

Claims On-Line FAQ's

Q: Does the Appeal go to the GAU Dept with clinical for handling a formal appeal?

A: Yes. The appeal will go directly to GAU.

Q: Can we still fax Appeals to GAU for handling?

A: Yes, you can still email, mail, and fax appeals if you'd like.

Q: Will you be able to send retractions requests via the adjustments?

A: Yes, you will be able to submit retractions and voids.

Q: We cannot create a provider account due to the fact that we need to submit and create a claim first, then you'll be able to create an account. Can you help us to create a user account at the portal even though we have yet submitted any claims?

A: Yes, you will need a BCBSRI.com Provider Portal account. If you are a group, you will need to submit a claim in order to create an account. If you have individual providers within your group, you will you're your account by one of the providers NPI's and the groups TAX ID. If you are having issues and need assistance, please contact ProviderRelations@bcbsri.org for assistance.

Q: Can corrected claims and appeals be done for claims that originally go through the clearing house? or is it only for the claims submitted online through web?

A: Yes, you can submit adjustments and appeals for claims that were submitted electronically through your clearing house or the portal.

Q: Will a patient list form and save with demographics upon initiating a claim to avoid repeated data entry?

A: Patient information will not be saved. It will have to be entered for each claim.

Q: If they do not have Medicare, do you say no to accept the Medicare assignment?

A: Yes.

Q: Can anyone request an appeal, or does it need to be a nurse?

A: Yes, anyone in the office with access to the portal can submit an appeal.

Q: Does payment timeline change with online claim submission?

A: Claims are processing faster but the timelines for processing is still up to 30 days.

Q: What is a "W" claim?

A: A W claim is a web submitted claim. When an office submits a web submitted claim, the beginning of the claim will start with W. Electronic claims begin with "E".

Q: What DOS can we start with to submit a web claim?

A: You can enter any DOS, it can be older dates of service. If over 180 days you will see the Timely Filing Denial reflected on your remittance advise.

Q: How long for grievance and appeal to be completed?

A: Administrative appeals are completed within 60 days for receipt, and grievances are completed within 30 days of receipt.

Q: Do you anticipate any backlog, based on the amount of people submitting on the web?

A: No, we do not anticipate any backlog.

Q: Will we be able to upload Medical Records for Medical Record requests?

A: Yes, you can upload Medical Records through the Medical Record requests.

Q: What does taxonomy mean in reference to our claims?

A: A taxonomy code is a unique 10-character code that designates your classification and specialization. You will use this code when applying for a National Provider Identifier, commonly referred to as an NPI. Your taxonomy code will auto populate when entering your information for the claim.

Q: We can only correct claims we submitted ourselves via the website? We won't be able to correct claims that are sent via our clearing house?

A: That is correct. Corrected claims are only allowed to be processed on the portal if the original claim was submitted through the portal.

Q: Can you submit referrals too? Meaning claims are denied for no referrals?

A: You cannot submit your referrals through this portal, and will continue through Health Trio, but if a claim denied for no referral, and later on a referral is put on file, you can send in a claim adjustment to correct the denial and have the claim paid with the referral that was placed on file.

Q: Once you enter in out of state members, will they be saved for auto populated?

A: No, unfortunately only BCBSRI members will populate.

Q: How many lines can be entered per submission?

A: There is a 20 line limit per submission.

Q: What is the timely for submitting a corrected claim, claim adjustment and an appeal?

A: Corrected claim is 180 days from the date of denial/paid date. Claim adjustments are 18 months from a paid claim. You have 60 days from the date of denial for appeals.

Q: Can we submit claims with a date of service prior to February 23rd?

A: Yes, you can submit claims for dates of services prior to the go live date.

Q: Where is the routing information for the payments?

A: Web claims will route the same way as your claims populate today.

Q: How many drafts can be saved?

A: Up to 20 drafts (Marisa checking on that for a definite answer).

Q: Will paper claims/electronic submission still be accepted?

A: Yes.

Q: Can claim adjustments and appeals be done on non-web submitted claims?

Y: Yes, can be done on all claims

Q: Is the entry of claim real time? Can you see a status anywhere?

A: Yes, it is real time. Should wait a couple of hours to see an accurate status of the claim.

Q: Will there be an option to print a copy of the claim?

A: No, you cannot print as of right now.

Q: What modifier is being used for telemedicine?

A: 95 modifier.

Q: We find add on codes are sometimes not processed with the primary code it was billed with. We have to call customer service; they see the add on code line and have it processed. Could we use the claim adjustment process for this scenario?

A: Yes, you can.

Q: Can we still do a corrected claim or claim adjustment for electronic claims that have denials?

A: Claim adjustment is for any claim, corrected claim is only for claims submitted in web claim portal.

Q: Is there an easy way to Update our access to current/new providers or new practices?

A: PR reps can help with deleting old providers/adding new providers to provider portal

Q: For an electronic claim submitted, can we use the frequency 7 replacement claim process for a corrected claim?

A: Yes

Q: The claim adjustment or appeal request can we see a status or will it be considered in the future vs calling or sending a secure message.

A: A claim adjustment/appeal request you will not see immediately; they have to be manually reviewed by a person. For an adjustment, someone manually reviews it and it will be processed like normal or if it cannot process for any reason, they will send you a letter explaining why. For an appeal, they will send you a letter stating that we received the appeal and then a letter letting you know if we approved/denied it.

Q: Corrections, appeals and adjustments are all functions done through our clearing house. What is the advantage of submitting through your portal? Will we get paid faster?

A: New functionality to help providers that have smaller practices, easier to use than paper claims. You will get paid faster but it is based on people's comfortability and what they would like to utilize.

Q: What is the file size accepted for medical records?

A: Up to 100 mb per file, up to 700 mb total.

Q: Is this for RI only or other states?

A: This is not just for RI; you can submit for other states but those out of state members will not auto populate like how RI members would.

Q: If we were to submit paper appeals will those be treated the same way as the ones submitted online through the portal or would the appeals submitted online be considered of a higher priority?

A: Appeals are all processed based on the date we receive them regardless of the way we receive them.

Q: If you try to send a web-based claim, will it reject if there is electronic claim on file already?

A: The claim will process and deny as duplicate.

Q: There was a tab on the review page "accept Medicare agreement" Is this now required for LMHCs ?

A: Yes effective 1/1/24, LMHC's and LMFT can now accept Medicare Assignment and click yes.

Q: Can you submit more than one date at time right?

A: Yes, you can submit up to 15 dates on one claim.

Q: Where in the portal do I select to enter the claims online?

A: In your provider portal, on the left-hand tool bar you will see "Web Claims Submission"

Q: I don't see the web claims submission button on my tool bar, what do I do?

A: If you are a staff account, you must ask your admin to give you the access. If you are the admin and do not have it, please email ProviderRelations@bcbsri.org.

Q: Where do I find my submitted claims?

A: There is no where for the submitted claim to save. Once you enter the claim, ensure you write down/keep track of the claim number to refer back to when checking claim status in your portal.

Q: Did you say that we still have to upload a Corrected Claim - for it to become Status 07.

A: Yes, if it is a corrected claim from a web claim. You cannot submit a corrected claim unless it was originally submitted as a web claim.