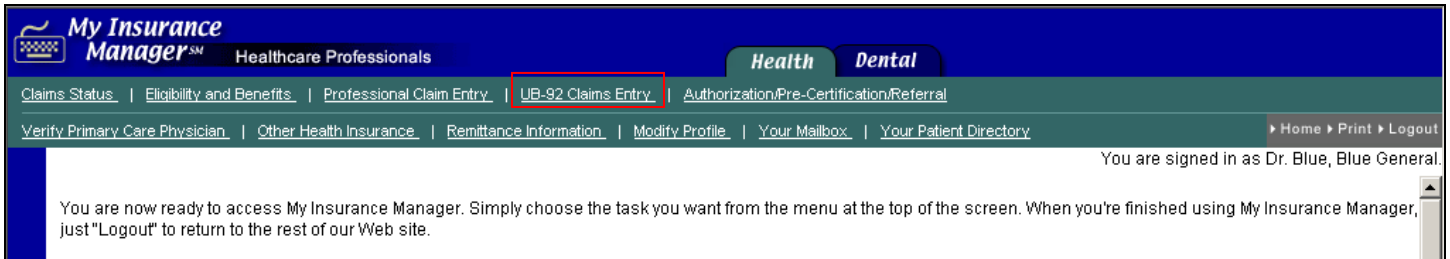


## Welcome to My Insurance Manager<sup>SM</sup>

Use this free online feature to file institutional, professional and dental claims that are compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as well as access information about your claims and your patients.

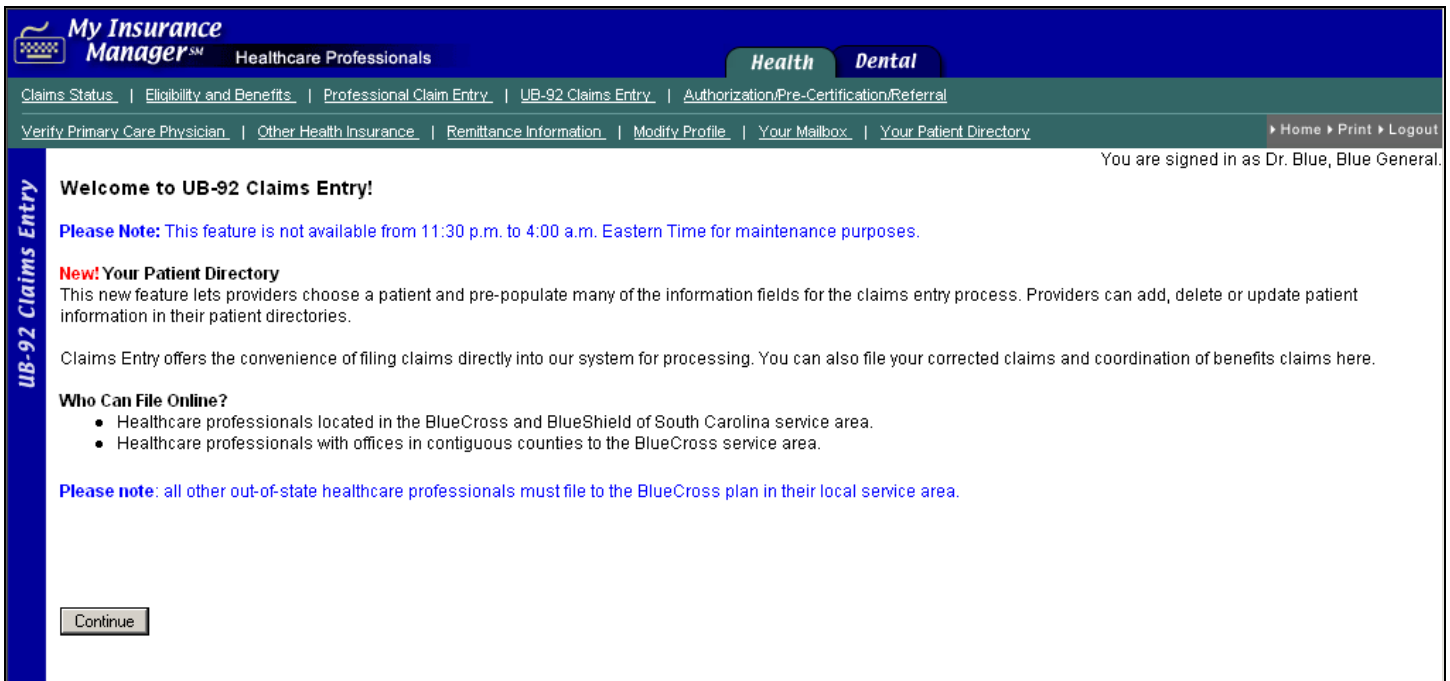
### UB-92 Claims Entry

Log into My Insurance Manager. Then click on “UB-92 Claims Entry” on the top menu.



If this is the first time you have entered the Claims 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. It does not appear each time you file.

### Welcome Screen



**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 claims online. All others must file to the BlueCross plan in their local service area.

<sup>SM</sup>My 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.

## The UB-92 Online Form

The form has several screens. We've marked required fields with a red asterisk. You'll notice however, that some fields are required for certain situations and are not always marked. If the information you submit is not complete, you'll see an error message when you click "Continue."

### Submitter Verification Screen

**My Insurance Manager<sup>SM</sup>** 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 General. All fields are required.

**UB-92 Claims Entry**

**Submitter Verification**  
If this 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: **555-444-5555**  
Tax ID Number: **11111111**  
Tax ID Number Type\*:  **1**

**Health Plan Selection**  
Please choose the health plan listed on the member's ID card:\*  
 **2**

Is this plan the primary payer?\*:  **3**

1. First, choose the Tax ID Number Type – Employer's Identification Number or Social Security Number.
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. Then choose "Yes" to indicate the plan you selected is the primary payer.

### Location Selection Screen

If you have multiple locations for your billing number, you will see this screen. Choose the appropriate billing number from the Primary ID column, and it will automatically populate future screens. The number listed in the Primary ID column is the National Provider Identifier (NPI) for those locations that have an NPI on file with BlueCross BlueShield of South Carolina. For atypical providers (those not required to get an NPI), the Tax ID displays in this column.

If the location requires an NPI, but you don't have one on file with us, the phrase "NPI Unknown" will display. You will still be able to click on the link and file a claim for that location until the Centers for Medicare & Medicaid Services (CMS) fully implements NPI. After the contingency period has ended, you will see "NPI Required," and you will be unable to file a claim for this location.

**My Insurance Manager<sup>SM</sup> 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 General.

**UB-92 Claims Entry**

**Provider**

**Location Selection**  
Please choose one of the following Primary IDs to view your patient directory.

Please note: To sort by Primary ID, Provider Name, Address, City or Specialty, please click the column title.

Primary ID ▲	Provider Name	Address	City	Specialty
<a href="#">1234567890</a>	BLUE FAMILY PRACTICE	200 HOSPITAL CIR STE 100	COLUMBIA	FAMILY PRACTICE
<a href="#">2222222222</a>	BLUE GENERAL HOSPITAL	100 HOSPITAL CIR	COLUMBIA	SHORT TERM GENERAL HOSPITAL
<a href="#">NPI Unknown</a>	BLUE GENERAL SURGICAL PROFESSIONALS	200 HOSPITAL CIR STE 200	COLUMBIA	GENERAL SURGERY

Back

After mandate:

**My Insurance Manager<sup>SM</sup> 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 General.

**UB-92 Claims Entry**

**Provider**

**Location Selection**  
Please choose one of the following Primary IDs to view your patient directory.

Please note: To sort by Primary ID, Provider Name, Address, City or Specialty, please click the column title.

Primary ID ▲	Provider Name	Address	City	Specialty
<a href="#">1234567890</a>	BLUE FAMILY PRACTICE	200 HOSPITAL CIR STE 100	COLUMBIA	FAMILY PRACTICE
<a href="#">2222222222</a>	BLUE GENERAL HOSPITAL	100 HOSPITAL CIR	COLUMBIA	SHORT TERM GENERAL HOSPITAL
<a href="#">NPI Required</a>	BLUE GENERAL SURGICAL PROFESSIONALS	200 HOSPITAL CIR STE 200	COLUMBIA	GENERAL SURGERY

Patient Directory Patient Search Screen

**My Insurance Manager<sup>SM</sup> 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 General.

**Your Patient Directory**

Location Selected: BLUE GENERAL HOSPITAL  
Primary ID: 222222222

**Patient Search:**  
Search by Alphabet - Browse your directory alphabetically by the first letter of the patient's last name.

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 120 total patient(s)

**Search With Details** - Enter some or all of the information.

Member ID:  (Include alpha prefix, if applicable) Patient's Control Number:

Patient's Last Name:  Patient's First Name:  (Include patient's last name)

**Add a Patient**  
To add a new patient or a patient with a new health plan to your directory, please complete the information.

Member ID:  (Include alpha prefix, if applicable) Patient's Date of Birth:  /  /  (mm/dd/yyyy)

Please note: To bypass your patient directory and return to Claims Entry, please click "Continue".

The next screen is the Patient Search screen in Your Patient Directory. You can search for a patient already added in your directory, or add a patient to the directory by using this page.

Patient Directory Patient List Screen

**My Insurance Manager<sup>SM</sup> 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 General.

**Your Patient Directory**

**Patient List**

Number of Patients: 2 Page 1 of 1

Please choose your patient.

	Patient's Name	Member ID	Patient's Date of Birth	Date Created	Last Updated
<a href="#">Delete</a>	<a href="#">TESTING, MARTHA</a>	999574317	09/01/1960	2007-05-22	2007-05-22
<a href="#">Delete</a>	<a href="#">TESTING, MICHAEL</a>	999574317	10/01/1958	2007-05-22	2007-05-22

Choosing a patient name from this list automatically populates basic information such as name, address and member ID in the online claim form.

Patient Directory Patient Details Screen

My Insurance Manager<sup>SM</sup> 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 General.

Your Patient Directory

### Your Patient Directory

#### Patient Details

Required fields feature an asterisk (\*).

##### Patient Information

Last Name:*	First Name:*	MI:	Suffix:	Sex:*	Date of Birth:*
<input type="text" value="TESTING"/>	<input type="text" value="MICHAEL"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Male"/>	<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="1958"/> (mm/dd/yyyy)
Relationship to Member:*			Member ID:*		
<input type="text" value="SELF"/>			<input type="text" value="999574317"/>		
Address Line 1:*		Address Line 2:			
<input type="text" value="123 TEST AVE"/>		<input type="text"/>			
City:*	State:*		ZIP/Postal Code:*		
<input type="text" value="COLUMBIA"/>	<input type="text" value="South Carolina"/>		<input type="text" value="29201"/> - <input type="text"/>		
Country: (if outside US)	Patient Control Number:				
<input type="text"/>	<input type="text" value="123"/>				
Health Plan:*					
<input type="text" value="BlueCross BlueShield Plans"/>					
Release of Information Authorized*					
<input type="text" value="APPROPRIATE RELEASE OF INFORMATION ON FILE AT HEALTH CARE SERVICE PROVIDER OR AT UTILIZATION REVIEW ORGANIZATION"/>					
Benefits Assigned to Healthcare Professional*					
<input type="text" value="Yes"/>					

##### Member Information

Please update or add missing information.

Last Name:*	First Name:*	MI:	Suffix:		
<input type="text" value="TESTING"/>	<input type="text" value="MICHAEL"/>	<input type="text"/>	<input type="text"/>		
Address Line 1:*		Address Line 2:			
<input type="text" value="123 TEST"/>		<input type="text"/>			
City:*	State:*		ZIP/Postal Code:*		
<input type="text" value="COLUMBIA"/>	<input type="text" value="South Carolina"/>		<input type="text" value="29201"/> - <input type="text"/>		
Country: (if outside US)					
<input type="text"/>					

Date Created: 05/22/2007    Time Created: 14:59:31    Last Updated: 05/22/2007    Time Updated: 15:00:24

All required fields are marked with red asterisks.

If the patient is not the member, then we automatically copy all the information except the first name into the member section at the bottom of the screen. You may key over any information that you need to change.

After completing the required fields, click "Continue" to proceed.

**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.

5


## Patient Directory Update Successful Screen

The screenshot displays the 'My Insurance Manager' interface for healthcare professionals. The top navigation bar includes 'Health' and 'Dental' tabs. A secondary menu contains links for 'Claims Status', 'Eligibility and Benefits', 'Professional Claim Entry', 'UB-92 Claims Entry', and 'Authorization/Pre-Certification/Referral'. A third menu includes 'Verify Primary Care Physician', 'Other Health Insurance', 'Remittance Information', 'Modify Profile', 'Your Mailbox', and 'Your Patient Directory'. On the right, there are links for 'Home', 'Print', and 'Logout'. The main content area features a vertical sidebar labeled 'Your Patient Directory' and a central message: 'Update Successful. Your update was successful. What would you like to do next?' with three radio button options: 'Continue with Claims Entry' (selected), 'Add another patient', and 'Search for new patient'. An 'OK' button is located at the bottom of the message area. The top right corner of the main area indicates the user is signed in as 'Dr. Blue, Blue General'.

From this screen, you may make further updates to your Patient Directory, or continue with claims entry.

Patient Information Screen

Clicking on “Continue with Claims Entry” on the previous screen brings up this screen, the first section of the UB-92 claim. The patient directory populates most of the required information on this screen. You may change the patient control number, so it has not been grayed in. To change a gray field, click the “Back” button to go back to the patient directory.

 **My Insurance Manager**<sup>SM</sup> Healthcare Professionals

Health
Dental

[Claims Status](#) | [Eligibility and Benefits](#) | [Professional Claim Entry](#) | [UB-92 Claims Entry](#) | [Authorization/Pre-Certification/Referral](#)

[Home](#) | [Print](#) | [Logout](#)

[Verify Primary Care Physician](#) | [Other Health Insurance](#) | [Remittance Information](#) | [Modify Profile](#) | [Your Mailbox](#) | [Your Patient Directory](#)

You are signed in as Dr. Blue, Blue General.

**UB-92 Claims Entry** All fields are required.

**Patient Information**

Last Name:*	First Name:*	MI:	Suffix:	Sex:*	
TESTING	MICHAEL			Male	
Relationship to Member:*		Member ID:*(Include any prefixes and suffixes)		Date of Birth:*(mm/dd/yyyy)	
Self		999574317		10 / 01 / 1958	
Address Line 1:*			Address Line 2:		
123 TEST AVE					
City:*		State:*		ZIP Code:*	
COLUMBIA		South Carolina		29201 -	
Country: (if outside US)				Patient Control Number:*	
--Please Choose One--				123	

**Member Information**  
(We require this information when the patient is not the member. If the patient and member do not share the same address, please change the information below.)

Last Name:*	First Name:*	MI:	Suffix:	Member ID:*(Include any prefixes and suffixes)	
TESTING	MICHAEL			999574317	
Address Line 1:*			Address Line 2:		
123 TEST					
City:*		State:*		ZIP Code:*	
COLUMBIA		South Carolina		29201 -	
Country: (if outside US)				Patient Control Number:*	
--Please Choose One--					

Continue
Back
Clear Form
Start Over

General Claim Information Screen

**My Insurance Manager<sup>SM</sup> 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

You are signed in as Dr. Blue, Blue Gene

**UB-92 Claims Entry** Required fields feature an asterisk (\*).

**General Claim Information**

**Insurance Information**

Group Name:  Group Number:  Benefits Assigned to Healthcare Professional:\*

**Claim Information**

Please note: The Institutional "Bill Type" is defined by the information in the next three fields.

Facility Type:\*

Bill Classification:\*

Claim Type/Frequency:\*

Medical Record Number:  Prior Claim Number:

Please note: We require all dates to be in mm/dd/yyyy format and all times to be in the hhmm (24-hour clock) format. If the services you submit on this claim cover more than one date, you must include the Statement To Date.

Statement From Date:\*  Statement To Date:  Admission Date:

Admission Time:  Discharge Time:  Covered Days:

Non-Covered Days:  Lifetime Reserve Days:  Coinsurance Days:

Admission Type:  Admission Source:

Patient Status:

Prior Authorization Number:  Referral Number:  Paper EOB Requested:\*

Release of Information Authorized:\*

Delay Reason Code:

Claim Note:

**Healthcare Professional Information**

Primary Billing ID:  Secondary Billing ID:  Signature on File:\*  Accepts Assignment:

Please note: We require the Attending NPI, EIN, or SSN on all inpatient claims or encounters; and the Operating NPI, EIN or SSN on all claims involving surgical procedures.

Attending NPI, EIN or SSN:  Operating NPI, EIN or SSN:

Bill Type is separated into three required fields.

- The first digit of the Bill Type (Item 4 on the UB-92) corresponds to the Facility Type field.
- The second digit of the Bill Type corresponds to the Bill Classification field.
- The third digit of the Bill Type corresponds to the Claim Type/Frequency field.

Other required fields include: Payment Assigned, Statement From Date, Paper EOB Requested, Release of Information Authorized, Billing SSN/EIN and Signature on File (healthcare professional signature.)



Principal Procedure Code Screen

**UB-92 Claims Entry** Required fields feature an asterisk (\*).

**Please Note:** All dates should be in the mm/dd/yyyy format.

**Principal Procedure Code**  
 (We require the Principal Procedure Code & Date on all inpatient claims when a procedure was performed and on Home IV therapy claims when surgery was performed during the inpatient stay from which the course of therapy was initiated.)

Procedure Code:  Procedure Date:  /  /

**Other Procedure Codes**

1. <input type="text"/>	Procedure Date: <input type="text"/> / <input type="text"/> / <input type="text"/>	2. <input type="text"/>	Procedure Date: <input type="text"/> / <input type="text"/> / <input type="text"/>
3. <input type="text"/>	Procedure Date: <input type="text"/> / <input type="text"/> / <input type="text"/>	4. <input type="text"/>	Procedure Date: <input type="text"/> / <input type="text"/> / <input type="text"/>
5. <input type="text"/>	Procedure Date: <input type="text"/> / <input type="text"/> / <input type="text"/>	6. <input type="text"/>	Procedure Date: <input type="text"/> / <input type="text"/> / <input type="text"/>
7. <input type="text"/>	Procedure Date: <input type="text"/> / <input type="text"/> / <input type="text"/>	8. <input type="text"/>	Procedure Date: <input type="text"/> / <input type="text"/> / <input type="text"/>
9. <input type="text"/>	Procedure Date: <input type="text"/> / <input type="text"/> / <input type="text"/>		

Continue Back Clear Form Start Over

The Principal Procedure Code and Date are required on all inpatient claims when a procedure was performed. They are required on Home IV/ therapy claims when surgery was performed during the inpatient stay from which the course of therapy was initiated.

If fields are not applicable, please continue without completing these fields.

Occurrence Codes and Dates Screen

**UB-92 Claims Entry** Required fields feature an asterisk (\*).

**Please Note:** All dates should be in the mm/dd/yyyy format.

**Occurrence Codes & Occurrence Dates**

1. <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	2. <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
3. <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	4. <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
5. <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	6. <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
7. <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	8. <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
9. <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	10. <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

**Occurrence Span Codes & Occurrence Span Dates**

1. <input type="text"/>	From: <input type="text"/> / <input type="text"/> / <input type="text"/>	To: <input type="text"/> / <input type="text"/> / <input type="text"/>
2. <input type="text"/>	From: <input type="text"/> / <input type="text"/> / <input type="text"/>	To: <input type="text"/> / <input type="text"/> / <input type="text"/>

Continue Back Clear Form Start Over

If this is not applicable, select "Continue."

Value Codes and Amounts Screen

My Insurance Manager<sup>SM</sup> Healthcare Professionals

Health
Dental

[Claims Status](#) | [Eligibility and Benefits](#) | [Professional Claim Entry](#) | [UB-92 Claims Entry](#) | [Authorization/Pre-Certification/Referral](#)

[Home](#) | [Print](#) | [Logout](#)

[Verify Primary Care Physician](#) | [Other Health Insurance](#) | [Remittance Information](#) | [Modify Profile](#) | [Your Mailbox](#) | [Your Patient Directory](#)

UB-92 Claims Entry

**UB-92 Claims Entry**

**Value Codes and Amounts**

Please Note: Some information relating to another payer's adjudication of the claim may be reported as "Value Codes" here or as "Claim Adjustments" on the "Other Payer Claim Adjustment" page. If reported here, that adjudication information should not be repeated on that page.

Required fields feature an asterisk (\*).

1. <input style="width: 30px;" type="text"/>	\$ <input style="width: 40px;" type="text"/> . <input style="width: 20px;" type="text"/>	2. <input style="width: 30px;" type="text"/>	\$ <input style="width: 40px;" type="text"/> . <input style="width: 20px;" type="text"/>	3. <input style="width: 30px;" type="text"/>	\$ <input style="width: 40px;" type="text"/> . <input style="width: 20px;" type="text"/>
4. <input style="width: 30px;" type="text"/>	\$ <input style="width: 40px;" type="text"/> . <input style="width: 20px;" type="text"/>	5. <input style="width: 30px;" type="text"/>	\$ <input style="width: 40px;" type="text"/> . <input style="width: 20px;" type="text"/>	6. <input style="width: 30px;" type="text"/>	\$ <input style="width: 40px;" type="text"/> . <input style="width: 20px;" type="text"/>
7. <input style="width: 30px;" type="text"/>	\$ <input style="width: 40px;" type="text"/> . <input style="width: 20px;" type="text"/>	8. <input style="width: 30px;" type="text"/>	\$ <input style="width: 40px;" type="text"/> . <input style="width: 20px;" type="text"/>	9. <input style="width: 30px;" type="text"/>	\$ <input style="width: 40px;" type="text"/> . <input style="width: 20px;" type="text"/>
10. <input style="width: 30px;" type="text"/>	\$ <input style="width: 40px;" type="text"/> . <input style="width: 20px;" type="text"/>	11. <input style="width: 30px;" type="text"/>	\$ <input style="width: 40px;" type="text"/> . <input style="width: 20px;" type="text"/>	12. <input style="width: 30px;" type="text"/>	\$ <input style="width: 40px;" type="text"/> . <input style="width: 20px;" type="text"/>

**Treatment Codes**

(We require treatment codes information when Home Health Agencies need to report plan of treatment information.)

1. <input style="width: 30px;" type="text"/>	2. <input style="width: 30px;" type="text"/>	3. <input style="width: 30px;" type="text"/>	4. <input style="width: 30px;" type="text"/>	5. <input style="width: 30px;" type="text"/>	6. <input style="width: 30px;" type="text"/>
7. <input style="width: 30px;" type="text"/>	8. <input style="width: 30px;" type="text"/>	9. <input style="width: 30px;" type="text"/>	10. <input style="width: 30px;" type="text"/>	11. <input style="width: 30px;" type="text"/>	12. <input style="width: 30px;" type="text"/>

Continue
Back
Clear Form
Start Over

You may find that some information relating to another payer's adjudication of the claim is reported as "Value Codes" here or as "Claim Adjustments" on the "Other Payer Claim Adjustment" page. If reported here, that adjudication information should not be repeated on that page.

**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.

11

UB-92 Claim Lines

Required fields include the Total Claim Charges, the number of Claim Lines, Revenue Code, Unit Type, Units and Total Charges.

To add several claim lines, just use the box marked in red below. You may add up to 99 lines to a UB-92 claim. Choose the number of lines you want to add, and My Insurance Manager will generate the lines for you. (Example below)

Base Claim Validation

**My Insurance Manager<sup>SM</sup>** 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 General.

**UB-92 Claims Entry** Required fields feature an asterisk (\*).

**Base Claim Validation**

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

Please choose the submission method you want to use for this claim: \*

Submit this claim for immediate processing.  
 Submit this claim for overnight processing.

**Please Note:** We must validate all claim information before you can submit it for processing. If we find any errors, we will return the claim to you for correction.

**Once we validate the base claim information and you've corrected any errors, you cannot make changes to that information.**

At this point you must decide whether you would like immediate processing or overnight processing.

For an immediate response on the claim, if available, choose “Submit this claim for immediate processing.” Use this if you want to determine actual payment when you submit the claim. If there are deferrals on the claim, the claim will revert to overnight processing.

For batch processing, choose “Submit this claim for overnight processing.” You can check the claim status the following day.

***The choice of processing does not delay speed of payment.***

Then click “Validate Claim” to check the base claim (everything you have entered so far.) **Once we have validated this part and you have corrected any errors, you may not make any changes.**

If there are any errors, you will see an error message appear in red at the top of the screen.

Validation does not automatically submit the claim. To do so, you must click the “Submit” button (next screen.)

Claim Submission Screen

**My Insurance Manager<sup>SM</sup>** 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 General.

**UB-92 Claims Entry** Required fields feature an asterisk (\*).

**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 institutional services. Examples of additional information you can include on a claim include claim notes, home healthcare information, and drug identification.

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

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. **1**

**Please Note:** You can only add information that applies to the entire claim once.

Click [here](#) to add information that applies to a specific claim line. **2**

At this point we have enough information to adjudicate the claim. HIPAA requires us, however, to offer you the option to add additional information. Links on this page give descriptions of the type of information that you can add to either the (1) total claim or (2) an individual line.

**To bypass the additional information, click “Submit Claim.”**

Receipt Confirmation Screen

**My Insurance Manager<sup>SM</sup>** 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 General.

**UB-92 Claims Entry**

**UB-92 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: **71420003W** [View Claim Status](#)

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

Once the claim is successfully transmitted, we assign it a claim number. Print this screen for your records by clicking "Print" in the top right corner.

Additional Claim Information Selection Screen

**My Insurance Manager<sup>SM</sup> 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 General.

**UB-92 Claims Entry** Required fields feature an asterisk (\*).

**Additional Claim Information Selection**

This information will apply to all claim lines included on this claim. If the information only applies to an individual claim line, then please submit it at the claim line level and not here. You can find more information on required information [here](#).

Please choose the information you want to add to this claim:

<input type="checkbox"/> Claim Notes(s)	<input type="checkbox"/> Medicare Inpatient Adjudication Information
<input type="checkbox"/> Home Healthcare Information	<input type="checkbox"/> Medicare Outpatient Adjudication Information
<input type="checkbox"/> Activities Permitted	<input type="checkbox"/> Other Healthcare Professional Information
<input type="checkbox"/> Functional Limitations	<input type="checkbox"/> Place of Service
<input type="checkbox"/> Mental Status	<input type="checkbox"/> Supplemental Paperwork Information
<input type="checkbox"/> Home Healthcare Plan Information	

Continue Back Clear Form Start Over

If you choose to add additional information to the claim (see page 13) you will see this screen. Check the boxes for the type of information you would like to add. Click “Continue” and My Insurance Manager will give you specific screens based on what you chose. Options that are not available (depending on the claim) are inactive. For example, this screen shows the Medicare options as inactive, since the claim is a primary BlueCross claim.

Additional Claim Information Screen

**My Insurance Manager<sup>SM</sup>** 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 General.

**UB-92 Claims Entry** Required fields feature an asterisk (\*).

**Additional Claim Information**

**Claim Notes**

1. We use this section to explain Home Health narrative information from the forms "Home Health Certification and Plan of Treatment" and "Medical Update and Patient Information."

2. Required only when the healthcare professional deems it necessary to transmit information not sent elsewhere.

Claim Note 1 Type:  
 [Delete this note.](#)

Claim Note 1:

[Add another note.](#) [Skip this information.](#)

**Supplemental Information**

(Required if there is paper documentation supporting this claim. The "Control Number" associated with the "Supplemental Information" should be the internal control number, if any, you use to identify the documentation. Please do not use this section if you are sending the information related to this claim within this claim).

Type:\*

1: Source:\*  Control Number:  Description:

[Delete the line above.](#)

[Add more supplemental information.](#) [Skip this information.](#)

Here is an example of the Additional Claim Information screen with two sections – Claim Notes and Supplemental Information.

Additional Claim Line Information

**My Insurance Manager<sup>SM</sup>** 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 General.

**UB-92 Claims Entry** Required fields feature an asterisk (\*).

**Additional Claim Line Information Selection**

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

Here is a list of the line items for this claim. To add more line item information, please choose the line number. To return to the "Claim Submission" page, please choose the "Continue" button. You may only add more information to a claim line once.

Line	Healthcare Professional	Revenue	Date of Service	Charges
<a href="#">01</a>	2222222222	270	05/22/2007	\$100.00

To add information to a claim line (see page 13), choose the line number. On the next screen (below), choose the type of information you wish to add to the line.

**My Insurance Manager<sup>SM</sup>** 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 General.

**UB-92 Claims Entry** Required fields feature an asterisk (\*).

**Additional Claim Line Information**

Ln	Healthcare Professional	Revenue	Date of Service	Charges
01	2222222222	270	05/22/2007	\$100.00

**Please Note:** This information applies only to the above claim line.

Choose the information you want to add to this claim line:

Drug Identification

Facility Tax Amount

Other Healthcare Professional Information

Service Tax Amount

Additional Claim Line Information Screen Example

**My Insurance Manager<sup>SM</sup> 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 General.

**UB-92 Claims Entry** Required fields feature an asterisk (\*).

**Additional Claim Line Information**

Ln	Healthcare Professional	Revenue	Date of Service	Charges
01	222222222	270	05/22/2007	\$100.00

**Drug Identification**

(Use to specify billing/reporting for drugs the patient received that may be part of the services on this claim line. The National Drug Code (NDC) reports prescribed drugs and biologics when government regulations require, or when the healthcare professional thinks it will enhance the claim process. Drug pricing is required when necessary to provide a price specific to the NDC that is different from the price in the claim line. The prescription number is required if the drug dispensation had an assigned Rx number. When billing for a compound drug, the components of the compound will all have the same prescription number.)

1: National Drug Code:\* Prescription Number:  
  [Delete this report.](#)

Unit Price: Units: Measurement Code:  
 \$  .

[Add another report.](#) [Skip this information.](#)

Please 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

This example shows the screen that appears when the Drug Identification option is chosen.

## Additional Claim Line Information Validation

**My Insurance Manager<sup>SM</sup>** 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 General.

**UB-92 Claims Entry**

**UB-92 Claims Entry**

**UB-92 Claims Entry**

**Additional Claim Information Validation**

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

**Please Note:** We must validate all information before you can submit it for processing. If we find any errors, we will return the claim to you for correction.

Once we validate the additional claim information and you've corrected any errors, you cannot make changes to that information.

Validate Claim Back Start Over

Once everything is complete, click “Validate Claim.”

## Claim Submission

**My Insurance Manager<sup>SM</sup>** 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 General.

**UB-92 Claims Entry**

**UB-92 Claims Entry**

**UB-92 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.**

Submit Claim

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

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

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

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

Start Over

Click “Submit Claim.”

Receipt Confirmation

The screenshot shows the 'My Insurance Manager' interface for Healthcare Professionals. The top navigation bar includes 'Health' and 'Dental' tabs. Below the navigation bar, there are links for 'Claims Status', 'Eligibility and Benefits', 'Professional Claim Entry', 'UB-92 Claims Entry', and 'Authorization/Pre-Certification/Referral'. A secondary navigation bar contains links for 'Verify Primary Care Physician', 'Other Health Insurance', 'Remittance Information', 'Modify Profile', 'Your Mailbox', and 'Your Patient Directory'. In the top right corner, there are links for 'Home', 'Print', and 'Logout', with 'Print' highlighted by a red box and a red arrow pointing to it. The main content area is titled 'UB-92 Claims Entry' and 'Receipt Confirmation'. It displays the following information: Member ID: 999574317, Patient's Name: MICHAEL TESTING, Patient's Date of Birth: 10 / 01 / 1958, and Patient's Gender: Male. Below this, it states 'We have received and are processing your claim.' and provides the Claim Number: 71420004W with a link to 'View Claim Status'. At the bottom, there are two options: 'Submit another claim for the same Tax ID.' and 'Submit another claim for a different Tax ID.'

Once the claim is successfully transmitted, we assign it a claim number. Print this screen for your records by clicking "Print" in the top right corner.