

# 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 BCBSIL.

*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 BCBSIL 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



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



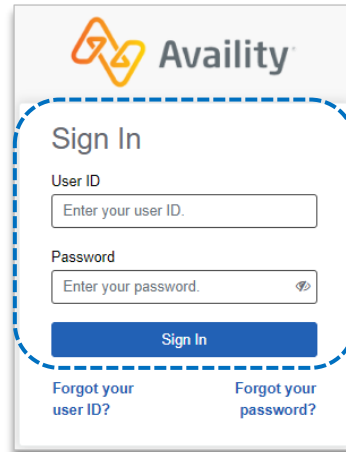
- > View and Delete **Saved Searches**
- > **Submission tips & Support** for online **Claim Status**



# Step 1: Availity Login & Add Provider

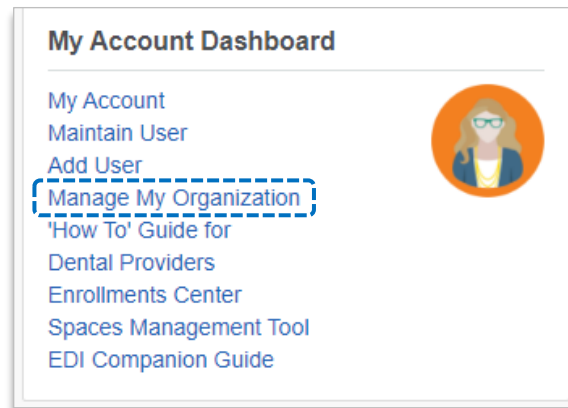
1 Assigned users can access this tool by following the instructions below:

- ▶ Go to [Availity](#)
- ▶ Select [Availity Essentials Login](#)
- ▶ Enter User ID and Password
- ▶ Select [Log in](#)



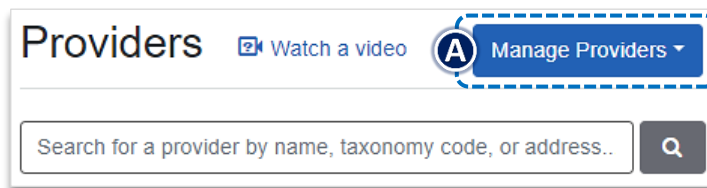
The image shows the Availity Sign In page. It features the Availity logo at the top. Below it is a 'Sign In' section with two input fields: 'User ID' and 'Password'. The 'User ID' field contains the placeholder text 'Enter your user ID.' and the 'Password' field contains 'Enter your password.' with an eye icon for toggling visibility. A blue 'Sign In' button is positioned below the fields. At the bottom, there are two links: 'Forgot your user ID?' and 'Forgot your password?'.

2 Select [Manage My Organization](#) from *My Account Dashboard* on the Availity homepage



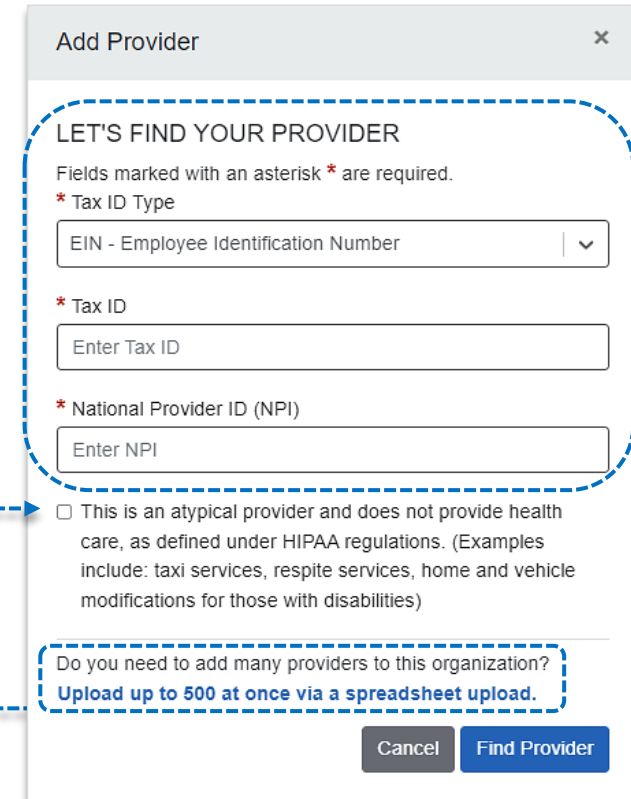
The image shows the 'My Account Dashboard' menu. It lists several options: 'My Account', 'Maintain User', 'Add User', 'Manage My Organization' (highlighted with a dashed blue box), 'How To' Guide for Dental Providers, 'Enrollments Center', 'Spaces Management Tool', and 'EDI Companion Guide'. A user profile icon is visible on the right side of the menu.

A Within [Manage My Organization](#), select [Manage Providers](#), then [Add Provider\(s\)](#)



The image shows the 'Providers' search interface. It includes a search bar with the placeholder text 'Search for a provider by name, taxonomy code, or address..' and a magnifying glass icon. To the right of the search bar is a 'Watch a video' button and a 'Manage Providers' dropdown menu (highlighted with a dashed blue box).

- 3
- ▶ Select the **Tax ID Type:**
    - ▶ **EIN** – Employee Identification Number
    - ▶ **SSN** – Social Security Number
  - ▶ Enter the **Tax ID** and **NPI number**
  - ▶ Select [Find Provider](#)



The image shows the 'Add Provider' form. It has a title bar 'Add Provider' with a close button. The main heading is 'LET'S FIND YOUR PROVIDER'. Below this, it states 'Fields marked with an asterisk \* are required.' There are three required fields: '\* Tax ID Type' (a dropdown menu with 'EIN - Employee Identification Number' selected), '\* Tax ID' (a text input field with 'Enter Tax ID' placeholder), and '\* National Provider ID (NPI)' (a text input field with 'Enter NPI' placeholder). There is an unchecked checkbox with the text: '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)'. At the bottom, there is a question: 'Do you need to add many providers to this organization? Upload up to 500 at once via a spreadsheet upload.' and two buttons: 'Cancel' and '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.

### 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.

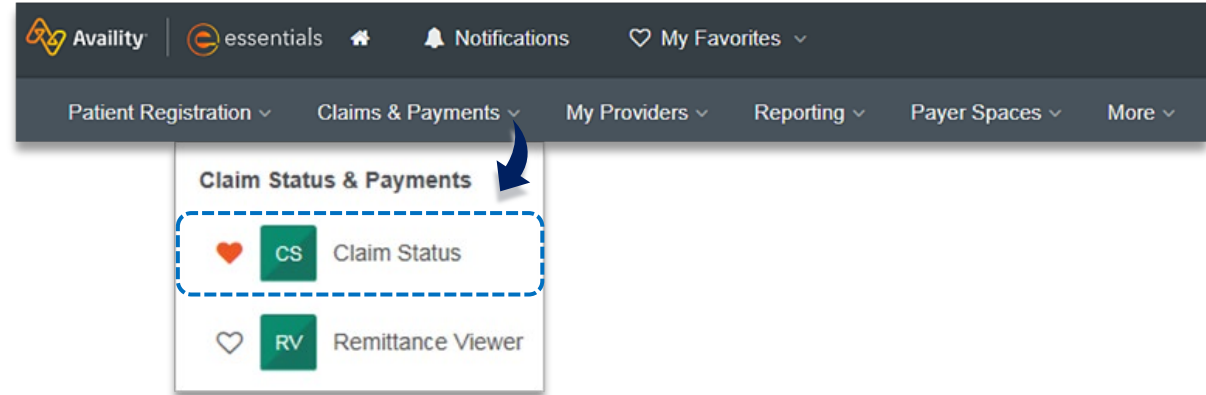


# Step 2: Access & Submit Claim Status Transactions

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:
  - ▶ BCBSIL
  - ▶ Blue Cross Medicare Advantage
  - ▶ Blue Cross Community Health Plans
  - ▶ Other Blues Plans
- ▶ Obtain enhanced Claim Status using **Member** and/or **Claim Number** tabs

The screenshot shows the Claim Status search form. At the top, there are two dropdown menus: 'Organization' (ABC ORGANIZATION) and 'Payer' (BCBSIL). Below these are three tabs: 'Member', 'Claim Number', and 'HIPAA Standard'. The 'Member' and 'Claim Number' tabs are highlighted with a dashed blue border. To the right of the tabs is a 'View Saved Searches' link. Below the tabs, there is a note: 'Fields marked with an asterisk \* are required.' There are six required fields: '\* Select a Provider' (ABC CLINIC), '\* Provider NPI' (1234567890), '\* Member ID' (ABC123456789), '\* Group Number' (123456), and '\* Service Dates' (03/15/2024 - 04/30/2024). At the bottom right, there are 'Submit' and 'Clear Form' buttons.



# Step 2: Submit Claim Status Transactions

## 3 Search by Member and/or Claim Number:

### A 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 and Illinois Medicaid 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: ABC ORGANIZATION | Payer: BCBSIL

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: 03/15/2024 - 04/30/2024

Submit | Clear Form

### B 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**

Organization: ABC ORGANIZATION | Payer: BCBSIL

Member | Claim Number | HIPAA Standard | View Saved Searches

Fields marked with an asterisk \* are required.

\* Select a Provider: ABC CLINIC | \* Provider NPI: 1234567890 | \* Claim Number: 999999999990X

Submit | Clear Form

**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.

**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 BCBSIL 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 99999999999999999999999999999999

Save this Search Print this Page New Search Edit Search

**BlueCross BlueShield of Illinois**

**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	9999999999001	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		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	Mode	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 99999999999999999999999999999999

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**  
Action Required

**Created Line Indicator**  
Submitted on Claim

**Action**  
Not Reimbursable

**Edit Source**  
Payer

**Edit Location**  
Payer Policy

**Procedure Code**  
29515

**Modifier Code**  
N/A

**Unit Count**  
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

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 99999999999999999999999999999999

[Print this Page](#) [New Search](#) [Edit Search](#)

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

### Withdrawn claim notification after submission to BCBSIL:

- 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  
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 BCBSIL government programs 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**

**Line Level Information includes:**

- > 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](#) 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 9999999999999999999999999999999999

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	99999999999	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	199999999
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
				Provider	MEDICAL GROUP
				Rendering Provider NPI	100000000
				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	99239	N/A	N/A	0	R6510	70h	\$222.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$222.00
04/03/2024													

**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 9999999999999999999999999999999999

Save this Search Print this Page New Search Edit Search

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.





**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**

Member
Claim Number
HIPAA Standard
View Saved Searches

Fields marked with an asterisk \* are required.

### Provider Information

\* Is the provider the same as the organization name? [?](#)

Yes  No

Select a Provider [?](#) \* Provider NPI [?](#)

### Patient Information

Select a Patient [?](#) \* Member ID [?](#)

clear

\* Patient Last Name Patient First Name

\* Patient Date of Birth Patient Gender

Patient Account Number [?](#) Patient's Relationship to Subscriber

### Claim Information

\* Service Dates [?](#)

-

Claim Number [?](#) Claim Amount

Institutional Bill Type [?](#)

Submit
Clear Form

**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**

cs Claim Status
Give Feedback
New Search
Edit Search

Transaction ID: 111111111111 As of 04/19/2024

**DOE, JANE Patient**

<small>Patient ID</small> <b>ABC123456789</b> <small>DOB</small> <b>01/01/2010</b>	<small>Subscriber</small> <b>DOE, JANE</b>	<small>Provider</small> <b>ABC CLINIC</b> <small>Provider ID</small> <b>1234567890</b>
---	---	---

000000000000X00  
FINALIZED  
04/01/2024 – 04/01/2024  
Billed  
\$290.00

Verify Eligibility [?](#)
Remittance Viewer [?](#)
Print this Page [?](#)

Claim 000000000000X00

Dates of Service	Processed Date	Status
04/01/2024 – 04/01/2024	N/A	FINALIZED

Billed  
**\$290.00**

Paid  
N/A

Status as of 04/15/2024

- Finalized/Adjudication Complete No payment forthcoming. The Claim/Encounter has been adjudicated and no further payment is forthcoming
- Balance due from the subscriber

Check Number  
N/A

Dates of Service	Procedure Code	Quantity	Status
04/01/2024 – 04/01/2024	99203	1	FINALIZED

Billed  
\$290.00      Paid  
\$0.00

Status as of 04/15/2024

- Finalized/Adjudication Complete No payment forthcoming. The Claim/Encounter has been adjudicated and no further payment is forthcoming
- Balance due from the subscriber

### 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.

Not for Distribution



# Step 4: View Saved and Delete Searches

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**

2 In the **View Saved Searches** dashboard, use the **Search** option by 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 deleted

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

**Claim Status**

Search

Organization: ABC ORGANIZATION | Payer: BCBSIL

Saved Searches | Displaying 2 saved searches

Patient	Provider	NPI	Claim Number	Saved Date	Last Searched	View/Action	Delete Search
DOE, JANE	ABC CLINIC	1234567890	99999999990X	04/15/2024	a few seconds ago	<input type="checkbox"/>	<input type="checkbox"/>
DOE, JOHN	ABC CLINIC	1234567890	99999999990X	04/15/2024	17 hours ago	<input type="checkbox"/>	<input type="checkbox"/>

Buttons: Delete Selected Searches, Select All



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., 99999999999X or 020209999999999X).	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 OFEPO0.
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., 99999999999X01 or 020209999999999X01).	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 end of the claim number to locate the secondary claim (i.e., 999999999991X).	Claim status is available for Medicare Advantage and Illinois Medicaid claims for <b>Service Dates</b> from 01/01/2016 to current.

**Have questions or need additional education?**

**Education or training**, contact [BCBSIL 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**

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