BlueCross BlueShield
of Montana

Claim Status tool
User Guide

Not registered with Availity Essentials?

Complete the online guided registration process today via **Availity**, at no cost.

Availity® Essentials Claim Status is the recommended electronic method for providers to acquire detailed status for claims processed by BCBSMT.

Providers can improve their accounts receivable and increase administrative efficiencies by utilizing the enhanced Claim Status tool Member and/or Claim Number 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).

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.

May 2024

Not for Distribution

The following instructions display how to access and use Claim Status via Availity Essentials and how Availity Administrators and/or Administrator Assistants can add provider information to your organization's account.

Step 1

> Login to **Availity Essentials**

> Setup Availity **Manage My Organization**

> > *Setup must be completed by Administrators and/or Administrator Assistants*

Step 2

> Access **Claim Status tool** via Availity Essentials

> Submit transactions by using **Member ID** or **Claim Number**

Step 3

> View **enhanced Claim Status** results for:

> > *Commercial and Individual Family Markets claims*

> > *Government Programs claims*

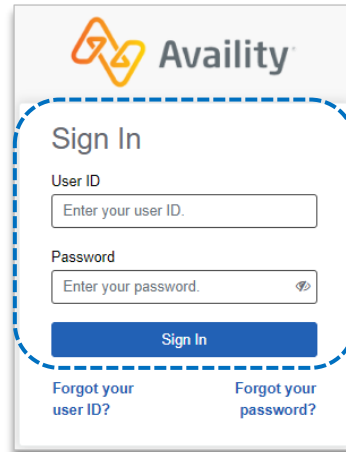> Submit and view **HIPAA Standard Claim Status** *(276/277 transaction)*

Step 4

> View and Delete **Saved Searches**

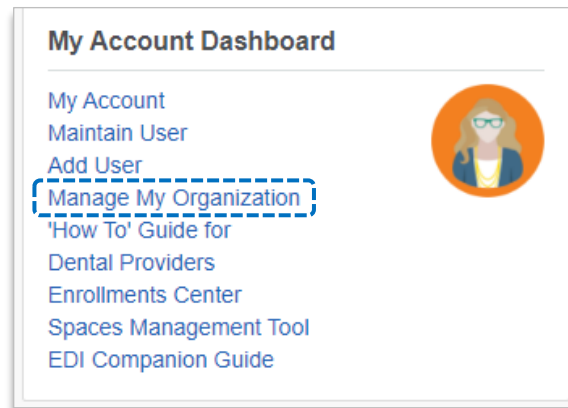> **Submission tips** & **Support** for online **Claim Status**

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**

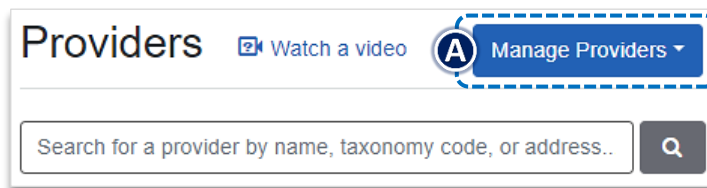**Availity**

Sign In

User ID
Enter your user ID.

Password
Enter your password.

Sign In

Forgot your user ID?   Forgot your password?

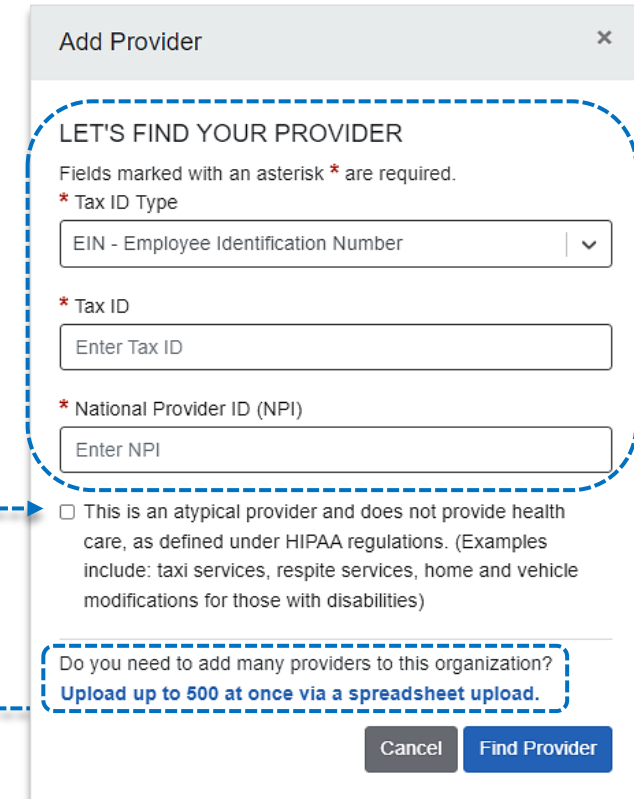**2** Select **Manage My Organization** from *My Account Dashboard* on the Availity homepage

My Account Dashboard

My Account
Maintain User
Add User
Manage My Organization
'How To' Guide for Dental Providers
Enrollments Center
Spaces Management Tool
EDI Companion Guide

A Within **Manage My Organization**, select **Manage Providers**, then **Add Provider(s)**

Providers   📹 Watch a video   **A** Manage Providers ▾

Search for a provider by name, taxonomy code, or address..

3 Select the **Tax ID Type:**

- ▶ **EIN** – *Employee Identification Number*
- ▶ **SSN** – *Social Security Number*

▶ Enter the **Tax ID** and **NPI number**

▶ Select **Find Provider**

Note: *Check this box to **add atypical provider(s)** to your account who are not assigned an NPI number. This will remove the NPI requirement.*

Add Provider ✕

LET'S FIND YOUR PROVIDER

Fields marked with an asterisk * are required.
* Tax ID Type
EIN - Employee Identification Number ▾

* Tax ID
Enter Tax ID

* National Provider ID (NPI)
Enter NPI

☐ This is an atypical provider and does not provide health care, as defined under HIPAA regulations. (Examples include: taxi services, respite services, home and vehicle modifications for those with disabilities)

Do you need to add many providers to this organization? **Upload up to 500 at once via a spreadsheet upload.**

Cancel   Find Provider

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.*

1

▶ 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.
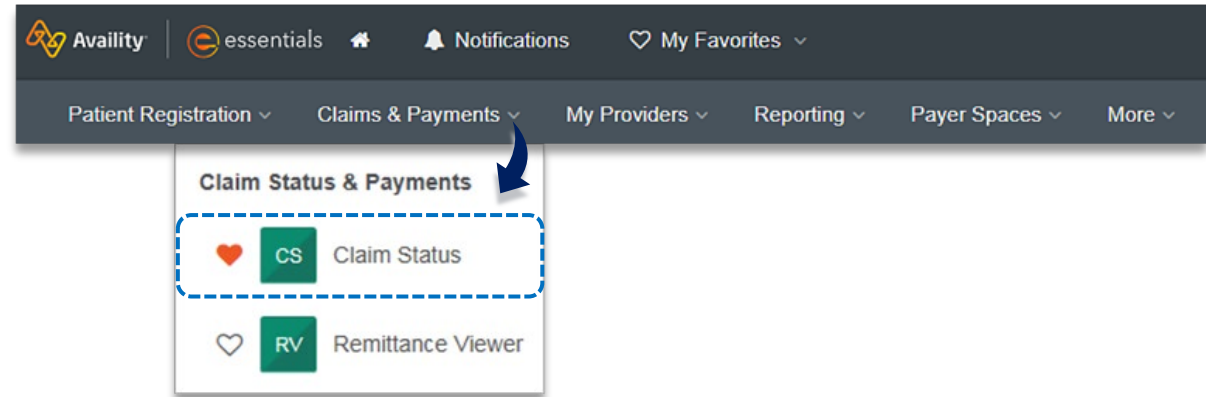
2

▶ Choose the **Organization**

▶ Select the appropriate **Payer** from the drop-down list:

  ▶ BCBSMT

  ▶ Blue Cross Medicare Advantage

  ▶ Other Blues Plans

▶ Obtain enhanced Claim Status using **Member** and/or **Claim Number** tabs

3 Search by Member and/or Claim Number:

Ⓐ Member Search

▸ 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**

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

Organization	Payer ❓
ABC ORGANIZATION ▾	BCBSMT ▾

Ⓐ | Member | Claim Number | HIPAA Standard | **View Saved Searches**

Fields marked with an asterisk * are required.

* Select a Provider ❓   * Provider NPI ❓   * Member ID ❓
ABC CLINIC ▾   1234567890   ABC123456789

* Group Number   * Service Dates ❓
123456   03/15/2024 - 04/30/2024

Submit   Clear Form

Ⓑ Claim Number Search

▸ Select the **Claim Number** tab

▸ Choose the Billing Provider from the **Select a Provider** drop-down list

▸ Enter the **Claim Number** and select **Submit**

> *Important Reminder: 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/or Administrator Assistants should refer to the **Manage My Organization User Guide** for additional assistance.*

Organization	Payer ❓
ABC ORGANIZATION ▾	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 ▾   1234567890   999999999990X

Submit   Clear Form

Quick Tips:

→ Refer to **page 10** to learn how to **View** and **Delete Saved Searches**.

→ Refer to **page 11** for tips with member and claim number status requests.

1 Below enhanced claim status information returns for BCBSMT commercial and individual family markets claims after the corresponding claim number is selected using the **Member** and/or **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**
- › **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**
- › **Additional Paid**
- › **Line Level Information**

Line Level Information includes:

- › Service Dates
- › Procedure / Revenue Code
- › Diagnosis
- › HCPCS Code
- › Billed & Paid Amount

- › Ineligible Amount, Code & Description
- › Discount
- › Copay / Coinsurance / Deductible
- › Modifiers
- › Unit / Time / Miles

Notes: *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. Also, refer to **page 7** for **Additional Action(s)** information regarding next steps to follow for certain claim denials.*

*Select **Save this Search** at top or bottom of the results page to **View Saved Searches**. Users receive a message confirming the search has been saved. Refer to **page 10** to learn more. You can also click **Print this Page** at top or bottom of result page.*

Claim Status

Customer ID 12345   Exchange Date 04/19/2024
Transaction ID 9999999999999999999999999999

Save this Search   Print this Page 🖨   New Search   Edit Search

BlueCross BlueShield of Montana

Patient Information

Patient	DOE, JANE	Member ID	ABC00000123456789	Subscriber	DOE, JANE
DOB	01/01/2010	Patient Account Number	1384	Relationship	SELF
Gender	F	Group Number	123456		

Claim Information

Claim Number	999999999990X01	Claim Status	PAID	DRG Code	N/A
Received Date	04/28/2024	Custom Status Description		DRG Version	N/A
Processed Date	04/30/2024	Status Detail	N/A	DRG Weight	0.00000
Service Dates	03/15/2024 – 03/15/2024	Billed Amount	$290.00		
Approved Length of Stay	N/A	Paid Amount	$68.26		
Hospital Payment Indicator	N/A	Coinsurance Amount	$0.00		
Indicator Description	N/A	Copay/Deductible Amount	$20.00		
		Ineligible Amount	$201.74		

Payment Information

Check Number	E9999999	Billing Provider	ABC CLINIC	Other Carrier Paid	$0.00
Check Date	05/05/2024	Billing Provider NPI	1234567899	Out of Network Deductible	$0.00
Payee	ABC CLINIC	Rendering Provider	ROBERTS, JOHN	Out of Network Coinsurance	$0.00
Prior Paid Amount	$0.00	Rendering Provider NPI	1122334455	Additional Paid	$0.00
Prior Notification Deductible	$0.00	Medicare Paid Amount	$0.00		
Prior Notification Coinsurance	$0.00	Patient Share Amount	$20.00		
Health Care Account Amount	$0.00				

Line Level Information

Service Dates	Proc/Rev	DX	HCPC	Billed	Paid	Ineligible	Codes	Discount	Copay	Coins	Deductible	Mods	Unit/Time/Miles
03/15/2024 03/15/2024	99203	M25542, M25541	N/A	$290.00	$68.26	$201.74	T43	$0.00	$20.00	$0.00	$0.00	N/A	1

Codes

Type	Code	Description	Additional Action(s)
Ineligible Reason	T43	Charge exceeds the priced amount for this service. Services provided by a Non-Participating Provider. Patient is responsible for charges over the priced amount.	N/A

Customer ID 12345   Exchange Date 04/19/2024
Transaction ID 9999999999999999999999999999

Print this Page 🖨   New Search   Edit Search

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

A 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**

Line Level Information — Hide Code Audit Rationale

Service Dates	Proc/Rev	DX	HCPC	Billed	Paid	Ineligible	Codes	Discount	Copay	Coins	Deductible	Mods	Unit/Time/Miles
03/15/2024 03/15/2024	29515	Z4789	N/A	$100.00	$0.00	$100.00	V29	$0.00	$0.00	$0.00	$0.00	N/A	1

Parameter Type	Created Line Indicator	Action	Edit Source
Action Required	Submitted on Claim	Not Reimbursable	Payer

Edit Location	Procedure Code	Modifier Code	Unit Count
Payer Policy	29515	N/A	1

Cotiviti Edit Description
29515 WAS SUBMITTED WITH UNITS EXCEEDING THE MUE THRESHOLD.

Cotiviti Edit Rationale
Per plan policy, units in excess of the MUE value may not be billed .

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

Additional Action(s) for Applicable Ineligible Reason Codes:

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

Line Level Information — View Code Audit Rationale

Service Dates	Proc/Rev	DX	HCPC	Billed	Paid	Ineligible	Codes	Discount	Copay	Coins	Deductible	Mods	Unit/Time/Miles
+ 03/15/2024 03/15/2024	29515	Z4789	N/A	$100.00	$0.00	$100.00	V29	$0.00	$0.00	$0.00	$0.00	N/A	1
03/15/2024 03/15/2024	A4590	Z4789	N/A	$65.00	$0.00	$5.00	T42	$0.00	$0.00	$0.00	$60.00	N/A	1

Codes

Type	Code	Description	Additional Action(s)
Ineligible Reason	V29	This service was submitted with units exceeding the MUE threshold. The information submitted on the claim is inconsistent with current coding protocol. Patient cannot be billed for the disallowed code.	Access the View Code Audit Rationale link above for additional context.
Ineligible Reason	T42	Charge exceeds the priced amount for this service. Services provided by a participating/network provider. Amount is provider write-off.	Refer to the Fee Schedule for pricing allowance.

Customer ID 12345   Exchange Date 04/19/2024
Transaction ID 99999999999999999999999999999

Print this Page 🖨   New Search   Edit Search

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

Withdrawn claim notification after submission to BCBSMT:

C Refer to the **Custom Status Description** field to view why the claim was withdrawn

▸ After addressing the reason, resubmit the claim electronically

Patient Information

Patient	DOE, JANE	Member ID	ABC123456789
DOB	01/15/1969	Patient Account Number	JD123456
Gender	F	Group Number	123456

Claim Information

Claim Number	123456789010X00	Claim Status	DENIED
Received Date	03/20/2024	Custom Status Description	Disapproved - For Membership
Finalized Date		Status Detail	
Service Dates	03/15/2024 - 03/15/2024	Billed Amount	$125.00
Approved Length of Stay		Paid Amount	$0.00
Hospital Payment Indicator		Coinsurance Amount	$0.00
		Copay/Deductible Amount	$0.00
		Ineligible Amount	$0.00

3 The following enhanced claim status information is returned for BCBSMT <u>government programs</u> claims after the corresponding claim is selected using the **Member** 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 Level Information includes</u>:

> Service Dates
> Procedure / Revenue Code
> Modifier
> Diagnosis

> Ineligible Code & Amount
> Allowed & Paid Amounts
> Sequestration Amount
> Copay / Coinsurance / Deductible

Notes: 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. Also, refer to* [***page 7***](navigation) *for* ***Additional Action(s)*** *information regarding next steps to follow for certain claim denials.*

CS Claim Status

Customer ID 12345 **Exchange Date** 04/19/2024
Transaction ID 9999999999999999999999999999999

[Save this Search] Print this Page 🖨 [New Search] Edit Search

Blue Cross Group Medicare Advantage℠

Patient Information

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

Claim Number	999999999999	Claim Status	FINALIZED	Coinsurance Amount	$0.00
Received Date	04/19/2024	Allowed Amount	$0.00	Copay Amount	$0.00
Finalized Date	04/22/2024	Billed Amount	$222.00	Deductible Amount	$0.00
Service Dates	04/03/2024 – 04/03/2024	Paid Amount	$0.00	Ineligible Amount	$222.00
Bill Type Code	N/A	DRG Code	N/A	Sequestration Amount	$0.00
Approved Length of Stay				Medicare Paid Amount	$0.00

Payment Information

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. CITY, XX 12345-1234	Billing Provider Tax ID	123456789
Check Date	04/19/2024			Rendering Provider	ABC CLINIC MEDICAL GROUP
				Rendering Provider NPI	1000000000
				Rendering Provider Tax ID	123456789

Line Level Information

Service Dates	Proc	Rev	Mods	Qty	DX	Codes	Billed	Allowed	Paid	Seq Amt	Coins	Deductible	Ineligible
04/03/2024 04/03/2024	99239	N/A	N/A	0	R6510	70h	$222.00	$0.00	$0.00	$0.00	$0.00	$0.00	$222.00

Codes

Type	Code	Description	Additional Action(s)
Remark	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.

Customer ID 12345 **Exchange Date** 04/19/2024
Transaction ID 9999999999999999999999999999999

[Save this Search] Print this Page 🖨 [New Search] Edit Search

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Select ***Save this Search*** *at top or bottom of the results page to* ***View Saved Searches****. Users receive a message confirming the search has been saved. Refer to* [***page 10***](navigation) *to learn more. You can also click* ***Print this Page*** *at top or bottom of result page.*

4 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**

5 Following information is returned via **HIPAA Standard** 277 response

> **Claim Number**   > **Processed Date**   > **Billed Amount**   > **Check Number**

> **Service Dates**   > **Claim Status**   > **Paid Amount**   > **Denial Reason**

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.*

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

1 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.

▶ Select **View Saved Searches** on the **Member**, **Claim Number** and/or **HIPAA Standard** 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 ❓
03/01/2024 - 04/01/2024

Submit   Clear Form

2 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**

▶ From the **Saved Searches** tab, select the **Delete Search** check box to remove the saved search from your dashboard

▶ Users will receive a **validation message** after the search has been <u>deleted</u>

*Notes: If you want to <u>delete all saved searches at once</u>, click **Select All**.*
***Saved searches** will also be <u>removed after 45 days</u> of not being viewed.*

CS Claim Status

Saved Searches are specific to the provider's Organization, payer selected, and user who submitted the transaction.

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	999999999990X	04/15/2024	a few seconds ago	↗	☐
DOE, JOHN	ABC CLINIC	1234567890	999999999990X	04/15/2024	17 hours ago	↗	☐

Refer to the below Submission Tips to further assist with requesting claim status online.

Claim Number – Search Request Tips	Member ID – Search Request Tips
For commercial claims enter the 13- or 17-character alpha-numeric claim number *(i.e., 999999999999X or 0202099999999999X)*.	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 0FEPMT.
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)*.	Out-of-state plans may contain more than three-characters *(e.g., WMWAN1234567)*. Enter the Group Number as 123456.
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., 999999999991X)*.	Claim status is available for Medicare Advantage claims for **Service Dates** from 01/01/2016 to current.

Have questions or need additional education?

Education or training, contact **BCBSMT Provider Education Consultants**

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

Technical Availity support, contact Availity Client Services at **800-282-4548**