

Secondary Professional Claims on the HCFA-1500

Log into My Insurance Manager. Then click on “Professional Claim Entry” on the top menu.

If this is the first time you have entered the Professional Claim Entry section with your profile, a Claims Entry Agreement will appear. Read the agreement and click on “Accept” to continue. (If you do not accept, you will be returned to the main page.) You only need to accept once for the profile.

Welcome screen

My Insurance ManagerSM Healthcare Professionals

Health Dental

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

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

Home Print Logout

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

Professional Claim Entry

Welcome to 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.

Superbill
Enjoy the convenience of Superbill with two easy steps.

- First, [customize](#) one or more Superbills with your most frequently used procedures and diagnosis codes. You can also copy, delete or make changes to existing Superbills.
- Next, submit a Superbill claim using one of your stored Superbills.

You can use Superbill to file primary claims for one date of service. For other professional claims, please use the HCFA-1500.

HCFA-1500 Claims

- [Submit a HCFA-1500 Claim.](#)
- [Get more information about HCFA-1500 Claims filing.](#)

Who Can File Online?
Healthcare 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.

Back Help

Click on “Submit a HCFA-1500 Claim” to begin the process.

Please note: Only healthcare professionals located in the BlueCross BlueShield of South Carolina service area, or with offices in contiguous counties to the BlueCross service area, may file online. All others must file to the BlueCross plan in their local service area.

SMMy Insurance Manager is a Service Mark of BlueCross BlueShield of South Carolina.

BlueCross BlueShield of South Carolina is an independent licensee of the Blue Cross and Blue Shield Association.

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.

To file a secondary claim, answer “No” to the question, “Is this plan the primary payer?”

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Professional Claim Entry

HCFA-1500 Claims Entry

Submitter Verification
If the following submitter information is not correct, please [modify your profile](#).

Submitter's First Name: **Dr.**
Submitter's Last Name: **Blue**
E-mail Address: **aa@ab.com**
Telephone: **555-555-5555**
Fax Number: **555-444-4444**
Tax ID Number: **111111111**
Tax ID Number Type:* **Employer's Identification Number** **1**

Health Plan Selection
Please choose the health plan listed on the Member's ID card: *

BlueCross BlueShield Plans **2**

Is this plan the primary payer? *

No **3**

Continue Clear Form

All fields are required.

1. First, choose the Tax ID Number Type – Employer's Identification Number (EIN) or Social Security Number (SSN).
2. Second, choose the health plan from the menu. **Important: To avoid claim processing delays or denials, be sure to choose the correct health plan.**
3. To file a secondary claim, answer “No” to the question, “Is this plan the primary payer?”

Complete information on the Billing Location Selection, Patient Information, General Claim Information and other screens as you would a primary claim until you get to the Other Payer screen.

Other Payer Screen – HCFA-1500

Professional Claim Entry

HCFA-1500 Claims Entry

Other Payer

Please complete this information concerning the patient's and/or member's other insurance.

Insurance Information

Other Payer:*
 Medicare 1

Other Payer's Name:* Insurance Type:*
 Medicare Medicare Part B

Group/Policy Number: Group Name: Medicare Claim Number

Claim Type:* Benefits Assigned*
 Medicare Part B 2 Yes

Patient Signature Source:*
 Signed signature authorization form or forms for both HCFA-1500 Claim Form block 12 and block 13 are on file

Release of Information Authorized:*
 Appropriate Release of Information on File at Health Care Service Provider or at Utilization Review Organization

Member and Patient Information 3

Member Type:* Identification Number:* Relationship to Member:*
 Person 123456789a Self

Last or Organization Name:* First Name: MI: Suffix:
 TESTING MICHAEL

Address Line 1:* Address Line 2:
 123 TEST AVE

City:* State:* ZIP Code:*
 COLUMBIA South Carolina 29201 -

Country: (if outside US)
 --Please Choose One--

(We require the member's date of birth and sex when the member type is a person.)

Date of Birth: Sex:
 10 / 01 / 1958 (mm/dd/yyyy) Male

(We require the patient's ID number when the member is not the patient.)

Patient ID:

Claim Level Coordination of Benefits Information

This information is also in the other payer's electronic or paper remittance.

Prior Adjudication Date:* Payer Paid:*
 05 / 02 / 2007 (mm/dd/yyyy) \$ 50 . 00

Continue Back Clear Form Start Over

1. Other Payer's Name – You may type in any entry, from the name of the other insurance company to the name of the kind of insurance. Example: For a Medicare claim, select Medicare in the Other Payer box, then type in "Medicare" in the Other Payer's Name, and then choose Medicare under the Insurance Type menu.
2. Claim Type – Choose the type from the menu. If you have chosen Medicare in the Other Payer's Name box, you must choose "Medicare."
3. Member and Patient Information – Member Type can be confusing. HIPAA requires us to report whether or not the insured is a person. For example, in the case of worker's compensation, the insured may be a company. From the Relationship to Member menu, choose the patient's relationship to the member. In the Last or Organization Name, enter the name of the insured (or the insured company).

Line Selection for Adjustments

This screen appears after you have filled in the claim lines and passed the base claim validation screen. Click on the blue line number to adjust a line. If you have more than one line to adjust, you will be directed back to this screen for the next selection after you finish adjusting each line.

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

Professional Claim Entry

HCFA-1500 Claims Entry Required fields feature an asterisk (*).

Line Selection for Adjustments

Patient's Name: **TESTING, MICHAEL**

Here is a list of the line items on this claim. To add line level adjustments, please choose the line number.

Ln	Healthcare Professional	Procedure	Date of Service	Charges
01	1234567890	99170	05/18/2007	\$100.00

Please Note: If there are no claim line adjustments, please choose the Continue button.

Line Level Adjustments Screen – HCFA-1500

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Home | Print | Log

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Professional Claim Entry

HFCA-1500 Claims Entry

Required fields feature an asterisk (*).

Line Level Adjustments

Ln	Healthcare Professional	Procedure	Date of Service	Charges
01	1234567890	99170	05/18/2007	\$100.00

Please complete the following information to show how the other payer processed this claim line. Usually, this procedure information is identical to what the claim line carries and you only use it to report the actual payment and adjustments the other payer made on the claim line.

The most common claims adjustments are: [Deductible: Group Code - Patient Responsibility Reason Code - 1](#) [Coinsurance: Group Code - Patient Responsibility Reason Code - 2](#) [Non-covered: Group Code - Patient Responsibility Reason Code - 96](#)

1 [Display Claim Adjustment Reason Code Table](#)

If the other payer bundled the procedure code together with other procedure codes on this claim, or if the payer unbundled the procedure code into other procedure codes, then please report that information here. For detailed directions on how to report bundled or unbundled procedures, please click [here](#).

Line Adjudication Information 1 [Delete this Line Adjudication Information](#)

Procedure:*	Modifiers:	Units:*	Paid Amount:*	Description:
99170		1	\$ 50.00	

Prior Adjudication Date:*
 / / (mm/dd/yyyy)

Claim Line Level Adjustments

This information is also in the other payer's electronic or paper remittance.

Claim Adjustment Group Code:	Reason Code:	Amount:	Quantity:
1. Patient Responsibility	1.1 1 3a	\$ 25.00	
Clear this section	1.2	\$.	
Delete this section	1.3	\$.	
	1.4	\$.	
	1.5	\$.	
	1.6	\$.	
2. Contractual Obligations	2.1 a2 3b	\$ 25.00	
Clear this section	2.2	\$.	
Delete this section	2.3	\$.	
	2.4	\$.	
	2.5	\$.	
	2.6	\$.	

[Add another claim adjustment group.](#)

To add unbundled procedure code information to this claim line, click [here](#). 4

Please Note: You can only add up to five unbundled procedures to a line.

Also Note: You must choose the Continue button and validate the information that is being added to this claim line before adding information that applies to another claim line.

Continue
Back
Clear Form
Start Over

Please see the next page for an explanation of the red numbers on this example.

1. You may read a list of Claim Adjustment Reason Codes by choosing this link (see page 7). The most common ones are listed in blue above the link.
2. You must fill in the Procedure Code, Units, Paid Amount and Prior Adjudication Date.
3. Information for COB is found on the remit. In this example, you'll see an adjustment to the patient responsibility group code recorded in claim adjustment group code 1 (**3a**). You could fill up to five different reason codes in claim adjustment group code 1. Below, in claim adjustment group code 2, one reason code is entered for the contractual obligations group code (**3b**).
4. Choose this link to read detailed information on how to report bundled or unbundled procedures.

You must choose “Continue” and validate the information for one line before adjusting another. When you are adjusting multiple lines of a claim, the total of the Paid Amounts on each line’s adjustment screen should add up to the total found in the Payer Paid field on the Other Payer screen (seen on page 3).

Please note: You must enter an amount beside each reason code you enter.

Claim Adjustment Reason Code Table

This screen shows part of the table available when you select the link for this table.

HFCA-1500 Claims Entry
Claim Adjustment Reason Codes

The following "Claim Adjustment Reason Codes" are used to show how the other payer adjusted a claim or claim line that was submitted to them.

Code	Description	Effective Dates
A0	PATIENT REFUND AMOUNT.	2002-08-15 - 9900-12-31
A0	PATIENT REFUND AMOUNT.	2002-08-15 - 9900-12-31
A1	SEE NOTES	2006-10-01 - 9900-12-31
A1	SEE NOTES	2002-08-15 - 9900-12-31
A2	CONTRACTUAL ADJUSTMENT.	2002-08-15 - 9900-12-31
A2	CONTRACTUAL ADJUSTMENT.	2002-08-15 - 9900-12-31
A4	MEDICARE CLAIM PPS CAPITAL DAY OUTLIER AMOUNT.	2002-08-15 - 9900-12-31
A4	MEDICARE CLAIM PPS CAPITAL DAY OUTLIER AMOUNT.	2002-08-15 - 9900-12-31
A5	MEDICARE CLAIM PPS CAPITAL COST OUTLIER AMOUNT.	2002-08-15 - 9900-12-31
A5	MEDICARE CLAIM PPS CAPITAL COST OUTLIER AMOUNT.	2002-08-15 - 9900-12-31
A6	PRIOR HOSPITALIZATION OR 30 DAY TRANSFER REQUIREMENT NOT MET	2002-08-15 - 9900-12-31
A6	PRIOR HOSPITALIZATION OR 30 DAY TRANSFER REQUIREMENT NOT MET	2002-08-15 - 9900-12-31
A7	PRESUMPTIVE PAYMENT ADJUSTMENT.	2002-08-15 - 9900-12-31
A7	PRESUMPTIVE PAYMENT ADJUSTMENT.	2002-08-15 - 9900-12-31
A8	CLAIM DENIED; UNGROUPABLE DRG.	2002-08-15 - 9900-12-31

Close

Claim Submission Screen – HCFA-1500

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Professional Claim Entry

HCFA-1500 Claims Entry

Claim Submission

Member ID: 999574317
 Patient's Name: MICHAEL TESTING
 Patient's Date of Birth: 10 / 01 / 1958
 Patient's Gender: Male

We now have all the information we need to process this claim.

The Health Insurance Portability and Accountability Act (HIPAA) requires all health plans to accept additional data content on claims for professional services. Examples of additional information you can include on a claim include ambulance transport certifications, home healthcare treatment plans and drug identification.

Find detailed information about what type of information you can add to a claim [here](#). **1**

If you would like to add additional HIPAA data, please choose from the following options:

Click [here](#) to add information that applies to the entire claim.
Please note: you can only add information that applies to the entire claim once. **2**

Click [here](#) to add information that applies to a specific claim line.

If you wish to submit the claim now, you may. You can submit additional information on either the (1) entire claim or (2) individual lines, but this is **NOT** required for BlueCross adjudication. HIPAA requires us to give you the opportunity to add additional information.

Receipt Confirmation Screen

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Home Print Log

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

Professional Claim Entry

HCFA-1500 Claims Entry

Receipt Confirmation

Member ID: **999574317**
 Patient's Name: **MICHAEL TESTING**
 Patient's Date of Birth: **10 / 01 / 1958**
 Patient's Gender: **Male**

We have received and are processing your claim.

Claim Number: **71430004W** [View Claim Status](#)

Submit another claim for the [same Tax ID](#).
 Submit another claim for a [different Tax ID](#).

After submitting the claim, you will receive a claim number. Please print this page for your records. The print option is in the top right corner.