A white ceramic mug is in the foreground on the left. In the background, a laptop is open on a desk, with several sheets of paper scattered around it. The scene is brightly lit, likely from a window, creating a soft, professional atmosphere.

Medical Nutrition Therapy – Dietitians Caring for Our Members' Health

BCBSNC Dietitian Network



Overview

- + About the BCBSNC Dietitian Network
 - Credentialing and Enrollment
- + Member Eligibility for Medical Nutrition Therapy (MNT) Benefits
- + Healthy Outcomes
- + FEP and State Health Plan
- + Electronic Solutions
- + Claims and Billing
- + Provider Tools



About the BCBSNC Dietitian Network



- + Licensed registered dietitians (LDNs) actively credentialed and independently contracted with BCBSNC are eligible for direct reimbursement for providing medical nutritional therapy (MNT) services to eligible BCBSNC members.



Benefits of Enrolling With BCBSNC



- + Eligible providers enrolled with BCBSNC can provide services that are considered for member's in-network benefits.
- + Additional benefits of contracting with BCBSNC include:
 - Claims payment sent directly to you
 - Lower member out-of-pocket costs
 - Online access to view eligibility, benefits, and detailed claim information via Blue eSM



Getting Started:

Credentialing and Contracting



- + Credentialing is the process by which we evaluate education, training and other relevant information submitted by health care providers to verify they meet BCBSNC standards for providing services to our members. BCBSNC's credentialing process is NCQA-accredited.
- + Contracting with BCBSNC is a separate process from credentialing.
- + Once a health care provider enters into a contract with BCBSNC, he or she is now part of the BCBSNC provider network and can submit claims for services provided to eligible members.

Getting Started:

Credentialing and Contracting



- + Enrollment and credentialing applications, along with directions for completion, are located on the Web at:
<http://www.bcbsnc.com/content/providers/network-participation/index.htm>.
- + You will receive a contract from BCBSNC after becoming credentialed. Once BCBSNC is in receipt of your signed agreement, an executed contract with your network participation effective date will be mailed to you.
- + Your name, location and phone number will appear in the online BCBSNC provider directory after you receive your BCBSNC provider number, complete credentialing, and are notified of your contract's effective date.



Member Eligibility for Medical Nutrition Therapy (MNT) Benefits



Member Eligibility for MNT Benefits

- + Members must be enrolled in an eligible BCBSNC product.
- + MNT benefits for State Health Plan members and Federal Employee Program members are covered later in this presentation.
- + Several large self-insured employer groups may choose to exclude this benefit.
- + Benefits may not be available for out-of-state BlueCard[®] or other Blue Cross and Blue Shield Plan members.
- + Always verify a patient's benefits before providing services.



Member Eligibility for MNT Benefits:

100% Benefit for Nutrition Counseling

- + As eligible groups or individuals renew their policies, in-network nutrition counseling is covered at 100% with no set visit limits (subject to medical review).
 - Self-funded groups (ASO) are an exception and can opt out of this benefit or set their own nutrition counseling visit limits.
- + Many members have more than 6 free visits available.
 - Please contact the customer service number listed on the member's BCBSNC ID card to determine if they are eligible for this benefit.
- + HSA members who in the past had dietitian services apply to deductible and coinsurance, may have benefited from this change, if their employer did not opt out.



Member Eligibility for MNT Benefits: Healthy Outcomes

- + Members on a grandfathered policy who do not have access to preventative benefits for nutrition counseling will benefit from the following Healthy Outcomes program benefits:
 - Six (6) MNT visits per year are eligible as part of a patient's participation in the BCBSNC Healthy Outcomes programs (these are disease prevention and management programs).
 - Copayment and/or coinsurance is waived if MNT is provided in an office-based setting.
 - ✓ Deductible and coinsurance may apply if the member is in a HSA/HRA product
 - MNT specifically for diabetes management is also covered. If the member is not enrolled in a Healthy Outcomes program, they are responsible for a copayment or coinsurance.
 - Dietitians are considered by BCBSNC as specialists; not as primary care providers.



Federal Employee Program and State Health Plan

Federal Employee Program (FEP)

- Nutritional counseling for the FEP for both standard and basic options has a visit limit of six visits per year, if the diagnosis is not anorexia or bulimia. There is no visit limitation, if nutritional counseling is provided for the diagnosis of anorexia or bulimia.

State Health Plan (SHP)

- SHP members on the 70/30 plan are eligible to receive four (4) in-network dietitian visits per benefit period and they are covered at a primary care copay. Members with diabetes receive six (6) free visits per benefit period. Members on the 80/20 and CDHP plan have unlimited visits covered at 100%.



Electronic Solutions

Get Connected!



+ Participation is strongly encouraged in all electronic options available to BCBSNC providers, including:

- Blue e:
 - Internet-based application for verification of membership eligibility, claims submission and inquiry, admission notification, and much more.
 - BCBSNC provides this service free-of-charge.

- Electronic Funds Transfer (EFT):
 - Easiest and most convenient choice for receiving reimbursement from BCBSNC.
 - Payments transferred electronically post to your account before normal checks, making your funds accessible sooner.

Blue e





Not Registered for Blue e yet?

- + In order to utilize Blue e, providers must have a registered NPI with BCBSNC. Please make sure the NPI is registered prior to submitting the Blue e agreement.
- + Complete the Blue e [Interactive Network Agreement](#) online. Agreements and templates should be signed and completed by authorized practice personnel, including managers, providers, or owners.
 - After your completed forms are received, eSolutions will process your setup request. At the time of submission, your electronic copy of the signed agreement will be available for printing.
- + An eSolutions analyst will then contact you via email (when available) to provide you with your User ID and password, and instructions to utilize the system. You can expect to be using Blue e within two weeks of our receipt of the completed Interactive Network Agreement.



Signing up for Blue e is easy!

- + In order to utilize Blue e, providers must have a registered NPI with BCBSNC.
- + Complete the Blue e [Interactive Network Agreement](#) online.
- + After your completed forms are received, eSolutions will process your setup request.
- + An eSolutions analyst will then contact you via email to provide you with your User ID and password, and instructions to utilize the system.
- + You can expect to be using Blue e within two weeks of our receipt of the completed Interactive Network Agreement.



Signing up for EFT is easy!

+ Access Blue e to complete the enrollment form or visit us online at:

www.bcbsnc.com/providers.

–The form is available for download from the “Network Participation” page, as well as the “Forms and Documentation” page.

+ There is no cost for the service.

What’s the secret to improved cash flow and faster reimbursements?

BCBSNC Electronic Funds Transfer


Electronic Funds Transfer (EFT) is your easiest and most convenient choice for receiving reimbursement from Blue Cross and Blue Shield of North Carolina.

<p>Benefits:</p> <ul style="list-style-type: none"> + Fastest reimbursement option! Payments transferred electronically post to your account before normal checks, making your funds accessible sooner. + Predictable transfer of funds. Eliminating mail time and bank deposit holds can improve your overall cash flow management. + Less paperwork and lower administrative costs — no more time spent opening envelopes and endorsing checks, preparing deposits and making trips to the bank. + Reduced opportunity for error or theft. + Deposits are made directly into a designated bank account of your choosing. + Possible elimination or reduction of lockbox service fees. + EFT paperless reimbursement helps preserve our environmental resources. 	<p>Security:</p> <ul style="list-style-type: none"> ▶ EFT offers security by using the same reliable network used by Federal banks and government institutions. ▶ EFT is confidential, payments are transferred electronically and pass through fewer hands than a check. ▶ EFT eliminates the risk of lost or stolen checks. <p>Next Steps:</p> <ul style="list-style-type: none"> ▶ Access <i>Blue e</i>SM to complete the enrollment form—if you do not have access to <i>Blue e</i>SM, please complete the attached form. ▶ Concerned about disclosing bank information? Ask your financial institution about ACH block. ▶ Concerned about associating EFT to ERA? Ask your financial institution about viewing ACH addenda records.
---	--

Sign-up is easy and there’s no cost for the service!

Simply complete the following form, attach a voided check and return to BCBSNC.

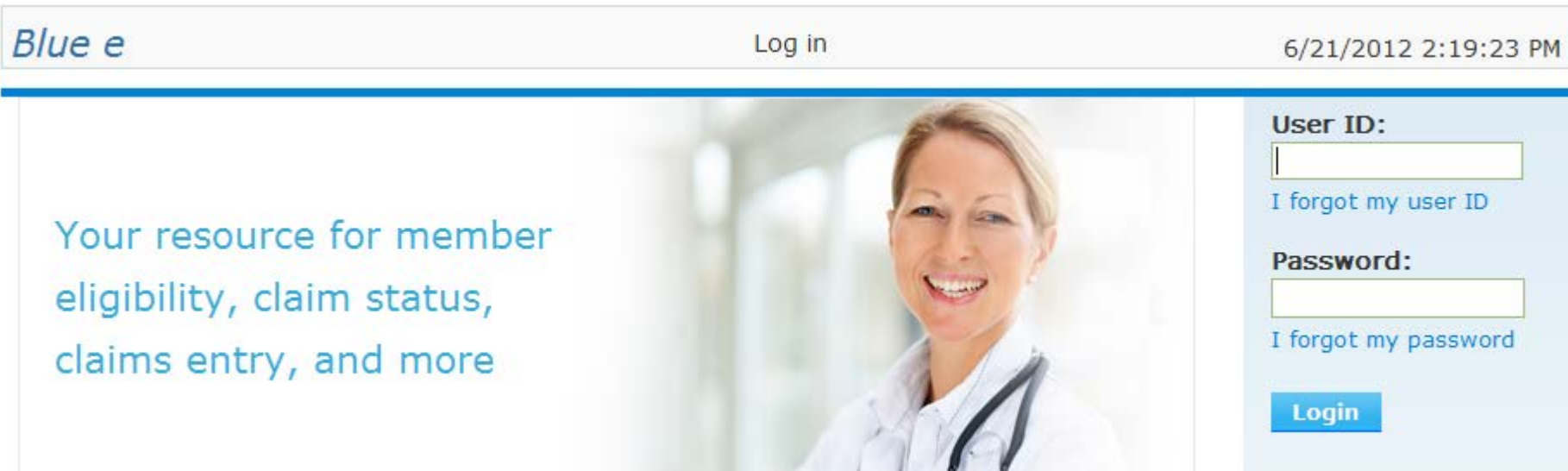
Your plan for better health™ | bcbsnc.com

 **BlueCross BlueShield of North Carolina**

An Independent Licensee of the Blue Cross and Blue Shield Association

Features of Blue e

<https://providers.bcbsnc.com>



- + Internet based application for:
 - Eligibility verification
 - Claim status
 - UB04 & CMS-1500 claim entry including corrected claims
 - Claim denial listings
 - Remittance inquiry (EOP) detail for all lines of business
 - Electronic Fund Transfer enrollment
 - Self guided training via online computer based training modules
 - Resources



Blue e Homepage

Blue e

Welcome

6/21/2012 2:31:15 PM

- [Home](#)
- [Eligibility](#)
- [Billing](#)
- [Health Management](#)
- [Administration](#)
- [Resources](#)

What's New

▶ Ancillary Service Referrals **New!**

▶ FEP Claims Processing Enhancements

[View All Articles ▶](#)

Eligibility

- [FEP Member Name Search](#)
- [Health Eligibility](#)

Billing

- [837 Claim Error Listing](#)
- [Claim Status](#)
- [Clear Claim Connection \(C3\)](#)
- [Remittance Inquiry](#)

Health Management

- [Authorization Request](#)
- [Case Status](#)
- [Diagnostic Imaging Management](#)



Administration

- [BCBSNC Disclosures](#)
- [Fee Schedules](#)

Related Links

- [Find a Form](#)
- [Prior Plan Approval \(PPA\) List](#)
- [Out of state member Medical Policy/Pre-cert/auth](#)
- [ePrescribe for online prescriptions](#)
- [Medicare Advantage](#)

On the Blue e Homepage, you are able to instant access all the main features in one place – Eligibility, Billing, Health Management and much more!



To Verify Benefits – click Eligibility

Blue e

Welcome Heidi McBurney

6/21/2012 2:33:46 PM

Home

Eligibility

Billing

Health Management

Administration

Resources

Home » **Eligibility**

- **FEP Member Name Search**

Search for FEP member ID numbers.

- **Health Eligibility**

Search for detailed eligibility information for BCBSNC, State Health Plan, Federal Employees Plan (FEP), or other BCBS members.

Providers are able to verify eligibility for the following members on Blue e:

- Local lines of business
- State Health Plan
- Federal Employee Program
- IPP Blue Card (out-of-state)





Home » Eligibility » Health Eligibility

Please enter the member number and/or the member last name, first name, and date of birth. A member number is required to search for FEP or out-of-state members. You may enter a single date for the date of service, or if left blank, it will search on today's date.

* Required fields

* Provider Number

Member Number

Ex: YPP000000000

and/or

Member Last Name

Member First Name

Member Date of Birth

Ex: MMDDCCYY

Date of Service

Ex: MMDDCCYY

Search



Claim submission via Blue e - Claim Entry



- To Add Claim, select a provider number and enter a member number.
- To Retrieve a Claim, select a provider number and enter a claim number OR a member number.
 - Claim Status on the claim should be available within 24-36 hours of claim submission.
- To View a Claim or Error Listing, select a provider number and click the applicable button.



Home » Billing » CMS 1500



To Add Claim, select a provider number and enter a member number.
To Retrieve a Claim, select a provider number and enter a claim number OR a member number.
To view a Claim or Error Listing, select a provider number and click the applicable button.

To clear all pre-populated fields, click the Clear button. [Clear](#)

*Required Field

*Provider Number:

Member Number:

Claim Number:

[Add a Claim](#)

[View Claims Listing](#)

[View Error Listing](#)

[Retrieve a Claim](#)

CMS-1500 Submission through Blue e



- + You can enter a new CMS 1500 claim using the CMS 1500 *Add* page.
- + All required fields must be properly completed before a claim can be submitted.
 - If any errors are made, an error message will appear at the top of the page.

Provider Number: CMS 1500 <input type="button" value="GO"/>		Claim Number:	Certificate No.	<input type="button" value="SUBMIT"/>
* Required Field		Corrected claim? No <input type="button" value="v"/>	* 1a. Insured's I.D. Number <input type="text"/>	
2. Patient's Name * Last: <input type="text"/> * First: <input type="text"/> MI: <input type="text"/>		* 3. Patient's Birth Date <input type="text"/> <i>mmddccyy</i>		* Sex <input type="button" value="v"/>
4. Insured's Name Last: <input type="text"/> First: <input type="text"/> MI: <input type="text"/>		5. Patient's Address Street: <input type="text"/> City: <input type="text"/> State: <input type="button" value="v"/> ZIP: <input type="text"/> Phone: <input type="text"/>		* 6. Patient Relationship to Insured <input type="button" value="v"/>
7. Insured's Address (req. for Bluecard & FEP) Street: <input type="text"/> City: <input type="text"/> State: <input type="button" value="v"/> ZIP: <input type="text"/> Phone: <input type="text"/>		8. Patient Status - Marital <input type="button" value="v"/> Patient Status - Employment <input type="button" value="v"/>		9. Other Insured's Name Last: <input type="text"/> First: <input type="text"/> MI: <input type="text"/>
10. Is patient's condition related to: a. Employment? (Current or Previous) No <input type="button" value="v"/> b. Auto Accident? No <input type="button" value="v"/> Place (State) <input type="button" value="v"/> c. Other Accident No <input type="button" value="v"/>		11. Insured's Policy Group or FECA # <input type="text"/> a. Insured's Date of Birth <input type="text"/> Sex <input type="button" value="v"/> b. Employer's name or school name <input type="text"/> c. Insurance Plan name or program <input type="text"/> *d. Is there another health benefit plan? No <input type="button" value="v"/> <i>If yes, return to and complete 9 a-d</i>		14. Date of current: Illness (First symptom) OR Injury (accident) OR pregnancy (UMP) <input type="text"/>
15. If patient has had same or similar illness, give first date: <input type="text"/> 17b. NPI: <input type="text"/>		16. Dates Patient unable to work From: <input type="text"/> To: <input type="text"/>		17. Name of referring provider or other source: <input type="text"/>
18. Hospital dates related From: <input type="text"/> To: <input type="text"/>		19. Reserved for local use <input type="text"/>		20. Outside Lab? <input type="button" value="v"/> \$ Charges <input type="text"/>
21. Diagnosis or nature of illness or injury (Relate items 1, 2, 3, or 4 to item <input type="text"/>		22. Medical <input type="text"/>		Original Ref. <input type="text"/>



CMS 1500 - Claim Listing Display

- + The CMS 1500 Claim Listing Display page lists all CMS 1500 claims associated with the National Provider Identifier (NPI) selected on the CMS 1500 Input page.
- + The CMS 1500 Claim Listing Display page is accessed by clicking the *View Claims Listing* button on the CMS 1500 Input page.

CMS 1500 Claim Listing

Search Criteria

*Provider Number *Claim Number: OR *Member#:

[Add a Claim](#) [View Claims Listing](#) [View Error Listing](#) [Retrieve a Claim](#)

All CMS 1500 Claims submitted through Blue e on the current day are listed below.

Results for Provider: Carolina Consultants, PA - 1234567890 **Total No. of Claims:** 1 **Total Amount:** \$ 25.00

Name	Patient Account Number	Claim Number	Member Number	Service Date	Amount
KENT,CLARK	PAT- 123456	081408949510	YPPW12345678901	08/12/2008	\$ 25.00



CMS 1500 - Error Listing Display

- + The CMS 1500 Error Listing Display page lists all CMS 1500 claims with errors associated with the NPI selected on the CMS 1500 Input page.
- + The CMS 1500 Error Listing Display page is accessed by clicking the *View Error Listing* button on the CMS 1500 Input page.

CMS 1500 Error Listing

Search Criteria

*Provider Number *Claim Number: OR *Member#:

[Add a Claim](#) [View Claims Listing](#) [View Error Listing](#) [Retrieve a Claim](#)

CMS 1500 Claims submitted with errors will be available for fourteen days.
Click on the hyperlink to retrieve the appropriate claim.

Results for Provider: Carolina Consultants, PA - 1234567890 **Total No. of Claims:** 1

Patient Account Number	Member Number	Temporary Claim Number	Error Code	Error Text	Age of Claim
PAT- 123456	YPPW12345678901	081408T48740	21002	PRIMARY DIAGNOSIS (1)-code must contain a valid code.	0



Claim Status

- Available for BCBSNC local, Federal Employees Program (FEP), Medicare Supplement, and Inter-Plan Program (BlueCard® members).
- Provides link to the Explanation of Payment (EOP).
- Has line level detail for professional claims.


Claim Status Search

To search for the status of a claim, select a Provider, enter a Member Number and a Date of Service. Then click the Search button.

***Required fields**

***Provider Number**

***Member Number**
Ex: YPP000000000

***Date of Service** 
Ex: MMDDCCYY

[SEARCH](#)

For FEP or Out-of-State Member Claim Status

Please check the Search Results to view the results of searches conducted over the past 7 days.

[VIEW SEARCH RESULTS](#)



Claim Status – Search Results

+ The Claim Status Search Results display page provides a list of the requests to the members' home plans (BCBS or FEP) and the status of the responses to those requests.

+ Statuses include: Available, Reviewed, Pending, Pending Medical Records, Pending Information from Provider, Pending Information from Member or Closed.

Search Results

View the results of searches conducted for Claim Status of out-of-state or FEP members over the past 7 days below.

View responses by:

User Id

All Authorized Provider Numbers

Provider Number

1233412344
0123123344
01 12312344
1231231238

View

Click on the column title to sort the results by that column.

[< New Search](#)

Member Number	Provider No.	Response Status	Name	Date of Birth	Date of Service	Request Date	Response Date & Time
YXE123456789	023450234	Closed	WILLIAMS, DANIEL	02/02/2001	05/01/2007	10/29/2007	10/29/2007 08:44:09 AM
GSE123456789	123341234	Available	WILLIAMS, DANIEL	01/01/2001	01/01/2007	10/29/2007	10/29/2007 01:26:18 PM
PRR123456789	023450234	Closed	SIMON, WILLIAM	12/09/1971	06/10/2007	10/29/2007	10/29/2007 08:44:09 AM
MRT123456789	123451234	Available	BRETON, JOHN	11/21/1938	12/15/2006	10/29/2007	10/29/2007 03:26:18 PM
MRT123456789	023450234	Reviewed	BRETON, JOHN	11/21/1938	12/15/2006	10/26/2007	10/26/2007 01:22:32 PM
MRT123456789	123341234	Closed	BRETON, JOHN	11/21/1938	12/15/2006	10/26/2007	10/26/2007 04:13:33 PM
PRR123456789	023450234	Reviewed	SIMON, WILLIAM	03/13/1972	07/10/2007	10/25/2007	10/26/2007
PRR123456789	123341234	Reviewed	SIMON, WILLIAM	03/13/2007	07/10/2007	10/25/2007	10/25/2007 04:13:33 PM
PRR123456789	023450234	Reviewed	SIMON, WILLIAM	12/09/1971	06/10/2007	10/24/2007	10/25/2007 11:50:39 AM
PRR123456789	123341234	Closed	SIMON, WILLIAM	06/10/2007	06/10/2007	10/24/2007	10/25/2007 04:13:33 PM

[< New Search](#)

Claim Status Search Results Display Page



Claim Status – Multiple Claims Found

- + The Claim Status Multiple Claims Found display page provides a list of the multiple claims that match the search query (this page only appears if the search query returns multiple local claims).
 - To view details about a specific claim, click the *Claim Number* hyperlink in the first column.

Search Criteria

* Provider Number: WAKE FOREST UNIVERSITY
* Member Number: YFP0000000001
* Date of Service: 05/02/2007

[SEARCH](#) [View FEP/ Out-of-State Results](#)

Click on the Claim Number hyperlink to view claim status details.
Click on the column title to sort the results by that column.

Multiple Claims Found

[< New Search](#)

Claim Number	Status	Date of Service	Received Date	Process Date	Payment/Denial Date	Billed Charges
071207942684	Finalized	05/02/2007	07/12/2007	07/20/2007	07/22/2007	\$2,053.17
051402904677	Finalized	05/02/2007	05/14/2007	05/20/2007	05/20/2007	\$2,053.17

[< New Search](#)



Claim Status – Line Level Detail

- + The Claim Status Line Level Detail display page includes detailed claim information, such as diagnosis code, place of service and member liability.

Search Criteria

*Provider Number: [HOSPITAL (1234567890)] *Member Number: [yppw1234567890] *Date of Service: [01/28/2008] [View FEP/ Out-of-State Results](#)

[SEARCH](#)

[< Back to List](#) [Next Result >](#)

Claim Status Detail for: 808697808697

Member: KEVIN BEN Patient Account Number: 401280844012808
Member No.: YPPW1234567890 Claim Reference Number: 8051540805154
Product: BLUE OPTIONS

Claim Status: Finalized All of the Codes below apply to the claim.

Timeline

Received Date	Check Payment Date
02/01/2008	02/05/2008

Payment Information

Billed Charges	Amount Paid	NCGS Interest Paid	Thomas Interest Paid	Check Number
\$517.00	\$274.06	\$0.00	\$0.00	5930781

Details	Procedure Code	Billed Charges	Amount Paid	Date of Service	
				Start	End
▼	99291	\$517.00	\$274.06	01/28/2008	01/28/2008

Claim Status: Finalized All of the Codes below apply to the claim.

Line Level Details

Procedure Code	Place of Service	Diagnosis Code
99291	21	518.81

Payment Information

Contracted Charges	Deductible Amount	Coinsurance Amount	Copay Amount
\$304.51	\$0.00	\$30.45	\$0.00

Remittance Inquiry -


- + You must select a provider from the *Provider Number* dropdown to begin a search for remittance advice data. You may also enter the check number and check date to narrow your search. If no date is entered, the system will show remittance advice data for the past seven days.
- + The Remittance Inquiry Input Page is accessed from the Remittance Inquiry hyperlink on the **Blue e** Home Page.

Remittance Inquiry

Please enter the following information and click "Search". *Required fields

* **Provider Number:**

Check Number:

Check Date:  Ex: MMDDCCYY
Leave the check date blank to search last 7 days.

* **Plan:** BCBSNC and State Products
 FEP
 View All


•NOP/EOP Statements are available for 365 days from the current date.

Remittance Inquiry Display

- + The Remittance Inquiry Display page displays remittance advice data for BCBSNC, FEP and State products.


Search Criteria

* Provider Number: Check Number:

* Plan: Check Date:  [Search](#)


[< New Search](#)

Check(s) Found

Check Date 	Plan	Check Number	Total Amount Paid	Notification of payment
09/07/2009	FEP	07561888		View PDF
09/07/2009	FEP	80576388		View PDF
09/13/2009	BCBSNC and State Products	00092288	\$2,059.85	View PDF
09/13/2009	BCBSNC and State Products	00000000	\$0.00	View PDF
09/14/2009	FEP	07563824		View PDF
09/14/2009	FEP	07563751		View PDF

•Large payment files may take several minutes to load for viewing.

[< New Search](#)

 To view PDF documents you need [Adobe Acrobat Reader](#).

Note: For FEP plan results, the Total Amount Paid can only be obtained by clicking the "View PDF" hyperlink to open the complete EOP.

Blue e - What's New

- + The *What's New* feature on the Blue e home page provides informative bulletins, tips, and other new information relating to Blue e. You can access these messages by clicking on a hyperlink in the *What's New* section at the top of the Blue e home page. Clicking the "View All Articles" hyperlink takes you to the What's New Archive page where you can view past articles.
 - **Note:** The green "New!" text indicates that the story was added within the last 14 days.



The screenshot shows the Blue e website interface. At the top, there is a navigation bar with the following tabs: Home, Eligibility, Billing, Health Management, and Administration. Below the navigation bar, the "What's New" section is displayed. It features a list of news items, each with a blue arrow icon and a "New!" label in green text. The items are:

- Eligibility Service Type Categories Change **New!**
- HIPAA 5010 Transaction Sets **New!**
- Employer Groups Win Kudos from Obama
- News for Internal Users of Blue e
- News for Out-of-State Institutional Providers
- Emergency News for Prof and Inst. Providers
- Hospitals to Receive AIDs Support \$\$
- Out-of-State Providers Must File for NPI
- Medicaid Eligibility in the news!

At the bottom right of the "What's New" section, there is a link that says "View All Articles >".



Home » [Resources](#)

Ancillary Claims Filing BCBSNC Requirements

06/21/2012

Effective October 14, 2012, Blue Cross and Blue Shield of North Carolina (BCBSNC) will make changes to our claims processing system, which will automate claim filing requirements for Ancillary Providers and some providers may see changes in where their claims are processed.

Please see the attachment for the ancillary claim filing guidelines.

 [Ancillary Claims Filing – BCBSNC Requirements](#)

Claim status and Eligibility inquiry responses

06/13/2012

The Department of Health and Human Services (HHS) has adopted the CAQH CORE Phase I & II Operating Rules as part of the Affordable Care Act related to Operating Rules for Health Care Eligibility/Benefit Inquiry and Response (270/271), as well as Claim Status Inquiry and Response (276/277). The mandated implementation date is by January 1, 2013.



Blue e Training and Help

Related Links

- [Important Provider News](#)
- [Prior Plan Approval \(PPA\) List](#)
- [Out of state member Medical Policy/Pre-cert/auth ePrescribe for online prescriptions](#)
- [Medicare Advantage Private Fee for Service Plans](#)
- [Electronic Funds Transfer \(EFT\) Registration Form](#)
- [Dental Blue Select](#)
- [BCBSNC eSolutions Website](#)
- [BCBSNC.com Specifically for Healthcare Providers](#)
- [Provider Refund Return Form](#)
- [Coordination of Benefits Questionnaire](#)
- [Care Gap Change Request Form](#)

Helpful Links



Computer-Based Training (CBT's)



How to Use...

837 Claim Error List	Go
837 Claim Error List	
Authorization Request	
Case Status	
Claim Status	
C3	
CMS 1500	
Diagnostic Imaging	
Entity Management	
FEP Member Search	
Health Eligibility	
Medicaid Eligibility	
Remittance Inquiry	
UB04	

Blue e Helpdesk



Spotlight: E Mail the Blue e Helpdesk!

The **Blue e** Help Desk is available to answer your questions about **Blue e** via e-mail. A Help Desk analyst will respond to your e-mail within two business days.

Click on one of the hyperlinks below to identify the area of your problem. Please include: 1.) a detailed description of your problem/question, 2.) the transaction in **Blue e**, 3.) your User ID, 4.) NPI, 5.) the date and time of your issue, 6.) any other information that would help us research your issue.

Click on a subject/topic below to send an email:

- [Administration](#)
- [Billing](#)
- [Eligibility](#)
- [Health Management](#)
- [Other Blue e General Issues](#)

If you have difficulty launching an email from this page, send an email to Bluee.HelpDesk@bcbsnc.com.

BCBSNC uses encryption to enhance the security and privacy of confidential email. In order to receive emails from BCBSNC that contain PHI or other confidential data, you will be required to create an account and password with Voltage.

Please refer to the SecureMail User Guide for more information

 [Secure Mail Recipient Guide](#)



Claims and Billing



Claims and Billing

- + The best way to submit claims to BCBSNC is electronically. Electronic claims process faster than paper claims and save on administrative expense for your practice.
 - If you must file a paper claim, please use the most current red and white CMS-1500 form – no hand written claims will be accepted.
- + File claims with the correct member ID number. At every visit, verify a member's coverage information to avoid filing claims under an invalid member ID number.
- + You must submit the claims with the appropriate alpha prefix and suffixes. This information is located in Blue e or on the member's ID card.
- + File under the member's given name, not his or her nickname.
- + Include your NPI.



Billable licensed dietitian nutritionist services

Billing code	Service description	Unit
97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes	1 unit (1 unit equals 15 minutes)
97803	Re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes	1 unit (1 unit equals 15 minutes)
97804	Group (2 or more individual[s]), each 30 minutes	1 unit (1 unit equals 30 minutes)
S9465	Diabetic management program, dietitian visit	Per visit
S9470	Nutritional counseling, dietitian visit	Per visit



Ancillary providers

1500
HEALTH INSURANCE CLAIM FORM
 APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

Sample LDN claim CMS-1500 (08-05)
Ancillary providers

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA OTHER
 (Medicare #) (Medicaid #) (Sponsor's SSN) (Member ID#) (RSN or ID) (RSN) (SSN) (IC) (IC)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)
 Last Name, First Name

3. PATIENT'S BIRTH DATE
 MM DD YY 04 15 1970 M X F

4. INSURED'S NAME (Last Name, First Name, Middle Initial)
 Last Name, First Name

5. PATIENT'S ADDRESS (No. Street)
 123 Any Street

6. PATIENT STATUS
 Single Married X Other

7. INSURED'S ADDRESS (No. Street)
 123 Any Street

8. CITY STATE
 City NC

9. ZIP CODE TELEPHONE (Include Area Code)
 12345 (000) 111-2222

10. IS PATIENT'S CONDITION RELATED TO:
 Employed X Full-Time Student Part-Time Student

11. INSURED'S POLICY GROUP OR FECA NUMBER
 615

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE 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.
 SIGNED DATE 10012003

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.
 SIGNED DATE 10012003

14. DATE OF CURRENT ILLNESS (Final symptom) OR BIRTH (Accident) OR PREGNANCY (LMP)
 10 01 2003

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS GIVE FIRST DATE
 10 01 2003

16. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
 FROM TO

19. RESERVED FOR LOCAL USE

20. OUTSIDE LAB? \$ CHARGES
 YES NO

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Indicate I, 2, 3 or 4 to item 24E by line)
 1. 250.0 Diabetes

22. MEDICAD RE submission CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A	B	C	D	E	F	G	H	I	J
DATE(S) OF SERVICE	PLACE OF SERVICE	EMTS	PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	DIAGNOSIS POINTER	\$ CHARGES	DATE OF SERVICE	UNIT	ICD-9-CM	RENDERING PROVIDER ID #
03 06 07 To 03 06 07	11		97802		20 00			1B	566XY 0123456789
2									
3									
4									
5									
6									

25. FEDERAL TAX ID NUMBER SIN EN
 00-0000000 X

26. PATIENT'S ACCOUNT NO.
 000000000-0

27. ACCEPT ASSIGNMENT FOR THIS CLAIM? YES NO X

28. TOTAL CHARGE \$ 20 00

29. AMOUNT PAID \$

30. BALANCE DUE \$

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)
 Dietitian Care
 123 Blue Street
 Blue Town, NC 12345
 SIGNED DATE 0123456789

32. SERVICE FACILITY LOCATION INFORMATION
 Dietitian Care
 123 Blue Street
 Blue Town, NC 12345
 SIGNED DATE 0123456789

NUCC Instruction Manual available at: www.nucc.org

+ Claims must be submitted within 180 days of services being rendered, with the exception of claims for FEP members.

+ Claims for FEP members must be filed by December 31 of the year after services were rendered or date of discharge.



Claims and Billing

- + When submitting a claim, you will need to include both a CPT code (procedure code) and a ICD-9* code (diagnosis code).
- + The ICD-9* code will depend on the patient's diagnosis: obesity, diabetes, etc.
- + Bill in 15 minute units (one on one) or 30 minute units (group services).

For complete details on billing for Licensed Dietician Nutritionist services, please see the [Provider eManual](#) – Chapter 9, Section 9.42

*All codes should be filed with ICD-10 diagnosis codes following the implementation of ICD-10.

Claims filing is simple!



- + Submit claims to BCBSNC.
- + Providers can collect from the member any applicable cost-sharing amount (i.e., co-pay, deductible).
- + Members may not be balance billed for any additional amounts.

Electronic Claims

Submit electronic claims to BCBSNC under your current BCBSNC billing practices

Paper Claims

Mailing address for paper claim forms:

P.O. Box 35
Durham, NC 27702



Provider Tools

Customer Service Phone Numbers



- + **Provider Blue Line – 1.800.214.4844**
 - Dedicated provider line for health care providers participating in BCBSNC commercial lines of business.
- + **Blue Medicare HMO/PPO – 1.888.296.9790**
 - Dedicated provider line for health care providers participating in BCBSNC Blue Medicare HMO and Blue Medicare PPO benefit plans.
- + **Provider Service Associates – 1.800.777.1643**
- + **eSolutions Customer Service – 1.888.333.8594**
- + **IPP Blue Card (verify eligibility) – 1.800.676.BLUE (2583)**
- + **IPP Blue Card (claims assistance) – 1.800.487.5522.**
- + **State Health Plan – 1.800.422.4658**
- + **Federal Employee Program (FEP) – 1.800.222.4739**



Provider Services Associates (PSA)

- + Your PSA's are able to assist with:
 - Providing you information on how to obtain your fee schedule (if you are unable to retrieve via *Blue e*)
 - Making any necessary demographic changes – notice address, billing address and etc.
 - Add/Remove providers from your practice
 - Questions

P: (800) 777-1643 8am-4pm

F: (919) 765-4349

NMSpecialist@bcbsnc.com

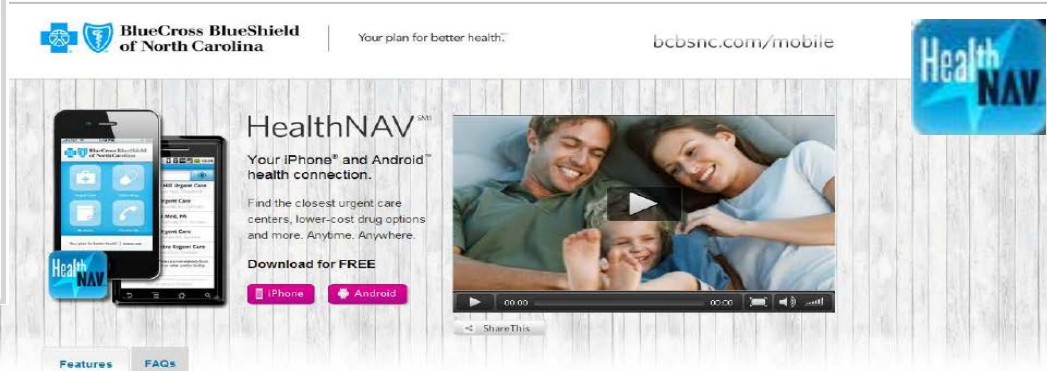
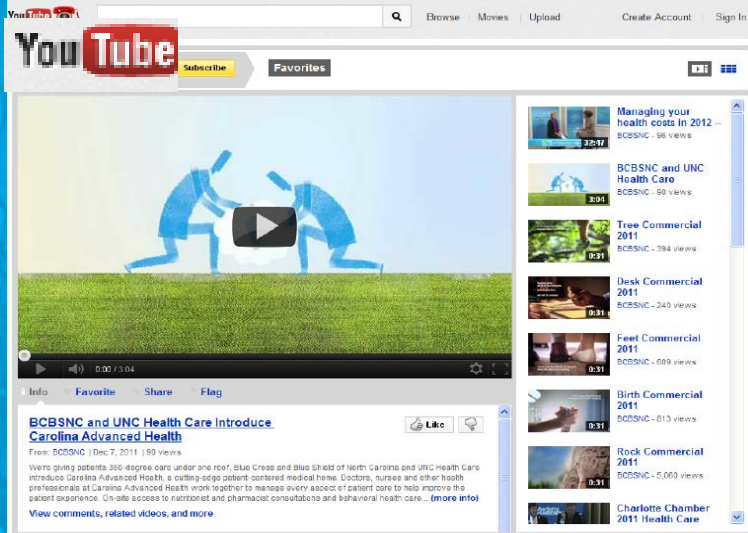


Social media

Find Us On



twitter





Patient Education Materials

- + BCBSNC has identified and developed patient assessment and patient education materials to help jumpstart preventive health conversations.

Healthy Lifestyle Programs

- ▶ Adult Obesity Assessment and Treatment
- ▶ Childhood Obesity Assessment and Treatment
- ▶ Tobacco Cessation
- ▶ Stress Management

Preventive Screening Topics

- ▶ Breast Cancer Screening
- ▶ Chlamydia Screening
- ▶ Colorectal Cancer Screening
- ▶ Depression Screening

- + These *complimentary* tools can help you assess your patients on important preventive health issues – to request, please complete the online order form at <http://www.bcbsnc.com/content/providers/toolkit/order-toolkit.htm>.

Online resources - bcbsnc.com/providers/



- + Online provider manuals
- + Medical policies
- + Important news
- + Prior review pages
- + Newsletters
- + Much more!

The screenshot shows the BlueCross BlueShield of North Carolina website. At the top, there are navigation links: "About BCBSNC", "Find a doctor", "Find a drug", "Careers", and "Contact us". The main header includes the BlueCross BlueShield logo and the tagline "Your plan for better health™". A search bar is located on the right. Below the header, there are sections for "Health care partner", "Important updates", and "Provider resources".

Overlaid on the screenshot are several resource cards:

- Important News**: A card stating, "We have collected and categorized the most recent company information that may be useful to you. Please visit the sections below to view the latest provider news - updates." It includes a date of "May 01, 2008" and a link for "EOP Enhancement".
- Medical policy search**: A card with a search box and the instruction: "Type the policy name, number, CPT code, or keyword." Below the search box are links for "Medical Guidelines", "Alphabetical Index", "Categorical Index", and "Diagnostic Imaging Management Policies".
- BlueLink**: A newsletter card titled "BlueLink" with the subtitle "Inter-Plan Programs: Updates and Reminders". It lists topics like "Inter-Plan Programs", "HIPAA 5010 transactions and code sets", and "Protecting your patients' health".
- THE BLUE BOOK**: A card for "THE BLUE BOOK Provider eManual" featuring a photo of two cyclists on a road.

At the bottom of the screenshot, there is a section for "Member Health Partnerships" and a footer with the website's name and logo.



Questions

This presentation was last updated on March 11, 2014. BCBSNC tries to keep information up to date; however, it may not always be possible. For questions regarding any of the content contained in this learning module, please contact Network Management at 1.800.777.1643.