



The Patient Cost Estimator is a tool in the Availity portal that provides real-time estimation of member responsibility. This feature can be utilized at the time of service, enabling professional providers to collect copayments, coinsurance and deductible amounts up front for Blue Cross and Blue Shield of Illinois (BCBSIL) members. The following information instructs users how to access and use the Patient Cost Estimator via Availity.

Not yet registered with Availity? Visit [Availity](#) and complete the online registration today, at no cost.

The Patient Cost Estimator tool is currently unavailable for Medicare Advantage or Illinois Medicaid members.

Patient Cost Estimator is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility, benefits, limitations and exclusions and the terms of the member's certificate of coverage in effect on the date services are rendered. Accumulated amounts, such as deductibles, may change as additional claims may have been processed after the estimate was provided.

1) Getting Started

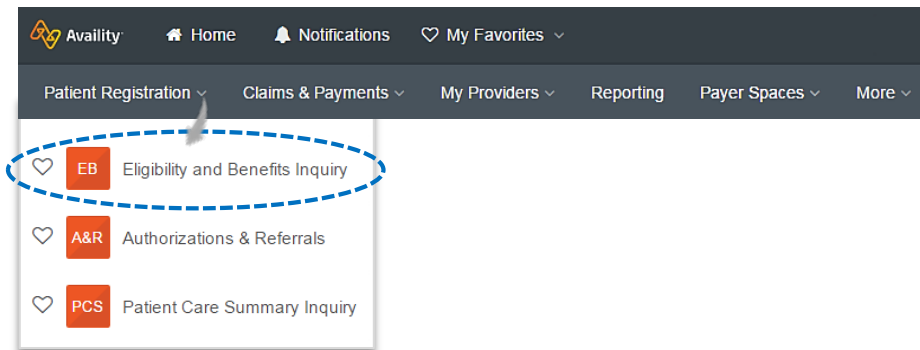
- ▶ Go to [Availity](#)
- ▶ Select **Availity Portal Login**
- ▶ Enter User ID and Password
- ▶ Select **Log in**



Note: Only registered Availity users can access the Patient Cost Estimator.

2) Accessing Patient Cost Estimator

- ▶ Select **Patient Registration** from the navigation menu
- ▶ Select **Eligibility and Benefits Inquiry**



Note: Contact your Availity Administrator if you do not have access to the **Eligibility and Benefits Inquiry**.

4) Eligibility and Benefits Summary Results

- ▶ Select the **Patient Cost Estimator** button at the top of the Eligibility and Benefits Inquiry results screen



Note: The Patient Cost Estimator button is only available for eligible members. Reference [page 7](#) for a listing of ineligible members and providers.

5) Patient and Subscriber Information

- ▶ Patient and Subscriber Information will populate with data received in the Eligibility and Benefits Inquiry results

Patient Cost Estimator

* indicates a required field


BlueCross BlueShield of Illinois

Date of Estimate: 03/11/2021

Payer: BCBSIL

Organization: ABC Clinic

Patient Information

Benefit/Service Type: Physician Visit - Office: Sick

Patient Name: DOE, JOHN

Date of Birth: 01/25/1967

Gender: Male

Address: P.O. BOX 123
ANYWHERE, XX 12345 - 0123

* Relationship to Subscriber: ▼

Subscriber Information

Subscriber ID: ABC123456789

Subscriber Name: DOE, JOHN

Policy or Group Number: 123456

6) Patient Information

Is the billing provider the same as the rendering provider?

- ▶ If your Rendering NPI (Type1) and Billing NPI (Type 2) are the same, answer **Yes** and enter the **Billing Provider** information

Provider Information

* Is the billing provider the same as the rendering provider? Yes No

Billing Provider

Select a Provider: ?

* Organization / Provider Last Name: ?

First Name:

* NPI: ?

Tax ID Type:

* Tax ID: ?

Important: Enter the tax ID to which the claim should be paid.

- ▶ If your Rendering NPI (Type1) and Billing NPI (Type 2) are the NOT the same, answer **No** and enter the **Rendering** and **Billing Provider** information

Provider Information

* Is the billing provider the same as the rendering provider? Yes No

Rendering Provider

Select a Provider: ?

* Organization / Provider Last Name:

First Name:

* NPI: ?

Tax ID: ?

Billing Provider

Select a Provider: ?

* Organization / Provider Last Name: ?

First Name:

* NPI: ?

Tax ID Type:

* Tax ID: ?

Important: Enter the tax ID to which the claim should be paid.

7) Diagnosis Code(s)

- ▶ Enter the **Principal Diagnosis Code**

Diagnosis Codes ?

* Principal Diagnosis Code: ICD-10 Code Verification ?

Quick Tip:

→ For assistance with ICD-10 Code lookup, select **ICD-10 Code Verification**.

8) Place of Service

- ▶ Select applicable **Place of Service** from the drop-down list:
 - 11 – Office
 - 22 – On Campus Outpatient Hospital

Procedure Information

* Place of Service: ?

9) Line-Item Entry

- ▶ Complete the following fields:
 - **Procedure Code**
 - **Modifier** (if applicable)
 - **Diagnosis Code Pointers**
 - **Charges**
 - **Number of Units/Minutes**
- ▶ Select **Save to Service Line**
- ▶ After all services lines are added, select **Submit**

Line Number	Procedure Code CPT/HCPCS	Modifiers				Diagnosis Pointer	Charges	Minutes or Units
		1	2	3	4			
No claims entered yet. Enter claim(s) below and click Add Another Line.								
Total:						\$0.00		
Line Number:	1							
* Procedure Code: ?	<input type="text" value="99203"/>							
Modifiers:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
	1	2	3	4				
* Diagnosis Code Pointers: ?	<input type="text" value="D72819"/>	<input type="text" value="Select One"/>	<input type="text" value="Select One"/>	<input type="text" value="Select One"/>	<input type="text" value="Select One"/>			
	* 1	2	3	4				
* Charges:	<input type="text" value="166.00"/>							
* Number of: ?	<input type="text" value="1"/>	<input type="text" value="Units"/>						
<input type="button" value="Save to Service Line"/>								
<input type="button" value="Submit"/> <input type="button" value="Clear"/>								

Quick Tip:

→ Additional lines of service can be added after selecting **Save to Service Line**.

10) Results

▶ An estimation of the member’s financial responsibility will display and include the following information:

- Charges
- Contractual Obligation
- Allowed Amount
- Co-Insurance
- Deductible
- Co-pay
- Non-Covered Amount
- Estimated Member Responsibility

Note: Modifiers keyed on the entry screen will not be displayed in the results.

Diagnosis Code		Description		Procedure Code		Description			
D72819		Decreased white blood cell count unspecified							
Procedure Code	Description	Charges	Contractual Obligation	Allowed Amount	Co-Ins	Deductible	Co-pay	Non-Covered Amt	Remark Code
99203	OFFICE/OUTPATIE NT VISIT NEW	\$166.00	\$39.59	\$126.41	\$0.00	\$126.41	\$0.00	\$0.00	N506
		Charges	Contractual Obligation	Allowed Amount	Co-Ins	Deductible	Co-Pay	Non-Covered Amt	Estimated Member Responsibility
Total		\$166.00	\$39.59	\$126.41	\$0.00	\$126.41	\$0.00	\$0.00	\$126.41

11) Other Potential Responses

- ▶ Some diagnosis codes, procedures and/or group restrictions may prevent the members estimated responsibility from being calculated
- ▶ In these instances, the following message will return:

Error Message

- We are unable to complete the estimated financial responsibility in real-time.

Note: An estimation of member responsibility is only available through the Patient Cost Estimator. BCBSIL Provider Customer Service does not supply this information.

10) Transaction Tips

Ineligible Members:

- Federal Employee Program® (FEP®)
- Health Maintenance Organizations (HMO)
- Members with other insurance (e.g., Medicare and/or Coordination of Benefits)
- BlueCard®
- Medicare Advantage and Illinois Medicaid

Note: Patient Cost Estimator is available for Blue Cross and Blue Shield of Illinois, New Mexico, Oklahoma, and Texas.


Entry Screen:



- Estimates are available for office and outpatient places of service only.
- Patient Cost Estimator is for the current date of service.
- Up to 8 diagnosis codes, including the principal diagnosis, can be added by selecting **Add Another Code**.
- Up to 4 modifiers may be entered on each service line.
- When applicable, enter anesthesia procedures using minutes instead of units.

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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