



# Louisiana

## iLinkBlue 1500 Claims Entry Manual

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## iLinkBlue 1500 Claims Entry Manual

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This guide is designed to give detailed instructions on how to enter 1500 claims directly through iLinkBlue. For applicable policies, procedures and billing guidelines, please see the *Professional Provider Office Manual*, available online at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) >Resources >Manuals.

iLinkBlue allows the electronic submission of professional 1500 claim forms giving providers the capability of submitting HCFA 1500 claims directly into the claims processing systems at Blue Cross and Blue Shield of Louisiana for Blue Cross, HMO Louisiana, Inc., Federal Employee Program (FEP) and BlueCard® (out-of-area) members.

To use your manual, first familiarize yourself with the table of contents, which will direct you to the information you need.

This guide is available on iLinkBlue ([www.BCBSLA.com/ilinkblue](http://www.BCBSLA.com/ilinkblue)) under the "Resources" section.

If you have questions about the information in this guide, you may send an email to [EDIServices@bcbsla.com](mailto:EDIServices@bcbsla.com).

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### **Please Note:**

This guide contains general instructions. It is provided for informational purposes only. Every effort has been made to print accurate, current information. Errors or omissions, if any, are inadvertent.

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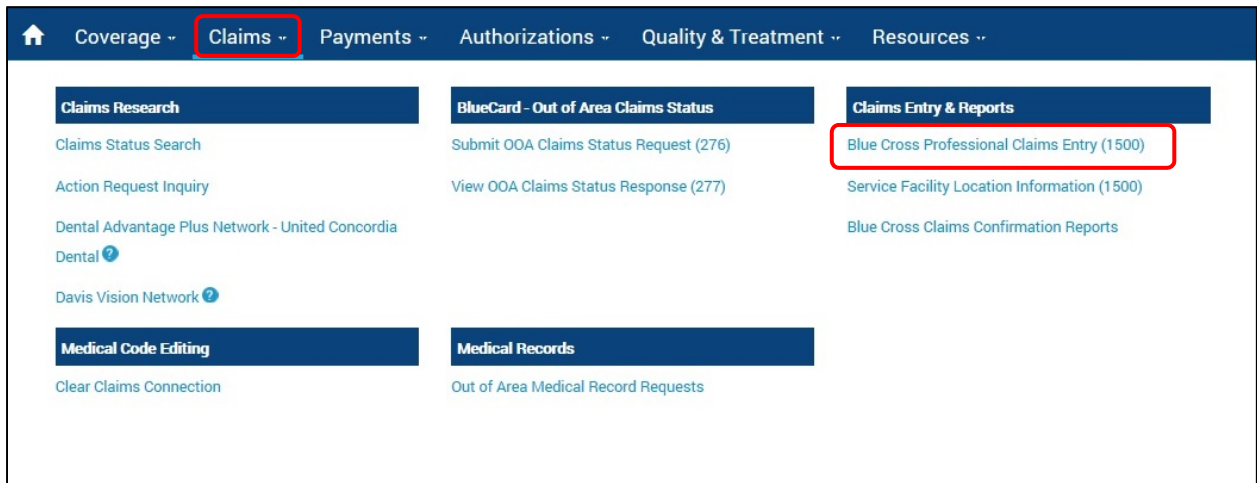
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## Accessing the 1500 Claim Entry Form

The following instruction describes steps required to access the Blue Cross and Blue Shield of Louisiana 1500 claim entry form.

After logging into iLinkBlue ([www.BCBSLA.com/ilinkblue](http://www.BCBSLA.com/ilinkblue)), from the home page, click on "Claims," then click on "Blue Cross Professional Claims Entry (1500)" under the Claims Entry & Reports section.



## **Professional Exceptions to Entry**

If one of the following conditions exists, a claim cannot be entered through iLinkBlue. The claim must be submitted hardcopy (paper claim-manually) to Blue Cross and Blue Shield of Louisiana (BCBSLA).

- Claims for physicians who have not been approved for electronic claims submission through iLinkBlue at your location.
- Claims for Medicare Part B or Medicaid (Title XIX) physician services, Healthy Blue and Blue Advantage.
- Claims with a line item charge or the total charge is equal to or greater than \$99,999.99.
- Claims for members with BCBSLA supplemental contracts and Blue Cross members covered by Medicare Part B.
- Claims for BCBSLA members who are also a covered member under an ambulance/emergency medical service (BCBSLA has no liability).
- Claims for dentistry (except for oral surgeries billed on a CMS-1500).

**BCBSLA Professional 1500 Claims Entry Accepts the Following:**

1. Blue Cross and Blue Shield of Louisiana members.
2. HMO Louisiana, Inc., including Blue Connect, Community Blue and Signature Blue members
3. Federal Employee Program (FEP) members, who can easily be identified as their contract number begins with an 'R' in the first position followed by eight numeric characters.
4. BlueCard<sup>®</sup> (Out-of-area) members

The BlueCard program allows providers to bill claims directly to BCBSLA for members who are insured by an out-of-state Blue Cross Plan. For electronically submitted claims, the member number must include the three-character prefix and identification number, as indicated on the member ID card.

*Note: Some prefixes are exempt from the BlueCard program and cannot be filed using the Blue Cross Professional Claims Entry screen.*

## BCBSLA Professional 1500 Claim Entry Instructions

The 1500 Form claim entry screen follows the format of the HCFA 1500 form R (12-90). The fields required for BCBSLA entry will be highlighted; all fields not used will be gray shadowed.

Follow the instructions below to complete the Blue Cross 1500 screen:

Field Numbers 1 through 7:

<b>Error Messages:</b>		<b>1 a. Insured's ID#</b> <input type="text"/>
<b>2. Patient's Name</b> <input type="text"/> LAST <input type="text"/> FIRST <input type="text"/> MI	<b>3. Patient's Birth Date</b> <input type="text"/> MM/DD/YYYY	<b>Sex</b> <input type="radio"/> Male <input type="radio"/> Female
<b>4. Insured's Name</b> <input type="text"/> LAST <input type="text"/> FIRST <input type="text"/> MI	<b>5. Patient's Address</b> <input type="text"/> NO. STREET <input type="text"/> City <input type="text"/> State LA <input type="text"/> Zip Code <input type="text"/> Phone	<b>6. Patient Relationship to Insured</b> Select
<b>7. Insured's Address</b> <input type="text"/> NO. STREET <input type="text"/> City <input type="text"/> State LA <input type="text"/> Zip Code <input type="text"/> Phone	<b>8. Reserved for NUCC Use</b> <input type="text"/>	

1a Insured's ID# – Enter the patient/subscriber's member number as it appears on the member ID card. This will include the three-character prefix, if present. All Federal Employee Program (FEP) members will have an "R" in the first position.

2 Patient's Name (Last, First, MI) – Enter the patient's last name as it appears on the member ID card. Do not use spaces, punctuation or titles. If the patient is a stepchild or grandchild, enter last name even if it differs from the name on the ID card.

Enter the patient's first name. Do not use nicknames. When filing for newborns, the infant's given name must be used.

Enter the patient's middle initial if available.

3 Patient's Birth Date – Enter the patient's date of birth in MMDDYYYY format. If the patient was born on March 18, 1992, enter 03181992. The birth date must be prior to or equal to the first date of service for the charges being submitted.

Sex – Select the patient's sex as either "M" or "F."

4 Insured's Name (Last, First, MI) – This field is only used for insured information on FEP or BlueCard® (out-of-area) members. Enter the last name of the policyholder as shown on the member ID card. Do not use spaces, punctuation or titles.



- 5 Patient's Address – The address fields (No., Street, City, State and ZIP code) must be completed on all claims. Enter the route and box number, the P.O. Box number or the house number and street address. Enter the name of the city in which the subscriber/patient resides, the two position state abbreviation and the ZIP code.
- 6 Patient Relationship to Insured – Indicate the relationship of the patient to the subscriber or cardholder.
- Must be one of the following:
- Self (patient is the subscriber)
  - Spouse (patient is married to the subscriber)
  - Child (child dependent under age 26, includes stepchild)
  - Other
- 7 Insured's Address – The address fields (No., Street, City, State and ZIP code) must be completed on all claims. Enter the route and box number, the P.O. Box number or the house number and street address. Enter the name of the city in which the subscriber/patient resides, the two position state abbreviation and the ZIP code.

Field Numbers 9 through 11:

<p><b>9. Other Insured's Name</b></p> <p>LAST <input type="text"/> FIRST <input type="text"/> MI <input type="text"/></p> <p>Relationship Select <input type="text"/></p> <p><b>a. Other Policy/Group #</b> <input type="text"/></p> <p><b>b. Reserved for NUCC Use</b> <input type="text"/> <b>C. Reserved for NUCC Use</b> <input type="text"/></p> <p><b>d. Insurance Plan or Program Name</b> <input type="text"/></p>	<p><b>10. Is patient's condition related to:</b></p> <p><b>a. Employment?(Current or Previous)</b> <input type="radio"/> Yes <input type="radio"/> No</p> <p><b>b. Auto Accident? Place</b> <input type="radio"/> Yes <input type="text"/> <input type="text"/> <input type="radio"/> No <input type="text"/></p> <p><b>c. Other Accident?</b> <input type="radio"/> Yes <input type="radio"/> No</p> <p><b>d. Claim Codes (Designated by NUCC)</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p><b>11. Insured's Policy Group or FECA#</b> <input type="text"/></p> <p><b>a. Insured's Date of Birth</b> <input type="text"/></p> <p><b>b. Other Claim ID</b> <input type="text"/> <input type="text"/></p> <p><b>c. Insurance Plan or Program Name</b> <input type="text"/></p> <p><b>d. Is there another health benefit plan? If yes, complete items 9, 9a, and 9d.</b> <input type="radio"/> Yes <input type="radio"/> No</p>
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- 9 Other Insured's Name – If field 11d indicates "Y" (Yes there is another health benefit plan) and the other insured's relationship (field 9) is Spouse, Child or Other, then the name and policy group number must be submitted.

If the relationship is "Self" (field 9), then no additional information is required.

- 9a Other Policy/Group # – Enter the policy number of the other coverage if applicable. Leave blank if there is no other coverage.

Group? – If field 11d is "Y," indicate "Y" if a group or "N" if a non-group policy. If field 11d is "N," then leave blank.

- 9d Insurance Plan or Program Name – Enter the name of the other insurance if the patient has other coverage. Leave blank if field 11d is "N."

- 10 Is patient's condition related to: – This section is regarding workmen's compensation, auto accident and other accident involvement.
- 10a Employment? (Current or Previous) – When the claim being submitted is due to an employment-related condition, indicate "Yes." If not, indicate "No."
  - 10b Auto Accident? – If claim is related to an auto accident, indicate ""Yes" and enter the two-position alpha state code indicating the state where the accident occurred. (e.g. LA, TX, MS, etc.). If not, indicate "No."
  - 10c Other Accident? – If claim is related to an accident that is not employment or auto, indicate "Yes." If not, indicate "No."
  - 10d Claim Codes (Designated by NUCC) – Claim codes identify additional information about the patient's condition or the claim. Refer to the NUCC instruction manual, available at [www.NUCC.org](http://www.NUCC.org).
- 11 Insured's Policy Group or FECA # – This field is only used for insured information on BlueCard (out-of-area) contracts. (This field can be left blank for BCBSLA and FEP members if you have a valid three-character prefix).
- 11d Is there another health benefit plan? – If the patient has other health insurance coverage, indicate "Y" (yes) or "N" (no). If "Y" is indicated, the fields in section 9 must be completed. If field 9a (other policy #) was left blank, the system will automatically skip 9a and 9d. The "N" will propagate for you and the cursor will go to field 12.

Field Numbers 12 through 23:

<p><b>12. Patient's or Authorized Person's Signature</b> I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.</p> <p>Signed (Y or I) <input type="checkbox"/></p>		<p><b>13. Insured's or Authorized Person's Signature</b> I authorize payment of medical benefits to the undersigned physician or supplier for services described below.</p> <p>Signed (Y=Assigned, N=Not Assigned, W=Not Applicable) <input type="checkbox"/></p>	
<p><b>14. Date of Current Illness, Injury or Pregnancy (LMP)</b> MM/DD/YYYY <input type="text"/></p>		<p><b>15. Other Date</b> <input type="text"/></p>	
<p><b>17. Name of Referring Physician or Other Source</b> LAST <input type="text"/> FIRST <input type="text"/></p>		<p><b>17b. ID# of Referring Physician</b> NPI <input type="text"/></p>	
<p><b>19a. Adj/Void Indicator</b> Select <input type="text"/></p>		<p><b>19b. ICN#</b> <input type="text"/></p>	
<p><b>21. Diagnosis or Nature of Illness or Injury</b> Select ICD Ind <input type="text"/></p> <p>A. <input type="text"/> B. <input type="text"/> C. <input type="text"/> D. <input type="text"/> E. <input type="text"/> F. <input type="text"/> G. <input type="text"/> H. <input type="text"/> I. <input type="text"/> J. <input type="text"/> K. <input type="text"/> L. <input type="text"/></p>		<p><b>20. Outside Lab?</b> <input type="text"/></p>	
<p><b>16. Dates patient unable to work in occupation</b> <input type="text"/></p>		<p><b>18. Hospitalization Dates</b> Admit Date <input type="text"/> Discharge Date <input type="text"/></p>	
<p><b>22. Resubmission Code</b> <input type="text"/></p>		<p><b>23. Prior Authorization Number</b> Authorization Date <input type="text"/></p>	

- 12 Patient's or Authorized Person's Signature – Indicate "Y" for patient's signature or "I" for informed consent if the patient's signature is on file for the release of medical records.
- 13 Insured's or Authorized Person's Signature – Indicate where payment is to be directed.  
 "Y" for payment assigned to provider  
 "N" for payment assigned to subscriber  
 "W" for not applicable
- 14 Date of Current Illness, Injury or Pregnancy (LMP) – If claim is auto accident related, report date of accident, onset of illness or last menstrual period (LMP). Enter date in MMDDYYYY format.
- 17 Name of Referring Physician or Other Source – Indicate the referring physician name, if a prior authorization number is reported in field 23. If the patient was not referred, skip these fields.  
 17b ID# of Referring Physician – Indicate the National Provider Identifier (NPI) if a prior authorization number is reported in field 23. If the patient was not referred, skip these fields.
- 18 Hospitalization Dates – If the place of treatment for the services performed is 21, 31, 51, 55, 56 or 61, then a hospitalization admit date must be present in field 18. A discharge date can be submitted if known. For all other places of treatment leave blank.

19a Adjustment/Void Indicator – Required only if you are filing a corrected or voided claim. When present, must be one of the following:

“A” to Adjust original claim for:

- Corrections to dates of service
- Corrections to patient information
- Corrections to CPT or HCPCS codes
- Adjustments to ICD-10 diagnosis or procedure codes
- Corrections to amounts charged

“V” to void the entire original claim

19b Internal Control Number (ICN#) – This field is required if filing for an adjusted or voided claim. The ICN# will identify the charge to be adjusted or voided. The ICN# is the claim number from the BCBSLA Remittance Advice (Weekly Provider Payment Register).

21 Diagnosis or Nature of Illness or Injury – Enter all applicable ICD-10 codes that describes the illness or injury. Up to 12 diagnosis codes can be entered.

Diagnosis A – In field A, please indicate the primary diagnosis code.

Diagnoses B-L – In fields B-L, identify and report additional diagnosis codes in priority order if applicable. For each line of the claim, identify the appropriate diagnosis code(s) for that service by using the Diagnosis Pointer located on each line item to point to a maximum of four codes entered in the Diagnosis Code fields.

ICD Indicator (required field) – Select “0” when submitting claims with ICD-10 diagnosis codes.

*Note: Do not include a decimal when entering diagnosis codes.*

23 Prior Authorization # – Enter the referral number when a contract or procedure has received an outside referral.

Authorization Date – Enter date in MMDDYYYY format.

Field Number 24 A-K:

24.										
LN#	A. Service Date (MM/DD/YYYY)	B. PLC	D. CPT4	Modifier	E. Diag PT	F. Amount Charged	G. Days or Units	H. EPS DT	J. Rendering Provider ID #	K. DRG
1	FROM TO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	NPI Taxonomy	<input type="checkbox"/>
2	FROM TO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	NPI Taxonomy	<input type="checkbox"/>
3	FROM TO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	NPI Taxonomy	<input type="checkbox"/>
4	FROM TO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	NPI Taxonomy	<input type="checkbox"/>
5	FROM TO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	NPI Taxonomy	<input type="checkbox"/>
6	FROM TO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	NPI Taxonomy	<input type="checkbox"/>
7	FROM TO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	NPI Taxonomy	<input type="checkbox"/>
8	FROM TO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	NPI Taxonomy	<input type="checkbox"/>
9	FROM TO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	NPI Taxonomy	<input type="checkbox"/>
10	FROM TO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	NPI Taxonomy	<input type="checkbox"/>

[+ Add Line Item](#)

24A Service Date (FROM-TO) – Enter the first and last dates of service for the charges being billed. The “FROM” date must be prior to or the same as the “TO” date. Each service date must be a valid date on or before the entry date. Use the MMDDYYYY format.

*Note: Dates cannot overlap calendar months, except when the place of treatment is 21 (inpatient). Dates on all line items must be in the same calendar year. The cursor will automatically move to the next field.*

24B PLC (place of service) – Enter the appropriate place of service code.

*Note: A list of commonly used place of service codes is available by clicking on the “PLC” link.*

24D CPT4 – Enter the code that best describes the service rendered or procedure performed utilizing the most current edition of the *Physicians’ Current Procedural Terminology*. This field cannot be blank.

Modifier – Procedure code modifier.

*Note: A list of commonly used modifiers is available by clicking on the “Modifier” link. However, you can enter any appropriate modifier in this field.*

24E Diag PT – The diagnosis pointers indicate which of the diagnosis codes (A-L) listed in field 21 apply to the procedure/service performed on each line of the claim. A maximum of four diagnosis pointers can be entered on each line of the claim.

*Example: An entry of 'B' in the DIAG POINTER field identifies the diagnosis code entered in the DIAGNOSIS CODE B field as the primary diagnosis for that procedure.*

An entry of 'BK' in the DIAG POINTER field identifies DIAGNOSIS CODE B field as the primary diagnosis for the procedure and DIAGNOSIS CODE K as secondary diagnosis for the procedure. If less than the entire field is used, use your arrow key to move to the next field.

24F Amount Charged – Enter the dollar amount charged for the service rendered. Entry must be numeric, greater than zero with no decimals indicated. If less than the entire field is used, use your arrow key to move to the next field.

24G Days or Units – Indicate the number of times a procedure was performed or the number of visits the line item charge represents.

24H EPS DT – This field is not required for Blue Cross claims.

24J Rendering Provider ID# – Enter the following provider identifiers:

NPI – Enter the complete 10-digit National Provider Identifier (NPI) of the physician who performed the services rendered. Do not enter the clinic's NPI number in this field. The clinic's NPI number should be entered in field 33, billing provider NPI.

Taxonomy – Select the 10-digit taxonomy code from the drop down box if required by the payer for adjudication. For help identifying an appropriate taxonomy code, refer to the BCBSLA Taxonomy Codes table in appendix II of this manual.

*Note: The taxonomy code edit "Rendering Provider Taxonomy Code Required" will occur when we are unable to locate a single match for the NPI number entered. The taxonomy code may assist us in locating a single match for the provider number entered.*

24K DRG – The National Drug Code (NDC) information is required for all physician administered drugs. Check the box to open additional NDC fields.

24.

LN#	A. Service Date (MM/DD/YYYY)	B. PLC	D. CPT4	Modifier	E. Diag PT	F. Amount Charged	G. Days or Units	H. EPS DT	J. Rendering Provider ID #	K. DRG
1	01/01/2017 01/01/2017	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	NPI <input type="text"/> Taxonomy <input type="text"/>	<input checked="" type="checkbox"/>
NDC Code		12345678901			Quantity	1	Measurement	Milligram		

- **NDC Code** – Enter the 11-digit NDC. No alpha characters, spaces or hyphens can be present.

You must enter the NDC on your claim in the 11-digit billing format (no spaces, hyphens or other characters). If the NDC on the package label is less than 11 digits, you must add a leading zero to the appropriate segment to create a 5-4-2 format. If the NDC is not submitted in the correct format, the claim will be denied.

Format Examples for 10-digit NDCs:

10-Digit Format on Package	11-Digit Format Example
4-4-2	09999999999
5-3-2	99999099999
5-4-1	99999999909

Failure to appropriately report an NDC may result in automatic rejections with the front end edits below:

NDC CODE REQUIRED	The appropriate NDC for the associated drug must be entered.
INVALID NDC	An invalid NDC is defined as not equivalent to 11 digits or an 11-digit code that is not found in the NDC database. Alpha characters, spaces or hyphens cannot be present. Please refer to the Reporting NDC on Claims billing guidelines found in the <i>Professional Provider Office Manual</i> .

- **Quantity** – Numeric value of quantity
- **Measurement** – Select the appropriate measurement from the drop down menu:

International Units	Milligrams	Milliliters
Grams	Units	

+ Add Line Item

- Add Line Items – This button is used to indicate whether additional line items (more than the 10 line items already entered) will be needed to enter additional dates of service and charges for this particular claim.

Field Numbers 26 thru 33:

25. Federal Tax ID # <input type="text"/>	26. Patient's Acct # <input type="text"/>	27. Accept Assignment? <input type="text"/>	28. Total Charge \$ <input type="text"/>	29. Amt Paid <input type="text"/>	30. Reserved for NUCC Use <input type="text"/>
31. Signature of physician or supplier including degrees or credentials <input type="text"/>		32. Service Facility Location Information Select a Provider <input type="text"/>		33. Billing Provider Numbers a. NPI <input type="text"/> b. Taxonomy <input type="text"/>	

- 26 Patient's Acct # – Enter the provider patient account number in this field. A maximum of 20 positions may be used to identify the patient account; and is the number that will be returned on the BCBSLA provider payment register. If less than the entire field is used, use your arrow key to move to the next field.
- 28 Total Charge – Calculate the total charges from the amount charged field column. There is only 10 line items allowed from each page; entry must be numeric, greater than zero (0). Do not indicate decimal. If less than the entire field is used, use your arrow key to move to the next field.
- 32 Service Facility Location Information – If the provider services more than one location, please refer to the Service Facility Location Information section of this manual.
- 33 Billing Provider Numbers:
- 33a NPI – Enter the complete 10-digit National Provider Identifier (NPI) assigned to the facility (MSS or ERP), physician or physician group that will receive reimbursement for the services billed.
- 33b Taxonomy Code – Enter the corresponding taxonomy code from the drop down menu that corresponds with the provider's type. The taxonomy code is used to determine the specialty of the provider and is required when we are unable to locate a single match for the NPI entered. For help identifying an appropriate taxonomy code, refer to the BCBSLA Taxonomy Codes table in Appendix II of this manual.

*Note: The taxonomy code edit "Provider Taxonomy Code Required" will occur when we are unable to locate a single match for the NPI number entered. The taxonomy code may assist us in locating a single match for the provider number entered.*



## **BCBSLA Professional 1500 Claim Entry Confirmation**

When the claim has been entered as instructed, the operator may print a copy of the application. Then click the "Submit Claim" button or press the "Enter" key. The claim will be edited for errors.

If the claim contained errors, the edits will be listed under the "Error Messages" section at the top of the screen. For help identifying the errors on the claim, refer to the Error Message table in Appendix I of this manual.

Move to the problem field and correct the data. If the errors were corrected, the "Claim Accepted" confirmation will appear.

If the claim has been accepted, "Claim Accepted For" will appear under the status bar on the claim entry form. The patient account number, patient last name and patient first names will be displayed.

## Ambulance Claims

Additional entry fields must be completed when submitting an ambulance claim. The additional fields only display when an ambulance procedure code is entered into the field 24D. Otherwise, these fields remain hidden. See example below:

24.

LN#	A. Service Date (MM/DD/YYYY)	B. PLC	D. CPT4	Modifier	E. Diag PT	F. Amount Charged	G. Days or Units	H. EPS DT	J. Rendering Provider ID #	K. DRG
1	FROM TO	<input type="checkbox"/>	A0429	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	NPI Taxonomy	<input type="checkbox"/>
Ambulance Transport Reason Code Select		Transported Distance MILES			Trip Purpose		Ambulance Certification Yes No		Ambulance Condition	

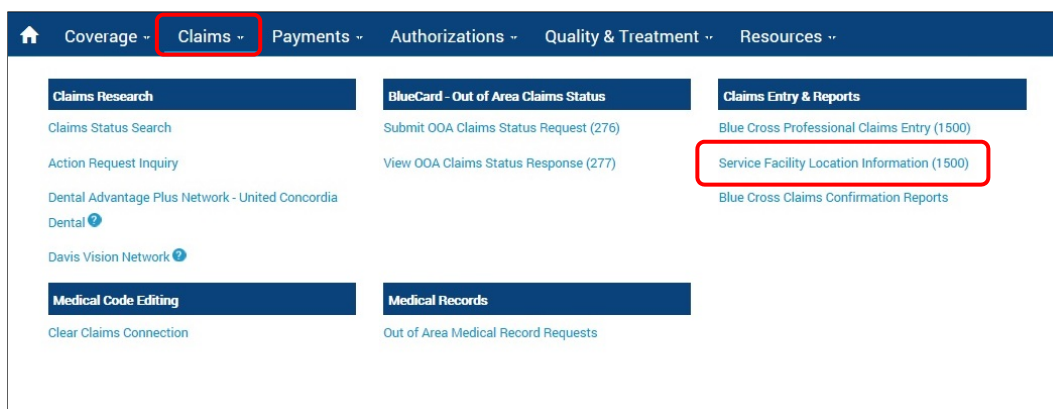
Ambulance Entry Fields:

Field Name	Description
Ambulance Transport Reason Code	Codes are available via dropdown on the screen.
Transported Distance	Enter the distance traveled during ambulance trip.
Trip Purpose	If round trip, a purpose description is required.
Ambulance Certification	The condition indicator must select "Yes" if Ambulance Condition Indicator Code(s) is present and the code(s) apply to the line item charge. Otherwise indicator must select "No."
Ambulance Condition Indicator Codes	When you click on a field, it will open a pop-up box with codes options. You can enter up to five codes.

## Service Facility Location Information (place of service file)

The Service Facility Location Information menu option will allow you to enter the place of service information that is linked to the drop down menu in field 32, Service Facility, on the claims entry screen. The place of service is the name and physical address of where the actual services were rendered.

Below are instructions on how to complete the Service Facility Location Information screen:



### Service Facility Location Information

The service facility location identifies where the services were rendered and is used within the Blue Cross professional (1500) entry form for Block 32 Service Facility Location. To add a new location, complete the fields below and click Submit.

**Add New Location**

NPI:  Name:  Address:  City:  LA  Zip:

**Service Provider Locations**

NPI	Name	Address	City	State	Zip	
1841287869	test	test	test	LA	707142222	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

- Enter the facility NPI in the NPI field
- Enter the facility name and complete physical address (P.O. Boxes are not acceptable)
- Click "Submit"
- Continue to enter all facility names and physical addresses where your physicians render services. The facility info will be retained and available when entering claims. To select the address for rendering service facility, use the drop down box selection on the entry screen in field 32.
- If entering a new facility name while entering a 1500 claim, you must refresh the entry screen after entering the facility information in order for the drop box to be populated with the new data

To update an existing service facility location:

- Click on the field that needs to be updated
- Make the necessary changes
- Click "Edit"

## Appendix I – Error Message Descriptions

### BCBSLA Professional Claim Entry Error Messages

Error Message	Description
ADD ON CODE REQUIRES BASE	You cannot bill an add-on code without base code.
ANESTHESIA MINUTES INVALID	Anesthesia minutes cannot be equal to 0 or 1 and must be reported according to the billing guidelines for anesthesia services found in the <i>Professional Provider Office Manual</i> .
ANESTHESIA MODIFIER REQUIRED	Anesthesia coding must include an appropriate modifier that follows the billing guidelines for anesthesia services found in the <i>Professional Provider Office Manual</i> .
BILLING NPI DOES NOT MATCH THE TAX ID	The billing provider NPI number does not match the tax ID for the provider that is logged into iLinkBlue. Please verify that the data entered on the claim is valid.
BILLING NPI NOT ON FILE AT BCBSLA	The billing provider NPI number submitted cannot be located in the Blue Cross and Blue Shield of Louisiana provider system. Please verify that the data entered on the claim is valid.
BPROV NOT LA FILE TO OUTFSTATE PLAN	This is an out-of-state durable medical equipment claim and must be filed to the BCBS plan serving the area where the billing provider is physically located.
CHARGE	Entry in the CHARGE field must be numeric and greater than zero.
CONTRACT NUMBER MUST BE ENTERED	The patient's contract number should not contain spaces or embedded spaces (will apply only to out of state contracts).
FROM DOS IS GREATER THAN ENDING DOS	The FROM date of service cannot be greater than the TO date of service.
ICN CLM NUMBER NOT ON BC FILE	The ICN number entered is invalid. If the claim has been adjusted, the ICN number must be the most recent claim number
INV OR BLANK PERF PROVIDER NUM	The performing provider number is not on file at BCBSLA.
INVALID CONTRACT NUMBER	The patient's contract number is invalid.
INVALID CPT MODIFIER COMBINATION	Refer to the billing guidelines found in the <i>Professional Provider Office Manual</i> for appropriate modifiers.
INVALID CPT/HCPCS CODE	Entry in the CPT/HCPCS field must be a valid code and valid for the date of service.
INVALID CPT4 CODE OR MODIFIER	Invalid modifier/CPT combination.
INVALID DIAGNOSIS CODE	The identified diagnosis code is invalid, not effective for the date of service or includes a decimal (remove decimal).
INVALID DIAGNOSIS CODE POINTER	The DIAGNOSIS POINTERS must be alpha characters A-L. The diagnosis pointer cannot point to a blank diagnosis code. The pointer should identify the diagnosis sequence that corresponds to the line item procedure.

Error Message	Description
INVALID FROM DATE OF SERVICE	The FROM date of service cannot be greater than the current date and must be in a valid format.
INVALID MODIFIER POT COMBINATION	Invalid modifier/place of treatment combination.
INVALID NDC	An invalid NDC is defined as not equivalent to 11 digits or an 11-digit code that is not found in the NDC database. Alpha characters, spaces or hyphens cannot be present. Please refer to the Reporting NDC on Claims billing guidelines found in the <i>Professional Provider Office Manual</i> .
INVALID NEWBORN NAME	Must have a valid patient first name (unless patients age is greater than one).
INVALID PAY PROVIDER	The billing provider number or pay provider number must be a valid NPI number and approved for electronic submission through iLinkBlue by your location, or the valid NPI is not effective for the date of service on the line item.
INVALID PLACE OF TREATMENT	Enter a valid place of treatment. Please refer to the Place of Service Codes billing guidelines found in the <i>Professional Provider Office Manual</i> .
INVALID POS CPT4 COMBINATION	The place of service must be compatible with the CPT code.
INVALID PREFIX FOR DATE OF SERVICE	Contract number prefix is invalid for date of service (will apply only to out of state contracts).
INVALID TO DATE OF SERVICE	The TO date of service cannot be prior to the FROM date. The month must be 01-12, the day must be 01-31.
MCRSUP	The contract number entered is supplemental to Medicare. Please file Medicare primary.
MULTIPLE BCBSLA BILLING PROVIDER IDS FOUND	The billing provider NPI number resulted in multiple matches on our BCBSLA provider number file. Please verify that the billing NPI entered on the claim is valid.
MULTIPLE BCBSLA RENDERNIG PROVIDER IDS FOUND	The rendering provider NPI number resulted in multiple matches on our BCBSLA provider number file. Please verify that the billing NPI entered on the claim is valid.
NDC CODE REQUIRED	The appropriate NDC for the associated drug must be entered.
NEED ANESTHESIA CPT FOR ANESTHESIA CLM	If filing an anesthesia claim, you must report an appropriate CPT code that follows the billing guidelines for anesthesia services found in the <i>Professional Provider Office Manual</i> .
NPPES	(National Plan Provider Enumeration system) Please correct the referring physician NPI in field 17b.
PERF PROV CANNOT CLINIC	The performing provider number cannot be the clinic number.
PRVIRS	The rendering provider is not currently setup in the BCBSLA system with the tax ID filed on the claim. Verify tax ID submitted on the claim.

Error Message	Description
REFNPINV	This is a clinical lab claim with a place of treatment 81. The NPI of the referring physician is invalid in the BCBSLA provider file.
REFNPIRQ	This is a clinical lab claim with a place of treatment of 81. A referring physician NPI is required in field 17b.
REFSTATE	This is a clinical lab claim with a place of treatment of 81 and the BCBSLA provider file or the NPPES provider file indicates that the referring provider's physical location is not Louisiana. The claim must be filed to the BCBS plan where the referring provider is located.
RENDERING NPI DOES NOT MATCH THE TAX ID	The rendering provider NPI number does not match the tax ID for the provider. Please verify that the data entered on the claim is valid.
RENDERING NPI NOT ON FILE AT BCBSLA	The rendering provider NPI number submitted cannot be located in the Blue Cross and Blue Shield of Louisiana provider system. Please verify that the data entered on the claim is valid.
SEP DOS	The FROM and TO date must be equal.
SEXcpt	Incompatible sex for CPT code.
SVCSTATE	The NPI for the service facility in field 32b is not Louisiana based on the BCBSLA provider file or the NPPES provider file. The claim must be filed to the BCBS plan where the service facility is located.
TAXONOMY CODE REQUIRED	We are unable to locate a single match for the NPI number entered. The taxonomy code is needed to locate a single match for the provider number entered.
TOTALCHG	The Total Charge field must equal the sum of all line item charges.
UNITS REQUIRED ON ALL SERVICE LINES	Unit count cannot be blank or equal to zero.

## Appendix II – Taxonomy Codes

### BCBSLA Taxonomy Codes

Provider Description	Taxonomy Code	Claim Type
General Acute Hospital	282N00000X	837I
General Acute Hospital	282NC0060X	837I
General Acute Hospital	282NC2000X	837I
General Acute Hospital Rural	282NR1301X	837I
General Acute Hospital	282NW0100X	837I
Skilled Nursing Facility	275N00000X	837I
Skilled Nursing Facility (SKNF) & VA Military Hospital Skilled Nursing Facility	314000000X	837I
Nursing Home	376G00000X	837I
Urology	203BU0002X	837P
Family Practice	207Q00000X	837P
Internal Medicine	207R00000X	837P
Obstetrics and Gynecology	207V00000X	837P
Ophthalmology	207W00000X	837P
Physical Medicine & Rehabilitation	208100000X	837P
Psychiatry	2084P0800X	837P
General Practice	208D00000X	837P
Cardiothoracic Vascular Surgery	208G00000X	837P
Hospitalist	208M00000X	837P
Home Health Agency	251E00000X	837I
Orthodontics and Dentofacial Orthopedics	1223X0400X	837D
Pharmacy	333600000X	837P
Pharmacy	3336C0002X	837P
Pharmacy	3336C0003X	837P
Pharmacy	3336C0004X	837P
Pharmacy	3336I0012X	837P
Pharmacy	3336L0003X	837P
Pharmacy	3336M0002X	837P
Pharmacy	3336M0003X	837P

<b>Provider Description</b>	<b>Taxonomy Code</b>	<b>Claim Type</b>
Pharmacy	3336N0007X	837P
Specialty Pharmacy	3336S0011X	837P
Multi-Specialty Clinic	193200000X	837P
Rehabilitation – Clinic	261QR0400X	837P
Laboratories	291U00000X	837P
Ambulance	341600000X	837P
Ambulance	3416A0800X	837P
Ambulance	3416L0300X	837P
Psychologist	103T00000X	837P
Psychology – Prescribing (Medical)	103TP0016X	837P
Chiropractor	111N00000X	837P
Registered Nurse	166W00000X	837P
Ambulatory Surgery Center	261QA1903X	837I
Renal Dialysis Facilities	261QE0700X	837I
Nurse Practitioner	363L00000X	837P
Nurse Practitioner – Family	363LF00000X	837P
Clinical Nurse Specialty	364S00000X	837P
CRNA	367500000X	837P
Physical Therapy	225100000X	837P
Occupational Therapist	225X00000X	837P
Speech & Language Pathologist	235Z00000X	837P
Physical Therapy-Clinic	261QP2000X	837P
Optometrist	152W00000X	837P
Durable Medical Equipment	332B00000X	837P
Durable Medical Equipment	332BC3200X	837P
Durable Medical Equipment	332BD1200X	837P
Durable Medical Equipment	332BN1400X	837P
Durable Medical Equipment	332BP3500X	837P
Durable Medical Equipment	332BX2000X	837P
Durable Medical Equipment	335E00000X	837P
Audiologist	231H00000X	837P



Provider Description	Taxonomy Code	Claim Type
Social Worker	104100000X	837P
Rehabilitation Center	273Y00000X	837I
Rehabilitation Center	283X00000X	837I
Psychiatric Hospital	273R00000X	837I
Psychiatric Hospital	283Q00000X	837I
Rehabilitation, Substance Abuse Disorder	261QR0405X	837I
Alcohol Drug Rehab CDU	276400000X	837I
Hospice	251G00000X	837I
Hospice	315D00000X	837I
Lithotripsy Orthotripsy	261QL0400X	837I
Licensed Professional Counselor	101Y00000X	837P
Marriage & Family Therapist	106H00000X	837P
Hematology & Oncology	207RH0003X	837P
Diagnostic Radiology Center	2085R0001X	837P
Diagnostic Radiology Center	2085R0202X	837P
Diagnostic Radiology Center	261QR0200X	837I
VA Military Hospital Acute Care	282N00000X	837I
VA Military Hospital Acute Care	286500000X	837I
VA Military Hospital Acute Care	2865C1500X	837I
VA Military Hospital Acute Care	2865M2000X	837I
VA Military Hospital Acute Care	2865X1600X	837I
VA Military Hospital Psychiatric	273R00000X	837I
VA Military Hospital Psychiatric	283Q00000X	837I
VA Military Hospital CDU	276400000X	837I
VA Military Hospital SNF	275N00000X	837I
VA Military Hospital SNF	314000000X	837I
VA Military Hospital - HHA	251E00000X	837I
VA Military Hospital – (ASC) Ambulatory Surgery Center	261QV0200X	837I
Residential Treatment Center	320600000X	837I
Residential Treatment Center	320700000X	837I
Residential Treatment Center	320800000X	837I

<b>Provider Description</b>	<b>Taxonomy Code</b>	<b>Claim Type</b>
Residential Treatment Center	320900000X	837I
Residential Treatment Center	322D00000X	837I
Residential Treatment Center	323P00000X	837I
Residential Treatment Facilities – Substance Abuse	324500000X	837I
Emergency Room Physicians	207P00000X	837P
Emergency Room Physicians	207PE0004X	837D
Emergency Room Physicians	207PE0004X	837I
Emergency Room Physicians	207PE0004X	837P
Emergency Room Physicians	261QE0002X	837P
Infusion Therapy	251F00000X	837P
Infusion Therapy	261QI0500X	837P
Home Infusion Therapy Pharmacy	3336H0001X	837P
Charity Acute Hospital	282N00000X	837I
Charity Acute Hospital	282NC0060X	837I
State Owned Psychiatric Facility	273R00000X	837I
State Owned Psychiatric Facility	283Q00000X	837I
State Owned CDU	276400000X	837I
Long Term Acute Care Facility (LTC)	282E00000X	837I
Comprehensive Outpatient Rehabilitation Facility (CORF)	261QR0401X	837I
Sleep Medicine	207RS0012X	837P
Sleep Disorder Diagnostic	261QS1200X	837P
Urgent Care Center	261QU0200X	837P
Federally Qualified Health Center (FQHC)	261QF0400X	837P
Rural Health	261QR1300X	837P
VA Military Hospital Rehab Center	283X00000X	837I
Certified Applied Behavioral Analyst (CABA)	103K00000X	837P

## SUMMARY OF CHANGES

Below is a summary of changes to the *iLinkBlue 1500 Claims Entry Manual*. Minor revisions not detailed in the summary include modifications to the text for clarity and uniformity, grammatical edits and updates to web links referenced in the document.

### September 2018

Accessing the 1500 Claim Entry Form – Updated section

Professional Exceptions to Entry – Updated section

BCBSLA Professional 1500 Claims Entry Accepts the Following Contracts – Updated section

Special Instructions on Claim Completion – Removed section

ICD-9 and ICD-10 Claims Filing Guidelines – Removed section

Anesthesia Billing Requirements/Instruction – Removed section

BCBSLA Professional 1500 Claim Entry Instructions – Updated section

BCBSLA Professional 1500 Claim Entry Confirmation – Updated section

Ambulance Claims – Updated section

State Abbreviations – Removed section

Appendix I – Error Message Descriptions – Updated section

National Provider Identifier Edits – Removed section

BCBSLA Screen Pop Edits – Removed section

Place of Service File – Removed section

FACETS Edit Descriptions – Removed section

Appendix II – BCBSLA Taxonomy Codes – Added section

Professional Claims Entry Manual Revision History – Replaced section with Summary of Changes

