

# Availity™ Claim Research Tool

The Claim Research Tool is the recommended method for providers to acquire status on claims processed by Blue Cross and Blue Shield of New Mexico (BCBSNM).\*

Organizations can improve their accounts receivable by utilizing this exclusive BCBSNM feature to check status for local, federal and out-of-state claims. Results are available in real-time and provide the equivalent of an Explanation of Benefits (EOB).

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

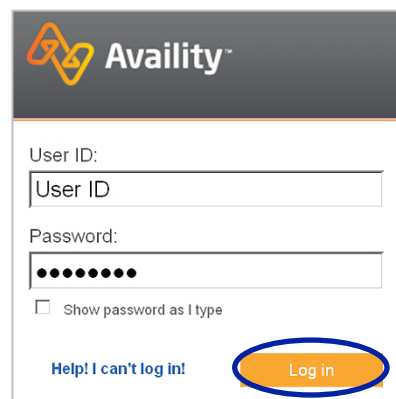
## 1. Getting Started

Go to [availity.com](http://availity.com)

Select Availity Portal **Login** or **Register**

Enter User ID and Password

Select **Log in** button

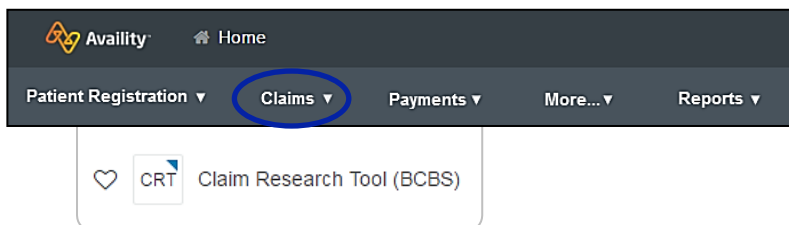


**Note:** Only registered users can access the Claim Research Tool.

## 2. Accessing the Claim Research Tool

Select **Claims** from top mega menu

Select **Claim Research Tool (BCBS)**



**Note:** Contact your Availity account Administrator if **Claim Research Tool (BCBS)** is not listed in the Claims menu.

### 3. Running a Transaction

Claim status can be obtained using a Patient ID or 13-digit Claim Number. Claim Numbers are also referred to as a Document Control Numbers (DCN). Both options are illustrated below.

**Note:** The Claim Research Tool is an exclusive to BCBSNM offering. To check status on claims processed by other payers, use Claim Status Inquiry.

#### Search by Patient ID

Select **Patient ID** from the Search Option drop-down

**Note:** The Payer field will automatically default to BCBSNM.

### Claim Research Tool

\* indicates a required field

\* Payer: ?

\* Search Option: ?

For the **Express Entry Provider**, select the appropriate Billing (Type 2)/Rendering NPI (Type 1) from the drop-down or enter the **NPI** manually

Complete these data fields:

- **Patient ID** (include the 3-letter alpha prefix before the identification number)
- 6-character **Group Number**
- **Service Period** dates

Select **Submit**

### Billing Provider Information

Express Entry - Provider: ?

\* NPI: ?

### Patient Information

\* Patient ID: ?

\* Group Number: ?

### Claim Information

\* Service Period: ? From  /  /  To  /  /

MM DD YYYY MM DD YYYY

#### Helpful Hints:

- **Federal plans** do not have an alpha prefix. The letter R should be typed as part of the Patient ID (*i.e.*, R87654321). Enter the Group Number as 0FEPNM.
- **Out-of-state plans** may contain more than three letters (*e.g.*, WMWAN1234567). Enter the Group Number as 123456.

Instructions for running a transaction by claim number are included on [page 3](#). Otherwise, proceed to step 4.

## Search by Claim Number (DCN)

Select **Claim Number (DCN)** from the Search Option drop-down

For the **Express Entry Provider**, select the appropriate Billing (Type 2)/Rendering NPI (Type 1) from the drop-down or enter the **NPI** manually

Key the 13-digit alpha numeric claim number in the **Claim# (DCN)** field

Select **Submit**

### Helpful Hint:

- To search for an adjusted or reprocessed claim, key the corresponding 2-digit suffix in addition to the 13-digit claim number (*i.e.*, 99999999999X01).
- If copying and pasting the claim number from another document or program, be sure to delete any additional spaces.

### Claim Research Tool

\* Indicates a required field

\* Payer: ?

\* Search Option: ?

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#### Billing Provider Information

Express Entry - Provider: ?

\* NPI: ?

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#### Claim Information

\* Claim # (DCN): ?

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## 4. Search Results

To view detailed claim status for a specific date of service, select the corresponding **Claim Number**


## Search Results

[Learn More >>](#)

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**Payer:** BCBSNM  
**Provider NPI:** 1234567890  
**Member ID:** ABC009999997  
**Group Number:** 100999



**Service Period:** 10/01/2014 - 11/01/2014

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### Claims Found

From Service Date	Processed Date	Claim Number	Billed Amount	Status
10/06/14	10/10/14	99999999999X00	\$155.00	Issued - No Payment

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

## 5. Running a Transaction

Returned information includes:

- 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 breakdown
  - Modifier
  - Unit, Time, or Mile
- Ineligible Reason Code Descriptions

[Edit Inquiry](#) [Print](#)

Patient Name: GOLDBERG, JANE  
 Member ID: 009999997  
 Alpha Prefix: ABC  
 Gender: F  
 Group #: 100999  
 Date of Birth: 03/30/1962



**BlueCross BlueShield  
of New Mexico**

Subscriber Name: GOLDBERG, JANE  
 Relationship To Subscriber: SELF  
 Patient Account #: JG100999

### Claim Details [View Less](#)

Claim Number:	999999999999X00	Claim Status:	ISSUED - NO PAYMENT
Received Date:	10/09/2014	Billed Amount:	\$155.00
Processed Date:	10/10/2014	Paid Amount:	\$0.00
From Service Date:	10/06/2014	Coinsurance:	\$0.00
To Service Date:	10/06/2014	Co-Pay/Deductible Amount:	\$45.77
Status Details:		Ineligible Amount:	\$109.23
Hospital Payment Indicator:		DRG Code:	
Approved Length of Stay:		DRG Version:	
		DRG Weight:	

Check/EFT/Voucher:	E99999999	Billing Provider ID:	1234567890
Check Date:	10/11/2014	Billing Provider Name:	HOLMES CLINIC
Payee Name:	HOLMES CLINIC	Rendering Provider ID:	1000009999
Prior Paid AMT:	\$0.00	Rendering Provider Name:	DYLAN MORRIS MD
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:	\$45.77	Out of Network Coinsurance:	\$0.00
Medicare Paid Amount:	\$0.00		

### Service Lines

Service Dates	Revenue or Proc Code	Diagnosis Code	Billed Amt	Paid Amt	Ineligible Reason Code / Amt	Interim Discount	Copay	Coinsurance	Deductible	HCPCS Code	Modifier	Unit or Time or Mile
10/06/2014 -10/06/2014	99999	R99.99	\$155.00	\$0.00	503 / \$109.23	\$0.00	\$0.00	\$0.00	\$45.77	99999	59	2

### Ineligible Reason Codes

Reason Code	Description
503	Charges exceed PPO allowance.

[Edit Inquiry](#) [Print](#)

# Online Transaction Tips

## How to avoid a *Claim Not Found* Response

- The Type 2 Billing / Type 1 Rendering NPI must match the NPI submitted on claim.
- Enter the three letter alpha 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 (PCSs) and Electronic Remittance Advices (ERAs).

## 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: 06/09/2016

Payee Name: Holmes Clinic

**Questions?** Email the Provider Education Consultants at [PECS@bcbsnm.com](mailto:PECS@bcbsnm.com)

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