Availity™ Patient Cost Estimator

Patient Cost Estimator is an Availity tool that provides real-time estimation of member responsibility. This feature can be utilized at the time of service, enabling professional providers to collect copayments, coinsurance and deductible amounts up front.

Patient Cost 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.

1. Getting Started

Go to [availity.com](http://availity.com).

Select **Web Portal Users Login**.

Enter User ID and Password.

Select **Log in** button.

**Note:** Patient Cost Estimator is only available for registered users.

2. Accessing the Patient Cost Estimator

Select **Patient Registration** from the top mega menu.

Select **Eligibility and Benefits Inquiry**.

**Note:** Contact your Primary Access Administrator (PAA) if you do not have access to the Patient Cost Estimator.
3. Eligibility and Benefits Inquiry

To access the Patient Cost Estimator, an Eligibility and Benefit transaction must be submitted.

Enter your search criteria on the Eligibility and Benefit Inquiry screen.

Select Submit.

Helpful Hint:
In order for the Patient Cost Estimator to return an accurate result, a valid Rendering NPI must be used when submitting an eligibility and benefit inquiry.*

For assistance utilizing Eligibility and Benefits Inquiry, reference the General Eligibility and Benefit Tip Sheet.

*This does not apply to organizations whose rendering and billing NPIs are the same number.
4. **Eligibility and Benefits Summary Results**

Select the **Patient Cost Estimator** button at the top of the Eligibility and Benefit Summary results screen.

**Note:** The Patient Cost Estimator button is only available for eligible members. Reference page 7 for a detailed listing of groups that do not support this feature.

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5. **Patient & Subscriber Information**

The Patient and Subscriber Information section will populate with data received in the Eligibility and Benefits Inquiry Summary results.

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**Patient Cost Estimator**

* indicates a required field

- **Date of Estimate:**

- **Payer:**

- **Organization:**

**Patient Information**

- **Benefit/Service Type:**
  - **Patient Name:**
  - **Date of Birth:**
  - **Gender:**
  - **Address:**

* **Relationship to Subscriber:**

**Subscriber Information**

- **Subscriber ID:**
- **Subscriber Name:**
- **Policy or Group Number:**
6. Provider Information

Is the billing provider the same as the rendering provider?

If your Rendering NPI (Type 1) and Billing NPI (Type 2) are the same, answer “Yes” and supply the Billing Provider information.

**Billing Provider**

- Express Entry - Billing Provider: [Select One]
- * Organization / Provider Last Name: [Type]
  - First Name: [Type]
- * NPI: [Type]
- * Tax ID: [Type]

**Important**: Enter the tax ID to which the claim should be paid.

Is the billing provider the same as the rendering provider?

If your Rendering NPI (Type 1) and Billing NPI (Type 2) are not the same, answer “No” and supply the Rendering and Billing Provider information.

**Rendering Provider**

- Express Entry - Rendering Provider: [Select One]
- * Organization / Provider Last Name: [Type]
  - First Name: [Type]
- * NPI: [Type]
- Tax ID: [Type]

**Billing Provider**

- Express Entry - Billing Provider: [Select One]
- * Organization / Provider Last Name: [Type]
  - First Name: [Type]
- * NPI: [Type]
- * Tax ID: [Type]

**Important**: Enter the tax ID to which the claim should be paid.
7. **Diagnosis Codes**

Enter a Principal ICD-10 Diagnosis Code

[Image: Diagnosis Codes]

**Helpful Hint:**
For assistance with ICD-10 Code Lookup, click on the “ICD-10 Code Verification” link.

8. **Place of Service**

Select applicable Place of Service from the drop-down:
- 11 – Office
- 22 – On Campus-Outpatient Hospital

[Image: Procedure Information]

9. **Line Item Entry**

Complete the following:
- Procedure Code
- Modifier (if applicable)
- Diagnosis Code Pointers
- Charges
- Number of Units/Minutes

Select **Save to Service Line.**

[Image: Line Item Entry]

Additional lines of service can be added after selecting **Save to Service Line.**

After all service lines are added, select **Submit.**
10. Results

An estimation of the member’s financial responsibility will be displayed. Results include a line item breakdown and total patient share.

- Charges
- Contractual Obligation
- Allowed Amount
- Co-Ins
- Deductible
- Co-pay
- Non-Covered Amt
- Estimated Member Responsibility

Note: Any modifiers keyed on the search screen will not be displayed in the results.

<table>
<thead>
<tr>
<th>Diagnosis Code</th>
<th>Description</th>
<th>Procedure Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>K210</td>
<td>Gastro-esophageal reflux disease with esophagitis</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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<th>Non-Covered Amt</th>
<th>Non-Covered Amt</th>
<th>Estimated Member Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>45378</td>
<td>DIAGNOSTIC COLONOSCOPY</td>
<td>$800.00</td>
<td>$582.29</td>
<td>$237.71</td>
<td>$0.00</td>
<td>$237.71</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>237.71</td>
</tr>
</tbody>
</table>

11. Other Potential Responses

Some diagnosis codes, procedures and/or group restrictions may prevent the members estimated responsibility from being calculated. In these instances, the following message will return: *We are unable to complete the estimated financial responsibility in real-time.*

**Error Message**

- We are unable to complete the estimated financial responsibility in real-time.

Note: An estimation of member responsibility is only available through the Patient Cost Estimator. Blue Cross and Blue Shield of Texas (BCBSTX) Provider Customer Service does not supply this information.
Online Transaction Tips

Ineligible Groups, Members and Providers:

- Federal Employee Program (FEP)
- Health Maintenance Organizations (HMO) or Points of Service
- Members with other insurance (*e.g.*, Medicare and Coordination of Benefits)
- BlueCard® members*
- Institutional providers

*Exceptions include: Illinois, Florida, South Carolina, Oklahoma and Texas

Entry Screen:

- Estimate available for office and outpatient places of service only.
- Patient Cost Estimator is for current date of service.
- Up to 8 diagnosis codes, including the principal diagnosis, can be added by selecting Add Another Code.
- Up to 4 modifiers can be entered on each service line.
- When applicable, enter anesthesia procedures using minutes instead of units.

Questions? Email the Provider Education Consultants at pecs@bcbstx.com.

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

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