



BRIDGEVIEW

Availity Essentials Claim Submission

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AVAILITY ESSENTIALS WEBSITE



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➤ Professional claim submission form

- This document will cover claim submission details specific to Bridgeview 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:

TIP: Refer to your **Bridgeview Service Agreement** for details

- Organization, if you have more than one to choose from
- Payer name – Bridgeview
- Patient information – verify MN-ITS to ensure member is currently active with Blue Plus
 - Name
 - Date of birth
 - Gender
 - Address
 - Subscriber/Member ID – use Member ID from the Service Agreement

SUBMITTING A CLAIM, CONTINUED

- Provider billing information – Enter this information in Manage My Organization to use the drop down 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

TIP: Refer to your Bridgeview Service Agreement for details

Tip: Do not submit rendering provider information

SUBMITTING A CLAIM, CONTINUED

- Diagnosis Code
 - ICD10 code can be found on the Service Agreement
 - Do not enter the decimal point in the claim form in Availity Essentials
- Claim level information
 - Authorization number is required, this number can be found on the Service Agreement
 - Patient Control Number (this is any number you use in your system to track services for the patient)
 - Place of Service, choose the correct place of service where services rendered

TIP: Refer to your Bridgeview Service Agreement for details

SUBMITTING A CLAIM, CONTINUED

- Line Information
 - Date of service
 - Procedure code
 - Description, for applicable procedure codes
 - Modifier, as applicable
 - Charge
 - Number of units

TIP: Refer to your Bridgeview Service Agreement for details

SERVICE AGREEMENT EXAMPLE



The Service Agreement (SA) contains the following information:

- Your business name and address
- Case Manager name and contact number
- Authorized units
- Rate/Unit
- Total authorized amount
- Specifics to submit a claim for services rendered
 - Provider ID
 - Prior authorization
 - Members name and ID
 - Approved dates of service
 - Diagnosis code
 - Procedure code and applicable modifier

Care Manager Name and Contact information for Questions regarding the service agreement:
Case Manager Contact
Susan Smith
651-123-4567
A012345678

Your business name
SunnyDay Assisted Living
12345 Country Lane N
Smithville, MN 55551

Your billing NPI/UMPI needs to be the same as the service agreement and registered with Avality
Provider NPI _____ Provider UMPI A087654321

THIS ELDERLY WAIVER SERVICE AGREEMENT HAS BEEN REVIEW. MEMBERS MUST CONTINUE TO MEET PROGRAM ELIGIBILITY CRITERIA AND, IN THE CASE OF THE WAIVER PROGRAMS, BE ELIGIBLE FOR MEDICAL ASSISTANCE. IT IS THE PROVIDER'S RESPONSIBILITY TO REVIEW THE MEMBER'S CONTINUED PROGRAM ELIGIBILITY ON THE MN-ITS ELIGIBILITY VERIFICATION SYSTEM PRIOR TO SUBMITTING CLAIMS FOR THESE SERVICES. PROVIDERS MUST CONTINUE TO BE ACTIVELY ENROLLED TO PROVIDE THESE SERVICE (S).

IF YOU HAVE QUESTIONS REGARDING THE SERVICES LISTED ON THIS SERVICE AGREEMENT, PLEASE CONTACT THE CASE MANAGER.

PRIOR AUTH #	MEMBER ID	MEMBER NAME	FROM DATE	TO DATE
88123456	801234567	JOHN DOE	07/01/2016	12/31/2016

The information listed above and below are required on the Avality claim form. Keep in mind you will only be billing one claim per month within the authorization date span.

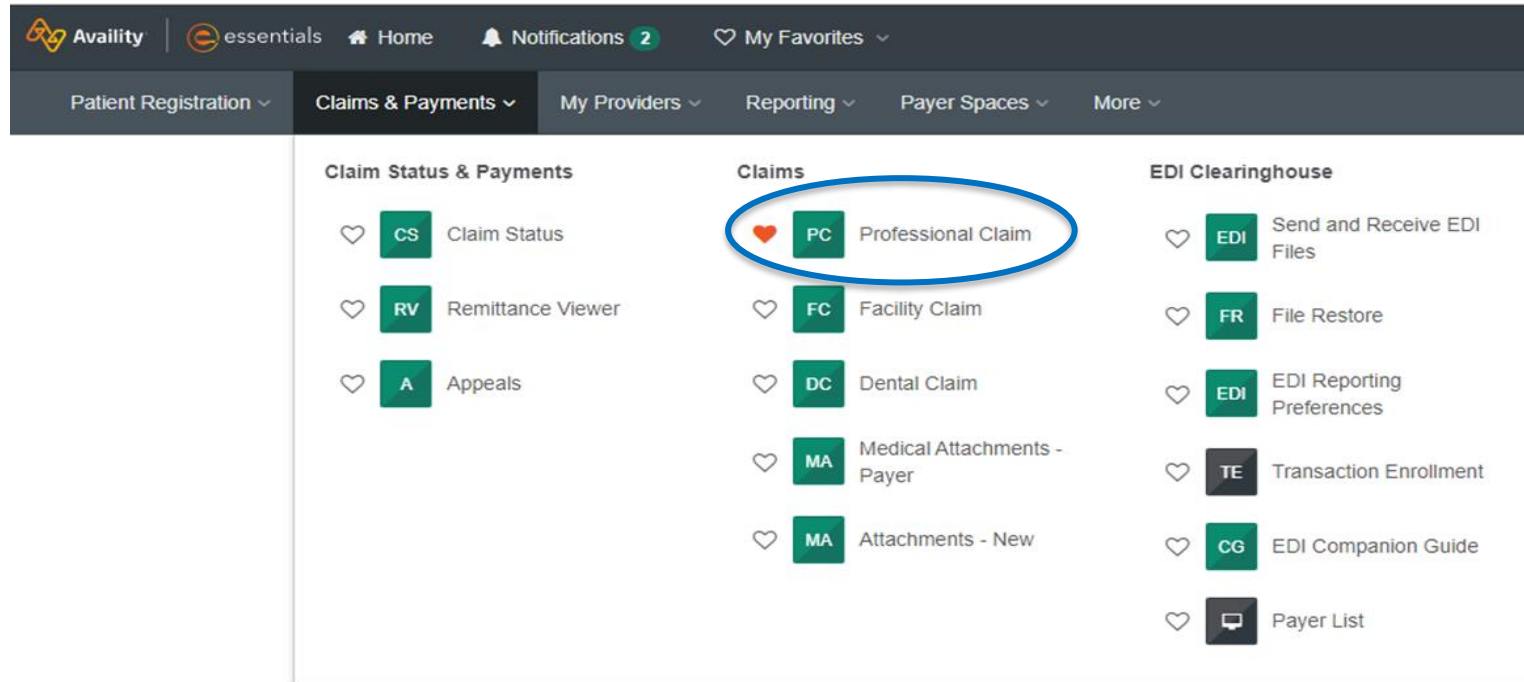
DIA CODE	SERVICE HCPCS MODIFIER	FREQUENCY
I10. E13.311	T2031 TG	Daily
	24 hour Customized Living Services-	Daily

AUTHORIZED UNITS: 365 RATE/UNIT: \$59.65 TOTAL AUTHORIZED AMOUNT: \$21772.25

THIS MEMBER MAY HAVE A WAIVER OBLIGATION THAT MUST BE MET
THIS IS A NEW SERVICE AUTHORIZATION.

SUBMITTING A CLAIM, CONTINUED

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



The screenshot shows the Bridgeview web application interface. The top navigation bar includes the Avality logo, 'essentials', 'Home', 'Notifications 2', and 'My Favorites'. Below this is a secondary navigation bar with dropdown menus for 'Patient Registration', 'Claims & Payments', 'My Providers', 'Reporting', 'Payer Spaces', and 'More'. The 'Claims & Payments' dropdown menu is open, displaying three columns of options:

- Claim Status & Payments:**
 - CS Claim Status
 - RV Remittance Viewer
 - A Appeals
- Claims:**
 - PC Professional Claim (highlighted with a blue circle)
 - FC Facility Claim
 - DC Dental Claim
 - MA Medical Attachments - Payer
 - MA Attachments - New
- EDI Clearinghouse:**
 - EDI Send and Receive EDI Files
 - FR File Restore
 - EDI EDI Reporting Preferences
 - TE Transaction Enrollment
 - CG EDI Companion Guide
 - Payer List

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 **?**

BRIDGEVIEW

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: ?

Patient Information

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

* 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: ?

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

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 should not be entered. Use the verification link as needed. The diagnosis code can be found on the Service Agreement.

Claim Information

* Patient Control Number / Claim Number: ?

Medical Record Number:

* Place of Service: ? 11 - Office

* Billing Frequency: ? 1 - Admit through Discharge Claim

* Provider Signature on File: Select One

Prior Authorization Number: ?

TIP: The Prior Authorization Field is not indicated as required but is needed on the claim for processing. The authorization number can be found on the Service Agreement.

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

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 / /
MM DD YYYY MM DD YYYY

Place of Service: ?

* Procedure Code: ?

non-specific procedure code description

Modifiers:
1 2 3 4

* Diagnosis Code Pointers: ?
* 1 2 3 4

this claim was an emergency

* Charges:

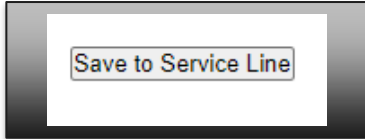
* Number of: ? Units

Prior Authorization Number: ?

TIP: For procedure codes that need a description, check this box to open a free-form test field.



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



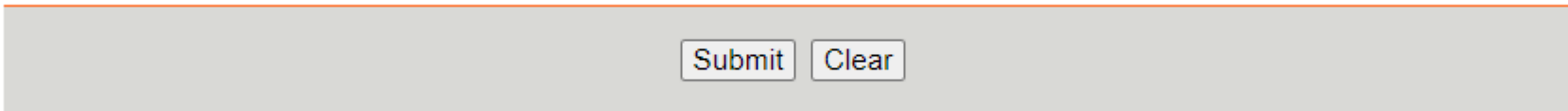
This service line also includes...

- 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

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:

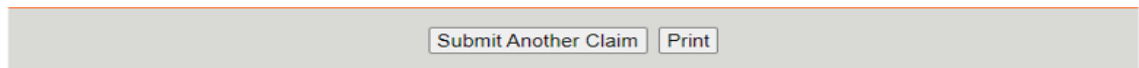
Billing Provider

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. For help on Remittance Viewer, see the reference document specifically created for Remittance Viewer.
- If the claim is “Rejected”, it means that there will be an error message sent back to you. 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.