

# Availity<sup>®</sup> Professional CareCost Estimator<sup>SM</sup>

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

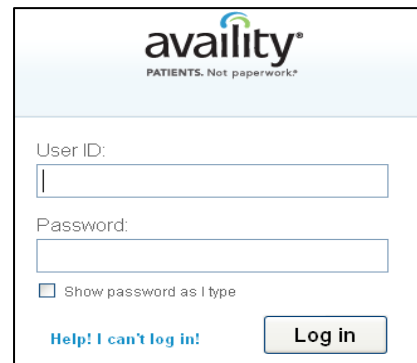
**Account Administration | Assign Access to Users | Manually Assigned | CareCost Estimator-BCBSTX**

**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](http://availity.com)
- Key in your user ID and password
- Click Log in\*

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

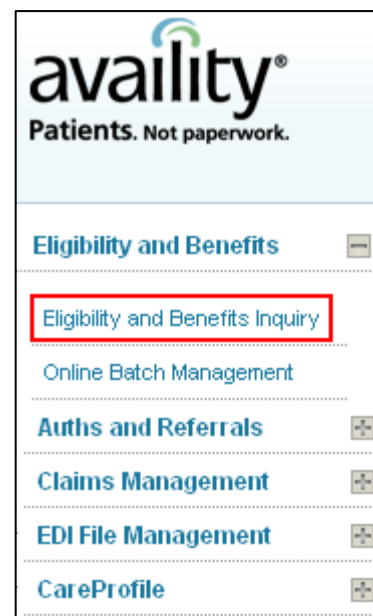


The screenshot shows the Availity login interface. At the top is the Availity logo with the tagline "PATIENTS. Not paperwork." Below the logo are two input fields: "User ID:" and "Password:". There is a checkbox labeled "Show password as I type". At the bottom left is a link that says "Help! I can't log in!" and at the bottom right is a "Log in" button.

## Accessing the Tool

Once you log into Availity,

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



The screenshot shows the Availity main menu. At the top is the Availity logo with the tagline "Patients. Not paperwork." Below the logo is a list of menu items: "Eligibility and Benefits", "Eligibility and Benefits Inquiry", "Online Batch Management", "Auths and Referrals", "Claims Management", "EDI File Management", and "CareProfile". The "Eligibility and Benefits Inquiry" item is highlighted with a red rectangular box.

## 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 pre-populated. You must complete the remaining fields. Then click **Submit**.

### Eligibility & Benefits Inquiry Learn More >>

\* indicates a required field

\* Payer:

---

#### Provider Information

Express Entry - Provider:

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

\* NPI:   Save this provider 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:  /  /  MM DD YYYY

\* Benefit/Service Type:

Search Option:

\* Patient ID:

\* Date of Birth:  /  /  MM DD YYYY

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 Learn More >>

---

**Physician Visit - Office: Well**

Patient Name:	AVAILITY, SOPHIA	Payer:	BCBSTX
Date of Birth:	01/01/1970		
Member ID:	ABC123456789		
Gender:	Female		
Provider NPI:	1234567893		

---

**Subscriber Information**

Name:	AVAILITY, MIGUEL C
ID:	ABC123456789

---

**Patient Information**

Address 1:	1234 Healthy Lane	Group Number:	123456
City, ST, Zip:	DALLAS, TX 75002-1829	Plan Sponsor Name:	AVAILITY LLC
Plan:	01/01/2005 - 12/31/9999	Relationship to Subscriber:	Spouse

[View Less](#)

---

**Plan/Product Information**

<b>Status:</b>	Active Coverage
Service Type:	Health Benefit Plan Coverage
Plan/Product:	PPO MEDICAL
Insurance Type:	Preferred Provider Organization (PPO)

[View Less](#)

---

**Pre-Existing Information**

<b>Status:</b>	Pre-existing Condition
Service Type:	Plan Waiting Period
Completion:	01/01/2003

[View Less](#)

---

**Service Type - Physician Visit - Office: Well - In Network**

[View Additional Benefits](#)    Select the "View Additional Benefits" option for additional benefit information.

Eligibility & Benefit Information	Coverage Level	Amount	Quantity	Place Of Service	Time Period	Description
Co-Insurance	Individual	0%		Office	Visit	PHYSICAL HISTORY - PROFESSIONAL

---

**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 6. 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, 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 that is required when submitting a claim is also required on the estimation request. Invalid rendering 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**
  - **Patient Relationship to Subscriber**
  - **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 cannot be changed
  - **Number of Units/Minutes**
  - **Procedure Code**
  - **Diagnosis Code Pointers** indicate for which diagnosis the service is applicable
  - **Charges**

### CareCost Estimator - Member Responsibility Calculation

[Learn More >>](#)

---

**Patient Name:** SOPHIA AVAILITY  
**Date of Birth:** 01/01/1970  
**Member ID:** ABC123456789  
**Gender:** Female  
**Address:** 1234 Healthy Lane  
 DALLAS, TX 75002-1829  
**Payer:** BCBSTX  
**Type of Benefits Requested:** Health Benefit Plan Coverage  
**Subscriber Name:** MIGUEL C AVAILITY  
**Subscriber ID:** ABC123456789  
**Group Number:** 123456  
**Organization:** Jon Race Demo Org - Provider


**BlueCross BlueShield of Texas**

---

**Patient/Diagnosis Information ?**

\* Place of Service:

\* Patient Relationship to Subscriber:

\* Principal Diagnosis Code:

---

**Procedure Information**

For another claim line, click Add Another Line, which moves the line you entered to a table and clears the fields for the next line. To edit or delete a line, click the procedure code in the table. Then either change the fields and click Save or click Delete.

#	Procedure Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Service From Date	# of Units	Diagnosis Code	Charges

\* Service From Date:  /  /

\* Number of Units / Minutes: ?

\* Procedure Code: ?

Modifiers: 1  2  3  4

\* Diagnosis Code Pointers: ? 1  2  3  4

\* Charges:

**Required Fields:** (Continued)

- Is the 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
  - **Last Name/Organization Name** will be pre-populated with the Availity registered organization name
  - **NPI** will be pre-populated with NPI entered on the Eligibility and Benefits Inquiry

\* 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: ?

\* Tax ID:

\* Last Name / Organization Name:

First Name:

\* NPI: ?

---

**Rendering Provider Information**

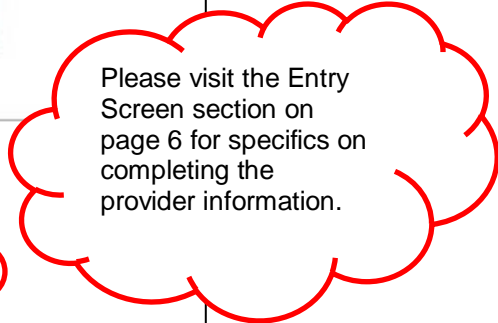
Express Entry - Provider: ?

Tax ID:

\* Last Name / Organization Name:

First Name:

\* NPI: ?




## 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 Results

Eligibility & Benefits Results | Edit CareCost Estimator | Print Page

Patient Name:	AVALITY, SOPHIA A	Payer:	BCBSTX		<b>BlueCross BlueShield of Texas</b>
Date of Birth:	01/01/1970	Rendering Provider NPI:	1234567893		
Gender:	Female	Billing Provider Name:	ROBERT FAMILY		
Member ID:	ABC123456789	Billing Provider Tax ID:	111111111		
Reference Number:	12345678M21110X	Billing Provider NPI:	1234567893		
Product Type:	Preferred Provider Organization (PPO)				
NPI:	1234567893				
Product Type:	Preferred Provider Organization (PPO)				
Rendering Provider Name:	ROBERT FAMILY				

---

#### Deductible Information

Diagnosis Code	Description	Procedure Code	Description
29040	VASCULAR DEMENTIA.UNCOMP		

Procedure Code	Description	Charges	Contractual Obligation	Allowed Amount	Co-Ins	Deductible	Co-pay	Non-Covered Amt	Remark Code
45378	DIAGNOSTIC COLONOSCOPY	\$800.00	\$562.29	\$237.71	\$0.00	\$237.71	\$0.00	\$0.00	N506
Total		\$800.00	\$562.29	\$237.71	\$0.00	\$237.71	\$0.00	\$0.00	<b>Estimated Member Responsibility</b> <span style="border: 1px solid red; padding: 2px;">\$237.71</span> <span style="border: 1px solid red; padding: 2px;">Collect Payment</span>

---

#### 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.

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
- Managed Care members – HMO or Point of Service
- Medicare-eligible members
- Members with other insurance (COB – Coordination of Benefits)
- BlueCard® members for all states, except Illinois, Florida, South Carolina, Oklahoma and Texas
- Non-contracted 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				03/07/2013	1 Unit(s)	29040	\$150.00
2	45378	RT	LT			03/07/2013	1 Unit(s)	29040	\$420.00

## Response Screen:

- Modifiers entered will not be displayed here, even 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.

### CareCost Estimator - Member Responsibility Calculation

[Learn More >>](#)

---

The transaction displayed contains the following error(s):  
- **We are unable to complete the estimated financial responsibility in real-time.**

Availity® is a registered trademark of Availity, L.L.C., an independent third party vendor. BCBSTX makes no endorsement, representations or warranties regarding any products or services offered by Availity. The vendor is solely responsible for the products or services offered by them. If you have any questions regarding the services offered here, you should contact the vendor directly.