



# Electronic Claim Submission—Maximizes Claim Processing

*Developed by the Provider Affairs Operations/ Education/Communications Department*

Electronic claim submission maximizes claims processing efficiency and paper submissions do not. Any claim that can be submitted on paper can be submitted electronically. If you need more information on how to submit claims electronically call (312) 653-7954 or log on to [www.bcbsil.com](http://www.bcbsil.com).

Advantages of Submitting Claims Electronically	What To Submit Electronically	Disadvantages of Submitting Paper Claims
<p>The information required to file electronic claims is the same as for paper claims but there are major advantages to submitting electronic claims versus paper claims:</p> <ul style="list-style-type: none"> <li>■ You have better control and accuracy. Electronic claims are entered in the BCBSIL's computer system just the way they leave your office. <i>There is no need to worry about a claim being delayed or denied because it is not legible.</i></li> <li>■ You know when your claims are received because your office receives special reports detailing which claims were accepted and if there is a problem you can correct it before the claim is processed.</li> <li>■ You are able to reduce your overhead; electronically submitted claims can save hours of clerical time. You do not have to spend time typing, stapling, stamping and mailing.</li> </ul>	<p>As a guideline, the following claims should <i>always</i> be submitted electronically:</p> <ul style="list-style-type: none"> <li>■ All original claims</li> <li>■ HMOI facility charges for:               <ul style="list-style-type: none"> <li>-Emergency Room</li> <li>-Inpatient stays</li> <li>-Outpatient surgery</li> <li>-Observation Unit</li> </ul> </li> <li>■ All BlueCard (out-of-state) claims</li> <li>■ Late charges</li> <li>■ COB Secondary</li> <li>■ Medicare Supplemental Claims that do not automatically crossover. Most Medicare claims and remittance information automatically crossover to Blue Cross and Blue Shield of Illinois (BCBSIL).</li> </ul> <p><b>Follow These Steps before Submitting a Supplemental Claim to Us:</b></p> <ol style="list-style-type: none"> <li>1. Check to see if the claim automatically crossed over:           <ul style="list-style-type: none"> <li>■ The Medicare Remittance Advice will contain a message that the claim was forwarded through the Crossover process.</li> <li>■ Crossover claim payments are highlighted with the message, "Medicare Crossover Claim" on the Provider Claim Summary (PCS) and on the Electronic Remittance Advise (ERA).</li> </ul> </li> <li>2. If the claim did not crossover you may submit it <b>electronically</b>. For more information on the electronic submission of <b>professional</b> Medicare Primary, BCBS Secondary claims you may access the Medicare B Supplemental Claim Submission Reference Guide located at <a href="http://www.bcbsil.com/provider/referenceguide.htm">www.bcbsil.com/provider/referenceguide.htm</a>. This guide provides the requirements for submitting electronically. <b>Facility</b> providers may access the "Medicare Supplemental UB-92 Claims Reference Guide" at the same location for information on submitting electronic facility claims that did not crossover.</li> <li>3. Do not resubmit a rejected claim by paper, it will deny as a duplicate. You must submit the rejected claim for review. Please follow the usual review process. Call the Provider Telecommunications Center (PTC) at (800) 972-8088 or send in a "Provider Review Form" located at <a href="http://www.bcbsil.com/provider/forms.htm">www.bcbsil.com/provider/forms.htm</a>.</li> </ol>	<ul style="list-style-type: none"> <li>■ The chances that your paper claims will be manually keyed due to form deviation are very high. There is great variety in the UB-92, CMS-1500 (12/90) and CMS-1500 (08/05) forms that we are receiving. When the form that you are using is not up to US Government Printing Office specifications the claim must be manually processed and will be delayed.</li> <li>■ Once the claim has to be manually keyed, there is a high rate of error due to undecipherable text.</li> <li>■ A duplicate paper claim of an electronic claim will deny and slow down the claim payment process.</li> </ul>

\*Note: You should carefully review your electronic claim response reports (see reverse side) to ensure that all of your electronic claims were accepted into our system. Rejected claims should be corrected and resubmitted electronically. Resubmission of claims accepted into our system will cause the new claim to be rejected as a duplicate and delay the entire adjudication process. Using our automated claims inquiry functions for claim inquiries will provide verification that your claims have been accepted and are in the processing system.

Electronic Data Interchange (EDI) Transaction Reports	
rEDI-link Blue Report Numbers for Institutional and Professional Providers	Report Description
RSP#####.RSP	Provides daily confirmation of file and batch transmissions, as well as real-time claim detail reject information.
SFC#####.SFC	Provides submitters with a daily summary (Tuesday through Saturday for previous days activity) of electronic claim activity at the file level.
PCC#####.PCC	Provides submitters a detail list of claim activity (Tuesday through Saturday for previous days activity) by provider or Tax ID number.
DPR#####.DPR	Provides submitters with a daily summary of Sender/Payer responses by submitter and provider number. This report has the DCN# assigned by BCBSIL for accepted claims.
SPS#####.SPS	Provides submitters with a monthly summary of all electronic claim activity from the previous month.
UPT#####.UPT – Institutional (only) UPP#####.UPP – Institutional (only)	This is a weekly reconciliation report for institutional providers who are on the Uniform Payment Program (UPP) system and receiving EFT payments.
ASF#####.ASF – Institutional (only)	This report is created by AdminaStar Federal Inc. (ASF). It is a detailed list of claims submitted by batch and identifies the status of each claim, accepted/severe/warning.
WPS#####.WPS –Professional (only)	This report is created by Wisconsin Physicians Services (WPS) and is a batch summary control listing of WPS accepted/deleted claims.
997#####.997	This is a Functional Acknowledgment. The data segments of this standard are used to report the results of the syntactical analysis of the functional groups of the ANSI 837 transaction set. Acceptance and rejection and the number of included transaction sets will be acknowledged by functional groups.

**Note:** These batch confirmation reports do **not** apply to claims that are submitted through the **Provider Terminal System (PTS)/Direct Data Entry (DDE)**. When using the PTS/DDE system your errors are highlighted and displayed at the bottom of the screen so that you may correct them online prior to processing. If no errors were detected, your cursor will move back to the first screen and a confirmation number will be assigned to your claim; this indicates that your claim has been correctly entered and passed to the appropriate claim payer processing system. To obtain more information on NDAS Online and all of our EDI transactions call (312) 653-7954.