

Availity[®] Professional CareCost EstimatorSM

The CareCost Estimator is a member liability estimator* tool. This free online tool can provide you with a real-time, estimated member share amount at the time of service, while the patient is still in your office, prior to claim submission. This feature enables your office to collect copayments, coinsurance and deductible amounts up front, rather than waiting until the claim is processed to reconcile your patient accounts. This function is available only to registered users on the Availity Web Portal. The CareCost Estimator is accessible *only via* the online portal. This tool is *not* available via Blue Cross and Blue Shield of Texas (BCBSTX) Customer Advocates on the phone or through our automated Interactive Voice Response (IVR) phone system.

*The 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.

Getting Started

Primary Access Administrators (PAAs): Before your users can begin, you will need to grant them access by going to

Account Administration | Assign Access to Users | Manually Assigned | CareCost Estimator-BCBSTX

Users: Please confirm with your PAA that access to CareCost Estimator-BCBSTX has been granted.

Signing on to Availity

- Go to the Availity website at availity.com
- Key in your user ID and password
- Click Login*

*To access CareCost Estimator, you must be a registered Availity user.

User ID:

Password:

Accessing the Tool

Once you log into Availity,

- Click **Eligibility and Benefits**
- Then **Eligibility and Benefits Inquiry**.

availity[®]
Patients. Not paperwork.

Eligibility and Benefits

Eligibility and Benefits Inquiry

Online Batch Management

Auths and Referrals

Claims Management

EDI File Management

CareProfile

Health Plan Clinician Tools

CareCollect

My Account

Administrative Reporting

Account Administration

Eligibility and Benefits Inquiry

Next, you need to complete the Eligibility and Benefits Inquiry screen. If the member's ID card has a magnetic strip, you may swipe it. After you swipe the card some of the fields below will be filled. You must complete the remaining fields. Then click **Submit**.

Eligibility & Benefits Inquiry
What's New

* Indicates a required field

Payer: ?

Provider Information

Express Entry - Provider: ?

[Add Provider](#)

Provider Type: ?

Please select based on the claim type form submitted for the inquiry (Professional=1500 claim or Facility / Institutional=UB04 claim).

NPI: ?

Physicians and other professional medical providers must always use the rendering NPI (Type = 1). Facilities must use the billing (Type = 2).

City:

State:

ZIP Code: -

Supplying City, State and Zip Code may improve the accuracy of your response.

Place of Treatment: ?

Patient Information

As of Date: ? / /

Benefit/Service Type: ?

Search Option: ?

Patient ID: ?

Date of Birth: / /

Patient's Relationship to Subscriber: ?

Gender:

Eligibility and Benefits Summary Results

For eligible members only, after you have completed a successful Eligibility and Benefits Inquiry, a **CareCost Estimator** option will be available at the top and bottom of the screen for you to select.

Eligibility & Benefits Summary Results
What's New

Transaction ID:
Customer ID:

Surgical

Patient Name: _____ Payer: BCBSTX

Date of Birth: _____

Member ID: _____

Gender: Male

Provider NPI: _____

Subscriber Information

Address 1: _____ Group Number: _____

City, ST, Zip: _____ Plan Sponsor Name: _____

[View More](#)

Plan/Product Information

Status: Active Coverage

Service Type: Health Benefit Plan Coverage

Plan/Product: PPO MEDICAL

Insurance Type: Preferred Provider Organization (PPO)

Pre-Existing Information

Status: Pre-existing Condition

Service Type: Plan Waiting Period

[View More](#)

Service Type - Surgical - In Network

[View Additional Benefits](#)

Eligibility & Benefit Information	Coverage Level	Amount	Quantity	Place Of Service	Time Period	Description
Co-insurance	Individual	0%		Office	Visit	SURGERY, OUTPATIENT - PROF SURGERY
Co-Payment	Individual	\$25.00 Collect Payment		Office	Visit	SURGERY, OUTPATIENT - PROF SURGERY
Out of Pocket (Stop Loss)	Family	\$7,000.00		Office	Contract	SURGERY, OUTPATIENT - PROF SURGERY
	Individual	\$2,600.00		Office	Contract	SURGERY, OUTPATIENT - PROF SURGERY
	Family	\$7,775.00		Office	Remaining	SURGERY, OUTPATIENT - PROF SURGERY
	Individual	\$2,500.00		Office	Remaining	SURGERY, OUTPATIENT - PROF SURGERY

Message:

Benefit Disclaimer: UNLESS OTHERWISE REQUIRED BY STATE LAW, THIS NOTICE IS NOT A GUARANTEE OF PAYMENT. BENEFITS ARE SUBJECT TO ALL CONTRACT LIMITS AND THE MEMBER'S STATUS ON THE DATE OF SERVICE. ACCUMULATED AMOUNTS SUCH AS DEDUCTIBLE MAY CHANGE AS ADDITIONAL CLAIMS ARE PROCESSED.

[Hide Messages](#)

Eligible Member Exceptions:

At this time, member estimations may not be available in specific situations, as listed on page 5. In these situations, the CareCost Estimator option will not be returned upon successful completion of an Eligibility and Benefits Inquiry. Additional program enhancements are underway to address these situations.

CareCost Estimator Entry

On the CareCost Estimator entry screen you will enter the diagnosis, procedure code and modifier information, along with your rendering/billing provider information (when required) to create the most accurate estimate possible. The CCE transaction follows the same path that a claim transaction would for standard adjudication. Rendering/billing provider information required when submitting a claim is also required on the estimation request. Invalid rendering and/or performing provider information may cause the estimation request to return an error message which indicates the member responsibility could not be estimated at this time.

Required Fields:

- *Patient/Diagnosis Information*
 - **Place of Service**
 - **Principal Diagnosis Code** and any additional diagnosis codes; can be entered with or without decimal point
- *Procedure Information*
 - **Service From Date** defaults to the current date of service, and is unable to be changed
 - **Procedure Code**
 - **Diagnosis Code Pointers** indicate for which diagnosis the service is applicable
 - **Charges**
- *Is Billing Provider the same as the Rendering Provider?*
 - If **“Yes”**: Select “Yes” and continue
 - If **“No”**: Select “No” and complete the newly populated Billing Provider Information section
- *Billing Provider Information*
 - **Tax ID**
 - **Last Name/Organization Name**
 - **NPI**
- *Rendering Provider Information*
 - **Tax ID**
 - **Last Name/Organization Name** will be pre-populated with the Avality registered organization name
 - **NPI** will be pre-populated with NPI entered on the Eligibility and Benefits Inquiry

CareCost Estimator - Member Responsibility Calculation

Submit Clear Page Edit Inquiry Eligibility & Benefits Results

Required Fields

Patient Name: _____ Type of Benefits Requested: _____
 Date of Birth: _____ Subscriber Name: _____
 Member ID: _____ Subscriber ID: _____
 Gender: Male Group Number: _____
 Address: _____
 Payer: BCBSAM Organization: HCSC

BlueCross BlueShield of Texas

Patient/Diagnosis Information ?

Place of Service: Office

Patient Relationship to Subscriber: --- Select One ---

Principal Diagnosis Code: _____

Add Another Code

Procedure Information

Service From Date: ____/____/____

Number of Units / Minutes: _____ Unit(s)

Procedure Code: ? _____

Modifiers: 1 2 3 4

Diagnosis Code Pointers: ? 1 2 3 4

Charges: 1 _____

Add Another Line

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

If your Rendering NPI (Individual / Type 1) is different from your Billing NPI (Group / Type 2), please answer 'no' to this question and complete the additional fields with your billing provider information.

Billing Provider Information

Express Entry - Provider: ? --- Select One ---

Tax ID: _____

Last Name / Organization Name: _____

First Name: _____

NPI: ? _____

Rendering Provider Information

Express Entry - Provider: ? --- Select One ---

Tax ID: _____

Last Name / Organization Name: _____

First Name: _____

NPI: ? _____

Submit Clear Page Edit Inquiry Eligibility & Benefits Results

Please visit the Entry Screen section on page 5 for specifics on completing the provider information.

CareCost Estimator Response

On the CareCost Estimator response screen the estimated member responsibility will be displayed for each service line entered as well as the entry as a whole.

CareCost Estimator - Member Responsibility Calculation

Submit
Clear Page
Edit Inquiry
Eligibility & Benefits Results

Patient Name:	Rendering Provider Name:
Date of Birth:	Rendering Provider IPI:
Gender: Male	Billing Provider Name:
Member ID:	Billing Provider Tax ID:
Payer:	Billing Provider IPI:
Reference Number: 020113085049M430X	
Product Type: Preferred Provider Organization (PPO)	

Member Responsibility Calculation Results

Diagnosis Code	Description								
29040	VASCULAR DEMENTIA, UNCOMP								
Procedure Code	Description	Charges	Allowed Amount	Co-Ins	Deductible	Co-pay	Non-Covered Amt	Estimated Member Responsibility	Remark Code
99245	OFFICE CONSULTATION	\$350.77	\$312.38	\$0.00	\$0.00	\$25.00	\$0.00	\$25.00	N506
		Charges	Allowed Amount	Co-Ins	Deductible	Co-Pay	Non-Covered Amt	Estimated Member Responsibility	
Total		\$350.77	\$312.38	\$0.00	\$0.00	\$25.00	\$0.00	\$25.00	

Display Messages
 The estimated financial responsibility has been successfully determined.

Legend to Remark Codes

Remark Code	Description
N506	ALERT: THIS IS AN ESTIMATE OF THE MEMBER'S LIABILITY BASED ON THE INFORMATION AVAILABLE AT THE TIME THE ESTIMATE WAS PROCESSED. ACTUAL COVERAGE AND MEMBER LIABILITY AMOUNTS WILL BE DETERMINED WHEN THE CLAIM IS PROCESSED. THIS IS NOT A PRE-AUTHORIZATION OR A GUARANTEE OF PAYMENT.

Unless otherwise required by state law, this notice is not a guarantee of payment. Benefits are subject to all contract limits and the member's status on the date of service. Accumulated amounts such as deductible may change as additional claims are processed.

Transaction ID:

Eligibility & Benefits Results
Edit CareCost Estimator
Print Page

Displayed Fields:

User Inputs:

- **Diagnosis Code**
- **Procedure Code**
- **Charges**

Payer Response Fields:

- **Contractual Obligation** indicates the “write-off” amount agreed upon in the provider arrangements.
- **Allowed Amount** represents the contracted amount the provider would expect to receive under these circumstances.
- **Co-Ins** displays the amount anticipated for member’s coinsurance.
- **Deductible** specifies monies applicable for member’s deductible.
- **Co-pay** signifies copayment to be collected.
- **Non-Covered Amt** shows non-covered amounts that are patient share only.
- **Estimated Member Responsibility** is an accumulation of the fields which are the member’s liability.

CareCost Estimator Tips

At this time, the CareCost Estimator will be unavailable in these situations:

- Federal Employee Program (FEP) members
- Medicare-eligible members
- Members with other insurance (COB – Coordination of Benefits)
- BlueCard® members for all states, except Illinois, Florida, South Carolina, New Mexico and Oklahoma
- Non-contracting providers

Please note: Additional program enhancements will be added addressing the above situations.

Entry Screen:

- Use the same Tax ID and NPI(s) that you submit on a claim.
- Answer “No” to “Is the Billing Provider the same as the Rendering Provider?” when both a Type 1 and a Type 2 NPI are submitted on claims.
- Answer “Yes” to “Is the Billing Provider the same as the Rendering Provider?” when only a Type 1 NPI or only a Type 2 NPI is submitted on claims.
- Estimate available for office and outpatient places of service only.
- CareCost Estimator is for current date of service.
- Diagnosis codes must be for the highest specificity.
- Up to 8 diagnosis codes, including the Principal Diagnosis Code, can be used on a single transaction by clicking **Add Another Code**.
- Up to 4 modifiers can be entered on each service line.
- Anesthesia must enter **Minutes** instead of **Units** for entry when applicable.
- To edit a service line previously entered, click the procedure code. Make the modification, and click **Save**.

#	Procedure Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Service From Date	# of Units	Diagnosis Code	Charges
1	99214	25				05/10/2010	1 Unit(s)	7840, 7020	\$150.00
2	73124	RT	LT			05/10/2010	1 Unit(s)	815.09	\$420.00

Response Screen:

- Modifiers entered will not be displayed here, though they were used in calculating the member's estimated responsibility.
- **Edit CareCost Estimator** can be used to return to the entry screen to make corrections, or get an estimate for different services.

Returned Messages:

When an error is displayed, the estimated member responsibility could not be calculated without further information or interaction from BCBSTX. **Please do not attempt to resubmit** your transaction or contact Provider Customer Service, as they will not have access to the tool, nor the ability to determine what caused the error.

"The estimated financial responsibility has been successfully determined" will display on the response screen when a successful CareCost Estimator transaction has been completed.



Additional Messages requiring action include:

- "Verify that the correct service date(s) were entered. Please correct and resubmit."
- "Submitted Billing NPI is returned as Rendering. Please confirm Billing NPI and resubmit."
- "Verify entered billing/rendering NPI combination. Please correct and resubmit."
- "Verify entered Tax ID/NPI combination. Please correct and resubmit."

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