

The Availity Claim Status Tool is the recommended method for providers to acquire status on claims process by Blue Cross and Blue Shield of Texas (BCBSTX) for the following members:

- Texas Medicaid STAR, STAR Kids and CHIP
- Blue Cross Medicare Advantage HMOSM and Blue Cross Medicare Advantage PPOSM

Organizations can improve their accounts receivable by utilizing the Claim Status tool. Results are available in realtime and provides more detailed information than the HIPAA-standard 277 claim status transaction.

If you do not have Availity access, you may obtain claim status online by completing a 276/277 transaction through your preferred web vendor.

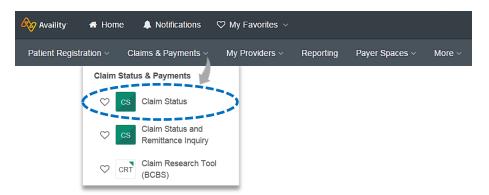
1) Getting Started

- Go to <u>availity.com</u>
- Select Availity Portal 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 availity.com – at no charge.

2) Accessing 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.

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Blue Cross[®], Blue Shield[®] 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.

User ID:	
User ID	
Password:	
•••••	
Show password as I type	
Help! I can't log in!	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 and appropriate Payer from the drop-down list ۲
- Click Select ►

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Patient Registration \lor Claims & Payments \lor	My Providers V Reporting	Payer Spaces ~ More ~	Keyword Search Q
Home > Select		Need H	lelp? Watch a demo for Claim Status
Claim Status	5		
Organization	Payer		
ABC Clinic	 ✓ Blue 	Cross Medicare Advantage	Select

Search by Member:

- Select the Search by Member tab
- Choose the Billing Provider from the Select a Provider drop-down list or enter the Provider NPI (Type 2) ۲
- Enter Member ID excluding the preceding three-character prefix ۲
- Enter Service Dates in MM/DD/YYYY format ۲
- ۲ Select Submit

Home > Select > Search		Need Help? Watch a demo for Claim Status
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Organization	Payer	
ABC Clinic V	BLUE CROSS MEDICARE AI	DVANTAGE
Search by Member Search by Claim HIPAA Standard		
Select a Provider optional	Provider NPI @	Member ID
Select v	9999999999	9999999999
Service Dates o		
04/14/2020 - 05/15/2020 🖀		
		Submit
Quick Tip:		
\rightarrow Claim status is available for Service Dates of 1/1/2016 to current.		

Search by Claim:

- Select the Search By Claim tab
- Choose the Billing Provider from the Select a Provider drop-down list or enter the Provider NPI (Type 2)
- Enter the Claim Number
- Select Submit

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Select ~ 9999999999 999999999	Select a Provider @	optional				Provider N	IPI ø		Claim	Number		
	Select				~	9999999	999		9999	999999999)	

4) Search Results

After completing the Member ID search, users can view detailed claim status for a specific date of service by selecting the corresponding claim

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ABC Clinic		~]	BLUE CROSS MEDICARE AI	DVANTAGE	
Search by Member O	Search by Claim O	HIPAA Standard			
Select a Provider o option	onal		Provider NPI @	Member ID	
Select		~	9999999999	999999999	
Service Dates o					
04/14/2020	- 05/25/2020) 🗎			
					Submit
esults (Displaying 2 of May 29, 2020 10:35 ansaction ID: 99999999	AM				
Status	Service Dates	Claim #	Member Name	Member ID	Billed Amount
FINALIZED 04/1	4/2020 - 04/14/2020	9999999999999	Doe, Jane	9999999999	\$148.49
(FINALIZED) 05/1	5/2020 - 05/15/2020	999999999999	Doe, Jane	999999999	\$135.57

5) **Detailed Search Results**

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

- ٠ **Claim Number**
- **Received Date**
- Processed Date
- Service Dates
- **Claim Status**
- Allowed Amount
- **Billed Amount**
- Paid Amount
- **Coinsurance Amount**

- ٠ Copay & Deductible Amounts
- **Ineligible Amount**
- Sequestration Amount ٠
- Medicare Paid Amount ٠
- Check Status & Check Number ٠
- Check Amount & Check Date
- **Payee Information** ٠
- **Billing Provider Information** ٠
- Rendering Provider Information •

- ٠ Line Item Breakdown:
 - Service Dates 0
 - Revenue / Procedure Code 0
 - Modifier 0
 - Quantity 0
 - Diagnosis 0
 - Ineligible Code & Amount 0
 - Allowed Amount 0
 - Paid Amount 0
 - Sequestration Amount 0
 - Copay, Coinsurance & Deductible 0

Quick Tip:

 \rightarrow Select **Print this Page** at top or bottom of result page to print and/or save status.

Patient Information Patient DOE_JANE Member ID 999999999 Patient Account Number Doe12345 Group Number TXXM0000X Claim Information Claim Number 999999999999 Claim Status FINALIZED Coinsurance Amount 9 Received Date 05/07/2020 Allowed Amount 9130.07 Copay Amount 9 Service Dates 04/23/2020 - 04/23/2020 Billed Amount 9 Bill Type Code N/A Approved Length of Stay N/A Payment Information Check Status CREATED 99999 Payee Tax ID 999999999 Billing Provider NPI 9999999 Payee Tax ID 999999999 Billing Provider NPI 999999999 Billing Provider NPI 999999 Payee Address 12244 STREET Billing Provider TAX ID 999999	Claim Sta	atus						Give Feedback
Patient Information DOE, JANE Member ID 999999999 Subscriber DOE, JANE Member ID 9999999999 DOB 01/01/2000 F Patient Account Number Doe12345 Relationship Subscriber DOE, JANE DE, JANE DE, JANE DE, JANE DE, JANE DE, JANE </th <th></th> <th></th> <th></th> <th>Prin</th> <th>nt this Page 🖨</th> <th>Return to Results</th> <th>Edit Search</th> <th>New Search</th>				Prin	nt this Page 🖨	Return to Results	Edit Search	New Search
Patient DOE, JANE Member ID 999999999 Subscriber DOE, DOB 01/01/2000 Patient Account Number Doe12345 Relationship DOE, Biender F Group Number TXM0000X Relationship Subscriber DOE, Claim Information F Group Number TXM0000X Relationship Subscriber Subscriber Claim Information Status FINALIZED Coinsurance Amount Status Subscriber Subscriber Subscriber Claim Information Status FINALIZED Coinsurance Amount Status Subscriber Sub	📴 👽 Blue Cross Medicare	Advantage"						
DOB sender 01/01/2000 F Patient Account Number Group Number Doe12345 TXM00000X Relationship Sectorship Claim Information F Group Number TXM0000X Coinsurance Amount Sectorship Claim Number 999999999999 Claim Status FINALIZED Coinsurance Amount Sectorship Claim Number 999999999999 Allowed Amount \$130.07 Copay Amount Sectorship Crocessed Date 05/07/2020 Allowed Amount \$135.57 Deductible Amount Sectorship Frivice Dates 04/23/2020 – 04/23/2020 Paid Amount \$130.87 Ineligible Amount Sectorship Still Type Code N/A Sequestration Amount Sequestration Amount Sequestration Amount Sequestration Amount Payment Information Sequestration Amount Sequestration Amount Sequestration Amount Sequestration Amount Check Status CREATED Payee Tax ID Seguespasse Billing Provider NPI Seguespasse Statek Date 05/18/2020 Seque Address 12345 STREET Billing Provider Tax ID Seguespasse Check Date 05/18/2020 Seque Address 12345 STREET Billing Provider NPI Seguespasse Sheck Amount Seque Address ANYWHERE, TX 12345<	Patient Informatio	n						
Claim Number 999999999999999999999999999999999999	DOB Gender	01/01/2000 Patie F Grou	nt Account Number	Doe1234	5 Relation			DOE, JANE SELF
Check Status CREATED Payee ABC CLINIC Billing Provider ABC CL Check Number 999999 Payee Tax ID 99999999 Billing Provider NPI 999999 Check Amount \$6,246.27 Payee Address 12345 STREET Billing Provider Tax ID 99999 Check Date 05/18/2020 ANYWHERE, TX 12345 Rendering Provider ABC	Claim Number Received Date Processed Date Service Dates Bill Type Code Approved Length of Stay	99999999999999999999999999999999999999	ved Amount I Amount Amount	\$130.0 \$135.5 \$130.5	7 Copay A 7 Deducti 7 Ineligibl A Sequest	Amount ble Amount le Amount tration Amount		\$0.00 \$0.00 \$5.00 \$0.00 N/A
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Service Dates Proc Rev Mods Qty DX Codes Billed Allowed Paid Seq Amt Coins Copay Deductible Ineligib	Service Dates Pr	oc Rev Mods Qty DX	Codes Billed All	lowed Paid	Seq Amt	Coins Copay	Deductible	Ineligible
04/23/2020 T1019 N/A U4 42 Z7689 MXP \$135.57 \$130.07 \$130.07 \$0.00 \$0.00 \$0.00 \$0.00 \$5.50	T10	019 N/A U4 42 Z7689	MXP \$135.57 \$1	130.07 \$130.07	\$0.00	\$0.00 \$0.00	\$0.00	\$5.50
Codes Quick Tip:	odes		Qı	uick Tip:				
Type Code Description → Ineligible reason codes display in the Codes field. Remark MXP Manual Price Override → View ineligible reason code descriptions in the Codes see				-			-	

Transaction Tips

How to avoid a "Claim Not Found" response:

- \rightarrow The Type 2 Billing NPI must match the NPI submitted on claim.
- → The Service Dates entered must include the actual date(s) of service.
- \rightarrow Claim Status is available for Service Dates of 1/1/2016 to current.

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- → All line items are not displayed on the Detail Search Results screen, click Next at bottom of the page. You may also change the number of lines displayed by using the Rows drop-down listing.
- → The check number is not present on a finalized claim (see below), please allow additional time. The system reflects check information based on the payment schedule of the provider.

Payment Information	
Check Number	
Check Amount	14.92
Check Date	05/18/2020

Have questions or need additional education? Email the <u>Provider eBusiness Consultants</u>.

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

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Plans provided by Blue Cross and Blue Shield of Texas, which refers to HCSC Insurance Services Company (HISC) (PPO plans), and GHS Insurance Company (GHS) (HMO plan). HISC and GHS are Independent Licensees of the Blue Cross and Blue Shield Association. HISC and GHS are Medicare Advantage organizations with a Medicare contract. Enrollment in HISC's and GHS' plans depends on contract renewal.

HMO Special Needs Plan provided by Blue Cross and Blue Shield of Texas, which refers to GHS Insurance Company (GHS), an Independent Licensee of the Blue Cross and Blue Shield Association. GHS is a Medicare Advantage organization with a Medicare contract and a contract with the Texas Medicaid program. Enrollment in GHS' plan depends on contract renewal.