

March 2023

The Availity<sup>®</sup> 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 <u>7</u> 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 <u>10</u> and <u>11</u> to learn how to Save, View and Delete Claim Status Searches

### 1) Getting Started

- Go to <u>Availity</u>
- 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 <u>Availity</u>, at no cost.

### 2) Accessing Claim Status

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

Availity   😑 essentials 🔺 🌲 Notification	ns 🗢 My Favi	orites v		
Patient Registration < Claims & Payments <	My Providers ~	Reporting ~	Payer Spaces ~	More ~
Claim Status & Payments				
CS Claim Status	,			
RV Remittance Viewer				

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

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Blue Cross<sup>®</sup>, Blue Shield<sup>®</sup> and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Availity <sup>.</sup>
Please enter your credentials
User ID:
Password:
Show password
Forgot your password? Log in

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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

s Claim Status		Payer Selection Options: → BCBSMT
Drganization	Payer	<ul> <li>→ Blue Cross Medicare Advantage</li> <li>→ Other Blues Plans</li> </ul>
YOUR ORGANIZATION	Select*	

#### 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.

rganization	Payer 😮		
ABC ORGANIZATION	BCBSMT	~	
Member Claim Number HIPAA Standard		View Saved Searches	Quick Tip:
Fields marked with an asterisk * are required.			→ Refer to pages <u>10</u> and <u>11</u> to learn how to Save and View Savea
* Select a Provider 🥹	* Provider NPI 📀	* Member ID 📀	Searches.
ABC CLINIC V	1234567890	ABC123456789	
* Group Number * Service Dates 😢			
123456 01/01/2023	- 02/01/2023		
		Submit Clear Form	

#### 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.
- $\rightarrow$  Out-of-state plans may contain more than three-characters (e.g., WMWAN1234567). Enter the Group Number as 123456.
- $\rightarrow$  Claim status for Medicare Advantage and members is available for Service Dates from 1/1/2016 to current.

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## 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	Payer 🥹
ABC ORGANIZATION V	BCBSMT
Member Claim Number HIPAA Standard	View Saved Searches
Fields marked with an asterisk * are required.	
* Select a Provider 🥹	* Provider NPI 😔 * Claim Number
ABC CLINIC V	1234567890 999999999990X
	(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., 9999999999990 or 020209999999999999).
- → 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., 9999999999901 or 0202099999999901).
- → For incremented claims (coordination of benefits), change the 0 to a 1 before the X or C at the at the end of the claim number to locate the secondary claim (i.e., 99999999991X).
- $\rightarrow$  Refer to pages <u>10</u> and <u>11</u> 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		Payer 😧		
YOUR ORGANIZATION	~	BCBSMT		~
Member Claim Number	HIPAA Standard		N	/iew Saved Searches
Fields marked with an asterisk	* are required.			
Select a Provider 🕑		* Provider NPI 🥹	* Men	nber ID 🥑
ABC CLINIC	~	1234567890	ABC	C123456789
* Group Number	* Service Dates 🥑			
999999	04/01/2022	- 01/31/2023		
			Su	bmit Clear Form
Results (Displaying 1 - 2 of s of February 20, 2023 11:13 AM fransaction ID: 9999999999999999	,			Print this Page 🖨
Status ≎ From Service D	ate	Claim # ≑	Patient Name 🖨	Billed Amount ≎
<b>FINALIZED</b> 04/12/2023	2 09/09/2022	9999999999990X01	DOE, JANE	\$290.00
<b>DENIED</b> 04/12/2023	2 06/01/2022	9999999999990X00	DOE, JANE	\$290.00

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## **Claim Status Tool User Guide**

#### 5) Detailed Search Results Commercial and Individual Family Markets Claims

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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 Number** •
- **Received Date**
- Finalized Date
- Service Dates
- Approved Length of Stay
- **Claim Status**
- **Custom Status Description**
- Status Details
- **Billed Amount** •
- Paid Amount
- **Coinsurance Amount**

Claim Status

Copay / Deductible Amounts

- **Ineligible Amount**
- Check Number & Date
- **Payee Information**
- **Prior Paid Amount**
- **Prior Notification Deductible & Coinsurance**
- Health Care Account Amount
  - Billing / Rendering Provider Information
- Other Carrier Paid / Medicare Paid Amount
- Patient Share Amount
- Out of Network Deductible / Coinsurance

**Quick Tips:** 

Additional Paid

- Line-Item Breakdown:
- 0 Service Dates
- Procedure / Revenue Code 0
- 0 Diagnosis
- **HCPCS** Code 0
- 0 **Billed Amount**
- Paid Amount 0
- Ineligible Amount & Code 0
- Discount 0
- Copay / Coinsurance / Deductible 0
- Modifiers 0
- Unit / Time / Miles 0

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.

### $\rightarrow$ 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 <u>10</u> and <u>11</u> to learn more.

→ Click Print this Page at top or bottom of result page.

BlueCross Blue of Montana	Shield											
atient os ender Claim Information			JANE /2010 F	Member ID Patient Account Group Number	Number	AB	3C000001234567 138 1234	4 Relation				DOE, JANE SELF
laim Number seelved Date rocessed Date ervice Dates pproved Length of Stay ospital Payment Indicator idicator Description Payment Information	04/12		)/2022 2/2022	Claim Status Custom Status I Status Detail Billed Amount Paid Amount Coinsurance An Copay/Deductib Ineligible Amou	nount le Amount		PAI \$290. \$68. \$0. \$20. \$20.1	DRG Ve A DRG We 20 26 20 20	relon			N/A N/A 0.00000
heck Number heck Date aysee rior Pald Amount rior Notification Deductible rior Notification Colnsurance ealth Care Account Amount ine Level Information		09/15 ABC C		Billing Provider Billing Provider Rendering Provi Rendering Provi Medicare Paid A Patient Share Ar	der der NPI mount		ABC CLIN 123456788 ROBERTS, JOH 11223344 \$0.0 \$20.0	9 Out of N N Out of N 5 Addition	arrier Paid letwork Dedu letwork Coln lail Paid			\$0.00 \$0.00 \$0.00 \$0.00
Service Dates Proc/Rev	DX	НСРС	BIII	ed Pald	Ineligible	Codes	Discount	Сорау	Coins	Deductible	Mode	Unit/ Time/ Miles
04/12/2022 99203 04/12/2022	M25542, M25541	N/A	\$290	0.00 \$68.26	\$201.74	Т43	\$0.00	\$20.00	\$0.00	\$0.00	N/A	1
Codes												
Type Code	Desc	cription					Addition	al Action(a)	Qu	ick Tips:		

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

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

- Select View Code Audit Rationale above the service line section or click on the + beside the applicable line(s)
- Once selected, service line(s) denied for Cotiviti logic will expand and display the following:
  - Edit Description
  - Edit Rationale

### Quick Tip:

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

	Service Dates	Proc/Rev	DX	НСРС	Billed	Paid	Ineligible	Codes	Discount	Сорау	Coins	Deductible	Mods	Unit/ Time/ Miles
	5/01/2019 5/01/2019	29515	Z4789	N/A	\$100.00	\$0.00	\$100.00	V29	\$0.00	\$0.00	\$0.00	\$0.00	N/A	1
	Paramet Action Re				Created Line Submitted on			Action Not Re	imbursable			<b>it Source</b> yer		
Edit Location Proced				Procedure C	ode		Modifie	er Code		Un	it Count			
	Payer Po	licy			29515			N/A			1			
		Edit Descript AS SUBMITT		UNITS EX	CEEDING TH	IE MUE TH	RESHOLD.							
	Cotiviti E	Edit Rational	e											
	Per plan	policy, units i	n excess of	f the MUE	alue may no	t be billed								

### Additional Action(s) for Applicable Ineligible Reason Codes:

View Additional Action(s) to understand what further step(s) may be taken for certain claim denial scenarios

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

Service Dates	Proc/Rev	DX	нсрс	Billed	Paid	Ineligible	Codes	Discount	Сорау	Coins	Deductible	Mods	Unit/ Time/ Miles
05/01/2019 05/01/2019	29515	Z4789	N/A	\$100.00	\$0.00	\$100.00	V29	\$0.00	\$0.00	\$0.00	\$0.00	N/A	1
05/01/2019 05/01/2019	A4590	Z4789	N/A	\$65.00	\$0.00	\$5.00	T42	\$0.00	\$0.00	\$0.00	\$60.00	N/A	1
Codes													
Туре	Code	De	scription					Additio	onal Action(	s)			
Ineligible Reason	V29	The	e informatio	n submitted o	on the claim	exceeding the N n is inconsisten ed for the disalle	t with current	. Access context		ode Audit Ra	tionale link above	e for addition	nal
	T42		-			this service. So		ed Refer to	o the Fee Sc	hedule for p	ricing allowance.		
Ineligible Reason		by	a paracipat	ing/notifiont p				N					

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### 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

S Claim Statu	S		
ustomer ID 12345 Excl ansaction ID XXXX-XXXX-123		Save this Search Print this Page	e 🔒 New Search Edit Searc
BlueCross Blues of Montana Patient Information	hield		
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
	10/01/2021	Custom Status Description	Disapproved - For membership
Received Date	10/01/2021 10/06/2021	Custom Status Description Status Detail	Disapproved - For membership
Received Date Finalized Date			Disapproved - For membership \$2,533.30
Received Date Finalized Date Service Dates	10/06/2021	Status Detail	:
Received Date Finalized Date Service Dates Approved Length of Stay	10/06/2021	Status Detail Billed Amount	\$2,533.30 \$0.00
Received Date Finalized Date Service Dates Approved Length of Stay Hospital Payment Indicator	10/06/2021	Status Detail Billed Amount Paid Amount	\$2,533.30

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## **Claim Status Tool User Guide**

### 6) Detailed Search Results Government Programs Claims

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

- Claim Number
- Received Date
- Finalized Date
- Service Dates
- Claim Status
- Allowed Amount
- Billed Amount
- Paid Amount
- Coinsurance Amount

- Copay & Deductible Amounts
- Ineligible Amount
- Sequestration Amount
- Medicare Paid Amount
- Check Status & Check Number
- Check Amount & Check Date
- Payee Information
- Billing Provider Information
- Rendering Provider Information

- <u>Line-Item Breakdown</u>:
  - Service Dates
  - Revenue / Procedure Code
  - Modifier
  - Quantity
  - Diagnosis
  - Ineligible Code & Amount
  - Allowed Amount
  - Paid Amount
  - Sequestration Amount
  - Copay / Coinsurance / Deductible

**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 <u>10</u> and <u>11</u> to learn more.
- $\rightarrow$  Click **Print this Page** at top or bottom of result page.

	/			
Customer ID         12345         Exchange Date         03/20/2023           Transaction ID         999999999999999999999999999999999999	Save this Search	Print this Page 🖨	New Search	Edit Search
🔄 🗑 Blue Cross Medicare Advantage"				

#### Patient Information

Claim Status

Patient	Doe, Jane	Member ID	123456789	Subscriber	Doe, Jane
DOB	12/20/1943	Patient Account Number	JD99999	Relationship	SELF
Gender	F	Group Number	0000000		
Claim Information	n				
Claim Number	9999999999999	Claim Status	FINALIZED	Coinsurance Amount	\$0.00
Received Date	02/06/2020	Allowed Amount	\$0.00	Copay Amount	\$0.00
Finalized Date	02/17/2020	Billed Amount	\$222.00	Deductible Amount	\$0.00
Service Dates	01/26/2020 - 01/26/2020	Paid Amount	\$0.00	Ineligible Amount	\$222.00
Bill Type Code	N/A	DRG Code	N/A	Sequestration Amount	\$0.00
Approved Length of Sta	y N/A			Medicare Paid Amount	\$0.00
Payment Informa	ition				
Check Status	CREATED	Payee	ABC CLINIC	Billing Provider	ABC CLINIC
Check Number	999999	Payee Tax ID	123456789	Billing Provider NPI	1999999999
Check Amount	\$5,769.06	Payee Address	123 ANYWHERE ST.	Billing Provider Tax ID	123456789
Check Date	02/17/2020		CITY, XX 12345-1234	Rendering	ABC CLINIC
				Provider	MEDICAL GROUP
				Rendering Provider NPI	100000000

#### Line Level Information

Service Dates	Proc	Rev	Mods	Qty	DX	Codes	Billed	Allowed	Paid	Seq Amt	Coins	Deductible	Ineligible
01/26/2020 01/26/2020	99239	N/A	N/A	0	R6510	70h	\$222.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$222.00
Codes													
Туре		Co	de		Desc	cription			Additi	onal Actio	on(s) <		
Remark	k 70h			Missing/invalid ICD-10 diagnosis code(s). Please resubmit corrected claim.			Diagnosis code is missing or invalid. Please resubmit with the appropriate diagnosis code.						
												_	
ustomer ID ransaction IE			e Date 03				Sav	e this Sear	ch	Print this	Page 🖨	New Sear	ch Edit S

### Quick Tips:

123456789

Rendering Provider Tax ID

- → 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.

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## 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	Provider NPI 📀
Select	
Patient Information	
Select a Patient optional	Member ID 📀
Select V	
Patient Last Name	Patient First Name optional
Patient Date of Birth	Patient Gender optional
MM/DD/YYYY	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:**

- $\rightarrow$  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.

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## 7) HIPAA Standard Claim Status 277 response (continued)

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

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

Claim Status				Give Feedback New Search Edit Search
				Transaction ID: 1111111111 As of 3/20/2023
DOE, JANE Patient Patient ID ABC123456789 DOB 01/01/2010	Subscriber DOE, JANE	Prov	ider C CLINIC ider ID 4567890	BlueCross BlueShield of Montana
00000000000000000000000000000000000000			Billed \$290.00	Paid N/A
00000000011X 00 DENIED 09/10/2020 - 09/10/2020 Processed 09/13/2020	Status as of <b>09/05/2020</b> <ul> <li>Finalized/Adjudication Complete No</li> <li>Claim/Encounter has been adjudica</li> <li>forthcoming</li> <li>Balance due from the subscriber</li> </ul>			
Paid \$0.00	Check Number N/A			
	Dates of Service 09/01/2020 – 09/01/2020 Billed \$290.00	Procedure Code 99203 Paid \$0.00	Quantity 1	Status FINALIZED
	Status as of <b>09/05/2020</b> <ul> <li>Finalized/Adjudication Complet</li> <li>Balance due from the subscrib.</li> </ul>	te No payment forthcoming. The Claim	/Encounter has been adjudicated a	nd no further payment is forthcoming

### Quick Tip:

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

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## 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		Payer 😮	
ABC ORGANIZATION	~ ]	BCBSMT	~
Member Claim Number	HIPAA Standard	View S	aved Searches
Fields marked with an aster	isk * are required.		
* Select a Provider 😧	~		ber ID 😧 123456789
* Group Number	* Service Dates 😢		
123456	01/01/2023	02/01/2023	
		Submit	Clear Form

- In the View Saved Searches dashboard, use the Search option by to 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.

s Clair	n Statı	IS					
earch Search			٩				
rganization			*	Payer 😢			
ABC ORGANIZ	ATION		~]	BCBSMT	-		
Saved Searche	95				Delete	Displaying Selected Search	2 saved search
Patient ≑	Provider 🖨	NPI	Claim Number	Saved Date	Last Searched	View/Action	Delete Search
DOE, JANE	ABC CLINIC	1234567890	9999999999990X	3/20/2023	a few seconds ago	ß	
DOE, JOHN	ABC CLINIC	1234567890	9999999999990X	3/21/2023	17 hours ago	C	
						·/	

Continue to next page

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## 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.

9	S Clain	n Statu	IS					
C	earch Search			٩				
C	rganization ABC ORGANIZA	TION		· ·	Payer 😧 BCBSMT			
	Saved Searche	s		,			Displaying	2 saved searches
						Delete S	Selected Search	es Select All
	Patient ≎	Provider \$	NPI	Claim Number	Saved Date	Last Searched	View/Action	Delete Search
	DOE, JANE	ABC CLINIC	1234567890	9999999999990X	3/20/2023	a few seconds ago	ď	
	DOE, JOHN	ABC CLINIC	1234567890	99999999999990X	3/21/2023	17 hours ago	ď	

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.

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