

Claim Reconsiderations User Guide

Information in this user guide is NOT currently applicable to Medicare Advantage members.

The **Dispute Claim** option within the Availity[®] Essentials Claim Status tool allows providers to submit claim reconsideration requests electronically and upload supporting medical records to Blue Cross and Blue Shield of Montana (BCBSMT). Once a request is submitted, providers will use the **Appeals** worklist to view status and claim dispute details, as well as manage reconsiderations.

The **Dispute** tool is accessible to existing Availity Administrators and users assigned the Claims Status and Claim roles in Availity.

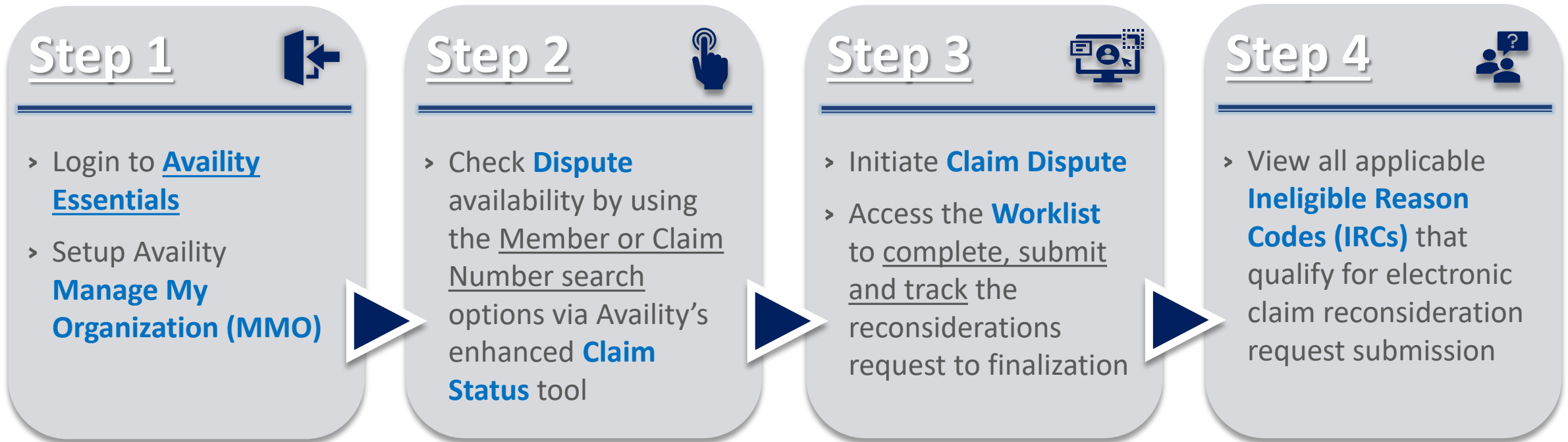
Not registered with Availity Essentials?

Complete the online guided registration process today via [Availity](#), at no cost.

Dec. 2023

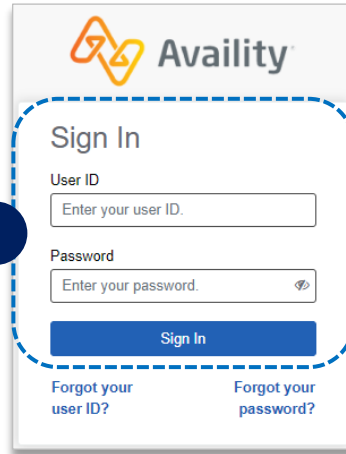


The following instructions show how **Availity Administrators** and/or users will add providers information to your organization's account. Then, how to initiate, submit and follow along the claim reconsideration **Dispute** request all within the **Availity Essentials** portal.



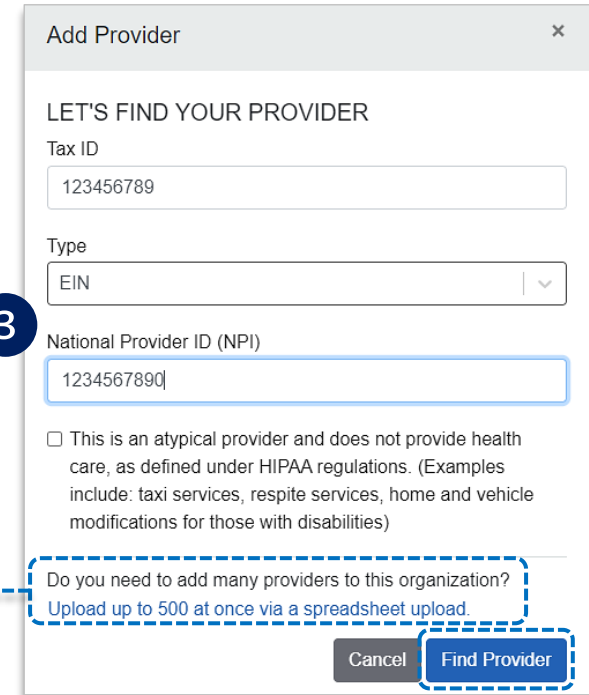
1 Assigned users can access this tool by following the instructions below:

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



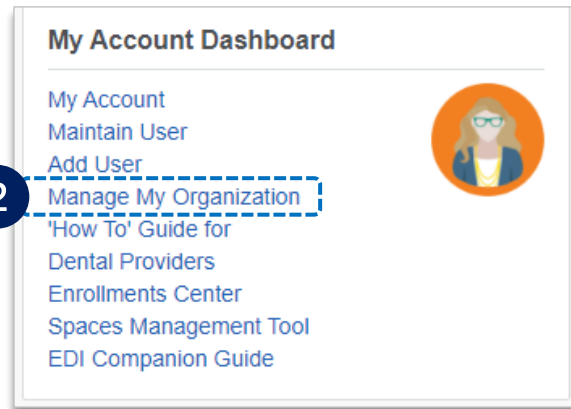
The image shows the Availity Sign In page. A blue dashed box highlights the 'Sign In' section, which includes a 'User ID' field with the placeholder 'Enter your user ID.', a 'Password' field with the placeholder 'Enter your password.' and a 'Sign In' button. Below the fields are links for 'Forgot your user ID?' and 'Forgot your password?'. A circled '1' is placed over the 'Sign In' section.

3 Enter the **Provider Tax ID** and **NPI numbers** and select **Find Provider**



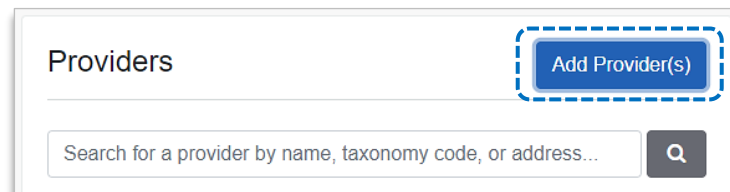
The image shows the 'Add Provider' dialog box. It has a title bar with a close button. The main content area is titled 'LET'S FIND YOUR PROVIDER' and contains a 'Tax ID' field with the value '123456789', a 'Type' dropdown menu with 'EIN' selected, and a 'National Provider ID (NPI)' field with the value '1234567890'. There is a checkbox for 'This is an atypical provider and does not provide health care, as defined under HIPAA regulations...' and a text box asking 'Do you need to add many providers to this organization? Upload up to 500 at once via a spreadsheet upload.' At the bottom are 'Cancel' and 'Find Provider' buttons. A circled '3' is placed over the NPI field, and a blue dashed box highlights the text box and 'Find Provider' button.

2 Select [Manage My Organization](#) from [My Account Dashboard](#) on the Availity homepage



The image shows the 'My Account Dashboard' page. A blue dashed box highlights the 'Manage My Organization' link in the left-hand menu. Other links include 'My Account', 'Maintain User', 'Add User', 'How To' Guide for Dental Providers, 'Enrollments Center', 'Spaces Management Tool', and 'EDI Companion Guide'. A user profile picture is shown on the right. A circled '2' is placed over the 'Manage My Organization' link.

▶ Within [Manage My Organization](#), select [Add Provider\(s\)](#)



The image shows the 'Providers' search interface. It features a search bar with the placeholder text 'Search for a provider by name, taxonomy code, or address...' and a search button. An 'Add Provider(s)' button is highlighted with a blue dashed box.

Quick Tips:

- If you have multiple providers to add to your organization, select **“Upload up to 500 at once via spreadsheet upload.”**
- For more details, refer to the [Manage My Organization User Guide](#) published in the [Provider Tools section](#) of our website.



Associated provider information will return based on the NPI number entered.

- ▶ **Step 1:** Review and/or update the provider **Name** and **Primary Specialty/Taxonomy** and select **Next**
- ▶ **Step 2:** Review and/or update the provider **Identifiers** and select **Next**

- ▶ **Step 3:** Review and/or update the provider **Address** and select **Next**
- ▶ **Step 4:** Review all information, choose the **provider's relationship to your organization**, then click **"I certify that this provider's information and relationship to my organization information is correct"** and **Submit**

1

Provider Information Identifiers Addresses Review

Looks like there's a match!

Please review and/or update all of this provider's information.

PROVIDER SEARCH RESULTS:

Village ABC Clinic

Provider Type

Group/Facility

Group Name/Facility Name

Village ABC Clinic

NPI

1234567890

Primary Specialty/Taxonomy

363L00000X Physician Assistants & Advanced Pr...

Back Next

2

Provider Information Identifiers Addresses Review

Looks like there's a match!

Please review and/or update all of this provider's identifiers.

PROVIDER SEARCH RESULTS:

Village ABC Clinic

Primary Tax ID

Tax ID

123456789

Type

EIN

+ Add additional Tax ID

Identifiers

+ Add identifier

Back Next

3

Provider Information Identifiers Addresses Review

Looks like there's a match!

Please add all of the address and service location information for this provider.

Village ABC Clinic

Physical/Billing

123 Anywhere Drive
Suite 000
City, State 12345

+ Add an address

Back Next

4

Provider Information Identifiers Addresses Review

What is the provider's relationship to your organization?
(Select one)

? This provider is a part of my organization

This is a third-party not directly affiliated with my organization (example: referred-to provider)

I certify that this provider's information and relationship to my organization information is correct

Back Submit



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

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

→ **Initiate** a dispute from the **Claim Status** results page.

→ Check status of a submitted **Claim Reconsideration** through **Appeals**.

- Check claim status by following the steps below:**

- Choose the **Organization**
- Select **BCBSMT** from the **Payer** drop-down list
- Use the **Member** or **Claim Number** search options to obtain detailed claim status

Note: Refer to the [Claim Status Tool User Guide](#) to learn more about obtaining detailed claim status via Availity.

Fields marked with an asterisk * are required.

* Select a Provider [?](#) * Provider NPI [?](#) * Member ID [?](#)

ABC CLINIC 1234567890 ABC123456789

* Group Number * Service Dates [?](#)

123456 10/09/2023 - 10/09/2023

Submit Clear Form

Important Note: Your organization’s NPI number must be added to **Manage My Organization** for the provider information to display in the **Select a Provider** drop-down. Availity Administrators and users should refer to pages [3](#) and [4](#) for setup instructions.



Step 3: Complete Dispute Request & Submit

- 3 The **black** card indicates the request has been initiated but not yet sent to BCBSMT
- ▶ Select the **Action Menu** icon to **Complete Dispute Request**

BlueCross BlueShield of Montana				
Initiated				
Created: 06/15/2023 • Updated 06/15/2023				
Claim Number 123456789010X00	Payment Information E7777777	Patient Name JANE DOE	Service Begin Date 06/09/2023	Billed Amount \$2,766.00
	Payment Date 06/15/2023	Patient Account Number JD123456	Service End Date 06/09/2023	Payment Amount 0

- 4 Check claim status by following the steps below:
 - ▶ Select **Request Reason** of **Reconsideration** and enter **supporting rationale**
 - ▶ Select the **Provider Type** who this request is submitted on the behalf of:
 - ▶ **Rendering** or **Billing**
 - ▶ Enter **Contact Phone Number**
 - ▶ Select **Add Files** (*maximum of 10*)
 - ▶ Select **Submit Request**, receive **confirmation** and **view details**

Notes: One claim number per Dispute request, with a total of two dispute requests allowed per claim. Users can copy and paste data from a word document into the supporting rationale field.

Complete Dispute Request Claim# 123456789012X01

This BCBS Montana request was initiated on 06/15/2023

Fields marked with * are required.

* Request Reason

* Please explain the supporting rationale for your request

0/2000

* As the Appellant, are you submitting this request on behalf of the Servicing or the Billing Provider:
 Rendering
 Billing

* Contact Phone Number

Upload Supporting Documentation

IMPORTANT: Maximum number of files to upload is 10 with a maximum individual file size of 20 MB, total 80 MB across all files.
 Supported file types include: .jpg, .jpeg, .pdf, .tif, .tiff

Your request does not contain supporting documentation that may be needed for processing.

I understand that by submitting this request without attachments may delay processing.

✔ Success

Your request was successfully sent to the payer and the current request status can be found in your worklist.

- ▶ Select **View Details** to go to the specific claim reconsideration request in the **worklist**

Maximum number of files to upload is 10. Individual file size cannot exceed 20 MB, with a total of 80 MB for all files.

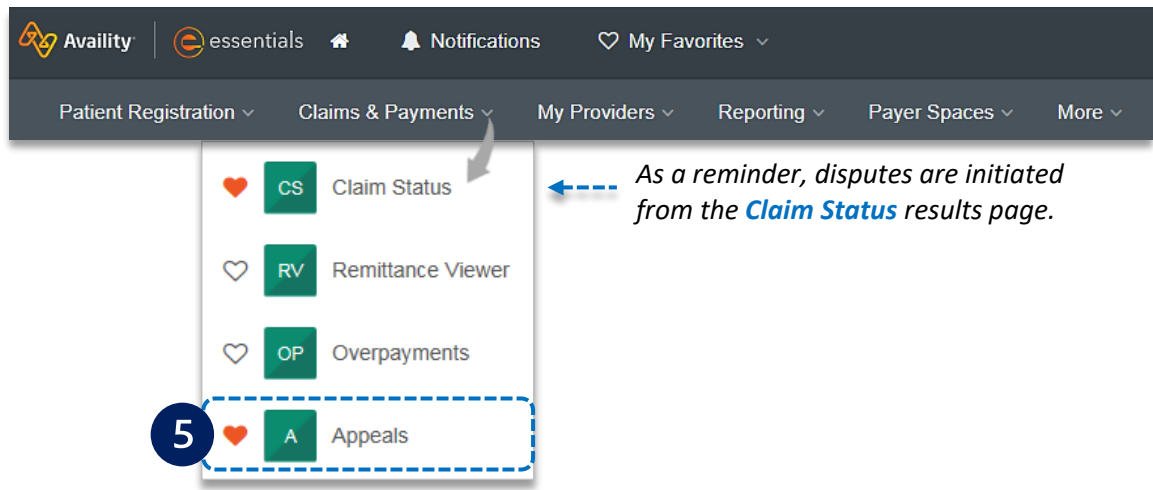
*Supported file name characters are **Alpha-numeric, dash (-) and underscore (_)**. No spaces.*

If documents are not attached, you will be prompted to check the box next to "I understand that by submitting this request without attachments may delay processing".



5 Follow these steps to access the **worklist** to complete a dispute request that was initiated from claim status, view the status of claim disputes in-process, as well as claims disputes that have been finalized by BCBSMT.

- ▶ Select **Claims and Payments**, then choose **Appeals**



▶ The status bar on the left side of cards indicate dispute status by color:

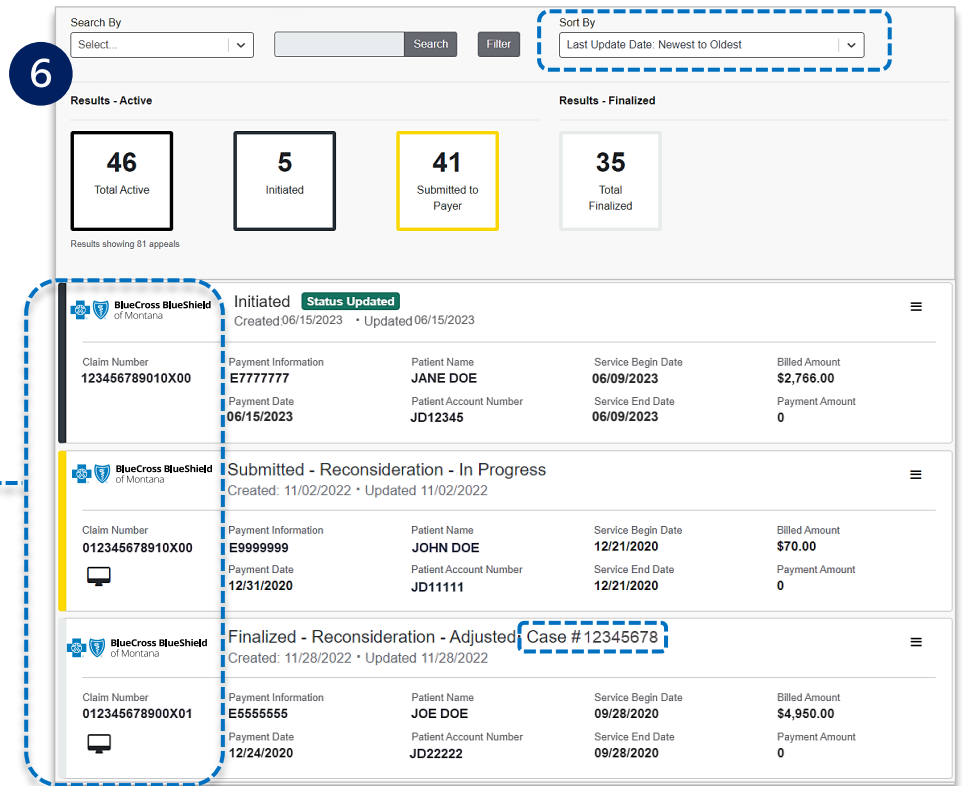
- **Black** = Initiated but not yet sent to BCBSMT
- **Yellow** = Submitted or returned from BCBSMT
- **Gray** = Final decision from BCBSMT

Note: A **Case Number** is assigned after the dispute request has been submitted to BCBSMT.

6 Cards in the **worklist** are sorted newest to oldest based on the date of the last update.

▶ Use the **Sort By** function to help locate your specific dispute by:

- Created Date: *Newest to Oldest*
- Created Date: *Oldest to Newest*
- Last Update Date: *Newest to Oldest*
- Last Update Date: *Oldest to Newest*





- 7 Search for a submitted dispute by selecting **Claim Number**, **Case Number**, or **Patient Last Name** from **Search By** drop-down list
- Enter the **Claim Number**, **Case Number**, or **Patient Last Name** and select **Search**

A Appeals

Search By

7 Select... | 123456789012X01 | Search | Filter

- Claim Number
- Case Number
- Patient Last Name

Users can **Filter** by **Reconsideration Status** (initiated, submitted or finalized), **Sub-status** (in clinical review, in process or need additional information), **Provider** and/or **Payer**.

- 8 On the card, select the **Action Menu** icon and click **View Details and Attachments**

BlueCross BlueShield of Montana Submitted - Reconsideration - In Progress - Case # 88888888
Created: 11/02/2022 · Updated 11/22/2022

Claim Number 123456789011X01	Payment Information E7777777	Patient Name JANE DOE	Service Begin Date 03/23/2021	Billed Amount \$445.00
Method of Receipt Availity	Payment Date 03/26/2021	Patient Account Number JD123456	Service End Date 03/23/2021	Payment Amount 0

BlueCross BlueShield of Montana Finalized - Reconsideration - Maintained - Case # 77777777
Created: 11/28/2022 · Updated 11/28/2022

Claim Number 123456789011X01	Payment Information E7777777	Patient Name JANE DOE	Service Begin Date 12/03/2020	Billed Amount \$406.00
Method of Receipt Availity	Payment Date 02/10/2021	Patient Account Number JD123456	Service End Date 12/03/2020	Payment Amount 0

8 View Details and Attachments

- View the request to **determine status**

Home > Appeals > Details Need Help? Watch a demo for Appeals

A Appeals Give Feedback

8 Submitted - Reconsideration - Pending - Case # 99999999
Created: 11/02/2022 · Updated 11/02/2022

Claim Number 123456789012X01	Payment Information E7777777	Patient Name JANE DOE	Service Begin Date 01/05/2022	Billed Amount \$228.00
Method of Receipt Availity	Payment Date 01/05/2022	Patient Account Number 77777777	Service End Date 01/05/2022	Payment Amount 0

Request Reason
RECONSIDERATION


Contact Phone Number 800-999-9999	Other Claim Numbers 123456789013X01	Submitter Type Billing
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Rationale Submitted To Payer
Please reprocess



- 9 View the finalized **decision**
- Documentation you uploaded viewable under **Attachments**, as well as correspondence from the payer when the request has been maintained

Final Decision – Adjusted



Finalized - Reconsideration - Adjusted · Case #12345678
Created: 04/05/2023 · Updated 04/05/2023

Claim Number 229999999911X00	Payment Information E7777777	Patient Name JANE DOE	Service Begin Date 03/08/2022	Billed Amount \$2,911.00
Method of Receipt Availity	Payment Date 04/28/2022	Patient Account Number JD99999999	Service End Date 03/08/2022	Payment Amount 0
Request Reason RECONSIDERATION	Contact Phone Number 555-555-5555	Rationale Submitted To Payer Please reprocess		


Decision: **Adjusted**
Decision Reason: **The claim has been adjusted. Please refer to your PCS/ERA.**

ATTACHMENTS

File Name	Status	Uploaded By	Upload Date
Claim-Reconsideration_Attachment11744 (315KB)	Received	Provider	04/05/2023, 9:58 AM

*When the claim has been **adjusted**, refer to your **Electronic Remittance Advice (ERA 835)** and/or **Provider Claim Summary** for claim processing information. As a reminder, use the [Availity Claim Status tool](#) to obtain real-time status.*

Final Decision – Maintained



Finalized - Reconsideration - Maintained · Case #12345678
Created: 04/05/2023 · Updated 04/05/2023

Claim Number 229999999900X00	Payment Information E9999999	Patient Name JANE DOE	Service Begin Date 08/22/2022	Billed Amount \$10,763.00
Method of Receipt Availity	Payment Date 09/01/2022	Patient Account Number JD99999999	Service End Date 08/22/2022	Payment Amount \$5,650.88
Request Reason RECONSIDERATION	Contact Phone Number 555-555-5555	Submitter Type Rendering		

Decision: **Maintained**
Decision Reason: **Please refer to the Correspondence link from the Payer below to view the letter.**

ATTACHMENTS

File Name	Status	Uploaded By	Upload Date
Claim-Reconsideration_Attachment11744 (315KB)	Received	Provider	
Correspondence (0 B)	Received	Payer	
Correspondence (0 B)	Received	Payer	

*When the claim review has been **maintained**, refer to the **Payer Correspondence(s)** to view the maintained denial reason. The payer correspondence will also be sent via U.S. mail.*



Applicable Ineligible Reason Codes for Claim Reconsideration Requests

006	13H	269	40H	59D	74H	936	B04	G42	G89	H55	M21	V36	V56
008	14D	280	41D	59H	75H	940	B05	G43	G90	H56	MEW	V37	V57
01D	14H	281	41H	503	77H	944	CB0	G45	G91	H57	NSA	V38	V58
01G	15D	293	42D	509	78D	961	E55	G46	G93	H58	ORC	V41	V59
01H	15H	294	42H	510	78H	965	E56	G47	G94	H59	ORS	V42	V60
01P	16D	295	43D	511	79D	967	F07	G48	G95	H60	PFR	V43	V61
024	16H	299	43H	516	79H	968	G01	G51	G96	H61	PS1	V44	V62
025	17D	300	44D	529	724	975	G03	G52	G97	H62	T06	V45	V63
026	17H	30H	44H	542	740	976	G04	G53	G98	H63	T07	V46	V64
02D	18D	31D	45D	554	751	981	G05	G54	H04	H64	T11	V47	V65
010	18H	31H	45H	561	752	982	G06	G55	H07	H65	T42	V48	V66
011	19E	32D	46D	562	753	983	G07	G56	H08	H70	T43	V49	V67
015	19H	32H	46H	565	768	A03	G08	G57	H09	H71	T72	V50	V68
016	110	33D	47D	566	80D	A06	G09	G58	H10	H72	T97	V51	V69
017	113	33H	47H	573	80H	A07	G10	G59	H11	H73	T98	V52	V72
02G	114	34D	48D	580	83H	A08	G11	G60	H12	H74	V01	V53	V73
02H	117	34H	48H	593	84D	A09	G12	G61	H13	H75	V02	V54	V74
02P	118	35D	49D	596	84H	A11	G13	G62	H15	H76	V07	V55	V75
03D	119	35H	49H	60D	85H	A12	G14	G63	H16	H77	V08		
03H	129	36D	400	60H	86D	A13	G15	G64	H20	H78	V09		
041	131	36H	401	61D	86H	A14	G16	G65	H21	H79	V10		
043	133	37D	406	61H	88D	A15	G17	G66	H22	H80	V11		
044	138	37H	408	62D	845	A16	G18	G67	H23	H81	V12		
04D	146	38D	420	62H	846	A19	G19	G68	H25	H82	V13		
04H	20D	38H	434	63D	847	A20	G20	G69	H26	H83	V14		
04M	20H	39D	494	63H	848	A21	G21	G70	H27	H84	V15		
051	21H	304	496	64D	853	A22	G22	G71	H28	H85	V16		
05D	22D	324	50D	65D	871	A23	G23	G72	H30	H89	V17		
05H	22E	327	50H	65H	90D	A24	G24	G73	H31	H93	V18		
05M	22H	328	51D	66D	91D	A25	G25	G74	H34	H94	V19		
06D	23H	330	51H	66H	91H	AH1	G26	G75	H35	H95	V20		
06H	24H	338	52D	67D	92H	AH2	G27	G76	H36	H96	V21		
07D	25D	339	52H	67H	93H	AH3	G28	G77	H37	H97	V22		
07H	25H	344	53D	68D	94H	AH4	G29	G78	H38	H98	V23		
08D	26H	347	53H	68H	95H	AH5	G30	G79	H39	H99	V24		
08H	27D	354	54D	69D	96H	AP1	G31	G80	H40	LCD	V25		
09D	27H	355	55D	69H	97H	AP2	G32	G81	H41	LOC	V26		
09H	28D	356	55H	681	98H	AP3	G33	G82	H42	LOD	V29		
10D	28H	357	56D	70D	99H	AP4	G34	G83	H44	LOE	V30		
10H	29D	360	56H	70H	901	AP5	G37	G84	H45	LOF	V31		
11D	29H	361	57D	71H	902	AP6	G38	G85	H51	M01	V32		
11H	216	364	57H	72H	910	B01	G39	G86	H52	M03	V33		
12H	217	374	58D	73D	915	B02	G40	G87	H53	M04	V34		
13D	246	391	58H	73H	919	B03	G41	G88	H54	M05	V35		

Important Reminder:
 → Use the [Member or Claim Number](#) search options in the [Availity Claim Status tool](#) to view the detailed ineligible reason code descriptions for claims processed by BCBSMT, including Federal Employee Program® (FEP®) claims.

Need additional assistance? →

For education or training, contact [BCBSMT Provider Education Consultants](#)
 Be sure to include your name, direct contact information & Tax ID and/or billing NPI.
 For technical Availity support, contact Availity Client Services at **800-282-4548**

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