

Claim Inquiry Resolution

The Claim Inquiry Resolution enables users to submit their claim reconsideration requests electronically. This tool can be used as an alternative option to requesting claim adjustments over the phone or via the Blue Cross and Blue Shield of New Mexico (BCBSNM) Claim Review Form. Also, this tool reduces administrative costs by decreasing the amount of correspondence that must be sent through the mail.

Note: The Claim Inquiry Resolution cannot be used to obtain eligibility & benefit information or claim status. Moreover, it is not a means to submit formal claim appeals or predeterminations. Users can employ this tool for finalized claims that require review relating to reasons outlined in this document.

1. Getting Started

The Claim Inquiry Resolution is accessible through the BCBSNM Electronic Refund Management (eRM) system. Only registered Availity™ and AvailityRCM users can access eRM.

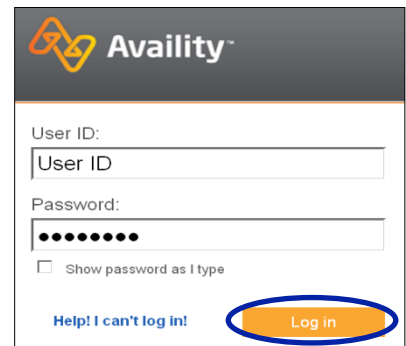
RCM users should contact their designated Client Account Manager for eRM access assistance.

Go to availity.com

Select **Web Portal Users Login**.

Enter User ID and Password.

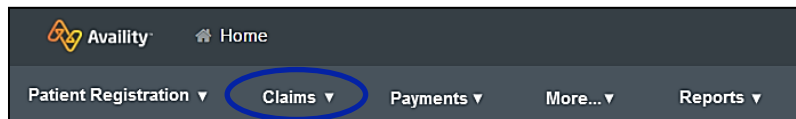
Select **Log in** button.



2. Accessing Claim Inquiry Resolution

Select **Claims** from the top mega menu.

Select **Refund Management-eRM**



New users must complete the onboarding form and email verification in order to gain access to the eRM system.

Note: Contact your Primary Access Administrator (PAA) if Refund Management-eRM is not listed in the Claims menu.

3. Starting a New Inquiry

Select the **Claim Inquiry Resolution** tab.

Select **Create New Claim Inquiry**.

| Refund Requests | InBox | Claim Inquiry Resolution | Check Alerts | Saved Sessions | Checks Not Received | Transaction Report | Maintenance Alerts | |
|-----------------|--------------------|--------------------------|-----------------|--------------------|---------------------|--------------------|--------------------|-------------------------|
| Appeal Id | DCN | User Name | Submission Date | Last Response Date | Last Response User | Patient Name | Patient Account | |
| C000680012 | 0201499999999990X | Lindsay Holmes | 06/26/2014 | 06/26/2014 | Lindsay Holmes | D Bird | 123456-78 | details |
| C000679206 | 02014999999999980X | Lindsay Holmes | 06/26/2014 | 06/26/2014 | Lindsay Holmes | C Gilliam | 876543-21 | details |
| C000678815 | 02014999999999970X | Lindsay Holmes | 06/25/2014 | 06/25/2014 | Lindsay Holmes | J Kanady | 234567-81 | details |
| C000674659 | 02014999999999960X | Lindsay Holmes | 06/20/2014 | 06/20/2014 | Lindsay Holmes | M Tharp | 765438-12 | details |
| C000673794 | 02014999999999950X | Lindsay Holmes | 06/14/2014 | 06/19/2014 | HCSC User | S Culp | 567891-23 | details |

4. Entering the Claim Information

For the *NPI #*, select the appropriate **Type 1 Rendering NPI** from the drop-down list.

Enter the 13-digit claim number.

Select the most applicable reason from the *Claim Inquiry Reason Codes* drop-down list.*

Claim Inquiry Information

* = required

NPI #*

Pfin Type

Claim Number*

Claim Inquiry Reason Codes* [Look Up Claim](#)

[Show More Fields](#)

- MEDICARE/OTHER INSURANCE EOB
- DUPLICATE DENIAL
- ADDITIONAL INFORMATION
- FEE SCHEDULE/PRICING INQUIRY
- ELIGIBILITY
- FEDERAL GROUP
- PRE-AUTHORIZATION DENIAL

If your claim was processed within the last 18 months, select **Look Up Claim** to populate the Subscriber ID, Group Number, Patient Account, Patient Name and Date of Service on the next screen.

Otherwise, select **Show More Fields** to manually enter this information for claims processed prior to 18 months. Select **Continue**.

* Reference page 6 for a detailed listing of each Claim Inquiry Reason Code.

5. Supporting Comments and Documentation

In the *Comments* field, provide a thorough explanation as to why the claim should be reconsidered. Additional BCBSNM claim numbers for the same patient/issue that need reconsidered, can be listed in the *Additional Claims* section.

Supporting documentation is only required if Medicare / Other Insurance EOB or Additional Information is chosen as the *Claim Inquiry Reason Code*. However, our staff may request additional information when necessary to continue reconsideration of a claim.

There are two options for sending supporting documentation to BCBSNM:

- Select the **Add File** and **Browse** buttons to upload applicable document(s).
- Select **I will fax my supporting documentation** to fax applicable documentation.*

Select **Continue** to review your inquiry, then select **Submit**.

Claim Inquiry Information

* = required

NPI #*

Pfin Type

Claim Number*

Claim Inquiry Reason Codes* Click [here](#) for reason codes detailed description

Group Number*

Subscriber ID*

Patient Account

Patient First Name

Patient Last Name

Date of Service (from to)* to

[Hide Fields](#)

Comments * (Required)

Enter your comments here...

Claim denied per Medicare EOB requested. Please see my attached documentation.

1922

Additional Claims (Optional)

[Add](#)

Supporting Documentation * (Required)

Upload Supporting Documentation (optional)

[remove](#)

I will fax my supporting documentation

* A fax cover sheet (including the fax number) will be available for printing after the **Submit** button is selected.

6. Submission Confirmation

After the inquiry has been submitted, a *Claim Inquiry Tracking ID* will be provided for monitoring purposes.*

Your Claim Inquiry Tracking ID is **C000000053**

* The Tracking ID is only for reference within the Claim Inquiry Resolution. BCBSNM phone Customer Advocates do not utilize this tool.

7. Tracking the Inquiry

Once a claim inquiry has been submitted, users can monitor BCBSNM's receipt and response by returning to the [Claim Inquiry Resolution](#) tab.

The *Last Response Date* and *Last Response User* fields display the date of the last action taken on an inquiry and by whom.

Click on the column headers to sort these fields in ascending and descending order.

When HCSC is listed as the *Last Response User*, click the [details](#) link to view BCBSNM's response to the inquiry.

| Refund Requests | InBox | Claim Inquiry Resolution | Check Alerts | Saved Sessions | Checks Not Received | Transaction Report | Maintenance Alerts | |
|-----------------|--------------------|--------------------------|-----------------|--------------------|---------------------|--------------------|--------------------|-------------------------|
| Appeal Id | DCN | User Name | Submission Date | Last Response Date | Last Response User | Patient Name | Patient Account | |
| C000000053 | 0201499999999990X | Lindsay Holmes | 06/26/2014 | 07/01/2014 | HCSC User | D Bird | 123456-78 | details |
| C000679206 | 02014999999999980X | Lindsay Holmes | 06/26/2014 | 06/26/2014 | Lindsay Holmes | C Gilliam | 876543-21 | details |
| C000678815 | 02014999999999970X | Lindsay Holmes | 06/25/2014 | 06/25/2014 | Lindsay Holmes | J Kanady | 234567-81 | details |
| C000674659 | 02014999999999960X | Lindsay Holmes | 06/20/2014 | 06/20/2014 | Lindsay Holmes | M Tharp | 765438-12 | details |
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[Refresh](#) [Create New Claim Inquiry](#)

8. Filtering the Results

Users can also utilize the filter option to search by a specific *Appeal ID Number* (i.e., C000000053).*

Click on [Advanced Options](#) to sort your results by a specific user name, patient name, account number, etc.

Filter

Select Multiple NPIs (Ctrl+Click)

1234567890 - Holmes Clinic
1098765432 - Matzke Medical Center

Appeal #

[Search](#) [Clear](#) [Advanced Options](#)

* The Appeal ID Number is the same as the Claim Inquiry Tracking ID.

9. Verifying Responses

The details screen will display the comments entered on the original inquiry submission as well as BCBSNM's response.

Click [Reply](#) to request clarification or additional updates on the inquiry.

Claim Inquiry Details For C000000053

Claim Inquiry Information

| | | |
|--|-----------------------------------|---|
| Claim Number 000099999999999999X | IPI Number 1234567890 | Claim Inquiry Reason MEDICARE/OTHER INSURANCE EOB |
| Group Number 999999 | Subscriber ID 876543210 | Service Dates 06/02/2014 - 06/02/2014 |

Additional Claims

Correspondence

[Hide All](#)

ERM User (Lindsay Holmes) on 6/26/2014

Claim denied per Medicare EOB required. Please see my attached documentation.

[Print fax cover sheet](#)

HCSC User (U222222) on 07/01/2014

Documentation has been received. Claim has been adjusted.

[Reply](#)

| Inquiry Reason Code | Purpose | Guidelines |
|--|---|--|
| Medicare or Other Insurance EOB | Send Medicare or another insurance's Explanation of Benefits (EOBs) to BCBSNM. | <ul style="list-style-type: none"> • Attach documents via Add File or I will fax my supporting documentation. • Use the <i>Comments</i> field to indicate if EOBs will be uploaded or faxed. <p>Note: The EOB must be supplied in order for the inquiry to be processed.</p> |
| Duplicate Denial | Dispute claims that deny as duplicate in error. | <ul style="list-style-type: none"> • Indicate any previous claim number(s) that may have triggered the duplicate denial. • Include explanation specifying how the claims are different. |
| Additional Information | Submit specific information that was requested in the claim denial. <ul style="list-style-type: none"> • Medical records, • Operation reports, • Physician notes, etc. | <ul style="list-style-type: none"> • Attach documents via Add File or I will fax my supporting documentation. • Use the <i>Comments</i> field to indicate if documentation has been uploaded or faxed. <p>Note: Documentation must be supplied in order for the inquiry to be processed.</p> |
| Fee Schedule / Pricing Inquiry <i>(Professional providers only)</i> | Inquire on claims that process differently than contractual agreements. | <ul style="list-style-type: none"> • Use the <i>Comments</i> field to indicate which specific line item did not process correctly. <p>Note: This option is not a means to request fee schedules or dispute medical policy guidelines.</p> |
| Eligibility | Dispute claims that deny for non-eligible services or process differently than the eligibility quote that was previously received. | <ul style="list-style-type: none"> • Include eligibility and benefit call reference numbers in the <i>Comments</i> field. • Attach screen prints of online eligibility and benefit verification via the Add File or I will fax my supporting documentation features. • Use the <i>Comments</i> field to indicate if documentation has been uploaded or faxed. |
| Federal Group | Submit finalized claim inquiries pertaining to Federal members. | <ul style="list-style-type: none"> • Attach documents via Add File or I will fax my supporting documentation. • Use the <i>Comments</i> field to indicate if documentation has been uploaded or faxed. |
| Preauthorization Denial | Request review of claims that deny for preauthorization when it was not advised as a requirement during the patient's eligibility and benefit quote. | <ul style="list-style-type: none"> • Supply preauthorization number for claims that deny per no record on file. • Include eligibility and benefit call reference numbers or use the Add File or I will fax my supporting documentation functions to submit online eligibility and benefit screen prints. • Use the <i>Comments</i> field to indicate if documentation has been uploaded or faxed. |

Questions? Email the Provider Education Consultants at pecs@bcbsnm.com.

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