



Availity’s Professional Claim submission feature offers providers a no-cost solution to quickly submit an electronic claim or encounter to Blue Cross and Blue Shield of Illinois (BCBSIL). Electronic claim submission can accelerate the claim and reimbursement process. This Availity option does not require the use of a separate clearinghouse or practice management system.

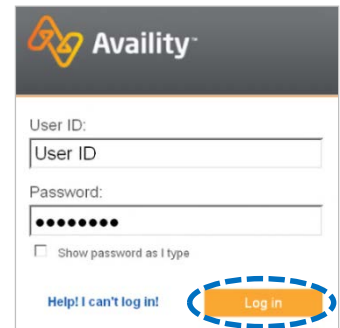
Note: This user guide provides instructions on completing and submitting the Professional Claim Submission form via the Availity portal. The guide is for educational purposes and should not be interpreted as advice on how to bill a claim.

Not Registered with Availity? Complete the guided online registration process today at [Availity](#), at no charge.

1) Getting Started

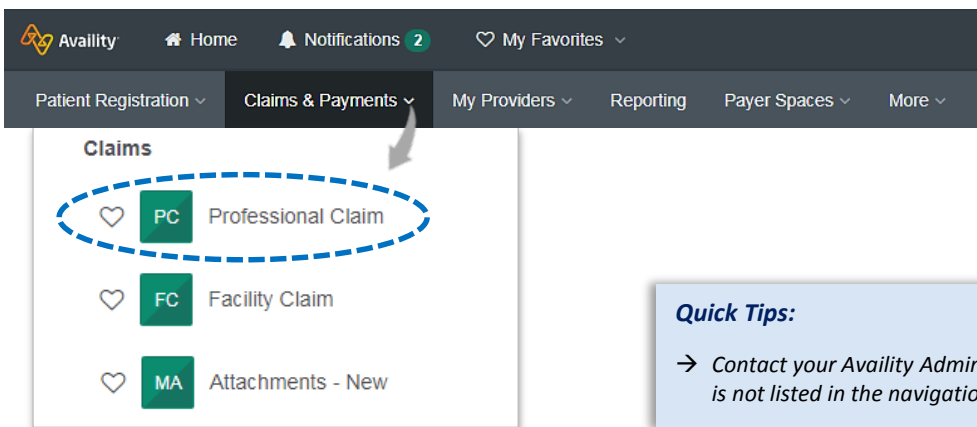
- ▶ Go to [Availity](#)
- ▶ Select **Availity Portal Login**
- ▶ Enter User ID and Password
- ▶ Select **Log in**

Note: Only registered Availity users can access Professional Claim option.



2) Accessing the Professional Claim Form

- ▶ Select **Claims & Payments** from the navigation menu
- ▶ Select **Professional Claim**



Quick Tips:
→ Contact your Availity Administrator if **Professional Claim** is not listed in the navigation menu.

3) Payer Selection

- ▶ Select your **Organization**
- ▶ Choose **Transaction** from the drop-down list
- ▶ Select **Payer** from the drop-down list
- ▶ Select **Continue**

Organization
 | ▾

Transaction
 | ▾

Payer
 | ▾

4) Patient Information

- ▶ Select Primary or Secondary from the **Responsibility Sequence**

Complete the following:

- ▶ **Last Name**
- ▶ **Date of Birth**
- ▶ **Gender**
- ▶ **Address**
- ▶ **City, State, Zip Code**
- ▶ **Relationship to Subscriber**

* Payer: ?

* Organization:

* Transaction Type: ? ▾

Responsibility Sequence: ? ▾

Patient Information

* Last Name:

First Name:

Middle Name or Initial:

* Date of Birth: / /
MM DD YYYY

Date of Death: / /
MM DD YYYY

* Gender: ▾

Country: ? ▾

* Address 1:

Address 2:

* City, State, ZIP Code: ▾ -

* Relationship to Subscriber: ? ▾

release signature from provider on behalf of patient

Patient Amount Paid: ?

Quick Tips:

- All fields with red asterisks * are required fields.
- If submitting a Secondary claim, make sure to include all primary claim information.

Quick Tips:

- If an [Availity Eligibility and Benefits Inquiry](#) is completed first, data will pre-populate into the Patient and Subscriber Information sections.
- While "First Name" is not a required field, entering this information will ensure accurate processing of your claim.

Note: If the patient's condition is related to employment, auto accident, or other accident check the appropriate box and fill in the requested information.

Patient's Condition Is Related To:
 (Select all options that apply to patient's condition)

current or previous employment

auto accident

other accident

5) Subscriber Information

- ▶ Enter the **Subscriber ID**, including the three-character prefix (i.e., ABC123456789)
- ▶ Select **Authorized Plan to Remit Payment to Provider**
- ▶ If the member has a secondary insurance plan select the field for **a secondary insurance plan** and enter requested information

* Subscriber ID: ?

Policy or Group Number: ?

* Authorized Plan to Remit Payment to Provider? ?

This claim also includes...

a secondary insurance plan

Quick Tip:

→ Some out-of-state plans may have longer ID numbers; for these patients make sure you enter the three-character prefix and ID number as listed on the member's card. Include any alpha characters embedded within the ID.

6) Billing Provider Information

The billing provider information can be automatically populated by choosing the appropriate provider from the **Select a Provider** drop-down listing. Contact your Availity Administrator to have the provider information added if not available.

Complete the following:

- ▶ **Organization / Provider Last Name**
- ▶ **Address**
- ▶ **City, State, Zip Code**
- ▶ **Specialty / Taxonomy**
- ▶ **NPI**
- ▶ **Tax ID**
- ▶ **Provider Accepts Assignment**
- ▶ **Release of information code** (related to HIPAA disclosures with your patient)

Billing Provider Information

Select a Provider: ?

* Organization / Provider Last Name: ?

First Name:

Phone Number: ? - - Ext.

Fax Number: - -

E-mail:

Country: ?

* Address 1: ?

Address 2: ?

* City, State, ZIP Code: -

* Specialty / Taxonomy:

* NPI: ?

Tax ID Type:

* Tax ID: ?

Important: Enter the tax ID to which the claim should be paid.

* Provider Accepts Assignment: ?

* Release of Information Code: ?

7) Additional Provider Information

- ▶ Select a **rendering provider** and enter the associated **provider information** (if applicable)

This claim has additional provider information...

- additional billing provider contact information
- a billing provider pay-to address that is different from the billing provider address
- a rendering provider

Rendering Provider

Select a Provider: ?

* Organization / Provider Last Name:

First Name:

* Specialty / Taxonomy:

* NPI: ?

Quick Tip:

→ A common claim processing error occurs when providers do not include the rendering provider information in this area. This is critical to the claim being accepted for processing.

8) Diagnosis Codes

- ▶ Enter the **Principal ICD-10 Diagnosis Code**
- ▶ Select **Add Another Code** to add up to 12 diagnosis codes

Diagnosis Codes ?

* Principal Diagnosis Code: ICD-10 Code Verification ?

9) Claim Information

- ▶ Enter the **Patient Control Number** (the patient account number assigned by your office)
- ▶ **Place of Service**
- ▶ Select **Billing Frequency**:
 - **Frequency Code 1** (new claim)
 - **Frequency Code 7** (replacement claim)
 - **Frequency Code 8** (void/cancel claim)
- ▶ Enter any applicable **Prior Authorization Number**

* Patient Control Number ?

Medical Record Number:

* Place of Service: ?

* Billing Frequency: ?

this is an HMO claim

* Provider Signature on File:

Prior Authorization Number: ?

Care Plan Oversight Number (for Medicare Patients): ?

Chiropractic Patient Condition Code:

Quick Tip:

→ If corrected claim or void/cancel of a prior claim is selected, a new required field will populate. The **Payer Claim/Control Number** is required (ICN/DCN). This tells the payer which claim needs to be corrected or voided.

9) Claim Information *continued*

- ▶ Additional information may also be included on the standard claim form
- ▶ To include the additional information select the appropriate fields and include the requested details

This claim also includes...

- an EPSDT referral
- onset dates that are different from the dates of service
- disability / worker's compensation dates
- hospitalization dates related to the current services
- an anesthesia-related procedure
- condition codes
- an attachment

10) Service Line(s) & Submission

Enter the following:

- ▶ **Line Item Control Number** (*Service Line Number*)
- ▶ **Date of Service** (*i.e., 01/01/2020*)
- ▶ **Procedure Code**
- ▶ **Diagnosis Code Pointers** (*use drop-down to choose the appropriate order*)
- ▶ **Charges** (*excluding the "\$" sign*)
- ▶ **Number Of** (*enter the number of units/minutes*)

Note: If the service line includes additional information, select the appropriate option and fill in the details as requested.

Line Number	Date(s) of Service:		Place of Service	Procedure Code CPT/HCPCS	Modifiers				Diagnosis Pointer	Charges	Minutes or Units	Prior Auth Number	
	From	To			1	2	3	4					
No claims entered yet. Enter claim(s) below and click Save to Service Line.													
										Total:	\$0.00		
Line Number:	1												
* Line Item Control Number: ?	1												
* Date of Service: ?	From	To											
	01 / 01 / 2017	01 / 01 / 2017											
	MM DD YYYY	MM DD YYYY											
Place of Service: ?	11 - Office												
* Procedure Code: ?	99213												
	<input type="checkbox"/> non-specific procedure code description												
Modifiers:	1	2	3	4									
* Diagnosis Code Pointers: ?	J44.9	R05	Select One	Select One									
	1	2	3	4									
	<input type="checkbox"/> this claim was an emergency												
* Charges:	75.00												
* Number of: ?	1	Units											
Prior Authorization Number: ?													
This service line also includes...													
<input type="checkbox"/> reporting of a national drug code (NDC)													
<input type="checkbox"/> reporting both rental and purchase price for durable medical equipment (DME)													
<input type="checkbox"/> a certificate of medical necessity (CMN)													
<input type="checkbox"/> a rendering provider													
<input type="checkbox"/> a supervising provider													
<input type="checkbox"/> a referring provider or other source													
<input type="checkbox"/> an ordering provider													
<input type="checkbox"/> a different service facility in which services were rendered													
<input type="button" value="Save to Service Line"/>													

Quick Tip:

→ Once all the service line information has been entered, select **Save to Service Line**. Without saving, the information will be removed. This also allows for additional service lines to be added.

- ▶ After all appropriate information has been entered and reviewed, select **Submit** at the bottom of the claim form

11) Submission Confirmation


- ▶ Once submitted a confirmation screen will return with a **Transaction ID** number (*this is not the claim number*)

Claim Response Detail [Learn More >>](#)

Transaction ID: 1050455709 Transaction Date: Jul 21, 2020 12:02 PM EDT Customer ID:

[Submit Another Claim](#) [Print](#)

Your claim has been sent to BCBSIL, which processes claims in batches. You will receive the response for this claim in your ReceiveFiles mailbox.



Claim Number: 12345
Submission Type: Professional Claim
Submission Date: 07/21/2020
Date(s) of Service: 07/20/2020
Patient Name:
Subscriber Name:
Subscriber ID:
Billing Provider Name:
Billing Provider NPI:
Billing Provider Tax ID:
Total Charges: \$75.00

[Submit Another Claim](#) [Print](#)

12) Confirming Claim Receipt

- ▶ Select **Claims & Payments** from the navigation menu
- ▶ Select **Send and Receive EDI Files**

Claims & Payments ▾ My Providers ▾ Reporting Payer Spaces ▾ More ▾

Claim Status & Payments	Claims	EDI Clearinghouse
CS Claim Status	PC Professional Claim	EDI Send and Receive EDI Files
RV Remittance Viewer	FC Facility Claim	FR File Restore
CRT Claim Research Tool (BCBS)	MA Medical Attachments	EDI EDI Reporting Preferences

12) Confirming Claim Receipt *continued*

- ▶ Select **Organization**
- ▶ Select **Submit**

Send And Receive EDI Files Learn More >>

Select the Organization for the files to be uploaded and then submit.

* Organization:

Submit

- ▶ Select **Receive Files** (the below EDI Files will be available in **Receive Files** within 24 to 48 hours after submission)

Files				
Name	Size [B]	Date	File Options	Delete
Announcements		May 01 2015 00:00		
ReceiveFiles		Aug 12 2020 11:15		
SendFiles		Aug 12 2020 10:38		

EDI File Types and Definitions:

- **IBT (Immediate Batch Text Response):** Immediately acknowledges accepted claims and identifies rejected claims due to HIPAA compliance edits and payers-specific edits. The IBT file are typically available in Receive Files within 30 mins. of submission.
- **EBT (Electronic Batch Text Report):** Indicates if the claim was accepted or rejected by the payer. If applicable, reasoning for the claim rejection will be indicated.
- **DPT (Delayed Payer Text Report):** Payer confirmation of receipt response showing assigned claim number.

- ▶ Select the **EBT** file to confirm if the claim submission was accepted or rejected by BCBSIL

Files				
Sort By: Name Extension Date				
Name	Size [B]	Date	File Options	Delete
EBT-BCBSIL000-202000000000-001.ebt	1958	Sep 12 2020 10:00		
DPT-BCBSIL000-202000000000-001.dpt	1997	Sep 14 2020 10:15		
IBT-BCBSIL000-202000000000-001.ibt	1934	Sep 12 2020 10:00		

Quick Tips:

- If you are unable to view the file, select the **File Options** icon, then choose Text/Plain.
- Once the claim has processed, use the [Availity Claim Status tool](#) to verify how the claim finalized.

Have questions or need additional education? Email the [Provider Education Consultants](#).

Be sure to include your name, direct contact information & Tax ID or billing NPI.

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- File is in portable document format (PDF). To view this file, you may need to install a PDF reader program. Most PDF readers are a free download. One option is Adobe® Reader® which has a built-in screen reader. Other Adobe accessibility tools and information can be downloaded at <http://access.adobe.com>