

The Dispute option within the Availity Claim Status tool allows providers to submit clinical appeal\* requests electronically and upload supporting clinical medical records via Availity Essentials to Blue Cross and Blue Shield of Texas (BCBSTX). 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 the Claims Status and Claim roles in Availity. Not registered with Availity? 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, Texas Medicaid, 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>						
Please enter your cred	lentials					
User ID:						
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.



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

Check claim status by following the steps below:

- Choose the Organization
- Select BCBSTX from the Payer drop-down list
- Use Search by Member or Search by Claim to obtain detailed claim status

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

🛯 Claim St	tatus					Give Feedback
Organization			Payer			
ABC Organization		~	BCBSTX			~
Search by Member 🔂	Search by Claim O	HIPAA Standard				
Select a Provider @ opti	onal		Provider NPI o		Member ID	
Select		~	1234567890		ABC123456789	
Group Number	Service E	ates o				
999999	11/01/2	- 021	11/30/2021	<b>#</b>		
						(Submit)

## 3) Dispute Claim

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



#### **Quick Tips:**

- → Dispute Claim is <u>only</u> available for clinical claim denials.
- → 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

Claim 123	456789012X01 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 Re

### Quick Tips:

- → Each claim can only be disputed once.
- → The dispute request has only been initiated. Proceed to step 4 to complete and send the request to BCBSTX for review.

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### 4) Complete Dispute Request

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

BlueCross BlueShield of Texas	Initiated Created: 11/11/2021	• Updated 11/11/2021		Complete Dispute Request View Details	<b>←</b> (≘)
Claim Number 123456789010X00	Payment Information	Patient Name JANE DOE	Service Begin Date 11/01/2021	Billed Amount \$2,766.00	
	Payment Date 11/03/2021	Patient Account Number JD123456	Service End Date 11/01/2021	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 Add Files
- Select Submit Request

### Quick Tips:

- → Users can copy and paste data from a word document into the appeal request.
- → 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.
  - You will receive confirmation of submission
  - Select Close to view the Appeals worklist
  - Select View Details to review claim information

This BCBS of	Texas request was initiated on 11/11/202
Request Reaso	n
Medical Nece	ssity
Please explain	the supporting rationale for your request.
0/2000	
As the Appellar	t are you submitting this request on behalf
the Rendering	or the Billing Provider:
5	5
Rendering	
<ul> <li>Rendering</li> <li>Billing</li> </ul>	
<ul> <li>Rendering</li> <li>Billing</li> </ul>	
<ul> <li>Rendering</li> <li>Billing</li> </ul>	
<ul> <li>Rendering</li> <li>Billing</li> <li>Contact Phone</li> </ul>	Number
<ul> <li>Rendering</li> <li>Billing</li> <li>Contact Phone</li> <li>5557779999</li> </ul>	Number
<ul> <li>Rendering</li> <li>Billing</li> <li>Contact Phone</li> <li>5557779999</li> <li>Upload Support</li> </ul>	Number ing Documentation
Rendering     Billing Contact Phone 5557779999 Upload Suppor IMPORTANT	Number ting Documentation : Maximum number of files to upload is 10 with a
Rendering     Billing Contact Phone 5557779999 Upload Suppor IMPORTANT maximum ind	Number ting Documentation : Maximum number of files to upload is 10 with a ividual file size of 20 MB, total 80 MB across all
Rendering     Billing Contact Phone 5557779999 Upload Suppor IMPORTANT maximum ind files.	Number ting Documentation : Maximum number of files to upload is 10 with a ividual file size of 20 MB, total 80 MB across all
Rendering     Billing Contact Phone 5557779999 Upload Suppor IMPORTANT maximum ind files. Supported file	Number ing Documentation : Maximum number of files to upload is 10 with a ividual file size of 20 MB, total 80 MB across all : types: .jpg, .jpeg, .pdf, .tif, .tiff.
<ul> <li>Rendering</li> <li>Billing</li> <li>Contact Phone</li> <li>5557779999</li> <li>Upload Support</li> <li>IMPORTANT maximum ind files.</li> <li>Supported file</li> <li>Add File</li> </ul>	Number ing Documentation : Maximum number of files to upload is 10 with a ividual file size of 20 MB, total 80 MB across all : types: .jpg, .jpeg, .pdf, .tif, .tiff.



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#### 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 BCBSTX.

- ► Select Claims and Payments
- Select Appeals



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 BCBSTX BlueCross BlueShield Initiated Status Updated ≡ Created: 11/11/2021 • Updated 11/11/2021 Yellow = Submitted or returned from BCBSTX Claim Numb Payment Information Patient Name vice Begin Date Billod Ame 123456789010X00 11/01/2021 E7777777 JANE DOE \$2,766.00 Gray = Final decision from BCBSTX Patient Account Numbe . Service End Date Payment Amount Payment Date 11/03/2021 JD12345 11/01/2021 0 BlueCross BlueShield Submitted - Claim Review - In Progress ≡ Created: 05/16/2021 · Updated 05/17/2021 Billed Amount Claim Numbe Payment Information Patient Name Service Begin Date 12/21/2020 \$70.00 012345678910X00 E9999999 JOHN DOE Service End Date ent Date Patient Account Number Payment Amount 12/31/2020 JD11111 12/21/2020 0 🔞 🗑 BlueCross BlueShield Finalized - Claim Review - Overturned/ Reversed Case #12345678 Note: A Case Number is assigned after the ≡ Created: 06/08/2021 · Updated 06/14/2021 dispute request has been submitted to BCBSTX. Service Begin Date ment Information ed Amount 012345678900X01 E5555555 JOE DOE 09/28/2020 \$4,950.00 wice End Date Patient Acco unt Numbe ayment 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-downlist
- ۲ 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 Appe	als				Quick Tip:
Search By	Claim Number	123456789100X01	Search	Filter	→ 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.
	Case Number Patient Last Name				

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### 5) Appeal Worklist (continued)

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

of Texas	Shield Submitted - Claim I Created: 05/16/2021 • U	Review - In Progress · Case Updated 05/17/2021	e # 99999999		(≣)-+	View Details and Attachment
Claim Number 123456789011X01	Payment Information	Patient Name JANE DOE	Service Begin Date 03/23/2021	Billed Amount \$445.00		
Ţ	Payment Date 03/26/2021	Patient Account Number JD123456	Service End Date 03/23/2021	Payment Amount 0		
BlueCross BlueShield Finalized - Claim Review - Manual Determination · Case # 77777777 of Texas Created: 05/16/2021 · Updated 05/17/2021					=	Quick Tip:
of Texas	Created: 05/16/2021 • U	Updated 05/17/2021				
Claim Number 123456789011X01	Created: 05/16/2021 • I Payment Information E7777777	Patient Name JANE DOE	Service Begin Date 12/03/2020	Billed Amount \$406.00	_	→ For cases that have bee initiated (Black appeal

Additional Attachments may be uploaded to the request within the allotted timeframe

**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.

Appeals				Give Feed	Iback
BlueCross B of Texas	IueShield Submi #12345 Created	tted - Claim Review - 578 06/25/2021 • Updated 06/	Pending Assignm 25/2021	ent• Case	≡
Claim Number 123456789000X00	Payment Information E1234567	Patient Name	Service Begin Date 10/13/2020	Billed Amount \$4,250.00	
Ţ	Payment Date 02/19/2021	Patient Account Number	Service End Date 10/13/2020	Payment Amount 0	
Request Reason MEDICAL NECESSITY	Contact Phone Numt 999-999-9999	ver		Submitter Type <b>Billing</b>	
Rationale Submitted To P Please reprocess.	<sup>vaver</sup> See the attachments fo	or the proof that this was mo	edical necessary.		
File Name		Status	Uploaded By	Upload Date	
ABC_123_000	139pages(7 MB)	Received	Provider	06/25/2021 3:47 PM	
ATTACHMENTS Add Attachment HCSC will allow attachm	nent uploads until 99/99/999	). Please ensure all your document	ation for this request has be	en submitted before the date passes.	
File Name		Status	Uploaded By	Upload Date	Quick Tip:
ABC_123_000	139pages(7 MB)	Received	Provider	06/25/2021 3:47 PM	$\rightarrow$ If the Add Attachment button is disabled,
Add Attachment	This appeal is no longer	eligible for attachments as of 07	/05/2021	>	the timeframe to upload additional attachments to the request has expired.

Have questions or need additional education? Email the Provider Education Consultants.

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

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