization Date(s)

Medicare Information
 Prior Authorization or Referral Number
 Service Facility Information

Claim Note Information
Claim Note Type: --Please Choose One--
Claim Note:
(71 characters remaining)

Prior Authorization or Referral Number
Prior Authorization Number: Referral Number:

Continue or Back X Cancel this claim

When you click an option, additional fields will appear. You must complete all required fields for the options you select.

PROFESSIONAL CLAIM ENTRY – CLAIM LINE INFORMATION

[Professional Claim Entry](#)

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

Date of Service
01/03/2012 - 01/03/2012

Insurance
Plan Name: BlueCross BlueShield Plans
Member ID: 20299574317

Patient
Patient's Name: MICHAEL P. TESTING
Relationship to Member: SELF

Renderer
NAME
Date of Birth: 10/01/1958

Claim Line Information

* Indicates required field.

Claim Amounts

The Total Claim Charges will be calculated automatically based on the amounts entered on the claim lines.

Total Claim Charges:	\$ 150.00	Patient Paid:	\$	* Total Number of Lines:	1
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Diagnosis Codes

At least one diagnosis code is required.

* Diagnosis Codes
7802

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 above.
Please note: You must identify a Referring Provider on all claim lines when these services are related to a referral.

* Procedure	* Modifier	* Charges	* Unit Type	* Unit(s)
99213		\$ 150	LINE	1

* From Date of Service: 01/03/2012 * To Date of Service: 01/03/2012 * Primary and Secondary Diagnosis Codes: 7801

Place of Service: Office Procedure Description:

Drug Identification: [Available]

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

Rendering Provider Information: [Available]
 Referring Provider Information: [Available]

[Add a New Claim Line](#)

Continue
or Back
X Cancel the claim

Enter the information from the line of your claim. The number of lines automatically defaults to one. You can change it. You will see claim line sections for each line of your claim. Complete the required fields. If you selected a rendering or referring physician on the Provider Information screen, it won't show here. If you didn't select a rendering or referring physician on the Provider Information screen, you can select one here. When you are done, click Continue.

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PROFESSIONAL CLAIM ENTRY – CLAIM REVIEW

Professional Claim Entry

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

Date of Service
01/03/2012 - 01/03/2012

Insurance
Plan Name:
BlueCross BlueShield Plans
Member ID:
XYZ999574317

Patient
Patient's Name:
MICHAEL P 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

Subscriber Name: Billing Location: Plan:

Patient Information

Member ID: Date of Birth: Gender:

Patient's Name: Patient Account Number:

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: Date of Service:

[Add Additional Claim Information](#)

Claim Line Information

Line	Procedure	From Date of Service	Charges	Additional Line Information
1	99213	01/03/2012	\$ 150	Add

ⓘ If all the above 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.

or [Cancel this claim](#)

Confirm the claim information you entered. You can also enter additional claim information. After reviewing your claim, click Submit.

PROFESSIONAL CLAIM ENTRY – CLAIM CONFIRMATION

Professional Claim Entry

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

Dates of Service
01/03/2012 - 01/03/2012

Insurance
Plan Name:
BlueCross BlueShield Plans

Member ID:
XYZ999574317

Patient
Patient's Name:
MICHAEL P TESTING

Relationship to Member:
SELF

Gender:
MALE

Date of Birth:
10/01/1958

Claim Confirmation

We have received and are processing your claim. Your claim number is below.

For details on the status of this claim, click [View Claim Status](#).

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: 20110043W	Member ID: XYZ999574317	Patient's Name: MICHAEL P TESTING
Patient's Date of Birth: 10/01/1958	Patient's Gender: Male	

Create New Claim
View Claim Status

You will receive the claim number. If your claim processed immediately, you may be able to view the patient receipt. Finally, from here you can create a new claim or view claim status on the claim you just submitted.

Claims Status - Detail

Insurance
Plan Name:
BlueCross BlueShield Plans

Member ID:
XYZ212600304843

Claim Number: 20110043W	Primary Status: PENDING/IN REVIEW
----------------------------	--------------------------------------

Please note: Check your remittance voucher for any non-covered or non-allowed charges which may be the member's responsibility.

Detail		
Status Effective Date: 01/11/2012	Date(s) of Service: 01/03/2012 - 01/03/2012	Processed Date: PENDING
Primary ID: 570874077010	Organization or Provider's Name: INTERNAL MEDICINE AS	
Total Charges: \$150.00	Amount Paid: \$0.00	

Status Explanation
20 - ACCEPTED FOR PROCESSING

Previous Claim
Next Claim
Ask Provider Services
or
Back

Some claims process immediately. Others process overnight through batch processing. If the claim processes immediately, you will be able to see how much we paid on the claim. If you have a question about your claim, click Ask Provider Services and submit your inquiry. You will receive a response through your My Insurance Manager Mailbox.

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

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