

March 2023

The **Dispute** option within the Availity<sup>®</sup> 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 <u>Availity</u>, 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 <u>Availity</u>
- Select Availity Essentials Login
- Enter User ID and Password
- Select Log in

🇞 Availity <sup>.</sup> 🛛	essentials
Please enter your c	redentials
User ID:	
Password:	
Show password	
	·
Forgot your password? Forgot your user ID?	Log in

## 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.

Availity <sup>.</sup>	ials 者 🌲 Notificati	ions 🗢 My Fav	orites ∨		
Patient Registration ~	Claims & Payments	My Providers ~	Reporting ~	Payer Spaces ~	More ~
e cs	Claim Status	$\rightarrow$ <u>Initiate</u> a dis	spute from t	he <mark>Claim Statu</mark>	<mark>s</mark> results page.
♥ RV	Remittance Viewer				
ОР	Overpayments				
•	Appeals	→ Check <u>statu</u>	<u>s</u> of a submi	tted Appeal thr	ough <mark>Appeals</mark> .

Blue Cross and Blue Shield of Montana, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Inde pendent Licensee of the Blue Cross and Blue Shield Association

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.

### 2) Check Dispute Availability via Claim Status (continued)

Check claim status by following the steps below:

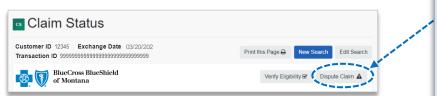
- Choose the Organization
- Select BCBSMT from the Payer drop-down list
- Use the Member or Claim Number search options to obtain detailed claim status

Note: Refer to the <u>Claim Status</u> <u>Tool User Guide</u> to learn more about obtaining detailed claim status via Availity.

rganization			Payer 😧	
ABC ORGANIZA	TION	· ·	BCBSMT	~
Member CI	aim Number HIPAA St	andard		View Saved Searches
Fields marked	with an asterisk * are requ	ired.		
* Select a Prov	vider 😢		* Provider NPI 📀	* Member ID 😧
ABC CLINIC		· •	1234567890	ABC123456789
* Group Numb	er * Service Date	es 😧		_
123456	11/01/2022	-	12/31/2022	
			(	Submit Clear Form

### 3) Dispute Claim

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



**Note:** Refer to <u>page 9</u> 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.
- $\rightarrow$  Dispute will <u>not</u> 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

#### Quick Tips:

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- $\rightarrow$  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.

## Page 3 of 9

## 4) Complete Dispute Request

- The black appeals card indicates the request has been initiated but not yet sent to BCBSMT
- Select the Action Menu i conto Complete Dispute Request

BlueCross BlueShield of Montana	Initiated Created: 11/11/2022 • U	pdated  11/11/2022		Complete Dispute Request
Claim Number 123456789010X00	Payment Information	Patient Name JANE DOE	Service Begin Date 11/01/2022	Billed Amount \$2,766.00
	Payment Date 11/03/2022	Patient Account Number JD123456	Service End Date 11/01/2022	Payment Amount <b>0</b>

#### Complete the Dispute Request:

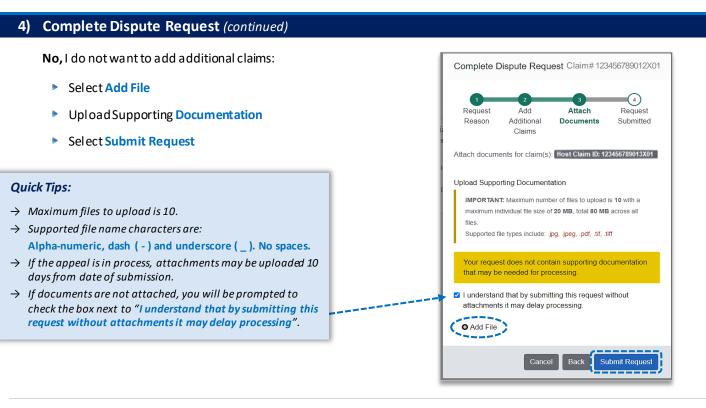
- Select Request Reason
- Enter an explanation to support your request
- Select who you are submitting this request on the behalf of Rendering or Billing provider
- Enter Contact Phone Number
- Select No if you do <u>NOT</u> want to add additional claims
- Select Yes if you DO want to add additional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

## Quick Tip:

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



# Page 4 of 9



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 a ppeal
- Select Remove if claim number is INELIGIBLE
- Click Next after all claims have been verified

Verify	ELIGIBLE
1	
Verify	INELIGIBLE
	This claim is not eligible for electronic dispute. Please ma
	your local plan.
Verify	INELIGIBLE
	No claim found for the Plan/ combination provided
Verify	
	-
Verify	
	Verify

Complete Dispute Request Claim# 123456789012X01

2 Add

Additional

Request

Reason

3

Attach

Documents

4

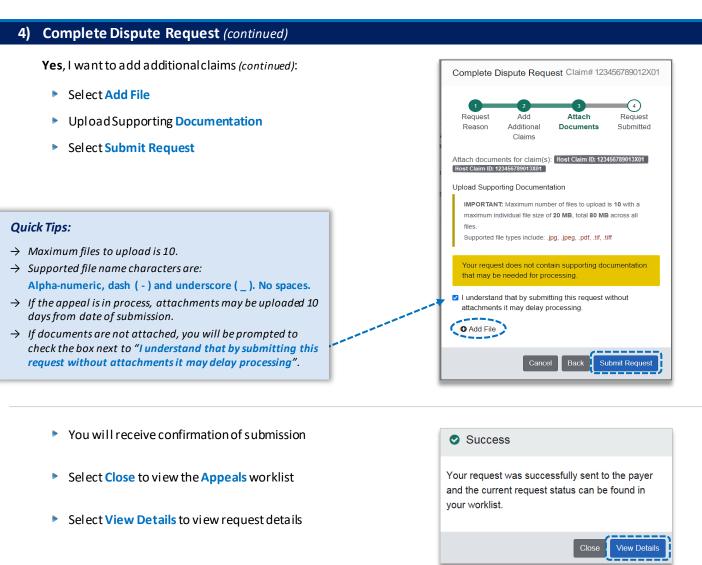
Request

Submitted

#### Quick Tip:

 $\rightarrow$  Ineligible reasons will vary based on why it is disallowed.

# Page 5 of 9

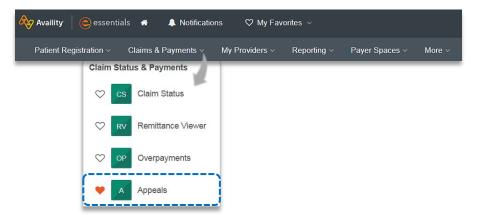


### 5) Appeal Worklist

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.



## Page 6 of 9

### 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..

BlueCross BlueShield of Montana	Initiated Status Up Created: 11/11/2022 •			≡
Claim Number	Payment Information	Patient Name	Service Begin Date	Billed Amount
123456789010X00		JANE DOE	11/01/2022	\$2,766.00
	Payment Date 11/03/2022	Patient Account Number JD12345	Service End Date 11/01/2022	Payment Amount 0
BlueCross BlueShield of Montana	Submitted - Claim Created: 05/16/2021 •	Review - In Progress Updated 05/17/2021		Ξ
Claim Number	Payment Information	Patient Name	Service Begin Date	Billed Amount
012345678910X00	E99999999	JOHN DOE	12/21/2020	\$70.00
<b>-</b>	Payment Date	Patient Account Number	Service End Date	Payment Amount
	12/31/2020	JD11111	12/21/2020	0
BlueCross BlueShield of Montana	Finalized - Claim F Created: 06/08/2021 •	Review - Overturned/ Rever	sed Case #12345678	Ξ
Claim Number	Payment Information	Patient Name	Service Begin Date	Billed Amount
012345678900X01	E5555555	JOE DOE	09/28/2020	\$4,950.00
<b>-</b>	Payment Date	Patient Account Number	Service End Date	Payment Amount
	12/24/2020	JD22222	09/28/2020	0

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			Quick Tip: → You can also Filter by Appeal Status
Search By Select	123456789012X01 Search	Filter	(initiated, submitted or finalized), Sub- status (in clinical review, in process or need additional information), Provider and/or Payer.
Claim Number Case Number			
Patient Last Name			

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

BlueCross BlueShield of Montana	Submitted - Claim Created: 05/16/2021 ·	Review - In Progress · Case	e # 99999999		()	View Details and Attachments
Claim Number 123456789011X01	Payment Information	Patient Name JANE DOE	Service Begin Date 03/23/2021	Billed Amount \$445.00		
<b>-</b>	Payment Date 03/26/2021	Patient Account Number JD123456	Service End Date 03/23/2021	Payment Amount <b>0</b>		
BlueCross BlueShield of Montana	Finalized - Claim F Created: 05/16/2021 • 1	Review - Manual Determina Updated 05/17/2021	tion• Case # 77777777		=	Quick Tip:
Claim Number 123456789011X01	Payment Information	Patient Name JANE DOE	Service Begin Date 12/03/2020	Billed Amount \$406.00		→ For cases that have been initiated (Black appeal
Ţ	Payment Date 02/10/2021	Patient Account Number JD123456	Service End Date 12/03/2020	Payment Amount 0		card) but not completed, refer to <u>page 3</u> .

# Page 7 of 9

attachments to the request has expired.

## 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.

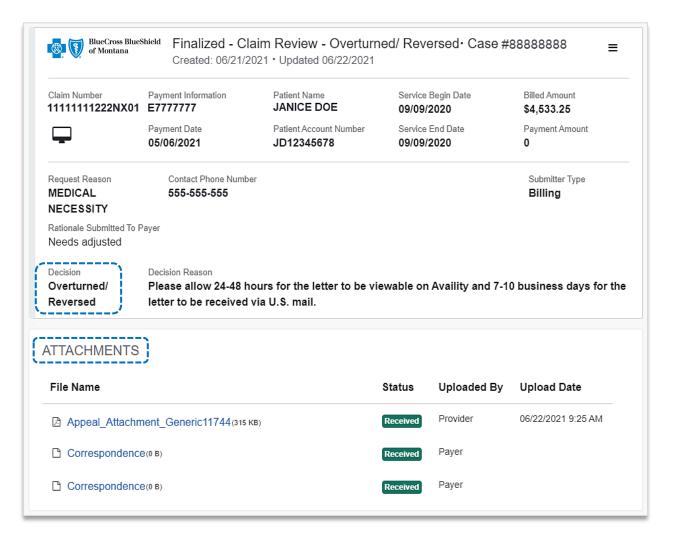
BlueCross BlueSl of Montana	oublinitiou olui	m Review - Pending Assig • Updated 05/10/2022	gnment	=
Claim Number 23456789012X01	Payment Information	Patient Name JANE DOE	Service Begin Date 01/05/2022	Billed Amount \$228.00
Method of Receipt	Payment Date	Patient Account Number	Service End Date 01/05/2022	Payment Amount <b>0</b>
Request Reason	Contact Phone Number 800-999-9999		Other Claim Numbers 123456789013X01	Submitter Type Billing
Rationale Submitted To Payer Please reprocess				

File Name	Status	Uploaded By	Upload Date	
ABC_123_000 139pages(7 MB)	Received	Provider	06/25/2021 3:47 PM	
Add Attachment	e for attachments as of 0	7/05/2021		

# Page 8 of 9

### 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



### **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	Т03
		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.