



BlueCross BlueShield
of Illinois

2025 Provider Manual – Electronic Commerce

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Electronic Commerce Overview

Electronic Commerce involves information that is stored, displayed or transmitted electronically. Utilizing Electronic Commerce in day-to-day business operations is necessary for the secure and standardized exchange of clinical data between patients, providers, health plans and other health care stakeholders. BCBSIL offers a growing list of Electronic Commerce options – online, self-service tools, resources and support services – to assist you with providing health care services to your patients. It is important to take advantage of all Electronic Commerce options that are available to you as a network provider to help you remain competitive, as well as compliant, in some cases, with contractual and/or other requirements.

The contracting provider agrees to use his/her best efforts to participate with the Plan's Electronic Funds Transfer under the terms and conditions set forth on the Electronic Funds Transfer Agreement. The contracting provider also agrees to use his/her best efforts to participate with the Plan's Electronic Remittance Advice as described in the ERA Enrollment.

Electronic Commerce Transactions

Doing business electronically with BCBSIL involves Electronic Data Interchange, the computer-to-computer transmission of standardized information. EDI transactions are often identified by numbers assigned by the American National Standards Institute. Listed below are some of the administrative, clinical and financial electronic solutions offered and/or supported by BCBSIL. Please note that, for most electronic options, you will need to utilize an approved independent third party vendor that can provide a secure connection to BCBSIL – see the Electronic Commerce Vendors listing at the end of this section for details.

Eligibility and Benefits Request (ANSI 270/271)

Before rendering services to our Members, it is critical that you check participation and coverage details according to the member's benefit plan. You can verify commercial and government payers' membership and eligibility at a single location through Availity Essentials or your preferred electronic vendor. This step also helps you confirm benefit prior authorization requirements and other important information. Refer to the [Eligibility and Benefits page](#) in the Claims and Eligibility section of our Provider website for helpful resources, such as user guides to help you navigate Availity Essentials.

Electronic Prior Authorization (Availity Authorizations)

Authorizations in Availity Essentials allows the electronic submission of inpatient admissions and select outpatient services handled by BCBSIL. Additionally, providers can also check status on previously submitted requests and/or update applicable existing requests. Availity Authorizations is accessible to physicians, professional providers and facilities who have established a provider record with BCBSIL. For more information about [Availity Authorizations](#), visit the Education and Reference Center/Provider Tools section of our website.

Online Patient Cost Estimator

Online Patient Cost Estimator is available in Availity Essentials to help provide you with the opportunity to collect **estimated** patient financial responsibility at the time of service. Visit the Education and Reference/Provider Tools section of our website for additional information, such as the [Availity Patient Cost Estimator](#).

Electronic Health Record/Patient Care Summary

Registered Availity Essentials users may access the Patient Care Summary, which uses claim-based information to provide you with a consolidated view of a member's health care history at the point of care. This payer-based electronic health record can help you identify potential treatment issues such as clinical gaps in recommended care services, missed prescription refills and possible drug interactions. Visit the [Patient Care Summary page](#) under Education and Reference/Provider Tools section of our Provider website for additional information.

Electronic Claim Submission (ANSI 837)

You can submit claims electronically, real-time or in batch, 24 hours a day, seven days a week. Electronic claim submission enables users to have same-day access to their batch reports, which allows for quicker error resolution and also expedites the overall revenue management cycle process. All institutional or facility (UB-04) and professional (CMS-1500) claims can be filed electronically using your preferred electronic clearinghouse or practice management system. You may also file electronically at no charge through [Availity Essentials](#). For additional information, visit the [Electronic Claim Submission page](#) under Education and Reference/Provider Tools section of our Provider website.

Claim Status Request (ANSI 276/277)

After submission, check claim status online and in real-time using Availity Essentials or your preferred electronic vendor. For enhanced claim status, such as status of multiple claims in one view and expanded search options, registered Availity users may access Claim Status in [Availity Essentials](#). Visit the [Claim Status page](#) under [Education and Reference Center/Provider Tools](#) section of our website for additional information.

Electronic Claim Reconsiderations

Use the preferred Claim Reconsideration Request option for situational finalized claim denials (including BlueCard® out-of-area claims) via the Availity Essentials “Dispute Claim” capability, anchored off the enhanced Member and Claim search options in Claim Status tool. For more information, refer to the [Claim Reconsiderations Request page](#) in the Provider Tools section of our website.

Electronic Clinical Claim Appeal Requests

The Dispute option allows providers to electronically submit appeal requests for specific clinical claim denials through Availity Essentials. When applicable, Dispute Claim is available after obtaining Availity Claim Status results using the **Member ID** and/or **Claim Number** tab.

A **Clinical Appeal** is a request to change an adverse determination for care or services when a claim is denied based on lack of medical necessity, or when services are determined to be experimental, investigational, or cosmetic. For more information, refer to the [Clinical Claim Appeal page](#) in the Provider tools section of our website.

Electronic Funds Transfer (ANSI 835 EFT)

EFT is a secure method to receive claims payment, allowing electronic transfer of your claim reimbursement funds directly into the bank account of your choice. Enrollment allows you the option of selecting daily EFTs or a weekly payment schedule for commercial claims. Additional information, such as how to enroll for EFT online through Availity Essentials, is available in the [Claims and Eligibility/Claim Payment and Remittance section](#) of our website.

Electronic Remittance Advice (ANSI 835 ERA)

The purpose of this HIPAA-compliant data file is to facilitate automated posting of payments to your patient accounting system. You must be a registered [Availity Essentials](#) user to receive the ERA from BCBSIL. Additional information, such as how to enroll online for ERA, is available in the [Claims and Eligibility/Claim Payment and Remittance section](#) of our website.

Remittance Viewer

The remittance viewer offers providers and billing services a convenient way to view and help reconcile claim data provided in the 835 ERA by BCBSIL. You must be a registered [Availity Essentials](#) user to gain access to the remittance viewer tool. For additional information, refer to the [Remittance Viewer page](#) under Education

and Reference Center/Provider Tools section of our website.

Electronic Payment Summary

When you enroll for the ERA, you automatically receive the EPS, which is an electronic version of the paper Provider Claim Summary. The EPS is received in your office the day after the claim has been finalized, and you may use the EPS as an added tool when reconciling payments from BCBSIL. **Note:** The EPS cannot be used for automatic posting and is only available in combination with the ERA.

Provider Claim Summary

Provider Claim Summary allows users to readily view, download, save and/or print the PCS online, at no additional cost. You must be registered with [Availity Essentials](#) to gain access to this tool. For additional information, refer to the [Provider Claim Summary page](#) in the Education and Reference Center/Provider Tools section of our website.

Clear Claim Connection™

[Clear Claim Connection \(C3\)](#) is a free online reference tool that mirrors the logic behind ClaimsXten™ code-auditing software. You can use C3 to help determine how coding combinations on a particular claim may be evaluated during the adjudication process. To gain access to C3, you must be registered with [Availity Essentials](#). For additional information, including an instruction document to assist you with using C3, visit the [Education and Reference Center/Provider Tools section](#) of our website.

Electronic Refund Management

Electronic Refund Management is an online tool that can help simplify your overpayment reconciliation and related processes. Prior to accessing eRM, you must be registered with [Availity Essentials](#). A detailed explanation of eRM, its functionality and benefits are included in the Billing and Reimbursement section of this Provider Manual. Also refer to the [Electronic Refund Management page](#) in the Education and Reference Center/Provider Tools section of our Provider website.

Electronic Commerce Vendors

See below for an example of a multi-payer independent third party vendor that can help provide a secure electronic gateway between your office and BCBSIL for the exchange of real-time member/claim-related health care data. Prior to conducting EDI transactions, you will need to confirm services are available and register with your selected vendor. In some cases, there may be a fee for services.

Availity Essentials

Availity Essentials provides access to eligibility and benefits, claim status, claims clearinghouse services and more. To register with Availity Essentials or learn more about services available to contracted providers, visit the [Availity Essentials website](#), or call Availity Client Services at 800-282-4548.

Provider Learning Opportunities

The list of electronic options we support and make available for providers continues to expand. This section of our Provider Manual provides just a brief overview. Also watch for additional information and announcements in the [Blue Review](#), as well as the [News and Updates](#) section of our website at bcbsil.com/provider. Or join us for a complimentary training session – refer to the [Webinars/Workshops page](#) in the Education and Reference Center on our Provider website for dates, times and online registration for upcoming sessions.

Verification of eligibility and/or benefit information and/or the fact that a guideline is available for any given treatment, or that a service has received prior authorization, is not a guarantee of payment of benefits. Payment of benefits is subject to several factors, including, but not limited to, eligibility at the time of service, payment of premiums/contributions, amounts allowable for services, supporting medical documentation and other terms, conditions, limitations and exclusions set forth in the member's policy certificate and/or benefits booklet and/or summary plan description

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