



Blue Cross BlueShield  
of Wyoming

An Independent Licensee of the  
Blue Cross and Blue Shield  
Association

Provider Relations  
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# Provider Highlights

## OCR (Optical Character Recognition)

### Tips For Submitting Paper Claims

All providers are encouraged to submit their claims electronically. If you are interested in pursuing electronic submission of claims, please contact Provider Relations at 1-888-666-5188 or visit our web site at [www.WyomingBlue.com](http://www.WyomingBlue.com). If electronic claims submission is not an option, paper claims must be submitted according to the following guidelines. This will ensure timely and accurate processing of claims through the OCR system. We appreciate your cooperation and support as we transition to the OCR system.

- Use red CMS-1500 claim forms, version 08/05. Carbon copies of CMS-1500 claim forms produce unclear images and increase the chance of inaccurate data entry. Photocopies of claims are not acceptable through the OCR system.
- Print claims in a 10-12 pitch or 10-12 point font, using a dark black printer ribbon or black ink jet or laser print. Dark blue or light black printer ribbons and handwriting are often too light to be read correctly by the OCR equipment. If you need to manually correct information, write the corrections clearly with dark ink (no red ink) and cross out the unneeded or incorrect information.
- Avoid the use of red pen, markers, or **blue/green highlighters**. The OCR equipment drops all red print when processing and any information written in red will "drop out" and be missed.
- Align the claim form so that **all** information is contained within the appropriate box. Poorly aligned data may be read incorrectly or missed entirely, resulting in incorrect processing of the claim.
- **Use ALL CAPS when printing the information.**

**Remember to complete all required fields of the CMS 1500 form. See the 1500 Form Required Fields guideline for more information on the required fields that must be submitted to BCBSWY on a paper claim.**

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