

Professional 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 Oklahoma (BCBSOK). Electronic claim submission can accelerate the claim and reimbursement process. This Availity option does not 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 Professional 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 [Professional Claim](#) submission option.

## 2) Accessing Professional Claim Form

- ▶ Select [Claims & Payments](#) from the navigation menu
- ▶ Select [Professional Claims](#)

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

**Payer Selection Options:**  
 → BCBSOK  
 → Blue Cross Medicare Advantage

INSURANCE COMPANY/BENEFIT PLAN INFORMATION

Organization: ABC Organization | Claim Type: Professional Claim | Payer: BCBSOK | Responsibility Sequence: Primary

### 4) Patient Information

Complete the required fields:

- ▶ **Last Name**
- ▶ **Relationship to Subscriber**
- ▶ **Date of Birth**
- ▶ **Address**
- ▶ **Gender**
- ▶ **City, State, Zip Code**

Set / Show Form Data

PATIENT INFORMATION

Select a Patient  
Type to search...

\* Last Name | First Name | Middle Name | Suffix

\* Date of Birth (mm/dd/yyyy) | \* Gender (Type to search...) | \* Relationship (Self)

\* Address | Address 2 | Country (United States)

\* City | \* State (Type to se...) | \* Zip Code

Patient is deceased

**Note:** Expand this option if the patient's condition is accident related to employment, auto, or other accident and fill in the requested information.

**Quick Tips:**

- If an **Availty 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.

## 5) 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 insurance plan, select **Add Secondary Insurance Plan** and enter requested details

SUBSCRIBER INFORMATION ?

\* Subscriber ID ?

Group Number ?

Authorized Plan to Remit Payment to Provider? ?

\*

Add Secondary Insurance Plan

**Quick Tip:**

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

## 6) Billing Provider Information

The billing 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](#).

**Complete the required fields:**

- ▶ **Provider Last Name**
- ▶ **NPI / Tax ID**
- ▶ **Specialty / Taxonomy**
- ▶ **Address / City, State, Zip Code**

PROVIDER INFORMATION

Select a Provider ?

* Last Name <span>?</span>	First Name	Middle Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
* NPI <span>?</span>	* EIN <span>?</span>	* SSN <span>?</span>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
* Specialty Code <span>?</span>	* Address <span>?</span>	Address 2 <span>?</span>	
<input type="text" value="Type to search..."/>	<input type="text"/>	<input type="text"/>	
Country <span>?</span>	* City	* State	* Zip Code
<input type="text" value="United States"/>	<input type="text"/>	<input type="text" value="Type to se..."/>	<input type="text"/>

Pay-to address is the same as the billing address

Add Contact Information

## 7) Additional Claim & Rendering Provider Information

- ▶ Enter the **Patient Control Number** (the patient account number assigned by your office)
- ▶ **Place of Service**
- ▶ Select **Billing Frequency**:
  - › **Frequency Code 1** (new claim)
  - › **Frequency Code 7** (replacement claim)
  - › **Frequency Code 8** (void/cancel claim)

**Quick Tip:**

→ If corrected claim or void/cancel of a prior claim is selected, a new required field will populate. The **Payer Claim/Control Number** is required (ICN/DCN). This tells the payer which claim needs to be corrected or voided.

CLAIM INFORMATION

* Patient Control Number / Claim Number <span style="font-size: 0.8em;">?</span>	* Place of Service <span style="font-size: 0.8em;">?</span>	* Frequency Type <span style="font-size: 0.8em;">?</span>
<input type="text"/>	<input type="text" value="Type to search..."/>	<input type="text" value="Type to search..."/>
* Provider Accepts Assignment <span style="font-size: 0.8em;">?</span>	* Release of Information <span style="font-size: 0.8em;">?</span>	* Provider Signature on File
<input type="text" value="Type to search..."/>	<input type="text" value="Type to search..."/>	<input type="text" value="Type to search..."/>
* Claim Filing Indicator	Prior Authorization Number	Acute Manifestation Date
<input type="text" value="BL - Blue Cross/Blue Shield"/>	<input type="text"/>	<input type="text" value="mm/dd/yyyy"/> <span style="font-size: 0.8em;">📅</span>
Medical Record Number	Care Plan Oversight Number	Clinical Laboratory Improvement Amendment Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Spinal Manipulation Service Patient Condition Code	Claim Note Reference Code	
<input type="text" value="Type to search..."/>	<input type="text" value="Type to search..."/>	

- ▶ Enter the **Principal ICD-10 Diagnosis Code**
- ▶ Select **Add Another Code** to add up to 12 diagnosis codes
- ▶ Select **Add Provider** and click **Rendering Provider**

DIAGNOSIS CODES

Principal Diagnosis Code ?

+ Add

Add Providers / Additional Claim Information ▼

- +👤 Rendering Provider
- +👤 Supervising Provider
- +👤 Referring Provider
- 📅 Service Facility Location Information
- 😊 EPSDT Referral Information
- 📅 Onset Date Information
- 🏢 Worker's Compensation
- + Hospitalization
- 👤 Anesthesia Information
- 📄 Condition Codes
- 📎 Attachments

**Quick Tip:**

→ A common claim processing error occurs when providers do not include the rendering provider information in this area. This is critical to the claim being accepted for processing.

**Continue to next page** →

### 7) Rendering Provider Information *(continued)*

- ▶ Complete the required fields for the **Rendering Provider**
- ▶ Use the **Select a Provider** drop-down list to quickly auto-populate the associated provider information

RENDERING PROVIDER

Select a Provider ? \* NPI ?

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

\* Last Name First Name

Middle Name Suffix Specialty Code ?

Type to search...

Add Providers / Additional Claim Information

**Quick Tip:**

→ As a reminder, add your rendering provider NPI and Tax ID to **Manage My Organization** for quick data-entry.

### 8) Service Line(s) & Submission

Enter information in the required field:

- ▶ **Service From and To Date** (i.e., 05/01/2023)
- ▶ **Procedure Code**
- ▶ **Diagnosis Code Pointers** (use drop-down to choose the appropriate order)
- ▶ **Charges** (excluding the "\$" sign)
- ▶ **Quantity & Quantity Type** (enter the number of units/minutes)
- ▶ Select **+ Add a Line** to include additional lines of service
- ▶ Use **Actions** to view **Line Details**, **Clone Line** or **Remove Line** of service

LINES

Service From	Service To Date	Place of Service <span>?</span>	* Procedure Code <span>?</span>	Procedure Description	Modifier
* Date <span>?</span> mm/dd/yyyy	mm/dd/yyyy	Type to se...	Type to search...		
<input type="checkbox"/> Emergency Indicator			<input type="checkbox"/> Non-specific procedure code description		
* Diagnosis Code Pointer <span>?</span> Type to search...	* Charge Amount	* Quantity <span>?</span>	* Quantity Type <span>?</span>		
			UN - Unit		

+ Add a Line

Total: \$0.00

Clear Form Continue

**Quick Tip:**

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

### 9) Submission Confirmation

- ▶ 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 BCBSOK for further processing.

<b>Transaction ID</b> 415621998	<b>Patient Account Number</b> 123	<b>Submission Type</b> Professional Claim
<b>Submission Date</b> 5/19/2023	<b>Date(s) of Service</b> 5/18/2023 - 5/18/2023	<b>Patient Name</b> DOE, JOHN
<b>Subscriber ID</b> XOF123456789	<b>Billing Provider Name</b> ABC MEDICAL GROUP	<b>Billing Provider NPI</b> 1234567890
<b>Billing Provider Tax ID</b> 999999999	<b>Total Charges</b> 200.00	

Print New Claim

### 10) Confirming Claim Receipt

- ▶ Select **Claims & Payments** from the navigation menu
- ▶ Select **Send and Receive EDI Files**

Availity | essentials | Home | Notifications | My Favorites | Help & Training

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

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

10) 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
<a href="#">Announcements</a>		May 01 2015 00:00		
<a href="#">ReceiveFiles</a>		Aug 12 2020 11:15		
<a href="#">SendFiles</a>		Aug 12 2020 10:38		

- ▶ Select the **EBT** file to confirm if the claim submission was accepted or rejected by BCBSOK

Files		Sort By:				
Name	Size [B]	Date	File Options	Delete		
<a href="#">EBT-BCBSTX000-202000000000-001.ebt</a>	1958	Sep 12 2020 10:00				
<a href="#">DPT-BCBSTX000-202000000000-001.dpt</a>	1997	Sep 14 2020 10:15				
<a href="#">IBT-BCBSTX000-202000000000-001.ibt</a>	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 BCBSOK [Provider Education Consultants](#)

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