

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 New Mexico (BCBSNM). 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.

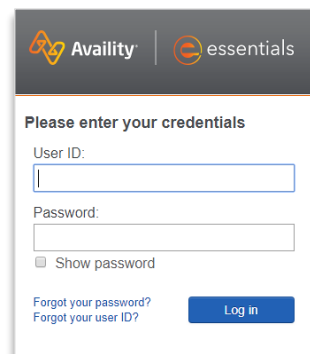
Not Registered with Availity? Complete the guided online registration process today at [Availity](#), at no charge.

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

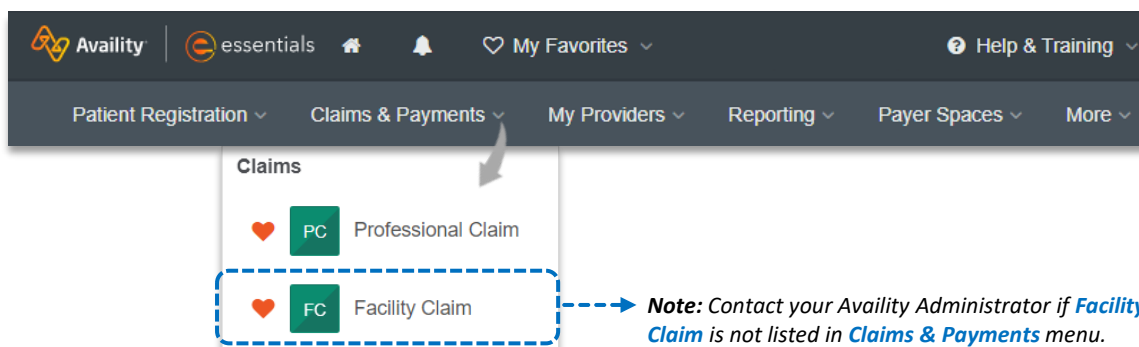
- ▶ Go to [Availity](#)
- ▶ Select [Availity Essentials Login](#)
- ▶ Enter User ID and Password
- ▶ Select [Log in](#)

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](#)



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:

- *BCBNM*
- *Blue Cross Medicare Advantage*
- *Blue Cross Community Centennial*

INSURANCE COMPANY/BENEFIT PLAN INFORMATION

Organization: ABC Organization

Claim Type: Facility Claim

Payer: BCBSNM

Responsibility Sequence: 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: mm/dd/yyyy

* Statement To Date: mm/dd/yyyy

* Facility Type: Type to search...

Facility Types

- 11 - Hospital Inpatient (Including Medicare Part A)
- 12 - Hospital Inpatient (Medicare Part B only)
- 13 - Hospital Outpatient
- 14 - Hospital-Laboratory Services provided to Non-Patients
- 18 - Hospital-Swing Bed
- 21 - SNF Inpatient (Including Medicare Part A)
- 22 - SNF Inpatient (Medicare Part B)
- 23 - SNF Outpatient
- 28 - SNF Swing Bed
- 32 - Home Health Services under a Plan of Treatment
- 34 - Home Health Services not under a Plan of Treatment
- 41 - Religious Nonmedical Health Care Institutions- Hospital Inpatient
- 43 - Religious Nonmedical Health Care Institutions- OutPatient Services

- 65 - Intermediate Care - Level I
- 66 - Intermediate Care - Level II
- 71 - Clinic- Rural Health
- 72 - Clinic-Hospital based or Independent renal dialysis center
- 73 - Clinic-Free Standing
- 74 - Clinic-Outpatient Rehabilitation Facility
- 75 - Clinic-Comprehensive Outpatient Rehabilitation Facility
- 76 - Clinic-Community Mental Health Centers
- 77 - Clinic-Federally Qualified Health Center (FQHC)
- 78 - Licensed Freestanding Emergency Medical Facility
- 79 - Clinic-Other

- 81 - Hospice(Nonhospital based)
- 82 - hospice (Hospital based)
- 83 - Ambulatory Surgery Center
- 84 - Free Standing Birthing Center
- 85 - Critical Access Hospital
- 86 - Residential Facility
- 87 - Freestanding Non-residential Opioid Treatment Program
- 89 - Special Facility-Other

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 ?

Country ? * City * State * Zip Code

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 xxxxxxxxx.

- i 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 **Availability 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
<input type="text"/>	<input type="text"/>	<input type="text"/>
Suffix	* Gender	* Date of Birth
<input type="text"/>	Type to search... ▼	mm/dd/yyyy 📅
* Relationship ?	* Patient Status	Patient Responsibility ?
Self ▼	Type to search... ▼	<input type="text"/>
* Address ?	Address 2 ?	Country ?
<input type="text"/>	<input type="text"/>	United States ▼
* City	* State	* Zip Code
<input type="text"/>	Type to search... ▼	<input type="text"/>

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?
<input type="text"/>	<input type="text"/>	* ?
		Type to search... ▼
<div style="border: 1px solid #ccc; padding: 5px; display: inline-block; margin: 5px 0;"> + Add Secondary Insurance Plan </div>		

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... Type to search...

* NPI ?
Type to search...

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 ?
Type to search...

Present on Admission Indicator
Type to search...

* Diagnosis Code 2 ?
Type to search... X

Present on Admission Indicator
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
<input type="text"/>	<input type="text" value="Type to search..."/>	<input type="text" value="Type to search..."/>
* Admission Source	Diagnosis Related Group (DRG) Code	* Provider Accepts Assignment ?
<input type="text" value="Type to search..."/>	<input type="text" value="Type to search..."/>	<input type="text" value="Type to search..."/>
* Release of Information ?	* Claim Filing Indicator	Prior Authorization Number ?
<input type="text" value="Type to search..."/>	<input type="text" value="BL - Blue Cross/Blue Shield"/>	<input type="text"/>
Medical Record Number		
<input type="text"/>		

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 auto accident.

ADDITIONAL CLAIM INFORMATION ×

Auto Accident Country	Auto Accident State	Billing Note
<input type="text" value="United States"/>	<input type="text" value="Type to search..."/>	<input type="text"/>

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

The screenshot shows the 'LINES' form with the following fields and options:

- Service From Date** and **Service To Date**: Date pickers with 'mm/dd/yyyy' format.
- Procedure Code**: A dropdown menu with 'Type to s...'.
- Procedure Description**: A text input field.
- Modifier**: Two empty input boxes.
- Revenue Code**: A dropdown menu with 'Type t...'.
- Non Covered Amount**: A text input field.
- Charge Amount**: A text input field.
- Quantity**: A text input field.
- Quantity Type**: A dropdown menu with 'UN - Unit' selected.
- + Add a Line**: A button highlighted with a dashed blue box.
- Actions**: A menu highlighted with a dashed blue box, containing 'Line Details', 'Clone Line', and 'Remove Line' options.
- Total: \$0.00**: A label at the bottom right.
- Clear Form** and **Continue**: Buttons at the bottom right, with 'Continue' highlighted with a dashed blue box.

Quick Tip:

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

- ▶ After selecting **Action**, click **Line Details** to expand the service line, add additional information
- ▶ Click **Save**

The screenshot shows the 'CLAIM LINE DETAILS' form with the following fields and options:

- Service Line Control Number**: A text input field.
- Service From Date** and **Service To Date**: Date pickers with 'mm/dd/yyyy' format.
- Procedure Code**: A dropdown menu with 'Type to search...'.
- Procedure Description**: A text input field.
- Modifier 1**, **Modifier 2**, **Modifier 3**, and **Modifier 4**: Four empty input boxes.
- Revenue Code**: A dropdown menu with 'Type to search...'.
- Charge Amount**: A text input field.
- Non Covered Amount**: A text input field.
- Quantity**: A text input field.
- Quantity Type**: A dropdown menu with 'UN - Unit' selected.
- Add Providers / Additional Service Line Information**: A dropdown menu highlighted with a dashed blue box, expanded to show:
 - + Rendering Provider
 - + Referring Provider
 - + Operating Physician
 - + National Drug Code (NDC)
- Back** and **Save**: Buttons at the bottom right, with 'Save' highlighted with a dashed blue box.

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 BCBSNM 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 | Home | Notifications | My Favorites | Help & Training

Patient Registration | **Claims & Payments** | My Providers | Reporting | Payer Spaces | More

Claim Status & Payments	Claims	EDI Clearinghouse
CS Claim Status	PC Professional Claim	EDI Send and Receive EDI Files
RV Remittance Viewer	FC Facility Claim	FR File Restore
A Appeals	MA Medical Attachments	EDI EDI Reporting Preferences
	MA Attachments - New	TE Transaction Enrollment
	CL Claims	CG EDI Companion Guide
	EP View Essentials Plans	Payer List

13) Confirming Claim Receipt (continued)

- ▶ Select **Organization**
- ▶ Select **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 BCBSNM

Files		Sort By:				
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 BCBSNM [Provider Education Consultants](#)

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