

Availity[®] Tools to Support Providers in 2022

In [October](#), we highlighted changes starting Jan. 1, 2022, for the Consolidated Appropriations Act (CAA) of 2021 and the Transparency in Coverage Final Rule. To further support you, [Availity Essentials](#) helps providers and Blue Cross and Blue Shield of Texas (BCBSTX) quickly and securely share information, including information defined by the CAA.

You can access the self-service tools below through the Availity 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**.
- If you need customized training or help with these tools, contact our [Provider Education Consultants](#).

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
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
Patient Cost Estimator*	Estimate a patient's potential out-of-pocket costs.	Patient Cost Estimator User Guide <i>Note: This tool is currently unavailable for Federal Employee Programs[®] (FEP[®]) members.</i>
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

Availity Tools to Support Providers in 2022, cont.

Post-Service Tools	Descriptions	More Resources
Claim Status	Check enhanced, real-time claim status.	Claim Status User Guide
Independent Dispute Resolution (IDR)	Initiate a claim dispute for non-contracted providers.	Surprise Billing Provisions of No Surprises Act
Clinical Claim Appeal Requests**	Submit appeal requests for specific clinical claim denials using the Availity Claim Status tool, when applicable.	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
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
Reporting On-Demand	View, download, save and/or print the Provider Claim Summary (PCS) for finalized claims.	Reporting On-Demand 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 request for certain finalized claims.	CIR 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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