

The Availity® Essentials Claim Status tool is the recommended electronic method for providers to acquire detailed claim status for claims processed by Blue Cross and Blue Shield of Montana (BCBSMT).

Providers can improve their accounts receivable and increase administrative efficiencies by utilizing the enhanced Claim Status tool Member and/or Claim search options to check status online for all your BCBSMT patients. Results are available in real-time and provide more detailed information than the HIPAA-standard claim status (276/277 transaction).

Note: If you do not have Availity access, you may obtain basic claim status online by completing a 276/277 transaction through your preferred web vendor.

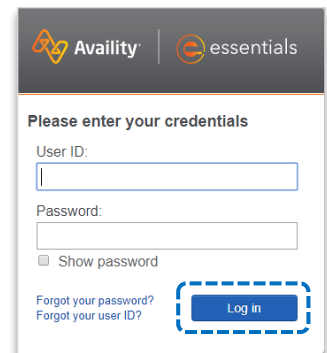
Quick Reference:

- Refer to page [4](#), [5](#), and [6](#) to view claim status results for **Commercial** and **Individual Family Markets claims**
- Refer to page [7](#) to view claim status results for **Government Programs claims** (Medicare Advantage)
- Refer to page [8](#) and [9](#) to view basic **HIPAA-standard claim status results** (276/277 transaction)
- Refer to page [10](#) and [11](#) to learn how to **Save, View and Delete Claim Status Searches**

1) Getting Started

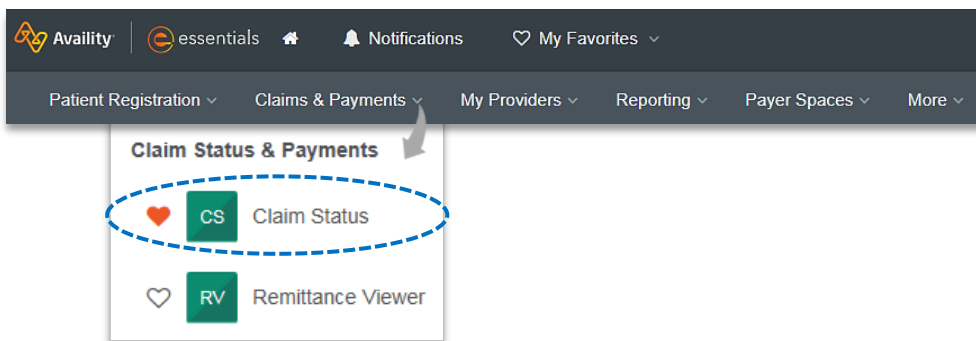
- ▶ Go to [Availity](#)
- ▶ Select **Availity Essentials Login**
- ▶ Enter User ID and Password
- ▶ Select **Log in**

Note: Only registered Availity users can access the Claim Status Tool. If you are not a registered Availity user, you may complete the guided online registration process at [Availity](#), at no cost.



2) Accessing Claim Status

- ▶ Select **Claims & Payments** from the navigation menu
- ▶ Select **Claim Status**



Note: Contact your Availity administrators if the **Claim Status** tool is not listed in the **Claims & Payments** menu.

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3) Submitting Transactions

Claim status may be obtained using a **Member ID** or **Claim Number**. Both options are illustrated in this step.

- ▶ Choose the **Organization**
- ▶ Select the appropriate **Payer** from the drop-down list

CS

Claim Status

Organization

YOUR ORGANIZATION

▼

Payer

Select...

▼

Payer Selection Options:

→ BCBSMT

→ Blue Cross Medicare Advantage

→ Other Blues Plans

Search by Member:

- ▶ Select the **Member** tab
- ▶ Choose the Billing Provider from the **Select a Provider** drop-down list.
- ▶ Enter the **Member ID** including the preceding three-character prefix for commercial patients
- ▶ Enter **Service Dates** in MM/DD/YYYY format and select **Submit**

Important Note: To ensure your provider information is available in the **Select a Provider** drop-down list, your Availity Administrator must add your NPI to **Manage My Organization** under **My Account Dashboard** on the Availity Essentials homepage.

Organization

ABC ORGANIZATION

▼

Payer ?

BCBSMT

▼

Member

Claim Number

HIPAA Standard

View Saved Searches

Fields marked with an asterisk * are required.

* Select a Provider ?

ABC CLINIC

▼

* Provider NPI ?

1234567890

* Member ID ?

ABC123456789

* Group Number

123456

* Service Dates ?

01/01/2023

-

02/01/2023

Submit

Clear Form

Quick Tip:

→ Refer to pages [10](#) and [11](#) to learn how to **Save** and **View Saved Searches**.

Quick Tips:

- Federal plans do not have a three-character prefix. The letter “R” should be typed as part of the Patient ID (i.e., R87654321). Enter the Group Number as OFEPMT.
- Out-of-state plans may contain more than three-characters (e.g., WMWAN1234567). Enter the Group Number as 123456.
- Claim status for Medicare Advantage and members is available for **Service Dates** from 1/1/2016 to current.

3) Submitting Transactions (continued)

Search by Claim Number:

- ▶ Select the **Claim Number** tab
- ▶ Choose the Billing Provider from the **Select a Provider** drop-down list
- ▶ Enter the **Claim Number** and select **Submit**

Organization

ABC ORGANIZATION

Payer

BCBSMT

Member

Claim Number

HIPAA Standard

View Saved Searches

Fields marked with an asterisk * are required.

* Select a Provider

ABC CLINIC

* Provider NPI

1234567890

* Claim Number

99999999990X

Submit

Clear Form

Important Note: To ensure your provider information is available in the **Select a Provider** drop-down list, your Availity Administrator must add your NPI to **Manage My Organization** under **My Account Dashboard** on the Availity Essentials homepage.

Quick Tips:

- For commercial claims enter the 13- or 17-character alpha-numeric claim number (i.e., 999999999999X or 0202099999999999X).
- If you are looking for an adjustment, key the corresponding 2-digit suffix in addition to the 13- or 17-character alpha-numeric claim number (i.e., 999999999999X01 or 0202099999999999X01).
- For incremented claims (coordination of benefits), change the 0 to a 1 before the X or C at the end of the claim number to locate the secondary claim (i.e., 999999999991X).
- Refer to pages [10](#) and [11](#) to learn how to **Save** and **View Saved Searches**.

4) Search Results

- ▶ After completing the **Member** search, users can view detailed claim status for a specific date of service by selecting the corresponding **claim**

Organization

YOUR ORGANIZATION

Payer

BCBSMT

Member

Claim Number

HIPAA Standard

View Saved Searches

Fields marked with an asterisk * are required.

Select a Provider

ABC CLINIC

* Provider NPI

1234567890

* Member ID

ABC123456789

* Group Number

999999

* Service Dates

04/01/2022 - 01/31/2023

Submit

Clear Form

Results (Displaying 1 - 2 of 2)

As of February 20, 2023 11:13 AM

Transaction ID: 99999999999999999999999999999999

The following information is returned for BCBSMT commercial and individual family markets claims after the corresponding claim number is selected and/or the **Claim Number** search is completed:

- | Claim Information | Payment Information | Line-Item Breakdown: |
|------------------------------|---|------------------------------------|
| • Claim Number | • Ineligible Amount | o Service Dates |
| • Received Date | • Check Number & Date | o Procedure / Revenue Code |
| • Finalized Date | • Payee Information | o Diagnosis |
| • Service Dates | • Prior Paid Amount | o HCPCS Code |
| • Approved Length of Stay | • Prior Notification Deductible & Coinsurance | o Billed Amount |
| • Claim Status | • Health Care Account Amount | o Paid Amount |
| • Custom Status Description | • Billing / Rendering Provider Information | o Ineligible Amount & Code |
| • Status Details | • Other Carrier Paid / Medicare Paid Amount | o Discount |
| • Billed Amount | • Patient Share Amount | o Copay / Coinsurance / Deductible |
| • Paid Amount | • Out of Network Deductible / Coinsurance | o Modifiers |
| • Coinsurance Amount | • Additional Paid | o Unit / Time / Miles |
| • Copay / Deductible Amounts | | |

Note: If the check number is not present on a finalized claim, please allow additional time. The system reflects check information based on the payment schedule of the provider.

Quick Tips:

- Select [Save this Search](#) at the top or bottom of the results page to [View Saved Searches](#). Users receive a message confirming the search has been saved. Refer to pages [10](#) and [11](#) to learn more.
- Click [Print this Page](#) at top or bottom of result page.

[illegible]

Quick Tips:

→ *Ineligible reason codes display in the **Codes** field.*

→ View ineligible reason code descriptions in the **Codes** section.

Cotiviti, Inc. Code Audit Rationale is available for finalized claims processed on or after Aug. 26, 2019:

- **Edit Description**
- **Edit Rationale**

→ Select **Hide Code Audit Rationale** or select minus sign (-) to collapse the expanded denial logic.

Additional Action(s) for Applicable Ineligible Reason Codes:

- Note:** *Additional Action(s)* only display for certain ineligible reason codes.

Continue to next page

5) Detailed Search Results *Commercial and Individual Family Markets Claims (continued)*

There may be instances when providers receive a claim withdrawn notification after submission to BCBSMT. Providers can also determine why a claim was withdrawn via the Availity Claim Status tool response.


- ▶ Refer to the **Custom Status Description** field to view the reason why the claim was withdrawn
- ▶ After addressing the reason, resubmit the claim electronically to the local BCBSMT plan for processing

CS

Claim Status

Customer ID 12345Exchange Date 03/20/2023Transaction ID XXXX-XXXX-1234567890

Save this SearchPrint this PageNew SearchEdit Search

BlueCross BlueShield of Montana

Patient Information

Patient	DOE, JANE	Member ID	ABC123456789
DOB	01/01/1935	Patient Account Number	DOE123456789
Gender	F	Group Number	123456

Claim Information

Claim Number	123456789010X00	Claim Status	DENIED
Received Date	10/01/2021	Custom Status Description	Disapproved - For membership
Finalized Date	10/06/2021	Status Detail	
Service Dates	12/19/2020 - 12/19/2020	Billed Amount	\$2,533.30
Approved Length of Stay		Paid Amount	\$0.00
Hospital Payment Indicator		Coinsurance Amount	\$0.00
		Copay/Deductible Amount	\$0.00
		Ineligible Amount	\$0.00

The following information is returned for government programs claims after the corresponding claim is selected and/or the **Claim Number** search is completed:

- | Claim Information | | Line-Item Breakdown: |
|----------------------|----------------------------------|----------------------------|
| • Claim Number | • Copay & Deductible Amounts | ○ Service Dates |
| • Received Date | • Ineligible Amount | ○ Revenue / Procedure Code |
| • Finalized Date | • Sequestration Amount | ○ Modifier |
| • Service Dates | • Medicare Paid Amount | ○ Quantity |
| • Claim Status | • Check Status & Check Number | ○ Diagnosis |
| • Allowed Amount | • Check Amount & Check Date | ○ Ineligible Code & Amount |
| • Billed Amount | • Payee Information | ○ Allowed Amount |
| • Paid Amount | • Billing Provider Information | ○ Paid Amount |
| • Coinsurance Amount | • Rendering Provider Information | ○ Sequestration Amount |

Quick Tips:

- Select [Save this Search](#) at the top or bottom of the results page to [View Saved Searches](#). Users receive a message confirming the search has been saved. Refer to pages [10](#) and [11](#) to learn more.
- Click [Print this Page](#) at top or bottom of result page.

[illegible]

Quick Tips:

- *Ineligible reason codes display in the **Codes** field.*
- *View ineligible reason code descriptions in the **Codes** section.*
- *View **Additional Action(s)** to understand what further step(s) may be taken for certain claim denial scenarios.*
***Additional Action(s)** only displays for certain ineligible reason codes.*

7) HIPAA Standard Claim Status 276 request

Use the **HIPAA Standard** tab to acquire basic claim status (276/277 transaction).

- ▶ Enter the **Provider** and **Patient Information** in the 276 request
- ▶ Select **Submit**

Member

Claim Number

HIPAA Standard

View Saved Searches

Provider Information

Is the provider the same as the organization name?

?

Yes

No

Select a Provider

optional

Select...

Provider NPI

?

Patient Information

Select a Patient

optional

Select...

Member ID

?

Patient Last Name

Patient First Name

optional

Patient Date of Birth

MM/DD/YYYY

Patient Gender

optional

Select...

Patient Account Number

optional

Patient's Relationship to Subscriber

optional

Self

Claim Information

Service Dates

?

From Date

-

To Date

Claim Number

optional

Claim Amount

optional

Institutional Bill Type

optional

Submit

Quick Tips:

- Fields labeled as **optional** may be completed but are not required to receive a 277 response.
- If you do not know the patient account number, you may enter "unknown" in the optional **Patient Account Number** field, and the account number will be returned in the 277 response.

Continue to next page

7) HIPAA Standard Claim Status 277 response (continued)

The following information is returned in the **HIPAA Standard** 277 response, if applicable:

- Claim Number
- Service Dates
- Processed Date
- Claim Status
- Billed Amount
- Paid Amount
- Check Number
- Denial Reason

CS

Claim Status

Give Feedback

New Search

Edit Search


Transaction ID: 11111111111 As of 3/20/2023

DOE, JANE Patient

Patient ID
ABC123456789
DOB
01/01/2010

Subscriber
DOE, JANE

Provider
ABC CLINIC
Provider ID
1234567890

BlueCross BlueShield of Montana

000000000000X 00

FINALIZED

09/01/2020 – 09/01/2020

Billed
\$290.00

000000000001X 00

DENIED

09/10/2020 – 09/10/2020

Processed
09/13/2020

Paid
\$0.00

Verify Eligibility

Remittance Viewer

Print this Page

Claim 000000000000X 00

Dates of Service
09/01/2020 – 09/01/2020

Processed Date
N/A

Status
FINALIZED

Billed
\$290.00

Paid
N/A

Status as of 09/05/2020

- Finalized/Adjudication Complete No payment forthcoming. The Claim/Encounter has been adjudicated and no further payment is forthcoming
- Balance due from the subscriber

Check Number
N/A

Dates of Service
09/01/2020 – 09/01/2020

Procedure Code
99203

Billed
\$290.00

Quantity
1

Paid
\$0.00

Status
FINALIZED

Status as of 09/05/2020

- Finalized/Adjudication Complete No payment forthcoming. The Claim/Encounter has been adjudicated and no further payment is forthcoming
- Balance due from the subscriber

Quick Tip:

→ If the information returned does not provide enough detail, complete the transaction using either the **Member** or **Claim Number** search option.

8) View Saved Searches

The **View Saved Searches** dashboard enables the user to view specific claim status searches that were previously saved. Users can save up to 100 searches in your claim status dashboard.

Note: These saved searches are specific to the provider’s Organization, payer selected, and user who submitted the transaction.

- ▶ Select **View Saved Searches** on the **Member** and/or **Claim Number** search tabs to access previously **Saved Searches**

Organization

ABC ORGANIZATION

Payer ?

BCBSMT

Member

Claim Number

HIPAA Standard

View Saved Searches

Fields marked with an asterisk * are required.

* Select a Provider ?

ABC CLINIC

* Provider NPI ?

1234567890

* Member ID ?

ABC123456789

* Group Number

123456

* Service Dates ?

01/01/2023

-

02/01/2023

Submit

Clear Form

- ▶ In the **View Saved Searches** dashboard, use the **Search** option by entering the patient's name or provider NPI number to locate specific saved searches
- ▶ Locate the saved claim status search you want to view and select **View/Action** button

Note: A saved search will be removed after 45 days of not being viewed.

CS Claim Status

Search

Search

Organization

ABC ORGANIZATION

Payer ?

BCBSMT

Saved Searches

Displaying 2 saved searches

Delete Selected Searches

Select All

Patient ↕	Provider ↕	NPI	Claim Number	Saved Date	Last Searched	View/Action	Delete Search
DOE, JANE	ABC CLINIC	1234567890	99999999990X	3/20/2023	a few seconds ago		<input type="checkbox"/>
DOE, JOHN	ABC CLINIC	1234567890	99999999990X	3/21/2023	17 hours ago		<input type="checkbox"/>

9) Deleting Saved Searches

- ▶ From the **Saved Searches** tab, select the **Delete Search** check box to remove the saved search from your dashboard
- ▶ The user will receive a validation message after the search has been deleted

Note: If you want to delete all saved searches at once, select the **Select All** button.

CS

Claim Status

Search

Search

Q

Organization

ABC ORGANIZATION

▼

Payer

BCBSMT

▼

Saved Searches

Displaying 2 saved searches

Delete Selected Searches

Select All

Patient	Provider	NPI	Claim Number	Saved Date	Last Searched	View/Action	Delete Search
DOE, JANE	ABC CLINIC	1234567890	999999999990X	3/20/2023	a few seconds ago		<input type="checkbox"/>
DOE, JOHN	ABC CLINIC	1234567890	999999999990X	3/21/2023	17 hours ago		<input type="checkbox"/>

Have questions or need additional education? Email the BCBSMT [Provider Education Consultants](#).

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