



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 Texas (BCBSTX).*

Organizations can improve their accounts receivable by utilizing this exclusive BCBSTX 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 BCBSTX, users should contact the appropriate claim processing entity directly (i.e., third party vendors, other carriers, etc.).*

1. Getting Started

Go to availity.com

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

Enter User ID and Password

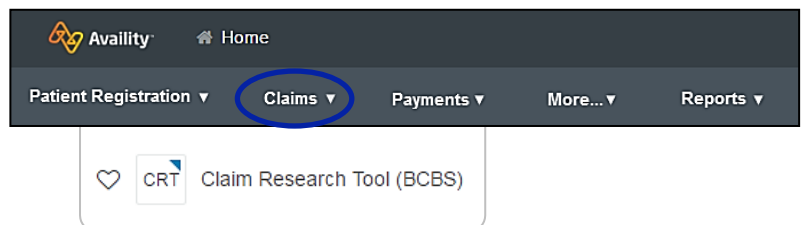
Select **Log in** button

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 BCBSTX 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 BCBSTX.

Claim Research Tool

* indicates a required field

* Payer: ?

* Search Option: ?

For the **Express Entry Provider**, select the appropriate Billing (Type 2) NPI 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 0FEPTX.
- **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) NPI 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: ?

Billing Provider Information

Express Entry - Provider: ?

* NPI: ?

Claim Information

* Claim # (DCN): ?


4. Search Results

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

Search Results

[Learn More >>](#)

Payer: BCBSTX
Provider NPI: 1234567890
Member ID: ABC009999997
Group Number: 100999

**BlueCross BlueShield of Texas**

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

Claims Found

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

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 Texas**

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 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@bcbstx.com

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