

## Quick Tips for a Smooth Out-of-Area Claims Experience

At Blue Cross and Blue Shield of North Carolina (BCBSNC), we strive to process claims quickly and accurately. Did you know that you can help make a difference in how quickly claims are processed too?

Following these helpful tips will improve your claim experience for you and your patients:

- **Submit *all* Blue claims to BCBSNC.** Be sure to include the member's complete identification number, including the three-character alpha prefix, when you submit the claim. Claims with incorrect or missing alpha prefixes or member identification numbers cannot be processed, so be sure this information is correct before submitting the claim to us.
- **Ask BCBSNC members for their *current* member ID card at each visit,** and make photocopies of it (front and back) for your files. Having the current ID card information on file will help you submit claims correctly the first time and avoid unnecessary claims payment delays.
- **Check BCBSNC member eligibility and benefits** electronically through Blue e<sup>SM</sup> at <https://providers.bcbsnc.com/providers/login.faces> or by calling 1-800-676-BLUE (2583).
- **Verify the member's cost-sharing amount upfront** before processing payment. Please do not process full payment upfront.
- **Note any payment you previously collected from the patient.** On the 837 electronic claim submission form, check field AMT01=F6 *patient paid amount*; on the CMS1500 locator 29 *amount paid*; on UB92 locator 54 *prior payment*; and on UB04 locator 53 *prior payment*.
- When there is more than one payer and a Blue Cross and/or Blue Shield Plan is the primary payer, submit **other party liability (OPL)** information along with the Blue Cross and/or Blue Shield claim. Upon receipt, BCBSNC will electronically route the claim to the member's Blue Plan. The member's Plan will process the claim and approve payment, and BCBSNC will reimburse you for the eligible services submitted.
- **Do not send duplicate claims.** Sending another claim, or having your billing agency resubmit claims automatically, actually slows down the claims payment process and creates confusion for the member. Please allow at least 30 days for claims processing.
- **Check claim status** by submitting an electronic HIPAA 276 transaction (claim status request) via Blue e or by contacting the Provider Blue Line<sup>SM</sup> at 1-800-214-2844.

If you have any questions about claims filing for Blue Plan members, please:

- Contact BlueCard<sup>®</sup> Customer Service at 1-800-676-BLUE (2583).
- Refer to the online BCBSNC Provider eManual at: <http://www.bcbsnc.com/providers>.