



Including the Rendering Provider on Web Claims

Before NPI implementation, we were able to determine a provider's specialty based on the billing number. This is because BlueCross BlueShield of South Carolina assigned ID numbers based on location *and* also on specialty. With the implementation of NPI, we can no longer require providers to file with a specific BlueCross ID number to help us identify the provider's specialty. As a result, we must rely on the rendering provider information to identify the specialty. The specialty of the rendering provider affects both reimbursement and benefit payments. **It is critical that your claim submissions include the rendering provider NPI.** Here are examples:

My Insurance Manager
Healthcare Professionals
Health Dental

Class Status | Eligibility and Benefits | Professional Claim Entry | US-92 Claims Entry | Authorization Pre-Certification/Referral

Verify Primary Care Physician | Other Health Insurance | Remittance Information | Modify Profile | Your Mailbox | Your Patient Directory

You are signed in as Dr. Blue, Blue Family Pract

HCFA-1500 Claims Entry

Required fields feature an asterisk (*)

General Claim Information

Insurance Information
Group Number: [] Group Name: []

Claim Information
Claim Type*: [Original Claim] Prior Claim Number: [] Medical Record Number: []
Related Cause 1: [] Related Cause 2: [] Related Cause 3: []
Accident State: [] Accident Country: [] Accident Related Date: []
Place of Service*: [OFFICE (B1)]

Prior Authorization or Referral Number Type: [] Prior Authorization or Referral Number: []

Diagnosis Codes:
*1: [R52] 2: [] 3: [] 4: [] 5: [] 6: [] 7: [] 8: []

Claim Note Type: []
Claim Note: []

Release of Information*
Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim

Patient Signature Source*
Signed HCFA-1500 Claim Form on file

Delay Reason Code: []

Special Program Code: []

Hospitalization Date(s)
Please note: We require an admission date on all ambulance claim encounters when a hospital admits a patient and on inpatient medical visit claim encounters. We require discharge data for inpatient claims when a facility discharges a patient and you know the discharge date.
Admission: [] (mm/dd/yyyy) Discharge: [] (mm/dd/yyyy)

Healthcare Professional Information
Primary Billing ID: 444444440 Secondary Billing ID: 123456789 Payment Assigned*: Yes Signature on File*: Yes
Accepts Assignment*: Assigned

The following information applies to all claim lines, unless you give other information with the claim line.
Please note: We require the rendering NPI, EIN or SSN when different from the billing healthcare professional information and the referring NPI, EIN or SSN number on claims involving a referral.
Rendering NPI, EIN or SSN: 555555550 Referring NPI, EIN or SSN: []

Continue Back Clear Form Start Over

Online HCFA-1500 Claim Form
The Rendering Provider field is at the bottom of the General Claim Information Screen.

Healthcare Professional Information
Primary Billing ID: 444444440 Secondary Billing ID: 123456789 Payment Assigned*: Yes Signature on File*: Yes
Accepts Assignment*: Assigned

The following information applies to all claim lines, unless you give other information with the claim line.
Please note: We require the rendering NPI, EIN or SSN when different from the billing healthcare professional information and the referring NPI, EIN or SSN number on claims involving a referral.

Rendering NPI, EIN or SSN: 555555550 Referring NPI, EIN or SSN: []

My Insurance Manager Healthcare Professionals **Health** **Dental**

Claims Status | Disability and Benefits | Professional Claim Entry | US/SC Claims Entry | Authorization/Pre-Certification/Prior Authorization | Verify Primary Care Physician | Other Health Insurance | Transferee Information | Month Profile | Your Malpractice | Your Patient Directory

You are signed in as Dr. Blue, Blue Family Practice
Required fields indicate an asterisk (*)

Superbill Claim Entry

Patient Information Source
 How would you like to enter the Patient Information?
 Search Your Patient Directory
 Enter the Patient Information

Patient Information
 Please enter at least one of these for your search.*

Member ID: [99924317] (include any prefixes and suffixes)
 Account Number: [123]
 Last Name: [TESTING]
 Patient: [MICHAEL TESTING] 1958-10-01 MALE SELF

General Claim Information
 Health Plan: [BlueCross BlueShield Plans]
 Place of Service Type: [OFFICE (11)]
 Date of Service: [06] / [04] / [2007] (mm/yyyy)
 Submitter ID: 123456789

Billing Location

Primary ID	Provider Name	Address	City	Specialty
444444440	BLUE FAMILY PRACTICE	123 ELM ST	SPARTANBURG	FAMILY PRACTICE

[Show All Billing Locations](#)

Rendering Provider

Primary ID	Provider Name	Specialty
555555550	JOHN M JONES MD	FAMILY PRACTICE

[Show All Rendering Providers](#)

Superbill Selection
 Please choose a Superbill to use for this claim.*

BLUE FAMILY PRACTICE
 FAMILY PRACTICE

Online Superbill Claim Form
 Choose a Rendering Provider from the list of providers associated with the billing location.

Billing Location *

Primary ID	Provider Name	Address	City	Specialty
444444440	BLUE FAMILY PRACTICE	123 ELM ST	SPARTANBURG	FAMILY PRACTICE

[Show All Billing Locations](#)

Rendering Provider

Primary ID	Provider Name	Specialty
555555550	JOHN M JONES MD	FAMILY PRACTICE

[Show All Rendering Providers](#)