

BLUERIDE

AVAILITY ESSENTIALS PROFESSIONAL CLAIM SUBMISSION

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➤ Professional claim submission form

- This document will cover professional claim submission details specific to BlueRide Non-Emergency Transportation providers.

****YOU WILL NEED TO COMPLETE REGISTRATION PRIOR TO ACCESSING THIS INFORMATION. IF YOU HAVE NOT FINISHED THE REGISTRATION PROCESS, COMPLETE THAT FIRST, THEN RETURN TO THIS DOCUMENT**

SUBMITTING A CLAIM

Information you should have ready before beginning to enter a claim:

- Organization, if you have more than one to choose from
- Payer name – BlueRide Non-Emerg Transportation
- Patient information – If you do an Eligibility & Benefit Inquiry prior to starting the claim the member data will populate the claim submission screen
 - Name
 - Date of birth
 - Gender
 - Address
 - Subscriber/Member ID

SUBMITTING A CLAIM, CONTINUED

- Provider billing information – Enter this information in Manage My Organization to use the drop-down list to select a provider on the claim submission screen
 - Organization/Provider Name
 - Phone number
 - Address
 - Specialty/taxonomy code
 - NPI or UMPI, if **UMPI is used then it is required to be entered in Manage My Organization**
 - Tax ID

SUBMITTING A CLAIM, CONTINUED

- Diagnosis Code
 - ICD10 code R68.89 can be used
 - Do not enter the decimal point in the claim form (e.g., R6889)
- Claim level information
 - Authorization/Trip number is required
 - Patient Control Number (this is any number you use in your system to track services for the patient)
 - Place of Service, use 99 or 41 to allow for the pickup and drop-off addresses to be entered.
 - Pickup address
 - Drop-off address

SUBMITTING A CLAIM, CONTINUED

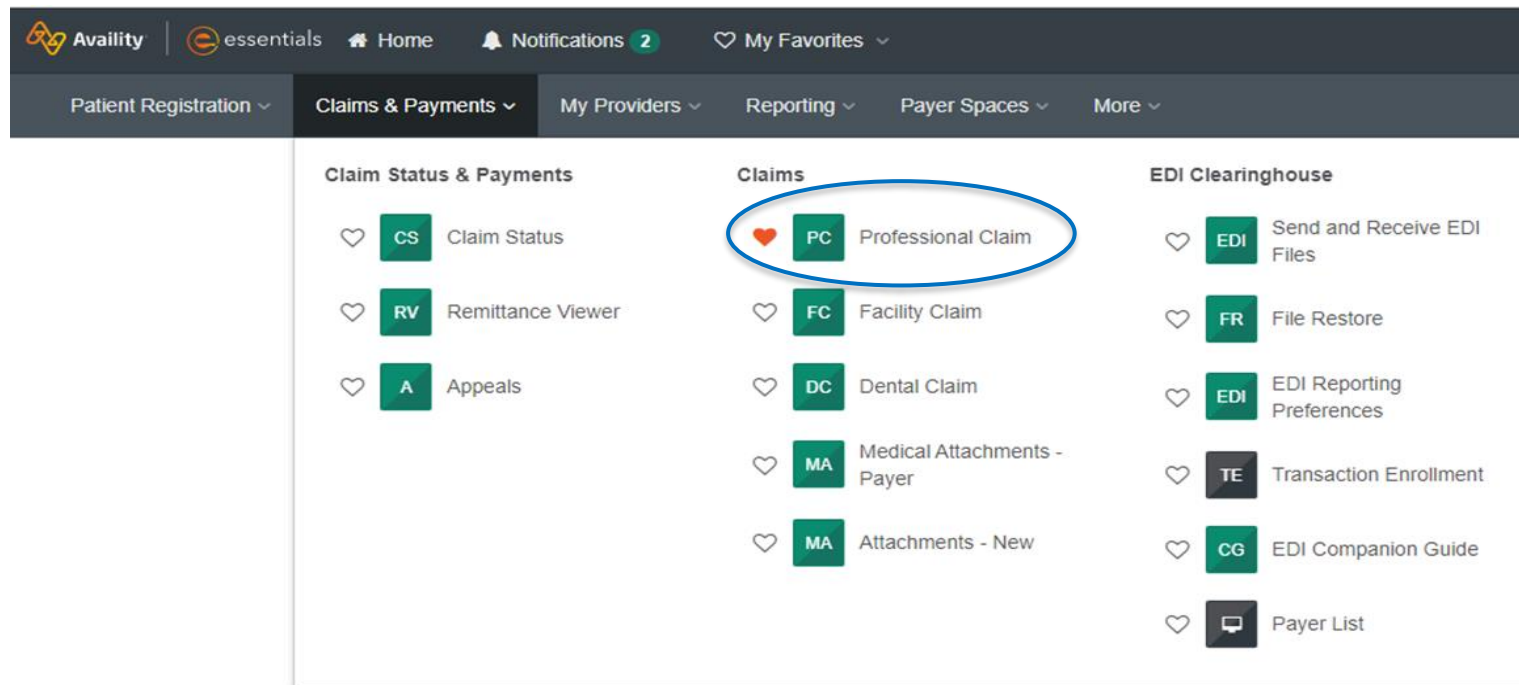
- Line Information
 - Date of service
 - Only bill dates of service in the same month on the same claim.
 - Procedure code
 - Description, for applicable procedure codes
 - Modifier, as applicable
 - Charge
 - Number of units


For additional information use this link from MN DHS.

<https://www.dhs.state.mn.us>

SUBMITTING A CLAIM, CONTINUED

To open Submit a Claim, go to the “Claims & Payments” drop down menu, choose “Professional Claim”



TIP: Click  to add to favorites for quicker access in the future.

PROFESSIONAL CLAIM FORM

PC Professional Claim

i Confirm which organization and payer you would like to submit claims for.

Organization

PROVIDER ORGANIZATION NAME

Transaction **?**

Professional Claim

Payer **?**

BLUERIDE NON-EMERG TRANSPORTATION

Continue

PROFESSIONAL CLAIM FORM, CONTINUED

Professional Health Care Claim

Need help? [Watch a demo](#) for submitting claims.

* indicates a required field

* Payer: ?

* Organization:

* Transaction Type: ?

Responsibility Sequence: ?


TIP: Submit an E&B Inquiry before opening the claim form. Patient information will populate from the E&B response.


Patient Information

* Last Name:

* First Name:

Middle Name or Initial:

* Date of Birth: / / 
MM DD YYYY

Date of Death: / / 
MM DD YYYY

* Gender:

Country: ?

* Address 1: ?

Address 2: ?

* City, State, ZIP Code: -

* Relationship to Subscriber: ?

release signature from provider on behalf of patient

Patient Amount Paid: ?

TIP: Fields listed with a red asterisk (*) are required.

PROFESSIONAL CLAIM FORM, CONTINUED

Billing Provider Information

Select a Provider: ? ▼

* Organization / Provider Last Name: ?

First Name:

* Phone Number: ? - - Ext.

Fax Number: - -

E-mail:

Country: ? ▼

* Address 1: ?

Address 2: ?

* City, State, ZIP Code: ▼ -

* Specialty / Taxonomy:

→ * NPI: ?

Tax ID Type: ▼

* Tax ID: ?

Important: Enter the tax ID to which the claim should be paid.

* Provider Accepts Assignment: ? ▼

* Release of Information Code: ? ▼

TIP: Enter billing provider information in Manage My Organization to save time and utilize the drop-down list.

TIP: Fields listed with a red asterisk (*) are required.

TIP: This field will change to allow for an UMPI based on what is entered in Manage My Organization setup.

TIP: Do not forget to complete this field.

PROFESSIONAL CLAIM FORM, CONTINUED

Diagnosis Codes ?

* Principal Diagnosis Code: ICD-10 Code Verification ? [←](#)
 [+] Add Another Code

TIP: The decimal point of the diagnosis code should not be entered. Use the verification link as needed.

Claim Information

* Patient Control Number / Claim Number: ?
 Medical Record Number:
 * Place of Service: ? 99 - Other Place of Service
 * Billing Frequency: ? 1 - Admit through Discharge Claim
 * Provider Signature on File: Select One

TIP: Use POS 99 or 41 to allow pickup and drop off addresses to be submitted. Recommend using POS 99.

Prior Authorization Number: ?

TIP: The Prior Authorization Field is not indicated as required but is needed on the claim for processing.

TIP: Fields listed with a red asterisk (*) are required.

PROFESSIONAL CLAIM FORM, CONTINUED POS 99

* Place of Service: ?

Pickup Location

Drop Off Location

Pickup Location

When using place of service 99, check these boxes for Pickup Location and Drop Off Location.

Pickup Location ?

Country: ?

* Address 1:

Address 2:

* City, State, ZIP Code: -

Drop Off Location

Complete the required fields as indicated by the red asterisk (*).

Drop Off Location ?

Country: ?

* Address 1:

Address 2:

* City, State, ZIP Code: -

PROFESSIONAL CLAIM FORM, CONTINUED POS 41

* Place of Service: ? 41 - Ambulance Land ▼

When using place of service 41, the following fields will appear. Fields listed with a red asterisk (*) are required.

* Transport Reason: Select One ▼

* Transport Distance: Miles

* Condition Code: Select One ▼

[+] Add Another Condition

Transport Reason – any reason is allowed; recommendation would be Patient was transported for the benefit pf a preferred physician

Ambulance Pickup Location

Country: ? United States ▼

* Address 1:

Address 2:

* City, State, ZIP Code: Select One ▼ -

Select One

Patient was transported to nearest facility for care of symptoms, complaints, or both

Patient was transported for the benefit of a preferred physician

Patient was transported for the nearness of family members

Patient was transported for the care of a specialist or for availability of specialized equipment

Patient transferred to Rehab facility

Transport Distance - enter the number of miles being submitted on the claim.

Ambulance Dropoff Location

Country: ? United States ▼

* Address 1:

Address 2:

* City, State, ZIP Code: Select One ▼ -

Condition Code - any reason is allowed; recommendation would be Ambulance service is medically necessary.

Select One

Patient was admitted to the Hospital

Patient was moved by stretcher

Patient was unconscious or in shock

Patient was transported in an emergency situation

Patient had to be physically restrained

Patient had visible hemorrhaging

Ambulance service was medically necessary

Patient is confined to a bed or chair

This claim has a Certification Condition Indicator

PROFESSIONAL CLAIM FORM, CONTINUED

Line Number	Date(s) of Service:		Place of Service	Procedure Code CPT/HCPCS	Modifiers				Diagnosis Pointer	Charges	Minutes or Units	Prior Auth Number
	From	To			1	2	3	4				
No claims entered yet. Enter claim(s) below and click Save to Service Line.												
Total:										\$0.00		

Line Number: 1

* Line Item Control Number: ?

* Date of Service: ? From / / To / /

Place of Service: ?

* Procedure Code: ?

non-specific procedure code description

Modifiers:

* Diagnosis Code Pointers: ? * 1 2 3 4

this claim was an emergency

* Charges:

* Number of: ? Units

Prior Authorization Number: ?

TIP: For procedure code A0999 with TP modifier, check this box to open a free-form text field to allow the description to be entered. (e.g., deadhead, no show).

TIP: Only bill dates of service in the same month on the same claim.

TIP: If the line number Prior Authorization number is different then the Claim Level enter the Prior Authorization Number in this field.

TIP: Do not forget to click the "Save to Service Line" button after each line needing to be submitted

This service line also includes...

- reporting of a national drug code (NDC)
- reporting both rental and purchase price for durable medical equipment (DME)
- a certificate of medical necessity (CMN)
- a rendering provider

Save to Service Line

PROFESSIONAL CLAIM FORM, CONTINUED

After all claim lines have been added, click the “Submit” button

YOU WILL RECEIVE A CLAIM RESPONSE DETAIL.

THIS ONLY MEANS THE CLAIM PASSED ALL PORTAL EDITS

AND WILL BE SENT TO THE PAYER FOR THE NEXT STEP

IN PROCESSING THE CLAIM.

YOU CAN EITHER PRINT/SAVE THIS CLAIM RESPONSE

DETAIL OR FIND IT IN YOUR SEND/RECEIVE EDI FILES.

Claim Response Detail

Need help? [Watch a demo](#) for submitting claims.

Transaction ID:	Transaction Date	Customer ID:
<input type="button" value="Submit Another Claim"/> <input type="button" value="Print"/>		

Your claim has been sent to BCBSMN, which processes claims in batches.
You will receive the response for this claim in your [ReceiveFiles](#) mailbox.

Claim Number:

Submission

Type:

Submission

Date:

Date(s) of

Service:

Patient Name:

Subscriber

Name:

Subscriber ID:

Billing Provider

Name:

Billing Provider

NPI:

Billing Provider

Tax ID:

Total Charges:

PROFESSIONAL CLAIM FORM, CONTINUED

After a claim response detail is received, the payer will send a 277CA (Claim Acknowledgement) with an accepted or rejected message.

- If the claim is “Accepted”, it means that the claim will process through the adjudication system.
 - After the claim is finalized in the adjudication system, you will receive an Electronic Remittance Advice (ERA) with details on how the claim was adjudicated. The ERA is also known as an 835 EDI Transaction. The human readable version of the remittance can be found within the Remittance Viewer application on the Availity Essentials portal.
- If the claim is “Rejected”, it means that there will be an error message sent back to you. For claims submitted through the Availity Essentials Portal, the 277CA will be found in your mailbox in Send and Receive EDI files. This message will inform you what is needing to be corrected on the claim. After correcting the error, submit a new claim.

THANK YOU

For technical support contact Availity 1-800-282-4548 or 1-800-AVAILITY. Or select **Help & Training | Availity Support** for additional Availity assistance.