Facility Claim submission via the Availity® Essentials portal offers providers a no-cost solution to quickly submit an electronic claim or encounter to Blue Cross and Blue Shield of Illinois (BCBSIL). Electronic claim submission can accelerate the claim and reimbursement process. This Availity option doesn't require the use of a separate clearinghouse or practice management system.
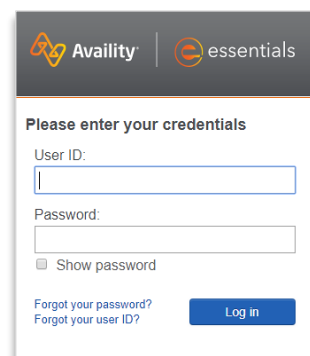
Not Registered with Availity? Complete the guided online registration process today at Availity, at no charge.

Note: This user guide provides instructions on completing and submitting the Facility Claim Submission form via Availity Essentials. The guide is for educational purposes and should not be interpreted as advice on how to bill a claim.

1) Getting Started

▶ Go to Availity

▶ Select **Availity Essentials Login**

▶ Enter User ID and Password

▶ Select **Log in**

> *Note: Only registered Availity users can access this **Facility Claim** submission option.*

2) Accessing Facility Claim Form

▶ Select **Claims & Payments** from the navigation menu

▶ Select **Facility Claim**

> *Note: Contact your Availity Administrator if **Facility Claim** is not listed in **Claims & Payments** menu.*
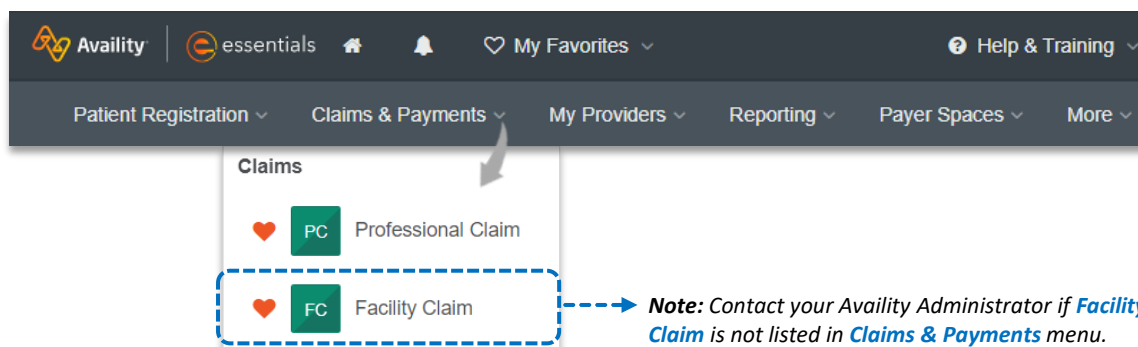
> **Important Note:** To ensure your provider information is available in the **Select a Provider** drop-down list, your Availity Administrator can add your Billing and Rendering NPIs and Tax ID numbers to **Manage My Organization** under **My Account Dashboard** on the Availity Essentials homepage. For detailed instructions, refer to the **Manage My Organization User Guide**.

3) Claim Type & Payer Selection

- ▶ Choose Organization
- ▶ Choose *Claim Type* of **Facility Claim**
- ▶ Select the appropriate **Payer** from the drop-down list
- ▶ Select **Responsibility Sequence** *(e.g., Primary, Secondary, or Tertiary)*

Payer Selection Options:
- → *BCBSIL*
- → *Blue Cross Medicare Advantage*
- → *Blue Cross Community Health Plans*

INSURANCE COMPANY/BENEFIT PLAN INFORMATION

Organization	Claim Type	Payer	Responsibility Sequence ❓
ABC Organization ▾	Facility Claim ▾	BCBSIL ▾	Primary ▾

4) Facility Claim Information

- ▶ Enter the Statement From and To Dates
- ▶ Select the appropriate Facility Type from the drop-down list

Set / Show Form Data

FACILITY CLAIM INFORMATION

* Statement From Date	* Statement To Date	* Facility Type
mm/dd/yyyy 📅	mm/dd/yyyy 📅	Type to search... ▾

Facility Types

11 - Hospital Inpatient (Including Medicare Part A)	65 - Intermediate Care - Level I	81 - Hospice(Nonhospital based)
12 - Hospital Inpatient (Medicare Part B only)	66 - Intermediate Care - Level II	82 - hospice (Hospital based)
13 - Hospital Outpatient	71 - Clinic- Rural Health	83 - Ambulatory Surgery Center
14 - Hospital-Laboratory Services provided to Non-Patients	72 - Clinic-Hospital based or Independent renal dialysis center	84 - Free Standing Birthing Center
18 - Hospital-Swing Bed	73 - Clinic-Free Standing	85 - Critical Access Hospital
21 - SNF Inpatient (Including Medicare Part A)	74 - Clinic-Outpatient Rehabilitation Facility	86 - Residential Facility
22 - SNF Inpatient (Medicare Part B)	75 - Clinic-Comprehensive Outpatient Rehabilitation Facility	87 - Freestanding Non-residential Opioid Treatment Program
23 - SNF Outpatient	76 - Clinic-Community Mental Health Centers	89 - Special Facility-Other
28 - SNF Swing Bed	77 - Clinic-Federally Qualified Health Center (FQHC)	
32 - Home Health Services under a Plan of Treatment	78 - Licensed Freestanding Emergency Medical Facility	
34 - Home Health Services not under a Plan of Treatment	79 - Clinic-Other	
41 - Religious Nonmedical Health Care Institutions-Hospital Inpatient		
43 - Religious Nonmedical Health Care Institutions-OutPatient Services		

5) Provider Information

Complete the required fields:

▶ **Organization / Provider Last Name**

▶ **NPI / Tax ID**

▶ **Specialty / Taxonomy**

▶ **Address / City, State, Zip Code**

> **Quick Tip:**
>
> Most of the provider information can be automatically populated by choosing the appropriate provider from the **Select a Provider** drop-down listing. If the provider information is not available, simply add the provider information to **Manage My Organization**. For assistance, refer to the **Manage My Organization User Guide**.

PROVIDER INFORMATION

Select a Provider ❓

Select an Address

* Organization / Last Name ❓   * NPI ❓   * EIN ❓

* Specialty Code ❓   * Address ❓   Address 2 ❓
  Type to search...   .

Country ❓   * City   * State   * Zip Code
United States

☑ Pay-to address is the same as the billing address

☑ Service facility location is the same as the billing provider address

📞 Add Contact Information

> **Quick Tip:**
>
> For additional details on what information is needed, click the **Question mark** next to the field(s).

CONTACT INFORMATION   ✕

* Contact Name ❓   Phone ❓

Extension   Fax

Email

Billing provider phone number

Enter a valid phone number in the format xxxxxxxxxx.

ℹ️ **Tip:** When possible, use the **Select a Provider** field to enter your provider information. The **Select a Provider** field uses data from **Manage My Organization**, which allows for quicker keying and reduces errors.

6) Patient Information

Complete the required fields:

▸ **Last Name**   ▸ **Relationship to Subscriber**

▸ **Date of Birth**   ▸ **Address**

▸ **Gender**   ▸ **City, State, Zip Code**

Quick Tips:

→ *If an **Availity Eligibility and Benefits Inquiry** is completed first, data will pre-populate into the Patient and Subscriber Information sections.*

→ *While "**First Name**" is not a required field, entering this information will ensure accurate processing of your claim.*

PATIENT INFORMATION

Select a Patient
[Type to search... ▾]

* Last Name [ ]   First Name [ ]   Middle Name [ ]

Suffix [ ]   * Gender [Type to search... ▾]   * Date of Birth [mm/dd/yyyy 📅]

* Relationship ❓ [Self ▾]   * Patient Status [Type to search... ▾]   Patient Responsibility ❓ [ ]

* Address ❓ [ ]   Address 2 ❓ [ ]   Country ❓ [United States ▾]

* City [ ]   * State [Type to search... ▾]   * Zip Code [ ]

7) Subscriber Information

▸ Enter the **Subscriber ID**, including the three-character prefix *(i.e., ABC123456789)*

▸ Select **Authorized Plan to Remit Payment to Provider**

▸ If the member has a secondary and/or tertiary insurance plan, select **Add Secondary Insurance Plan** and enter requested details

SUBSCRIBER INFORMATION ❓

* Subscriber ID ❓ [ ]   Group Number ❓ [ ]   Authorized Plan to Remit Payment to Provider? * ❓ [Type to search... ▾]

[🏢 Add Secondary Insurance Plan]

Quick Tip:

Some out-of-state plans may have longer ID numbers; for these patients make sure you enter the three-character prefix and ID number as listed on the member's card. Include any alpha characters embedded within the ID.

*Once selected, you will see the options to add **Tertiary insurance** if applicable, as well as **Medicare Inpatient/Outpatient adjudication** information.*

8) Attending Provider Information

▶ Enter the **Rendering, Referring or Operating Provider** information

ATTENDING PROVIDER INFORMATION

Select a Provider ❓

Type to search... ▼

* Last Name ❓   * First Name   * Specialty Code ❓

[   ]   [   ]   Type to search... ▼

* NPI ❓

[   ]

Add More Providers / Physicians ⌄

Add Rendering Provider
Add Referring Provider
Add Operating Physician

Reminder:

*Provider information can be automatically populated by choosing the appropriate provider from the **Select a Provider** drop-down listing. If the provider information is not available, simply add the provider information to **Manage My Organization.** For assistance, refer to the **Manage My Organization User Guide**.*

9) Diagnosis Code(s)

▶ Enter the **Principal ICD-10 Diagnosis Code**

▶ Select **+ Add** to add up to 25 diagnosis codes

DIAGNOSIS CODES

* Principal Diagnosis Code ❓   * Diagnosis Code 2 ❓

Type to search... ▼   Type to search... ▼   ✕

Present on Admission Indicator   Present on Admission Indicator

Type to search... ▼   Type to search... ▼

+ Add

10) Claim Information

▶ Enter the **Patient Control Number** *(the patient account number assigned by your office)*

▶ Select **Frequency Type**

▶ Select **Admission Type & Admission Source**

▶ Select the appropriate **Release of Information & Claim Filing** indicators

▶ **Optional:** Enter the applicable Prior Authorization / Medical Record Numbers

CLAIM INFORMATION

* Patient Control Number / Claim Number ❓

* Frequency Type ❓

* Admission Type

* Admission Source

Diagnosis Related Group (DRG) Code

* Provider Accepts Assignment ❓

* Release of Information ❓

* Claim Filing Indicator
BL - Blue Cross/Blue Shield

Prior Authorization Number ❓

Medical Record Number

Show More Claim Fields

Quick Tip:

*Select **Show More Claim Fields** and **enter the required information** if the patient's condition is related to an <u>auto accident</u>.*

ADDITIONAL CLAIM INFORMATION ✕

Auto Accident Country
United States

Auto Accident State
Type to search...

Billing Note

Add Additional Claim Information ⌄

Procedure Codes

EPSDT Referral Information

External Injury Codes

Occurrence Span Codes

Occurrence Information Codes

Value Codes

Condition Codes

Treatment Codes

Claim Notes

Attachments

Quick Tip:

To include additional information, select the applicable option from the drop-down list and include the requested details.

11) Service Line(s) & Submission

Enter information in the required fields:

▸ **Revenue Code** and **Charge amount**

▸ **Quantity & Quantity Type** *(enter the number of units/minutes)*

▸ Select **+ Add a Line** to include additional lines of service

▸ Use **Action** to view **Line Details**, **Clone Line** and/or **Remove Line** of service

Quick Tip:

*Once all the required fields are completed, select **Continue** to review all data entered and **Submit** the 837 professional claim to BCBSIL.*

▸ After selecting **Action**, click **Line Details** to expand the service line, add additional information

▸ Click **Save**

Quick Tip:

*Select **Add Provider/Additional Service Line Information** drop-down list to add rendering, referring, and/or operating physician, and as well as National Drug Code (NDC) information.*

12) Submission Conformation

▶ Once submitted a confirmation screen will return with a **Transaction ID** number *(this is not the claim number)*

⊘ **Claim Submitted**
Your claim has been successfully submitted to BCBSIL for further processing.

Transaction ID
415621998

Patient Account Number
123

Submission Type
Facility Claim

Submission Date
5/19/2023

Date(s) of Service
5/18/2023 - 5/18/2023

Patient Name
DOE, JOHN

Subscriber ID
XOF123456789

Billing Provider Name
ABC MEDICAL FACILITY

Billing Provider NPI
1234567890

Billing Provider Tax ID
999999999

Total Charges
200.00

🖨 Print   New Claim

13) Confirming Claim Receipt

▶ Select **Claims & Payments** from the navigation menu

▶ Select **Send & Receive EDI Files**

Availity | essentials 🏠 🔔 ♡ My Favorites ⌄   ❓ Help & Training ⌄

Patient Registration ⌄   Claims & Payments ⌄   My Providers ⌄   Reporting ⌄   Payer Spaces ⌄   More ⌄

Claim Status & Payments

❤ CS Claim Status

❤ RV Remittance Viewer

❤ A Appeals

Claims

❤ PC Professional Claim

❤ FC Facility Claim

♡ MA Medical Attachments

♡ MA Attachments - New

♡ CL Claims

♡ EP View Essentials Plans

EDI Clearinghouse

♡ EDI Send and Receive EDI Files

♡ FR File Restore

♡ EDI EDI Reporting Preferences

♡ TE Transaction Enrollment

♡ CG EDI Companion Guide

♡ 🖥 Payer List

13) Confirming Claim Receipt *(continued)*

▸ Select **Organization**

▸ Select **Submit**

Send And Receive EDI Files   Learn More >>

Select the Organization for the files to be uploaded and then submit.

* Organization: [--- Select an Organization --- ▾]

[Submit]

▸ Select **Receive Files** *(the below EDI Files will be available in **Receive Files** within 24 to 48 hours after submission)*

Files				
Name	**Size [B]**	**Date**	**File Options**	**Delete**
📁Announcements		May 01 2015 00:00		
📁ReceiveFiles		Aug 12 2020 11:15		
📁SendFiles		Aug 12 2020 10:38		

▸ Select the **EBT** file to confirm if the claim submission was accepted or rejected by BCBSIL

Files	Sort By: Name Extension Date			
Name	**Size [B]**	**Date**	**File Options**	**Delete**
📄 EBT-BCBSTX000-202000000000-001.ebt	1958	Sep 12 2020 10:00	✕	🗑
📄 DPT-BCBSTX000-202000000000-001.dpt	1997	Sep 14 2020 10:15	✕	🗑
📄 IBT-BCBSTX000-202000000000-001.ibt	1934	Sep 12 2020 10:00	✕	🗑

Quick Tips:

→ *If you are unable to view the file, select the **File Options** icon, then choose Text/Plain.*

→ *Once the claim has processed, use the **Availity Claim Status tool** to verify how the claim finalized.*

EDI File Types and Definitions:

→ **IBT (Immediate Batch Text Response):** *Immediately acknowledges accepted claims and identifies rejected claims due to HIPAA compliance edits and payers-specific edits. The IBT file are typically available in Receive Files within 30 mins. of submission.*

→ **EBT (Electronic Batch Text Report):** *Indicates if the claim was accepted or rejected by the payer. If applicable, reasoning for the claim rejection will be indicated.*

→ **DPT (Delayed Payer Text Report):** *Payer confirmation of receipt response showing assigned claim number.*

Have questions or need additional education? Email the BCBSIL Provider Education Consultants

Be sure to include your name, direct contact information & Tax ID or billing NPI.