BlueCross BlueShield of Illinois

Claim Research Tool Tip Sheet

via Availity® Provider Portal

Oct. 2019

The Claim Research Tool (CRT) is the recommended method for providers to acquire status on claims processed by Blue Cross and Blue Shield of Illinois (BCBSIL).*

Organizations can improve their accounts receivable by utilizing this exclusive BCBSIL feature to check status for local, federal and out-of-state claims processed. Results are available in real-time and provide the equivalent of a Provider Claim Summary (PCS).

The CRT is currently unavailable for government programs (Medicare Advantage and Illinois Medicaid) claims. To verify status online for these claims, use the Claim Status (276 transaction) inquiry on the Availity portal, or your preferred web vendor.

**To obtain status on claims not processed by BCBSIL, users should contact the appropriate claim processing entity directly (i.e., third-party vendors, other carriers, etc.).*

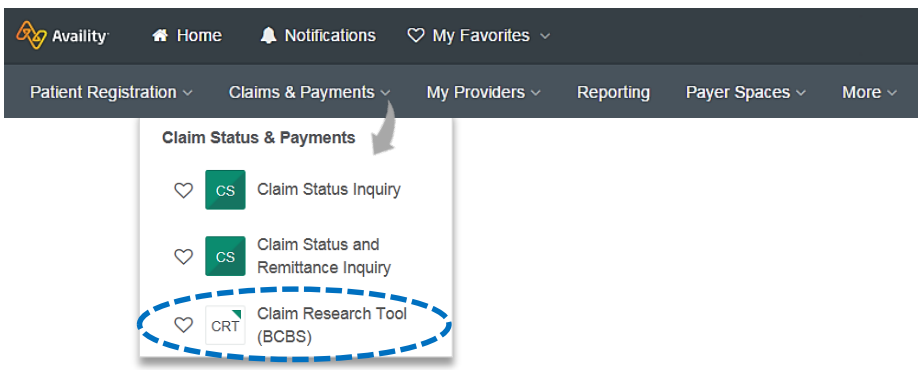
1) Getting Started

- Go to availity.com
- Select **Availity Portal Login**
- Enter User ID and Password
- Select **Log in**

Note: *Only registered Availity users can access the Claim Research 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 CRT

- Select **Claims & Payments** from the navigation menu
- Select **Claim Research Tool (BCBS)**



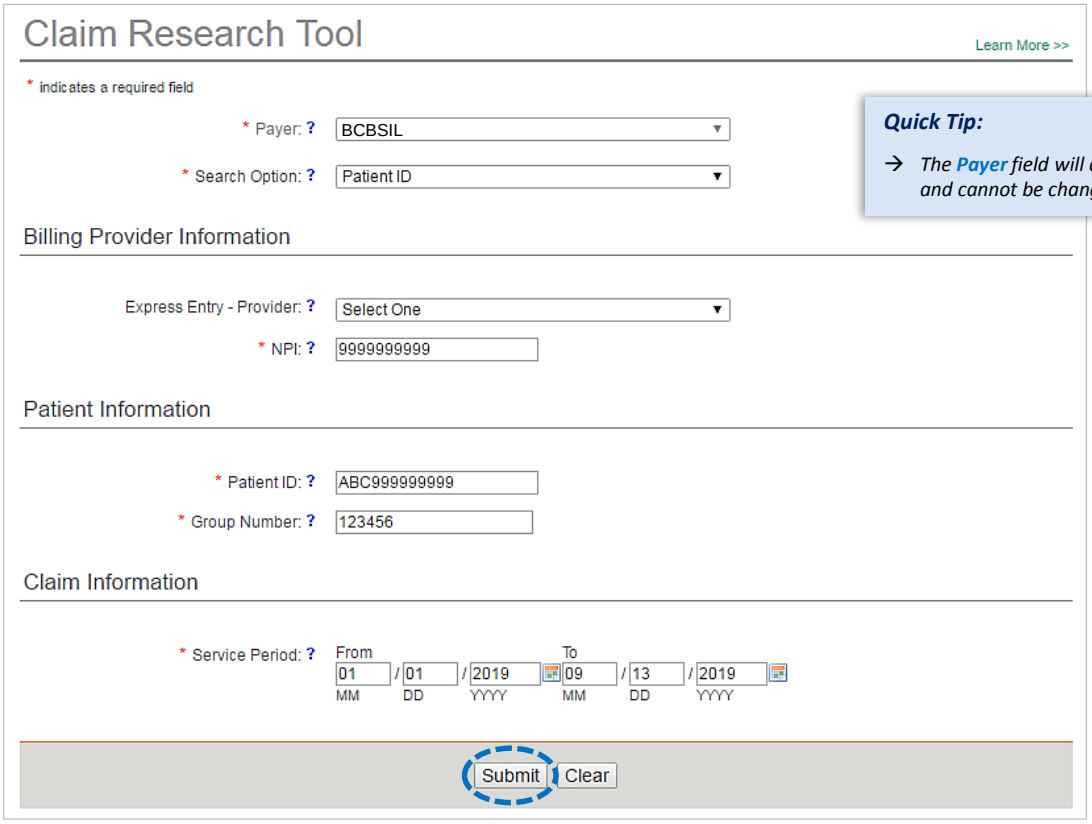
Note: *Contact your Availity administrators if **Claim Research Tool** is not listed in the **Claims & Payments** menu.*

3) Submitting Transactions

Claim status may be obtained using a Patient ID or Claim Number (also referred to as Document Control Numbers – DCN). Both options are illustrated in this step.

Searching by Patient ID:

- Select **Patient ID** from the **Search Option** drop-down list
- Choose the Billing (Type 2) NPI from the **Express Entry** drop-down list or enter **NPI**
- Enter **Patient ID** (include the three-character prefix before the ID number)
- Enter **Group Number**
- Enter **Service Period** dates
- Select **Submit**



Quick Tip:

→ *The **Payer** field will default to **BCBSIL** and cannot be changed.*

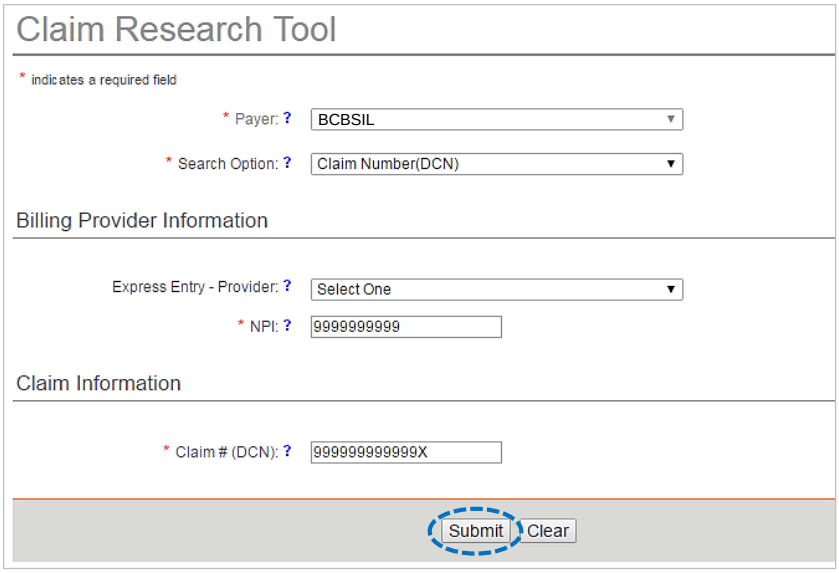
Helpful Hints:

- Federal plans do not have a three-character prefixes. The letter R should be typed as part of the Patient ID (i.e., R87654321). Enter the Group Number as 0FEP00.
- Out-of-state plans may contain more than three-characters (e.g., WMWAN1234567). Enter the Group Number as 123456.

3) Submitting Transactions *(continued)*

Searching by Claim Number (DCN):

- Select **Claim Number** (DCN) from the **Search Option** drop-down list
- Choose the Billing (Type 2) NPI from the **Express Entry** drop-down list or enter **NPI**
- Enter the 13-digit alpha numeric claim number in the **Claim # (DCN)** field
- Select **Submit**



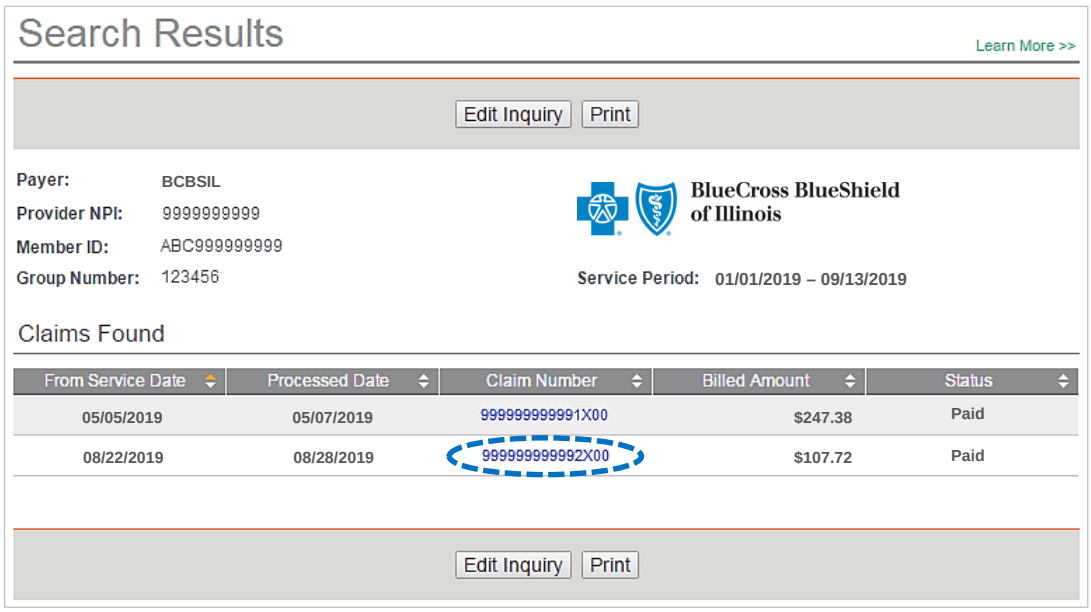
Helpful Hints:

- To search for an adjusted or reprocessed claim, key the corresponding 2-digit suffix in addition to the 13-digit claim number (i.e., 999999999999X01).
- If copying and pasting the claim number from another document or program, be sure to delete any additional spaces.

4) Search Results

- After completing the Patient ID search, users can view detailed claim status for a specific date of service by selecting the corresponding **Claim Number**

Note: *The information returned will include original, duplicate, adjusted, withdrawn and replacement claims.*



5) Detailed Search Results

The following information is returned after the corresponding claim number is selected and/or the Claim Number search is completed:

- Claim Number
- Received Date
- Processed Date
- Claim Status
- Billed Amount
- Paid Amount
- Coinsurance
- Co-Pay / Deductible Amount
- Ineligible Amount(s)
- Check/EFT/Voucher
- Check Date
- Payee Name
- Health Care Account Amount
- Other Carrier / Medicare Paid Amount
- Patient Share Amount (total)
- Billing Provider ID / Name
- Rendering Provider ID / Name
- Line Item Breakdown:
  - Service Dates
  - Revenue / Procedure Code
  - Diagnosis
  - Ineligible Reason Code / Amount
  - Copay / Coinsurance / Deductible
  - Modifier
  - Unit, Time, or Mile
  - Ineligible Reason Code Descriptions

Detail Search Results

Learn More >>

Edit Inquiry | Print

Patient Name:	DOE, JANE	BlueCross BlueShield of Illinois	
Member ID:	999999999		
Alphanumeric Prefix:	ABC		
Gender:	F	**Subscriber Name:**	DOE, JOHN
Group #:	123456	**Relationship To Subscriber:**	Spouse
Date of Birth:	12/20/1956	**Patient Account #:**	I123456

Claim Details View Less

Claim Number:	999999999992X00	**Claim Status:**	Paid
Received Date:	08/23/2019	**Billed Amount:**	$107.72
Processed Date:	08/28/2018	**Paid Amount:**	$25.36
From Service Date:	08/22/2019	**Coinsurance:**	$0.00
To Service Date:	08/22/2019	**Co-Pay/Deductible Amount:**	$0.00
Status Details:		**Ineligible Amount:**	$82.36
Hospital Payment Indicator:		**DRG Code:**	
Approved Length of Stay:		**DRG Version:**	
		DRG Weight:	
Check/EFT/Voucher:	E9999999	**Billing Provider ID:**	9999999999
Check Date:	08/30/2019	**Billing Provider Name:**	ABC CLINIC
Payee Name:	ABC CLINIC	**Rendering Provider ID:**	1999999999
Prior Paid AMT:	$0.00	**Rendering Provider Name:**	JAMES JOE
Prior Notification Deductible: ?	$0.00	**Additional Pay:**	$0.00
Health Care Account Amount:	$0.00	**Prior Notification Coinsurance: ?**	$0.00
Other Carrier Paid:	$0.00	**Out of Network Deductible:**	$0.00
Patient Share Amount:	$0.00	**Out of Network Coinsurance:**	$0.00
Medicare Paid Amount:	$0.00		

Service Lines View Code Audit Rationale

Service Dates	Revenue/ Proc Code	Diagnosis Code	Billed Amt	Paid Amt	Ineligible Reason Code /Amt	Interim Discount	Copay	Coinsurance	Deductible	HCPCS Code	Modifier	Unit/ Time/ Mile
08/22/2019 -08/22/2019	36415	Z3483	$20.00	$0.00	V25/ $20.00	$0.00	$0.00	$0.00	$0.00		59	1
08/22/2019 -08/22/2019	86703	Z3483	$55.98	$10.36	T42/ $45.62	$0.00	$0.00	$0.00	$0.00			1
08/22/2019 -08/22/2019	85025	Z3483	$31.74	$15.00	T42/ $16.74	$0.00	$0.00	$0.00	$0.00			1

Ineligible Reason Codes

Code	Description
V25	Services have been unbundled. Please resubmit using appropriate code. The information submitted on the claim is inconsistent with current coding protocol. Patient cannot be billed for the disallowed code.
T42	Charge exceeds the priced amount for this service. Services provided by a Participating/Network Provider. Patient is not responsible for charges over the priced amount.

Edit Inquiry | Print

Quick Tip:

→ *Refer to page 5 to learn about Cotiviti, INC. code audit rationale.*

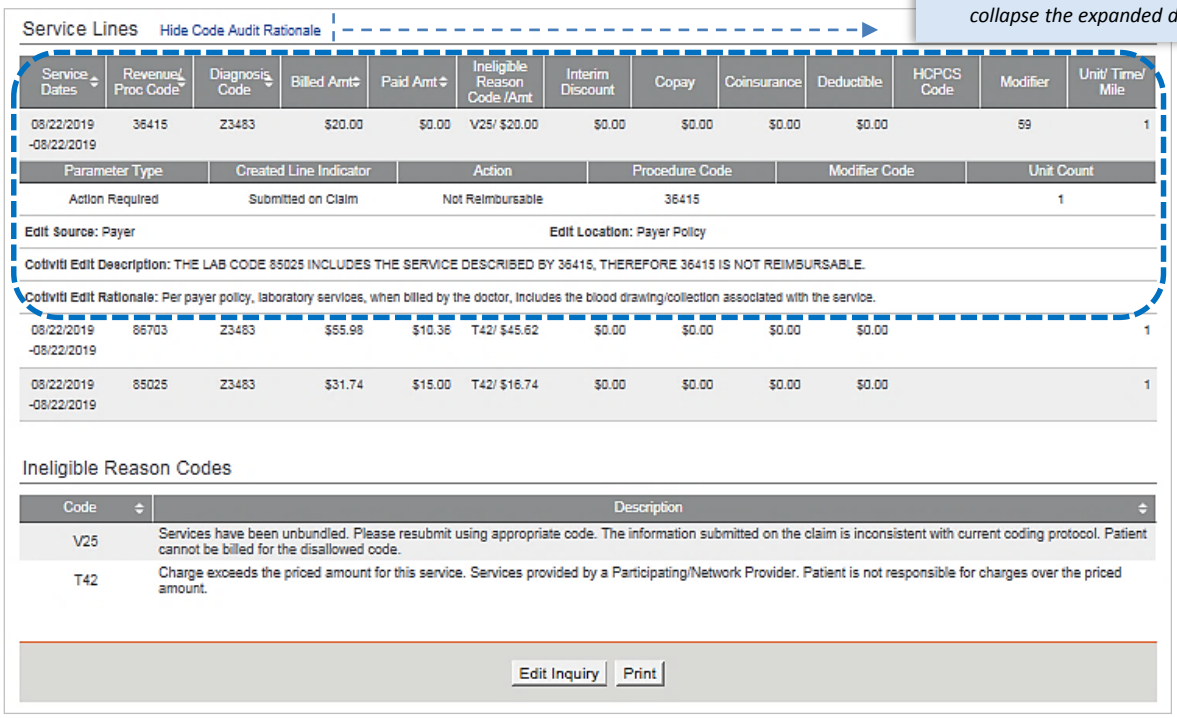
5) Detailed Search Results *(continued)*

Cotiviti Code Audit Rationale available for finalized claims processed on or after Aug. 26, 2019:

- Select **View Code Audit Rationale** above the service line section *(displayed on previous page)*
- Once selected, service line(s) denied for Cotiviti logic will expand and display the following:
  - **Edit Description**
  - **Edit Rationale**

Quick Tip:

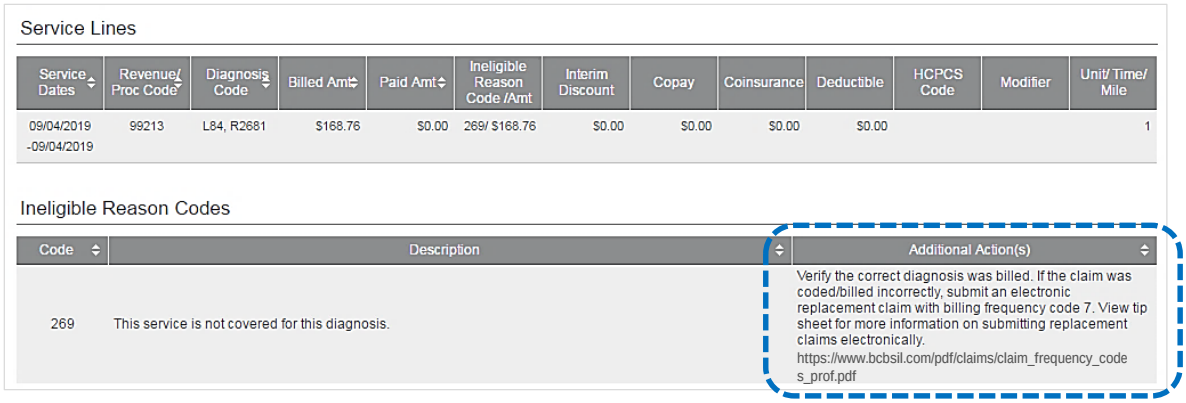
→ *Select **Hide Code Audit Rationale** to collapse the expanded denial logic.*



Additional Action(s) for Applicable Ineligible Reason Codes:

- View **Additional Actions(s)** in the Ineligible Reason Code section to understand what further step(s) may be taken for certain claim denial scenarios.

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



Transaction Tips

How to avoid a "Claim Not Found" response:

- → The Type 2 Billing NPI must match the NPI submitted on claim.
- → Enter the three-character prefix prior to the member's identification number in the Patient ID field.
- → For local policies, the group number matches what was submitted on the claim.
- → The date span entered as the Service Period includes the actual date(s) of service.

Institutional Claims:

- → Paid amounts reflected on the Detail Search Results screen indicates reimbursements applied per individual provider contracts (e.g., Per Diem, DRG, etc.).
- → Itemized payments listed in the line item breakdown will equal the total paid amounts indicated on Provider Claim Summaries (PCS) and Electronic Remittance Advices (ERA).

If…

- → All line items are not displayed on the Detail Search Results screen, click the More Results link.
- → The Detail Search Results screen prints are distorted, adjust the Page Orientation (in Print Settings) to landscape.
- → 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.

Check / EFT / Voucher:	
Check Date:	06/09/2019
Payee Name:	ABC Clinic

Have questions or need additional education? Email the Provider Education Consultants at PECS@bcbsil.com

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