

six ways to improve BlueCard claims processing

Did you know that when you submit BlueCard® facility claims to us electronically we can process them up to two days faster than paper claims?

Electronic facility claims are processed more quickly than paper claims because they bypass several time-consuming manual steps, such as mailroom sorting, image scanning and entry. However, it's important to remember that even though high-tech systems can process data quickly, you still play a pivotal role in ensuring efficient claims payment. By paying close attention to the data entered in the UB-92 form, you can help ensure a speedy and accurate outcome.

We've identified these six steps as having the greatest impact on the speed of electronic facility claims processing:

1. Check provider numbers

Claims submitted with incorrect provider numbers require a processor to conduct a manual search to locate the correct numbers. This extra step adds time to the process. All claims submitted to us must have your correct Blue Shield of California Provider Identification Number (PIN).

Your National Provider Identifier (NPI) may also be submitted along with your Blue Shield PIN. Beginning May 23, 2005, eligible healthcare providers were able to apply to the National Plan and Provider Enumeration System for an NPI. On the same day, Blue Shield began accepting NPIs on incoming 837 transactions to simplify processing for providers.

If you're submitting your NPI on an incoming 837 transaction, we request that you also include the Blue Shield PIN in the REF segment in loops containing your NPI. Including both identifiers will help ensure timely and accurate claim processing

and allows us to build necessary cross-references to our internal provider identification system. For more information about NPI and Blue Shield's NPI adoption, log onto Provider Connection at blueshieldca.com/provider, click the section, Announcements and select the link, What is the National Provider Identifier (NPI)? You're also welcome to call our eBusiness Data Exchange department at **(800) 480-1221** for assistance and information on NPI.

2. Provide required codes

Ensure that Billing Procedure Codes are matched with their required HCFA Common Procedure Codes (HCPC). When HCPC are missing, outpatient claims are considered incomplete, and will be returned with a request for the required information.

3. Specify dates for multiple-day room and board charges

When filing electronic claims, be sure to list the dates of services for each room and board charge. Otherwise, the claims are considered incomplete, and will be returned with a request for resubmission with specific dates.

4. Correctly identify bill type

We often see bills indicated as "inpatient" that don't include any supporting room and board charges. To avoid processing delays, it's important to correctly identify the type of bill.

5. Include documentation for exception claims

Claims with contract exceptions, such as trauma or stop-loss, require itemization, invoices, medical reports or other documentation. Refer to the most current issue of our *Hospital Guidelines* manual for more information on filing requirements for exception claims. The manual is available online at Provider Connection, at [blueshieldca/provider](https://blueshieldca.com/provider), in the Guidelines and Resources section. If you need a printed copy, please contact the Provider Services Liaison Unit at **(800) 258-3091**.

6. Double-check UB-92s for key data

To streamline electronic processing of UB-92s, confirm the inclusion of all required patient information, especially the patient's:

- Date of birth
- Control number
- First name
- Last name
- Gender
- Status code
- Relationship to subscriber
- I.D. number, including the three-character alpha prefix

In addition to key patient information, be sure to include the following vital medical treatment data:

- Units of service (if applicable for procedures that may have more than one unit)
- Principle diagnosis code with principle dates
- Revenue codes
- Service charges

When submitting Medicare crossover claims or claims involving other insurance coverage, include key descriptive plan information, such as the member's Evidence of Member Benefits (EOMB), Explanation of Benefits (EOB), and Medicare payer pricing qualifier codes.

For more tips about expediting BlueCard electronic claims cycle times, contact our eBusiness Data Exchange department at **(800) 480-1221** or by e-mail at EDI_BSC@blueshieldca.com.