

Claim Research Tool

The Claim Research Tool (CRT) can save you money, improve your accounts receivable and allow you to work more efficiently while reducing your time and expense. Using this tool will help you improve your financials, often without picking up the phone. The CRT will help you manage account receivables by viewing the status of multiple claims in one view. It will allow you to view claims for a particular date or date range and, if desired, with a selected status that indicates paid, pending, or denied claims.

Please note this document is intended to provide general guidance for using the CRT to access enhanced claim status information. Blue Cross and Blue Shield of Illinois (BCBSIL) has made this supplemental information available through the CRT, in addition to the standard HIPAA data, to assist you in resolving your BCBSIL claims.

Sign On

To get started, access Availity at the following URL: www.Availity.com.

Next, key your user ID and password. Click Login*.

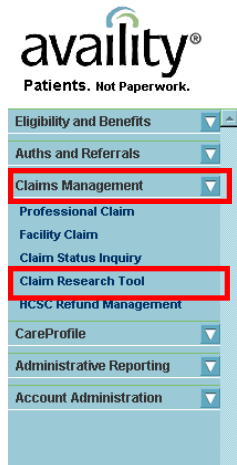
*To access CRT, you must be a registered Availity user.

To get started, enter your user ID and password.



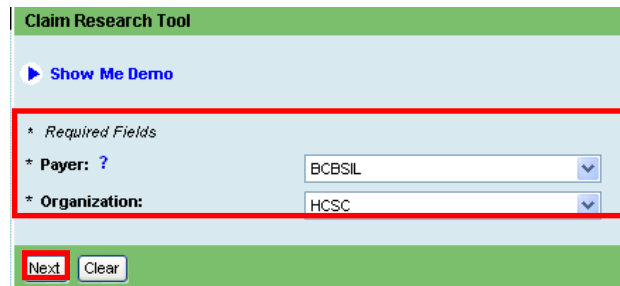
Accessing the Tool

Once you log into Availity, click Claims Management, then Claim Research Tool.



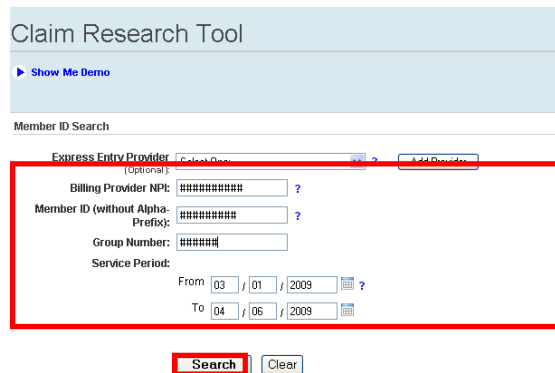
Selecting a Payer

Next, you need to select a payer. Select BCBSIL from the Payer drop-down menu. Click the Organization you are associated to (if applicable) from the Organization drop-down menu and click Next.



Member-ID Group Number Search

From this page, you can conduct a search by either the Member ID/Group Number or Claim # (DCN). To conduct a Member ID-Group Number Lookup, key the Billing Provider NPI, Member ID, Group Number, and the Service Period and click Search.





Stand Alone Claim Search

To perform a stand alone claim number search, key the **Claim # (DCN)** into the bottom portion of the Claims Research Tool page and click **Search**.

Claim Number Search

Claim # (DCN):

Search Results

The search results appear on the Claim Research Tool Search Results page based on the search criteria keyed. Click the **Claim Number** to access the Claim Detail screen.

Claim Research Tool > Search Results				
Return To Search		Print		
Payer: BCBSIL		Provider NPI: 1801834387		
Group Number:		Service Period: 01/16/2009 - 01/17/2009		
Member ID:				
From Service Date	Processed Date	Claim Number	Billed Amount	Status
01/17/2009	03/26/2009	91235555551X00	\$2,100.00	Disapproved
01/16/2009	03/17/2009	91233333330X00	\$2,192.75	Paid

Export options: [CSV](#) | [Excel](#) | [XML](#)

Return To Search | Print

Claim Detail Response – Line Level Information

View the Claim Detail Response/Claim Level Information by either clicking the Claim Number on the Summary or by using the standalone claim search if you have a Claim Number/DCN.

Claim Research Tool > Claim Details	
Return To Search	
Print	
Claim Detail	
Patient Name:	Subscriber Name:
Member ID:	Relationship to Subscriber: Self
Date of Birth:	Patient Account #:
Gender:	Group Number:
Claim Number:	Billed Amount: \$482.00
Received Date: 02/18/2009	Co-Pay/Deductible Amount:
Processed Date: 02/20/2009	Coinsurance:
Claim Status: Disapproved	Ineligible Amount: \$482.00
Status Details:	
Paid Amount:	From Service Date: 01/31/2009
Check/EFT/Voucher: 00000000	To Service Date: 02/01/2009
Check Date: 02/20/2009	Provider Name: INTERNAL MEDICINE ASO
Payee Name: INTERNAL MEDICINE ASO	

View the Line Level Information below the Claim Level information. You can view the Paid Amount, Ineligible Reason Code, and the Ineligible Reason Code Description for each service line.

From Service Date	To Service Date	Revenue/Procedure Code	Billed Amount	Paid Amount	Ineligible Amount	Ineligible Reason Code	Interim Discount	Paid Level
12/26/2007	12/26/2007	99211	\$40.00		\$40.00	711,299		
12/26/2007	12/26/2007	85610	\$11.00		\$5.51	408		

Export options: [CSV](#) | [Excel](#) | [XML](#)

Ineligible Reason Codes	
Reason Code	Description
711	Benefits are not provided for expenses that the insured has no legal obligation to pay as determined by Medicare.
299	This service is not a benefit of the contract (provision is not covered).
408	Charge exceeds medicare's allowed amount.

Return To Search | Print



Online Transaction Tips

The information in this tip sheet provides direction for several topics. Please review this information thoroughly prior to contacting Blue Cross and Blue Shield Provider Customer Service.

Claim Not Found

If you receive the *Claim Not Found* response, verify the following is entered correctly:

- Billing NPI (10 digits) matches NPI submitted on claim,
- Member ID excludes the 3 character Alpha Prefix (Exception: For Federal Plan members, continue using the preceding 'R'),
- Group number is keyed as 6 character alpha-numeric entity matches member's ID card, and
- *Service Period From and To* includes the date(s) of service.



Institutional Claims

- Monies paid are applied according to the provider contract (*i.e.* Per Diem, DRG, etc.).
- This detailed line level information is offered exclusively through the Claim Research Tool. The total monies equal those listed on your Provider Claim Summary (PCS)/ Electronic Remittance Advice (ERA)/ Electronic Payment Summary (EPS).

Adjusted Claims

Key the corresponding 2-digit suffix after the claim number (i.e. the 1st adjustment = 01, 2nd adjustment = 02, etc.) when the claim being researched is an adjusted claim. Paid amounts for the claim and line level on adjusted claims reflect the total claim reimbursement and may not reflect actual amount on the most recent payment.

Scenario:

- Claim originally paid \$239.45.
- The claim was adjusted and paid an additional \$79.80, for a total claim payment of \$319.25.
- When looking up the claim in Availity, the *Paid Amount* field reflects the total claim payment amount of \$319.25.

Paid Amount:	\$319.25
Check/EFT/Voucher:	E1234567
Check Date:	05/15/2009
Payee Name:	MARK SMITH MD

If . . .

- you know your claim number, you may perform a search using that Document Control Number (DCN).
- the patient has a Health Care Account (HCA) policy, monies paid from the HCA are not identified separately.
- the claim processed out of network, patient liability applied towards copay, deductible and coinsurance is not reflected.
- all claim service lines are not displaying, click *More Results*.
- you are receiving a *Claim Not Found* message, please reference the *Claim Not Found* topic above.
- the patient coverage is handled by an out of state Blues Plan, we are working on enhancing this tool to support these members. To perform a Member ID search, an interim solution is to replace the group number that was submitted on the claim with one of the following pseudo group numbers: XOPPOX, XOPPOW, XOHOST, XOHOSW, XOECRP, XOHPPN.
- the check number is not present on a finalized claim. The system issues check information based on the payment schedule of the provider.

Paid Amount:	\$273.00
Check/EFT/Voucher:	
Check Date:	
Payee Name:	JOHN DOE MDPA