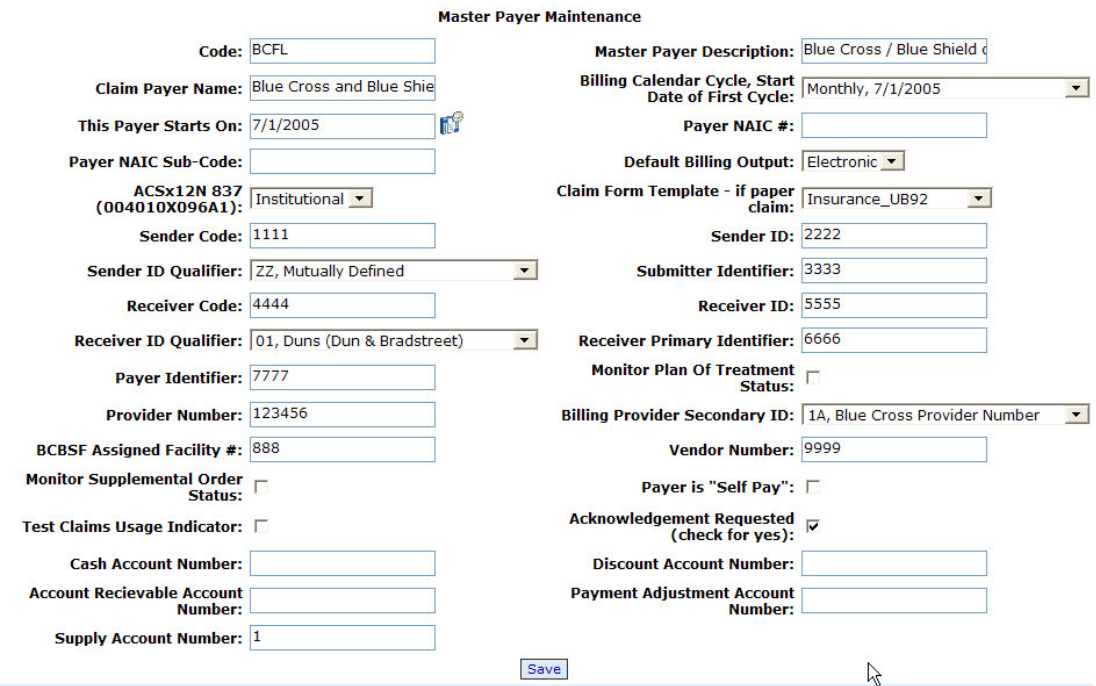


# Instructions for Electronic Billing for Blue Cross / Blue Shield of Florida

Action / Instruction	Screen Shot
<p>1. ADMIN – Financial Maintenance – Master Payer: Click <b>Add New</b> link at top of form and complete the fields on the screen. CLAIM PAYER NAME value must be <b>“Blue Cross and Blue Shield of Florida”</b>.</p> <p>The screen shot to the right has ‘sample’ data in SENDER CODE, SENDER ID, SUBMITTER IDENTIFIER, RECEIVER CODE, RECEIVER ID, RECEIVER PRIMARY IDENTIFIER, PAYER IDENTIFIER, PROVIDER NUMBER, BCBSF ASSIGNED FACILITY # and VENDOR NUMBER. You will need to complete these fields with values specified / provided by BCBSFL.</p>	 <p>The screenshot displays the 'Master Payer Maintenance' form with the following data:</p> <ul style="list-style-type: none"> <li>Code: BCFL</li> <li>Claim Payer Name: Blue Cross and Blue Shie</li> <li>This Payer Starts On: 7/1/2005</li> <li>Payer NAIC Sub-Code: (empty)</li> <li>ACSx12N 837 (004010X096A1): Institutional</li> <li>Sender Code: 1111</li> <li>Sender ID Qualifier: ZZ, Mutually Defined</li> <li>Receiver Code: 4444</li> <li>Receiver ID Qualifier: 01, Duns (Dun &amp; Bradstreet)</li> <li>Payer Identifier: 7777</li> <li>Provider Number: 123456</li> <li>BCBSF Assigned Facility #: 888</li> <li>Monitor Supplemental Order Status: <input type="checkbox"/></li> <li>Test Claims Usage Indicator: <input type="checkbox"/></li> <li>Cash Account Number: (empty)</li> <li>Account Receivable Account Number: (empty)</li> <li>Supply Account Number: 1</li> <li>Master Payer Description: Blue Cross / Blue Shield of Florida</li> <li>Billing Calendar Cycle, Start Date of First Cycle: Monthly, 7/1/2005</li> <li>Payer NAIC #: (empty)</li> <li>Default Billing Output: Electronic</li> <li>Claim Form Template - if paper claim: Insurance_UB92</li> <li>Sender ID: 2222</li> <li>Submitter Identifier: 3333</li> <li>Receiver ID: 5555</li> <li>Receiver Primary Identifier: 6666</li> <li>Monitor Plan Of Treatment Status: <input type="checkbox"/></li> <li>Billing Provider Secondary ID: 1A, Blue Cross Provider Number</li> <li>Vendor Number: 9999</li> <li>Payer is "Self Pay": <input type="checkbox"/></li> <li>Acknowledgement Requested (check for yes): <input checked="" type="checkbox"/></li> <li>Discount Account Number: (empty)</li> <li>Payment Adjustment Account Number: (empty)</li> </ul>



**Action / Instruction**

**Screen Shot**

2. CLINICAL – [search / select patient] – Patient Profile: You will need to enter the ID number (#) into the PATIENT CLAIM ID# field exactly as it appears on the BCBS ID card without using any embedded spaces (this includes any out of state Blue Card ID’s) including any applicable alpha prefix or suffix.

Patient: Test Status | ID: 200510051334 | Status: Admit | SOC Date: 09/02/2005 | Broward Office | Age: 75



**Patient Demographics**

Name  

Title:  Military Rank:

First Name:  MI:

Last Name:  Suffix:

**General Patient Information**  
View Face Sheet Report  

Agency Assigned ID #:  State Supplied ID#:

Medicare HIC #:   NA Medicaid #:   NA

Patient Claim ID#:  Case Manager:

Office:  Department:

Team:  Level Of Care:

Has Advanced Directives:  Patient Has "Do Not Resuscitate" Order on File:



Pertinent Disaster Plan Information (location of oxygen, insulin, etc.):

Reason patient unable to understand/sign consent form and Significant Other legally able to sign for patient.:



**Patient Primary Referral**

3. CLINICAL – [search / select patient] – Patient Profile – Admission: You will need to enter the ADMISSION DIAGNOSIS for each BCBSFL patient.

Patient: Test Status | ID: 200510051334 | Status: Admit | SOC Date: 09/02/2005 | Broward Office | Age: 75

**Patient Admission / VN / Cert Periods**  

	Edit	Delete	Admit Date	Confirmed	Discharge Date	Non-admit Date
	Edit	Delete	9/2/2005 2:36:00 PM	Yes		

Patient Admission Date:   (M0030) Start Of Care Date:  

Confirm Admission:

Admission Diagnosis:  ...

**Action / Instruction**

**Screen Shot**

4. FINANCIAL – Payer / Policy Assignment:  
You will need to assign the BCBSFL payer to the patient; completing the fields as appropriate to the patient.

**Blue Cross / Blue Shield of Florida**

Coverage | Employment | UB-92 Content

\* Effective Date: 9/2/2005

End Date:

\* Coverage:  Full  Limited

--Select from List--

\* Release of Information Certification:  Yes  No  Restricted

\* Assignment of Benefits Certification:  Yes  No

Include HIC#

\* Patient's Relationship To Insured: Patient is Insured

First Name:

Middle Initial:

Last Name:

Address Line 1:

Address Line 2:

City:

State: --Select From List--

Zip:

Primary Phone:

Date of Birth:

Gender:  Male  Female

Discount Profile: Click here to select Discount Profile

---

Last Bill Date: 06/01/2005	Billing Calendar Cycle: Monthly
Claim Payer Name: Blue Cross and Blue Shield of Florida	Default Billing Output: <input checked="" type="radio"/> Electronic Claim File
Payer NAIC #:	ASC X12N 837 (004010X096A1): None
Payer NAIC Sub-Code:	<input checked="" type="radio"/> Paper Claim Document
	Claim Form Template: Insurance_UB92

\* Required Field  
\*\* Conditionally Required Field

**Action / Instruction**

**Screen Shot**

5. FINANCIAL – Invoice Processing: Select Billing Cycle; payer and Cycle date range to process. Once cycle completes, click [create electronic file by payer]. Print / save reports based on guidelines indicated in [KB Article #711](#)

The screenshot displays the Golden Rule Software interface for 'Billing Calendar Cycle and System Payer Selection'. A small dialog box at the top left reports: 'File "X12BCFL110820050741.Flo" successfully created on the server.' with an 'OK' button.

The main interface includes a navigation menu on the left with categories: Assessment, Tracking, Payer / Policy, Assignment, Invoice Processing, Claim Form, Template Library, Receivables, Remittance Advice, Patient Ledger, Worker, and Service Journal.

The main content area is divided into several sections:

- Billing Calendar Cycle and System Payer Selection:** Billing Cycle: MN - Monthly; Payer: Blue Cross / Blue Shield of Fl. An 'Add Selected Payer' button is present.
- System Payer(s) To Be Billed:** Blue Cross / Blue Shield of Flori
- Cycle Options:** Sort Claims By: System Payer; Cycle To Process: 09/01/2005 - 09/30/2005; Status: Complete.
- Cycle Results:** All System Payers. Includes sections for CLEAN Claims (2 ready to go, \$385.00) and PENDED Claims (Plan of Care, POC MD Signature, VO MD Signature, all 0 needed, \$0.00). Buttons for 'Create Electronic File by Payer', 'Print Required Claims by Payer', 'View / Print Detail', and 'Print Optional Claims by Payer' are visible.
- Summary Information:** Last Bill Date: 06/01/2005; Claim Payer Name: Blue Cross and Blue Shield of Florida; Billing Calendar Cycle: MN - Monthly; Default Billing Output: Electronic Claim File; ASC X12N 837 (004010X096A1): None; Claim Form Template: Insurance\_UB92.

At the bottom, there are 'Save / Exit' and 'Cancel / Exit' buttons, and a copyright notice for Golden Rule Software, Inc. (2004).

Action / Instruction	Screen Shot
<p>6. 'Representative' data contained in an ANSI X12 Version 004010X096A1 claim file.</p> <p><i>This content is provided for instructional / reference purposes only.</i></p>	<pre>ISA*00*          *00*          *ZZ*2222          *01*5555          *051108*0711*U*00401*436596983*1*P*::~~ GS*HC*1111*4444          *20051108*0711*1*X*004010X096A1~ ST*837*000087134~ BHT*0019*00*000820050741*20051108*0741*CH~ REF*87*004010X096A1~ NMI*41*2*Florida Sunshine Home Health*****46*3333~ PER*IC*Florida Sunshine Home Health*ED*9999~ NMI*40*2*Blue Cross and Blue Shield of Florida*****46*6666~ HL*1**20*1~ NMI*85*2*Florida Sunshine Home Health*****24*051234567~ N3*1 Broward Blvd*Broward Corporate Park~ N4*Fort Lauderdale*FL*33307~ REF*1A*888*~ PER*IC*Florida Sunshine Home Health*ED*9999~ HL*2*1*22*0~ SBR*P*18*****MA~ NMI*IL*1*Payer*Multi***MI~~ N3*33 Lake Drive~ N4*Pascoag*RI*02859~ DMG*D8*19200203*F~ NMI*PR*2*Blue Cross and Blue Shield of Florida*****PI*7777~ CLM*632624907766364004*275***33:A:2*Y**Y*Y*****Y~ DTP*434*RD8*20050915-20050930~ DTP*435*DT*200509150001~ CL1*1*1*30~ HI*BE:61:::6480~ NMI*71*1*Skoufis*Elias*G***24*00000000~ PRV*AT*ZZ*207RH0003X~ REF*1G*G74577~ LX*1~ SV2*570*HC:G0156*15.00*UN*1.00~ DTP*472*D8*20050915~ LX*2~ SV2*421*HC:G0151*150.00*UN*1.00~ DTP*472*D8*20050915~ LX*3~ SV2*550*HC:G0154*110.00*UN*2.00~ DTP*472*D8*20050915~ HL*3*1*22*0~ SBR*P*18*****MA~ NMI*IL*1*Status*Test***MI*5544332211~ N3*52 School Drive~ N4*Cobbs Creek*VA*23035~ DMG*D8*19300331*M~ NMI*PR*2*Blue Cross and Blue Shield of Florida*****PI*7777~ CLM*632641342326364004*110***33:A:2*Y**Y*Y*****Y~ DTP*434*RD8*20050902-20050930~ DTP*435*DT*200509020001~ CL1*1*5*30~ HI*BK:3333~ HI*BJ:71825~ HI*BF:0031*BF:25013~ HI*BR:073:D8:20050901~ HI*BQ:0981:D8:20050901~ HI*BE:61:::5720~ NMI*71*1*Driggs*Donald****24*00000000~ PRV*AT*ZZ*207Q00000X~ REF*1G*A3456~ LX*1~ SV2*550*HC:G0154*110.00*UN*2.00~ DTP*472*D8*20050902~ SE*60*000087134~ GE*1*1~ IEA*1*436596983~</pre>
Reference Material	<p><a href="http://www.bcbsfl.com/index.cfm?fuseaction=phyElecTransSupport.SenderGuides">http://www.bcbsfl.com/index.cfm?fuseaction=phyElecTransSupport.SenderGuides</a></p> <p>The <a href="#">Physician and Provider Manual for Availity® Users</a> (PDF) provides helpful information about Blue Cross and Blue Shield of Florida-specific requirements for commercial (non-Medicare) electronic transactions through Availity®.</p> <p>ANSI X12N Implementation Guides can be obtained from <a href="#">Washington Publishing Company</a>.</p> <p>Availity® Users:  <a href="#">ANSI 837</a> - Institutional Health Care Claim (PDF)</p>