

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 HMO<sup>SM</sup> and Blue Cross Medicare Advantage PPO<sup>SM</sup>

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.

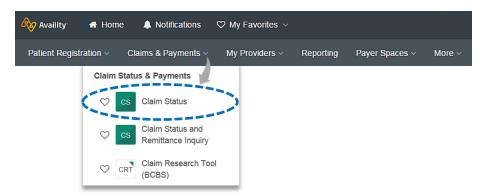
# 1) Getting Started

- 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<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.

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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Home > Select		Need H	lelp? Watch a demo for Claim Status
Claim Status	5		
Organization	Payer		
ABC Clinic	<ul> <li>✓ Blue</li> </ul>	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		
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# 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
ine Level Information	check Status check Number check Amount check Date	CREATED Paye 999999 Paye \$6,246.27 Paye 05/18/2020	e Tax ID e Address	9999999 12345 STRE	999 Billing F ET Billing F 45 Renderi Renderi	Provider NPI Provider Tax ID Ing Provider Ing Provider NPI		ABC CLINIC 999999999 999999999 ABC CLINIC 9999999999 999999999
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.

Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSTX. BCBSTX makes no endorsement, representations or warranties regarding any products or services provided by third party vendors such as Availity. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly.

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.