



The **Dispute** option within the Availity® Essentials enhanced Claim Status tool allows providers to submit clinical appeal \* requests electronically and upload supporting clinical medical records to Blue Cross and Blue Shield of Montana (BCBSMT). Once submitted, the **Appeal** worklist allows providers to view status and claim dispute details, as well as manage the appeals.

\*A **Clinical Appeal** is a request to change an adverse determination for care or services when a claim is denied based on lack of medical necessity, or when services are determined to be experimental, investigational or cosmetic.

The Dispute tool is accessible to existing Availity Administrators and users assigned to the Claims Status and Claim roles in Availity. Not registered with Availity Essentials? Complete the guided online registration process today at [Availity](#), at no cost.

**Information in this user guide is not applicable to Medicare Advantage or BlueCard® (out-of-area) claims.**

## 1) Getting Started

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

The image shows the Availity Essentials login interface. At the top, there are logos for Availity and essentials. Below them is a header 'Please enter your credentials'. There are two input fields: 'User ID:' and 'Password:'. Below the password field is a checkbox labeled 'Show password'. At the bottom left, there are links for 'Forgot your password?' and 'Forgot your user ID?'. At the bottom right, there is a blue button labeled 'Log in' with a dashed border.

## 2) Check Dispute Availability via 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.

The image shows the Availity navigation menu. The 'Claims & Payments' menu is expanded, showing a list of options: 'CS Claim Status', 'RV Remittance Viewer', 'OP Overpayments', and 'A Appeals'. The 'CS Claim Status' and 'A Appeals' options are highlighted with dashed blue boxes. Arrows point from these boxes to the right, where text instructions are provided: '→ Initiate a dispute from the **Claim Status** results page.' and '→ Check status of a submitted Appeal through **Appeals**.'

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

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

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

11/01/2022

-

12/31/2022

Submit

Clear Form

- ▶ On the claim status response screen, select **Dispute Claim** (if applicable)

[illegible]

**Note:** Refer to [page 9](#) to view the applicable ineligible reason codes that qualify for electronic clinical claim appeal submission.

### Quick Tips:

- **Dispute Claim** is only available for clinical claim denials.
- Dispute will not display if:
  - Already disputed once
  - Does not meet criteria as a clinical denial
  - Does not meet timeliness (180 days from claim process date)

- ▶ You will receive confirmation that the dispute has been initiated and successfully added to your **Appeals** worklist
- ▶ Select **Go To Request**

Claim 123456789012X01 was successfully added to your worklist.

CS

Look for this request in your worklist to complete and send to the payer. You can review the status of your requests from the worklist.

**Claim Number:** 123456789012X01

**Status:** Initiated

Close

Go To Request

### Quick Tips:

- Each claim can only be disputed once.
- The dispute request has only been initiated. Proceed to [page 3](#) to complete and send the request to BCBSMT for review.

## 4) Complete Dispute Request

- ▶ The **black** appeals 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: 11/11/2022 • Updated 11/11/2022		
Claim Number <b>123456789010X00</b>	Payment Information <b>E7777777</b>	Patient Name <b>JANE DOE</b>	Service Begin Date <b>11/01/2022</b>	Billed Amount <b>\$2,766.00</b>
	Payment Date <b>11/03/2022</b>	Patient Account Number <b>JD123456</b>	Service End Date <b>11/01/2022</b>	Payment Amount <b>0</b>

Complete Dispute Request  
Return to Worklist

### Complete the Dispute Request:

- ▶ Select **Request Reason**
- ▶ Enter an **explanation** to support your request
- ▶ Select who you are submitting this request on the behalf of – **Rendering** or **Billing** provider
- ▶ Enter **Contact Phone Number**
- ▶ Select **No** if you do **NOT** want to add additional claims
- ▶ Select **Yes** if you **DO** want to add additional claims related to this appeal, for the same patient
- ▶ Select **Next**

Complete Dispute Request Claim# 123456789012X01

1  
**Request Reason**

2  
 Add Additional Claims

3  
 Attach Documents

4  
 Request Submitted

This BCBS Montana request was initiated on 05/10/9999

Request Reason

Medical Necessity

Please explain the supporting rationale for your request

Please reprocess

16/2000

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

☐ Rendering  
☐ Billing

Contact Phone Number

Are there additional claim numbers related to this appeal?

☐ No, I do NOT want to add additional claims  
☐ Yes, I DO want to add additional claim numbers to this appeal

Cancel

Next

#### Quick Tip:

→ Users can copy and paste data from a word document into the supporting rationale field.

4) Complete Dispute Request (continued)

No, I do not want to add additional claims:

- ▶ Select **Add File**
- ▶ Upload Supporting **Documentation**
- ▶ Select **Submit Request**

Quick Tips:

- Maximum files to upload is 10.
- Supported file name characters are:  
**Alpha-numeric, dash ( - ) and underscore ( \_ ). No spaces.**
- If the appeal is in process, attachments may be uploaded 10 days from date of submission.
- If documents are not attached, you will be prompted to check the box next to **"I understand that by submitting this request without attachments it may delay processing"**.

Complete Dispute Request Claim# 123456789012X01

1

2

3

4

Request Reason

Add Additional Claims

Attach Documents

Request Submitted

Attach documents for claim(s): **Host Claim ID: 123456789013X01**

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 it may delay processing.

Add File

Cancel

Back

Submit Request

Yes, I want to add additional claims:

- ▶ Enter additional **Claim Number(s)** – up to 10
- ▶ Select **Verify** next to each claim number to determine if the claim is **ELIGIBLE** for appeal
- ▶ Select **Remove** if claim number is **INELIGIBLE**
- ▶ Click **Next** after all claims have been verified

Quick Tip:

- Ineligible reasons will vary based on why it is disallowed.

Complete Dispute Request Claim# 123456789012X01

1

2

3

4

Request Reason

Add Additional Claims

Attach Documents

Request Submitted

Enter up to 10 additional claim numbers related to this appeal. Claim must be for same member, provider, and request reason.

Additional Claim #1

123456789012X01

Verify

ELIGIBLE

Remove

Additional Claim #2

123456789014X01

Verify

INELIGIBLE

Remove

Additional Claim #3

123456789015X01

Verify

INELIGIBLE

Remove

Additional Claim #4

Verify

Remove

Additional Claim #5

Verify

Remove

No claim found for the Plan/DCN combination provided

Add more claims to this request

Cancel

Back

Next

4) Complete Dispute Request (continued)

Yes, I want to add additional claims (continued):

- ▶ Select **Add File**
- ▶ Upload Supporting **Documentation**
- ▶ Select **Submit Request**

Quick Tips:

- Maximum files to upload is 10.
- Supported file name characters are:  
**Alpha-numeric, dash ( - ) and underscore ( \_ ). No spaces.**
- If the appeal is in process, attachments may be uploaded 10 days from date of submission.
- If documents are not attached, you will be prompted to check the box next to **"I understand that by submitting this request without attachments it may delay processing"**.

Complete Dispute Request Claim# 123456789012X01

1

2

3

4

Request Reason

Add Additional Claims

**Attach Documents**

Request Submitted

Attach documents for claim(s): Host Claim ID: 123456789013X01  
Host Claim ID: 123456789013X01

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 it may delay processing.

+

Add File

Cancel

Back

**Submit Request**

- ▶ You will receive confirmation of submission
- ▶ Select **Close** to view the **Appeals** worklist
- ▶ Select **View Details** to view request details

✓

Success

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

Close

**View Details**

5) Appeal Worklist

Follow the steps below to access the **Appeals** worklist to complete a dispute request that you 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**
- ▶ Select **Appeals**

**Note:** As a reminder, disputes are initiated from the **Claim Status** results page.

Availity | essentials | Notifications | My Favorites

Patient Registration | Claims & Payments | My Providers | Reporting | Payer Spaces | More

Claim Status & Payments

CS

Claim Status

RV

Remittance Viewer

OP

Overpayments

A

**Appeals**

## 5) Appeal Worklist (continued)

Cards in the worklist are sorted newest to oldest based on the date of the last update. The status bar on the left side of a card indicate the 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..

<b>BlueCross BlueShield of Montana</b> Initiated <b>Status Updated</b> Created: 11/11/2022 • Updated 11/11/2022				
Claim Number <b>123456789010X00</b>	Payment Information <b>E7777777</b>	Patient Name <b>JANE DOE</b>	Service Begin Date <b>11/01/2022</b>	Billed Amount <b>\$2,766.00</b>
	Payment Date <b>11/03/2022</b>	Patient Account Number <b>JD12345</b>	Service End Date <b>11/01/2022</b>	Payment Amount <b>0</b>
<b>BlueCross BlueShield of Montana</b> Submitted - Claim Review - In Progress Created: 05/16/2021 • Updated 05/17/2021				
Claim Number <b>012345678910X00</b>	Payment Information <b>E9999999</b>	Patient Name <b>JOHN DOE</b>	Service Begin Date <b>12/21/2020</b>	Billed Amount <b>\$70.00</b>
	Payment Date <b>12/31/2020</b>	Patient Account Number <b>JD11111</b>	Service End Date <b>12/21/2020</b>	Payment Amount <b>0</b>
<b>BlueCross BlueShield of Montana</b> Finalized - Claim Review - Overturned/ Reversed <b>Case #12345678</b> Created: 06/08/2021 • Updated 06/14/2021				
Claim Number <b>012345678900X01</b>	Payment Information <b>E5555555</b>	Patient Name <b>JOE DOE</b>	Service Begin Date <b>09/28/2020</b>	Billed Amount <b>\$4,950.00</b>
	Payment Date <b>12/24/2020</b>	Patient Account Number <b>JD22222</b>	Service End Date <b>09/28/2020</b>	Payment Amount <b>0</b>

- ▶ To search for a submitted dispute, select **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**

**Note:** Use capitalized alpha-characters when searching by the Claim Number.

A

Appeals

Search By

Select...

Claim Number

Case Number

Patient Last Name

123456789012X01

Search

Filter

### Quick Tip:

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

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

<b>BlueCross BlueShield of Montana</b> Submitted - Claim Review - In Progress • Case # 99999999 Created: 05/16/2021 • Updated 05/17/2021				
Claim Number <b>123456789011X01</b>	Payment Information <b>E7777777</b>	Patient Name <b>JANE DOE</b>	Service Begin Date <b>03/23/2021</b>	Billed Amount <b>\$445.00</b>
	Payment Date <b>03/26/2021</b>	Patient Account Number <b>JD123456</b>	Service End Date <b>03/23/2021</b>	Payment Amount <b>0</b>
<b>BlueCross BlueShield of Montana</b> Finalized - Claim Review - Manual Determination • Case # 77777777 Created: 05/16/2021 • Updated 05/17/2021				
Claim Number <b>123456789011X01</b>	Payment Information <b>E7777777</b>	Patient Name <b>JANE DOE</b>	Service Begin Date <b>12/03/2020</b>	Billed Amount <b>\$406.00</b>
	Payment Date <b>02/10/2021</b>	Patient Account Number <b>JD123456</b>	Service End Date <b>12/03/2020</b>	Payment Amount <b>0</b>

**View Details and Attachments**

### Quick Tip:

→ For cases that have been initiated (**Black** appeal card) but not completed, refer to [page 3](#).

5) Appeal Worklist (continued)

- ▶ Additional **Attachments** may be uploaded to the request within the allotted timeframe
- ▶ If the request includes multiple claims, these claim numbers will be listed under **Other Claim Numbers**

**Note:** Refer to the bottom of the page to view the timeframe for adding attachments to the request. Ensure all documentation is uploaded before the date passes.

[Home](#) > [Appeals](#) > Details

Need Help? [Watch a demo](#) for Appeals

A

Appeals

Give Feedback

BlueCross BlueShield of Montana

Submitted - Claim Review - Pending Assignment

Created: 05/10/2022 • Updated 05/10/2022

Claim Number	Payment Information	Patient Name	Service Begin Date	Billed Amount
123456789012X01		JANE DOE	01/05/2022	\$228.00
Method of Receipt	Payment Date	Patient Account Number	Service End Date	Payment Amount
Availity		77777777	01/05/2022	0
Request Reason	Contact Phone Number	Other Claim Numbers	Submitter Type	
MEDICAL NECESSITY	800-999-9999	123456789013X01	Billing	
Rationale Submitted To Payer Please reprocess				

ATTACHMENTS

Add Attachment

HCSC will allow attachment uploads until 05/20/2022. Please ensure all your documentation for this request has been submitted before that date passes.

ATTACHMENTS


File Name	Status	Uploaded By	Upload Date
ABC_123_000 139pages (7 MB)	Received	Provider	06/25/2021 3:47 PM
<div><div>Add Attachment</div><div>This appeal is no longer eligible for attachments as of 07/05/2021</div></div>			

**Quick Tip:**

→ If the **Add Attachment** button is disabled, the timeframe to upload additional attachments to the request has expired.


5) Appeal Worklist (continued)

- ▶ View the finalized [Decision](#) and [Decision Reason](#)
- ▶ Documentation uploaded along with correspondence from the payer will be viewable under [Attachments](#)
- ▶ The [payer correspondence](#) will also be sent **via U.S. mail**



BlueCross BlueShield  
of Montana

Finalized - Claim Review - Overturned/ Reversed • Case #88888888  
Created: 06/21/2021 • Updated 06/22/2021

Claim Number <b>11111111222NX01</b>	Payment Information <b>E7777777</b>	Patient Name <b>JANICE DOE</b>	Service Begin Date <b>09/09/2020</b>	Billed Amount <b>\$4,533.25</b>
	Payment Date <b>05/06/2021</b>	Patient Account Number <b>JD12345678</b>	Service End Date <b>09/09/2020</b>	Payment Amount <b>0</b>




Request Reason <b>MEDICAL NECESSITY</b>	Contact Phone Number <b>555-555-555</b>	Submitter Type <b>Billing</b>
--	--	----------------------------------

Rationale Submitted To Payer  
Needs adjusted

Decision  
**Overturned/  
Reversed**

Decision Reason  
**Please allow 24-48 hours for the letter to be viewable on Availity and 7-10 business days for the letter to be received via U.S. mail.**

ATTACHMENTS

File Name	Status	Uploaded By	Upload Date
 <a href="#">Appeal_Attachment_Generic11744</a> (315 KB)	<b>Received</b>	Provider	06/22/2021 9:25 AM
 <a href="#">Correspondence</a> (0 B)	<b>Received</b>	Payer	
 <a href="#">Correspondence</a> (0 B)	<b>Received</b>	Payer	



Ineligible Reason Codes for Clinical Claim Appeals

The below list specifies the applicable claim categories and associated ineligible reason codes (IRC) that qualify for electronic clinical claim appeal submission.

**Important Note:** 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.

Authorizations FEP	Authorizations Non-FEP	Medical Necessity FEP	Medical Necessity Non-FEP	Dispute Pre-Pay Non-FEP
366	346	299	260	361
735	M06	334	334	778
736	M07	358	610	811
PS2	PRD	432	745	B01
T55	PRH	601	761	B02
742	PS1	745	762	B03
743	PS2	762	824	B04
744		824	825	H49
		832	832	T03
		842	833	
		844	89H	
		920	90H	
		02F	T56	
		85D		
		90H		
		H14		
		PRD		
		PRH		

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.