BlueCross BlueShield
of Texas

Provider Self Service Tools via Availity® Essentials

Availity Essentials helps providers and Blue Cross and Blue Shield of Texas (BCBSTX) to securely share information easily and efficiently. Registered Availity users can quickly check patient eligibility and benefits, submit authorizations and referrals (including prior authorization exemptions), claim submissions, claim status, request certain claim appeals, obtain provider claim summaries and more online, **without having to call BCBSTX.**

Accessing Availity
You can access the self-service tools below through the Availity Essentials portal. Refer to the below resources for each tool to learn more, including instructional **user guides** and **important tips**. Not yet registered with Availity? Sign up now at **no cost** on Availity. For help registering, contact Availity Client Services at **1-800-282-4548**.

Need Training?
If you need training or help with these tools, refer to the year-around BCBSTX online educational webinar sessions or contact our Provider Education Consultants for customized training.

Pre-Service Tools	Descriptions	More Resources
Eligibility and Benefits Inquiry	Verify real-time patient eligibility, check coverage details, determine prior authorization requirements and view and/or print an image of the member's ID card.	New Information on Member ID Cards Eligibility and Benefits User Guide
Patient ID Finder	Obtain the BCBSTX patient ID and group number.	Patient ID Finder User Guide
Patient Care Summary	Obtain a consolidated view of a patient's health care history within the last 24 months.	Patient Care Summary User Guide
National Drug Code (NDC) Units Calculator	Convert applicable classified or specified Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology (CPT®) codes to NDC units.	NDC Units Calculator Tool User Guide
Patient Cost Estimator*	Estimate a patient's potential out-of-pocket costs.	Patient Cost Estimator User Guide *Note: This tool is currently unavailable for Federal Employee Programs® (FEP®) members.*
Attachments: Predetermination Requests*	Submit predetermination of benefits requests handled by BCBSTX.	Predetermination of Benefits Requests User Guide
Authorizations & Referrals	Submit prior authorization and/or referral requests handled by BCBSTX.	Authorizations User Guide & Referrals User Guide
Prior Authorization Exemptions (HB3459)*	Check your prior authorization (PA) exemption status via the Prior Authorization Exemption Status viewer.	Prior Authorization Exemption Status User Guide

Provider Self Service Tools via Availity Essentials, cont.

Post-Service Tools	Descriptions	More Resources
Claim Status	Check enhanced, real-time claim status.	Claim Status User Guide
Independent Dispute Resolution (IDR)	Request negotiation and settlement on non-participating provider disputes for BCBSTX claim payments impacted by the No Surprises Act (NSA).	Surprise Billing Provisions of No Surprises Act
Clinical Claim Appeal Requests**	When applicable, submit appeal requests for specific clinical claim denials using the enhanced Availity Claim Status tool.	Electronic Clinical Claim Appeal Requests User Guide
Research Procedure Code Edits (Clear Claim Connection™)*	Determine how coding combinations on a specific claim may be evaluated during the adjudication process.	Clear Claims Connection Instruction Guide
Provider Claim Summary	View, download, save and/or print the Provider Claim Summary (PCS) for finalized claims.	Provider Claim Summary User Guide
Remittance Viewer	View and reconcile claim data in the 835 Electronic Remittance Advice (ERA).	Remittance Viewer User Guide
Electronic Refund Management (eRM)*	Reconcile claim overpayments and manage refund requests.	eRM User Guide
Claim Inquiry Resolution (CIR)*	Submit claim reconsideration requests for certain finalized claims.	CIR User Guide
Message this Payer*	Send secure messages to BCBSTX for claim management questions and follow along with the conversation history.	Message This Payer User Guide

Administrative Tools	Descriptions	More Resources
Provider Data Management - Professional Providers only	Verify and update your provider directory information with BCBSTX every 90 days.	Provider Directory Information Verification
Fee Schedule Listing - (Professional Providers only)	Electronically request up to 20 procedure codes and immediately receive the contracted price allowance for services.	Fee Schedule User Guide
Medical Record Status Viewer*	Confirm receipt of the most recent medical records submitted by mail or fax to BCBSTX for claim processing and prior authorization requests.	Medical Record Status Viewer User Guide

*Unavailable for Medicare Advantage and Texas Medicaid members.

**Clinical Claim Appeal Requests are currently unavailable for Medicare Advantage, Texas Medicaid, and BlueCard® (out-of- area) members.

Checking eligibility and/or benefit information 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 and the terms of the member's certificate of coverage applicable on the date services were rendered. If you have any questions, please call the number on the member's ID card.

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