

Real Time Claim Estimation/Adjudication Helpful Hints

- Real Time Claim Estimation/Adjudication uses the HIPAA Explanation Codes when keying an estimate or a submission. The link to a listing of HIPAA Explanation Codes is <http://www.wpc-edi.com/hipaa>
- *BlueCard* members cannot be keyed on Real Time Claim Estimation/Adjudication at this time. Estimations have not been configured at this time for these members.
- For *FEP* members, only Submissions are allowed at this time. The Estimate functionality is disabled.
- When a claim is Submitted for Payment, the system will assign a claim number that begins with **EPD** for **E**lectronic **POS** **D**irect. Any claims submitted are actual live claims and will be included in your payments and remittance advice information.
- For any questions or concerns, please contact our eBusiness Support line at 423-535-5717.



Get Started

Create Claim/Estimate

History Search

Administration

Select an Action

Click on a tab above or one of the links below to get started.

Create New Claim or Estimate



New Claim or Estimate: Create a new claim or estimate for physician or outpatient hospital services.

Search Transaction History



History Search: Find submitted claims or find a claim estimate to review or finish.

Application Administration



Administration: View list of Administration Tools

To key an estimate or a submission, click on the New Claim or Estimate under Create New Claim or Estimate or click on the Create Claim/Estimate tab at the top of the page.



Get Started **Create Claim/Estimate** History Search Administration

Patient Provider Service Details Estimate Confirmation

Select a Patient

Use the radio buttons to search by Patient ID/SSN or Patient Name/DOB.

Search by: Patient ID/SSN or Patient Name/DOB

ID: -
Prefix *ID Number Suffix

SSN:

Within Group ID:

Search

Enter the 9 digit BCBSTN ID number to bring up all members listed under that ID number (prefix and suffix are optional). If you do not have the ID number, you can search by SSN and Group Number or you can click on the Patient Name/DOB button and search by this criteria.

* Indicates required information



Get Started **Create Claim/Estimate** History Search Administration

Patient Provider Service Details Estimate Confirmation



Select a Patient

Members found for ID: 902218823

Select a family member for the claim from the list below or use the search options at the bottom of the screen to search again.

Name	Member ID	DOB	SSN	Gender
HALL, CHRIS	902218823-00	08/06/1959	XXX-XX-4567	M
Hall, Kristy	902218823-01	05/17/1971		F
Hall, Kris	902218823-02	05/20/1991		M
HALL, CHRISTY	902218823-03	08/17/1993		F

Use the radio buttons to search by Patient ID/SSN or Patient Name/DOB.

Search by: Patient ID/SSN or Patient Name/DOB

ID: -
Prefix *ID Number Suffix

SSN:

Within Group ID:

If you enter the BCBSTN ID number, you will be given a list of all members under that ID number. Please click on the Member Name to choose the patient in which you wish to key an estimate or submission.


* Indicates required information



Get Started **Create Claim/Estimate** History Search Administration

Patient **Provider** Service Details Estimate Confirmation

 **Select a Service Provider**

Selected Patient (ID): HALL, CHRIS (902218823-00)  Change

Select a provider and the address where the service will be rendered from the lists below. Then, select a claim type. Click "Continue" to advance to the next screen.

Provider Name: **Test Prof. Beg - TESTPROF**

Service Address: 801 Pine St

801 Pine St
Chattanooga, TN 37402

Claim Type: **Physician Claim/Estimate**
 Outpatient Hospital Claim/Estimate

 Continue

Now choose the physician from the drop down box in which you wish to key the estimate/submission.

Please click on the Claim Type in which your provider ID should submit.

Physician Claim

/Adjudication

Help Log Out

Get Started Create Claim/Estimate History Search Administration

Patient Provider **Service Details** Estimate Confirmation

Physician Service Details

Enter the service details for this claim/estimate.

Patient

Name: HALL, CHRIS	Member ID: 902218823-00	Group ID: 100000
Address: 801 PINE ST APT 1000 CHATTANOOGA, TN 374022517	DOB: 08/06/1959	Original Effective: 01/01/2001
	SSN: XXX-XX-4567	Eligible as of: 07/23/2009
	Age: 50	Status: Eligible
	Gender: M	Subscriber Assets: (none)

+ Subscriber: HALL, CHRIS

Enter the referring provider's exact NPI if known or enter a Last N

+ Referring Provider (Optional): (none selected)

* Indicates required information

+ Prior Authorization or Referral Number (Optional)

+ Patient's Condition Impact on Estimate (Optional)

Medical Claim Details: New

Use Template...

#	Date of Service from*	Date of Service to*	Place of Service*	CPT* & Modifiers 1-4	Diagnosis*	Charge*	Units*	
1:	08/18/2009	08/18/2009	11	99215	7999	125.00	1	-
2:	08/18/2009	08/18/2009	11	81000	7999	18.50	1	-
3:	08/18/2009	08/18/2009	11				1	-
4:	08/18/2009	08/18/2009	11				1	-
Total Charge:						\$ 143.50		

Save As...

Click "Estimate Liability" to view the estimated patient liability or "Claim Submission" to send final claim for adjudication.

Cancel

Estimate Liability

Claim Submission

Referring Provider Information, Prior Authorization/Referral Number or Patient's Condition Impact can all be entered in the available fields in the middle of the screen. (These fields are all optional.)

Information pertaining to the services rendered are entered in the lower section of the screen. The Date of Service, Place of Service, CPT Codes, Modifiers, Diagnosis, Charge and Units are entered in this area. Once completed, click on Estimate Liability.



Physician Service Details

Enter the service details for this claim/estimate.

Patient

Name: HALL, CHRIS
Address: 801 PINE ST
APT 1000
CHATTANOOGA, TN 374022517

+ Subscriber: HALL, CHRIS

Enter the referring provider's exact NPI if known

+ Referring Provider (Optional): (none selected)

* Indicates required information

+ Prior Authorization or Referral Number

+ Patient's Condition Impact on Estimate

Medical Claim Details: New

Use Template...

Supply Additional Diagnosis Codes

Enter Diagnosis Codes

1: Primary Diagnosis Code

2:

3:

4:

#	Date of Service from*	Date of Service to*	Place of Service*	CPT* & Modifiers 1-4	Diagnosis*	Charge*	Units*
1:	08/18/2009	08/18/2009	11	99215	7999	125.00	1
2:	08/18/2009	08/18/2009	11	81000	7999	18.50	1

To enter multiple diagnosis codes per line item, click on the highlighted square and the *Supply Additional Diagnosis Codes* box will pop up. Add the additional codes and click on Save.

Hospital Claim

Help Log Out

/Adjudication

Search Administration

Patient Provider **Service Details** Estimate Confirmation

Hospital Service Details

Enter the service details for this claim/estimate.

Patient

Name:	HALL, CHRIS	Member ID:	902218823-00	Group ID:	100000
Address:	801 PINE ST APT 1000 CHATTANOOGA, TN 374022517	DOB:	08/06/1959	Original Effective:	01/01/2001
		SSN:	XXX-XX-4567	Eligible as of:	07/23/2009
		Age:	50	Status:	Eligible
		Gender:	M	Subscriber Assets:	(none)

Subscriber: HALL, CHRIS

Hospital: Test Prof, Beg

Enter the provider's exact NPI if known or enter a Last Name and click: "Search"

Attending Provider: (none selected)

Operating Provider: (none selected)

Other Provider: (none selected)

* Indicates required information

Type of Bill

* Hospital Type: 13 - Outpatient Hospital

* Frequency: 1 - Admit Through Discharge Date

Condition Codes (Optional)

Occurrence Codes (Optional)

Value Codes (Optional)

Hospital Claim Details: New

Use Template...

* Primary Diagnosis: 7999

#	Date of Service from*	Date of Service to*	Revenue Code*	CPT & Modifiers (1 to 4)	Units*	Charge*	Action
1:	08/18/2009	08/18/2009	0450	99285	1	650.00	
2:	08/18/2009	08/18/2009			1		
3:	08/18/2009	08/18/2009			1		

Click "Estimate Liability" to view the estimated patient liability or "Claim submission" to send final claim for adjudication.

Estimate is for estimation purposes only and may not reflect actual costs at time of service.

Real Time Claims Estimation/Adjudication - 8/18/2009 9:10 AM
[Disclaimer](#)

Attending Provider, Operating Provider and Other Provider can all be entered in the available fields in the middle of the screen. (These fields are all optional.)

Enter the Type of Bill information to indicate the Hospital Type and Frequency for this estimate/submission.

Information pertaining to the services rendered are entered in the lower section of the screen. The Diagnosis Code, Date of Service, Revenue Code(s) CPT Code(s), Modifiers, Units and Charge are entered in this area. Once completed click on Estimate Liability.



Get Started **Create Claim/Estimate** History Search Administration

Patient Provider Service Details **Estimate** Confirmation



Patient Liability Estimate for Physician Services

This summary of benefits is based on the information you have given today. Final determination will be made upon the completion of the processing of the claim. These benefits may change due to possible coverage changes, COBRA eligibility changes or coverage cancellation. The member's coverage can terminate retroactively, whether he or she is an active member or on COBRA or State continuation.

Submitted: 08/18/2009 8:25 AM
Reference ID: C0000004922
Status: Estimate - Pre-Determination Pricing Only; No Payment

Patient

Name: HALL, CHRIS
Address: 801 PINE ST
APT 1000
CHATTANOOGA, TN 374022517
Member ID: 902218823-00
Group ID: 100000
Subscriber Assets: (none)

Provider

Name (NPI): Test Prof, Beg
Address: 801 Pine St
Chattanooga, TN 37402

The system returns with a screen that provides information such as Total Charge, Network Savings, BCBST Payments and Total Member Responsibility (Patient Liability). The lower part of the screen provides Charged Amount, Network Savings, Not Covered Amount, Member Balance and an explanation of any amounts not paid to the provider. *This explanation is the same information shown in the 835 Remittance.*

Claim Totals

Charges:	\$143.50
Network Savings:	\$14.07
Not Covered:	\$0.00
BCBST Pays:	\$90.60
Deductible:	\$0.00
Co-pay:	\$0.00
Co-insurance:	\$38.83
Total Member Responsibility:	\$38.83
Less HRA Payments:	\$0.00
Balance to Collect from Member:	\$38.83

Claim Details (use mouse to hover over headings and code to get description)

Service Date	Procedure	Charge	Allowed	Network Savings	Not Covered	Less HRA	Member Balance	BCBST Pays	Reason Code	Prior Auth
08/18/2009	99215	\$125.00	\$125.00	\$0.00	\$0.00	\$0.00	\$37.50	\$87.50	2	
08/18/2009	81000	\$18.50	\$4.43	\$14.07	\$0.00	\$0.00	\$1.33	\$3.10	2, 45	
Grand Total:		\$143.50	\$129.43	\$14.07	\$0.00	\$0.00	\$38.83	\$90.60		

Cancel

Re-Estimate

Edit Claim

Save as PDF

Claim Submission

What would you like to do next?

- Create Another Claim
- Search for Claim/Est

If you choose to do so, you can click the Claim Submission option and the claim will automatically be sent to the processing system and assigned a claim number.



Get Started **Create Claim/Estimate** History Search Administration

✔ Patient ✔ Provider ✔ Service Details ✔ Estimate ⚙ Confirmation

✔ Confirmation

The Liability Claim has been submitted. You can view this claim from the Claim/Estimate Search page using the claim number or patient ID below.

Submitted: 08/18/2009 9:00 AM
Claim ID: EPD004114200
Status: Submitted as Primary

If the claim was submitted for Payment, you will receive a claim number beginning with EPD to be used for reference.

Patient

Name: HALL, CHRIS
Address: 801 PINE ST
APT 1000
CHATTANOOGA, TN 374022517
Member ID: 902218823-00
Group ID: 100000
Subscriber Assets: (none)

Provider

Name (NPI): Test Prof, Beg
Address: 801 Pine St
Chattanooga, TN 37402
Network Indicator: Out of Network

Claim Totals

Charges: \$143.50
Network Savings: \$14.07
Not Covered: \$0.00
BCBST Pays: \$90.60
Deductible: \$0.00
Co-pay: \$0.00
Co-insurance: \$38.83
Total Member Responsibility: \$38.83
Less HRA Payments: \$0.00
Balance to Collect from Member: \$38.83

Claim Messages

Claim Explanation Codes:

Claim Details (use mouse to hover over headings and code to get description)

Service Date	Procedure	Charge	Allowed	Network Savings	Not Covered	Less HRA	Member Balance	BCBST Pays	Reason Code	Prior Auth
08/18/2009	99215	\$125.00	\$125.00	\$0.00	\$0.00	\$0.00	\$37.50	\$87.50	2	
08/18/2009	81000	\$18.50	\$4.43	\$14.07	\$0.00	\$0.00	\$1.33	\$3.10	2, 45	
Grand Total:		\$143.50	\$129.43	\$14.07	\$0.00	\$0.00	\$38.83	\$90.60		

Save as PDF

What would you like to do next?

- Create Another Claim/Estimate
- Search for Claim/Estimates



Get Started Create Claim/Estimate **History Search** Administration

History Search

Claim ID / Reference # Search

Claim ID or Ref #:

On the History Search Tab, you can view claims that have been submitted for estimates, submitted for payments or paid under your assigned provider ID through any other method.

Claim/Estimate

An individual Provider or Patient must be selected as part of the search criteria.

Claim Type: Physician Claim
 Hospital Claim

Submitted Between: and

For Dates of Service: and (for Submitted claims only)

Search by Provider:

You must enter search criteria for either Patient ID (Prefix is optional) -or- SSN and Group ID:

Search by Patient: ID: -

SSN:

Within Group ID:

Estimate/Submission: Estimate - shows estimated patient liability and was not submitted for adjudication
 Submission - was submitted for adjudication

You can search by Claim ID or for claims in a date range and Patient. You can also narrow the search down by Estimates only or Submitted only.



Get Started Create Claim/Estimate **History Search** Administration

History Search

Search Results

3 Claims/Estimates Found

Claim or Ref ID	Patient	Member ID	Type	Status	Provider Name	Provider NPI	Last Updated	Actions
C00000004922	HALL, CHRIS	902218823-00	Physician	Estimate	Test Prof, Beg	620427913	08/18/2009 8:25 AM	View Estimate
C00000004923	HALL, CHRIS	902218823-00	Physician	Estimate	Test Prof, Beg	620427913	08/18/2009 9:00 AM	View Estimate
EPD004114200	HALL, CHRIS	902218823-00	Physician	Submitted as Primary	Test Prof, Beg		08/18/2009 9:00 AM	View Claim

Claim ID / Reference # Search

Claim ID or Ref #:

The system will then return a claims listing for the specified criteria. You can click on the **Actions** provided to bring up the claim and view more detailed information.

Claim/Estimate

An individual Provider or Patient must be selected as part of the search criteria.

Claim Type: Physician Claim
 Hospital Claim

Submitted Between: 07/19/2009 and 08/18/2009

For Dates of Service: 08/04/2009 and 08/18/2009 (for Submitted claims only)

Search by Provider: Test Prof, Beg - TESTPROF

You must enter search criteria for either Patient ID (Prefix is optional) -or- SSN and Group ID:

Search by Patient: ID: -
prefix ID number suffix

SSN:

Within Group ID:

Estimate/Submission: Estimate - shows estimated patient liability and was not submitted for adjudication
 Submission - was submitted for adjudication



Get Started [Create Claim/Estimate](#) [History Search](#) [Administration](#)

Select an Action

Click on a tab above or one of the links below to get started.

Create New Claim or Estimate



New Claim or Estimate: Create a new claim or estimate for physician or outpatient hospital services.

Search Transaction History



History Search: Find submitted

The Administration Tab is used to create categories and templates for each provider type. These templates can be used to create the most frequently used claims in order to choose a template instead of having to key the claim each time.

Application Administration



Administration: View list of Administration Tools



Get Started Create Claim/Estimate History Search **Administration**

Outpatient **Physician** Bookmarks

Physician Template Groups

Set up Physician Categories, Template Types to manage Physician Estimates.

Category Template

Categories are used to group claim templates. Below are the current categories and add/edit options.

Enter a new category name and click "Add to List" Select a category from the list to update the name.

New Category:

Current Categories:

Selected Category:

To create a template, first create a category for this template. Type in a New Category Name and click on Add to List.

Get Started | Create Claim/Estimate | History Search | **Administration**

Outpatient | **Physician** | Bookmarks

Physician Template Groups
Set up Physician Categories, Template

Category **Template**

Claim templates can be set-up for fre

Use the options below to search for

Create...

Search for Claim Templates

Name Cate ALL

1 Professional Claim Template:

Name	Description
\$15 charge	Office visit

Create New Template - Microsoft Internet Explorer provided by WNI

New Professional Claim Template

Select a category for this template and enter the line items below. *Indicates required information for estimate/claim processing.

Template Details

* Category: Office Visit/Lab Charge

* Name: 99215 and 81000

Description: OV and Lab

#	Place of Service*	CPT* & Modifiers 1-4	Diagnosis*	Charge*	Units*	
1:	11	99215	7999	125.00	1	-
2:	11	81000	7999	18.50	1	-
3:	11					-
4:	11					- +
Total Charge:				\$ 143.50		

Actions

Click on the Template tab and you receive the Create New Template box. To create a template for the previously created category, click on the Template tab. You then choose the category you created from the category drop down, type a name and a description for the template, enter the line item information and click Save.



Get Started Create Claim/Estimate History Search **Administration**

Outpatient **Physician** Bookmarks


Physician Template Groups

Set up Physician Categories, Template Types to manage Physician Estimates.

Category **Template**

Claim templates can be set-up for frequently used services and loaded into a new claim or estimate.









Use the options below to search for an existing claim template to view or modify. Click the "Create New" button to create a new claim template.

 Create...

Search for Claim Templates

Name Category Modified by me only

2 Professional Claim Templates Found

Name	Description	Category	Last Modified	Provider Id	Actions
\$15 charge	Office visit only	Tier 1	10/29/2008 10:38 AM by null, null	Group Level Only	   
99215 and 81000	OV and Lab	Office Visit/Lab Charge	08/18/2009 9:26 AM by null, null	Group Level Only	   

The template has now been created and saved and can be chosen from the *Use Template...* button when keying an estimate/submission.

Contact Information

- For any questions or concerns, please contact our eBusiness Support area at 423-535-5717.
- The eBusiness Marketing Team is also available as an initial contact for all eBusiness transactions. They are available to assist with the coordination and resolution of electronic issues. eBusiness Regional Marketing Managers are available for face to face educational/in-service sessions. These sessions cover all aspects of the BlueCross and BlueShield of Tennessee website, in both Provider office and Vendor settings, and can be tailored specifically to particular needs. To contact the eBusiness Marketing Team please call 423-535-3057 or e-mail at Ecomm_Marketing@bcbst.com.