

Dear Provider,

Thank you for your interest in Blue Cross Blue Shield of Michigan's Internet Claim Tool.

The ICT is software designed for Michigan providers who only have the ability to submit paper claims, not electronic claims.

Having a web-DENIS/Provider Secured Services ID does not automatically grant access to the ICT. In order to use the ICT for claim submission, you **must be registered in web-DENIS** and:

- Meet the operating system and internet browser requirements¹,
- Register your NPI with [Provider Enrollment](#) prior to enrolling in the ICT;
- Complete a [BCBSM Customer Profile](#).

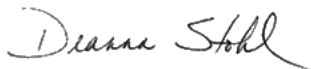
If you have questions regarding your BCBSM Customer Profile, please contact us at edicustmgmt@bcbsm.com.

If you are not registered in web-DENIS or Provider Secured Services, please call 877-258-3932.

Once you have completed all required steps, a BCBSM representative will contact you via email regarding your account setup and accessing the online computer-based ICT training.

Thank you for your interest in the ICT. We look forward to working with you in the future.

Sincerely,



Deanna Stohl, IT Manager I
Electronic Business Interchange Group

¹ Requirements are subject to change. As of February 2021:

- **OPERATING SYSTEM: Must be Windows version 7, 8.1 or 10.**
 - The ICT is not compatible with Macintosh or Apple.
 - OS X is not supported.
 - The ICT is not compatible with Google Chromebook OS or Linux.
 - Windows XP and Vista are no longer supported.
- **INTERNET BROWSER: Must be Google Chrome, Microsoft Edge, or Microsoft Internet Explorer 11.**
 - IE 10, 9, 8 and older versions, and Mozilla Firefox are not supported.



Nonprofit corporations and independent licensees
of the Blue Cross and Blue Shield Association

Return via fax to: 877-269-1070
Or mail to: Attn: Claim Tool – MC L858
Blue Cross Blue Shield of Michigan
53200 Grand River Avenue
New Hudson, MI 48165-9801

BCBSM Customer Profile - Institutional

Please complete each section in its entirety. Incomplete information may delay set-up at BCBSM.

Customer Information

Practice Name		Total number of providers	
Mailing Address			
City		State	Zip Code
Facility EIN/Tax ID Number	Additional Facility Tax ID Number (if applicable)		Microsoft Windows Version
THE INTERNET CLAIM TOOL IS NOT COMPATIBLE WITH: MACINTOSH OR APPLE COMPUTERS; GOOGLE CHROMEBOOK OS; LINUX.			Browser Version

General Contact Information

Primary Name			
Telephone Number	Extension	Fax Number	E-mail
Remarks/Comments:			

Payer Selection

Please indicate below which payers you wish to send electronically through BCBSM. Please also indicate how you are currently sending those claims - "P" for paper or "E" for electronic.

Payers	Institutional Claims Specify by placing a check mark in boxes below	Current method of submission to payer (Indicate P for paper or E for electronic)		Electronic Remittances Specify by placing a check mark in boxes below	For use by BCBSM only
BCBSM / FEP					
BCN					
Medicare Advantage					
Medicare A					
Medicaid					
Aetna				N/A	
CIGNA				N/A	
United Healthcare				N/A	

User Information

List the name, e-mail address, phone number with extension, and web-DENIS/Secured Access ID of every individual who will be using the BCBSM claim tool. If you don't have a web-DENIS/Secured Access ID for each person, you must complete the web-DENIS/Secured Access application and the Use and Protection Agreement. Please attach additional page(s) if necessary.

User Name (First and Last Name of User)	E-mail Address	Telephone Number	Extension	web-DENIS Secured Access ID

Provider Name and Numbers

Please use the space below to record the provider name and group or individual NPI number(s). Group practices should include the names and Type I NPI number(s) for all individual providers associated with their Tax ID/practice. Complete lines for each payer you wish to submit claims to using the BCBSM claim tool. Please attach additional page(s) if necessary.

Note: Your Type I and Type II NPI numbers will always be 10-digit numeric. If your NPI is the same for all lines of business listed below, you only need to enter it once. Report additional NPIs where appropriate. **Groups with Type II NPIs must report the name of each individual provider, along with that provider's Type I NPI, if they will report them as a rendering provider in electronic claims.**

BCBSM, BCN, Medicare and Medicare Advantage: If your site is designated as a BCBSM/BCN group entity, report your 10-digit Type II NPI. If you are not designated as a group, report your individual 10-digit Type I NPI.

Medicaid and Commercial Payers: Report the Tax ID number and the Type II or Type I NPI number(s) you use when submitting claims to that payer.

Provider Name (First, Middle, Last)	BCBSM		BCN		Medicare Advantage	
	Group NPI Number	Individual NPI Number	Group NPI Number	Individual NPI Number	Group NPI Number	Individual NPI Number

Provider Name (First, Middle, Last)	Medicare		Medicaid		Commercial Payers (Aetna, CIGNA, United Healthcare)	
	Group NPI Number	Individual NPI Number	Group NPI Number	Tax ID	Group NPI Number	Tax ID