

# Claim Status tool User Guide

## Not registered with Availity Essentials?

Complete the online guided registration process today via [Availity](#), at no cost.

## Availity® Essentials Claim Status

is the recommended electronic method for providers to acquire detailed claim status for claims processed by BCBSOK.

*Providers can improve their accounts receivable and increase administrative efficiencies by utilizing the enhanced Claim Status tool Member and/or Claim Number search options to check status online for all your BCBSOK patients. Results are available in real-time and provide more detailed information than the HIPAA-Standard claim status (276/277 transaction).*

If you do not have Availity access, you may obtain basic claim status online by completing a 276/277 transaction through your preferred web vendor.

May 2024



The following instructions display how to access and use **Claim Status** via Availity Essentials and how Availity Administrators and/or Administrator Assistants can add provider information to your organization's account.

## Step 1



- > Login to [Availity Essentials](#)
- > Setup Availity **Manage My Organization**
  - > *Setup must be completed by Administrators and/or Administrator Assistants*

## Step 2



- > Access **Claim Status tool** via Availity Essentials
- > Submit transactions by using **Member ID** or **Claim Number**

## Step 3



- > View **enhanced Claim Status** results for:
  - > *Commercial and Individual Family Markets claims*
  - > *Government Programs claims*
- > Submit and view **HIPAA Standard Claim Status** (276/277 transaction)

## Step 4



- > View and Delete **Saved Searches**
- > **Submission tips & Support** for online **Claim Status**



# Step 1: Availity Login & Add Provider

**1** Assigned users can access this tool by following the instructions below:

- ▶ Go to [Availity](#)
- ▶ Select [Availity Essentials Login](#)
- ▶ Enter User ID and Password
- ▶ Select [Log in](#)

The image shows the Availity Sign In page. It features the Availity logo at the top. Below it is a 'Sign In' section with two input fields: 'User ID' and 'Password'. The 'User ID' field contains the placeholder text 'Enter your user ID.' and the 'Password' field contains 'Enter your password.' with an eye icon for toggling visibility. A blue 'Sign In' button is positioned below the fields. At the bottom, there are two links: 'Forgot your user ID?' and 'Forgot your password?'.

**2** Select [Manage My Organization](#) from [My Account Dashboard](#) on the Availity homepage

The image shows the 'My Account Dashboard' menu. It lists several options: 'My Account', 'Maintain User', 'Add User', 'Manage My Organization' (highlighted with a dashed blue box), 'How To' Guide for Dental Providers, 'Enrollments Center', 'Spaces Management Tool', and 'EDI Companion Guide'. A user profile icon is visible on the right side of the menu.

**A** Within [Manage My Organization](#), select [Manage Providers](#), then [Add Provider\(s\)](#)

The image shows the 'Providers' search interface. It includes a search bar with the placeholder text 'Search for a provider by name, taxonomy code, or address..' and a magnifying glass icon. To the right of the search bar is a 'Watch a video' button and a 'Manage Providers' dropdown menu (highlighted with a dashed blue box).

- 3**
- ▶ Select the **Tax ID Type:**
    - ▶ **EIN** – Employee Identification Number
    - ▶ **SSN** – Social Security Number
  - ▶ Enter the **Tax ID** and **NPI number**
  - ▶ Select [Find Provider](#)

The image shows the 'Add Provider' form. It has a title bar 'Add Provider' with a close button. The main heading is 'LET'S FIND YOUR PROVIDER'. Below this, it states 'Fields marked with an asterisk \* are required.' There are three required fields: '\* Tax ID Type' (a dropdown menu with 'EIN - Employee Identification Number' selected), '\* Tax ID' (a text input field with 'Enter Tax ID' placeholder), and '\* National Provider ID (NPI)' (a text input field with 'Enter NPI' placeholder). There is an unchecked checkbox with the text: 'This is an atypical provider and does not provide health care, as defined under HIPAA regulations. (Examples include: taxi services, respite services, home and vehicle modifications for those with disabilities)'. Below the checkbox is a dashed blue box containing the text: 'Do you need to add many providers to this organization? Upload up to 500 at once via a spreadsheet upload.' At the bottom right are 'Cancel' and 'Find Provider' buttons.

**Note:** Check this box to **add atypical provider(s)** to your account who are not assigned an NPI number. This will remove the NPI requirement.

### Quick Tips:

- If you have multiple providers to add to your organization, select **“Upload up to 500 at once via spreadsheet upload.”**
- For more details, refer to the [Manage My Organization User Guide](#) published in the [Provider Tools](#) section of our website.

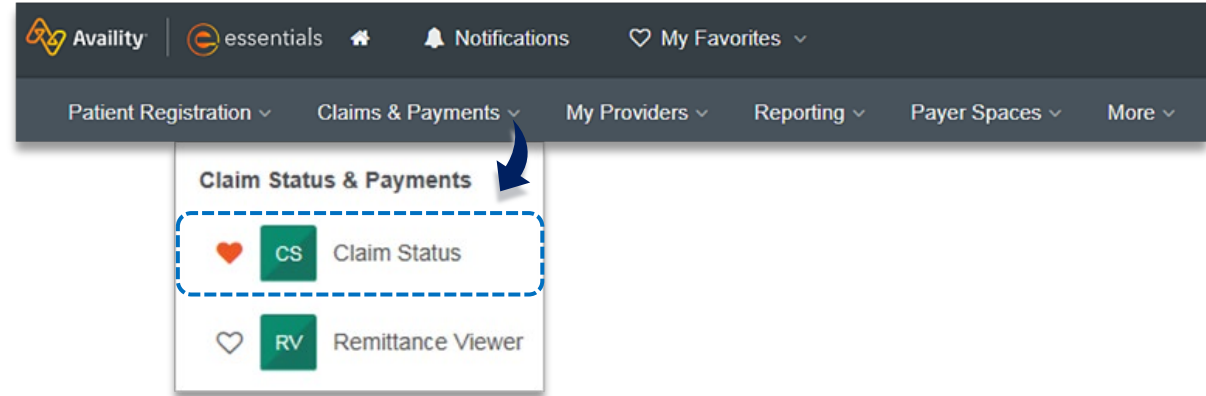


# Step 2: Access & Submit Claim Status Transactions

1

- ▶ Select **Claims & Payments** from the navigation menu
- ▶ Select **Claim Status**

**Note:** Contact your Availity administrators if the **Claim Status** tool is not listed in the **Claims & Payments** menu.



2

- ▶ Choose the **Organization**
- ▶ Select the appropriate **Payer** from the drop-down list:
  - ▶ BCBSOK
  - ▶ Blue Cross Medicare Advantage
  - ▶ Other Blues Plans
- ▶ Obtain enhanced Claim Status using **Member** and/or **Claim Number** tabs

The screenshot shows the 'Claim Status' search form. At the top, there are two dropdown menus: 'Organization' (set to 'ABC ORGANIZATION') and 'Payer' (set to 'BCBSOK'). Below these are three tabs: 'Member', 'Claim Number', and 'HIPAA Standard'. The 'Member' and 'Claim Number' tabs are highlighted with a dashed blue box. To the right of the tabs is a 'View Saved Searches' link. Below the tabs, a note states: 'Fields marked with an asterisk \* are required.' There are six required fields: '\* Select a Provider' (set to 'ABC CLINIC'), '\* Provider NPI' (set to '1234567890'), '\* Member ID' (set to 'ABC123456789'), '\* Group Number' (set to '123456'), and '\* Service Dates' (set to '03/15/2024 - 04/30/2024'). At the bottom right, there are 'Submit' and 'Clear Form' buttons.



# Step 2: Submit Claim Status Transactions

## 3 Search by Member and/or Claim Number:

### A Member Search

- ▶ Select the **Member** tab
- ▶ Choose the Billing Provider from the **Select a Provider** drop-down list
- ▶ Enter the **Member ID** including the preceding three-character prefix for commercial patients
- ▶ Enter **Service Dates** in MM/DD/YYYY format and select **Submit**
- ▶ After completing the **Member** search, view detailed claim status for a specific date of service by selecting the corresponding **claim**

Organization: ABC ORGANIZATION | Payer: BCBSOK

Member | Claim Number | HIPAA Standard | View Saved Searches

Fields marked with an asterisk \* are required.

\* Select a Provider: ABC CLINIC | \* Provider NPI: 1234567890 | \* Member ID: ABC123456789

\* Group Number: 123456 | \* Service Dates: 03/15/2024 - 04/30/2024

Submit | Clear Form

### B Claim Number Search

- ▶ Select the **Claim Number** tab
- ▶ Choose the Billing Provider from the **Select a Provider** drop-down list
- ▶ Enter the **Claim Number** and select **Submit**

Organization: ABC ORGANIZATION | Payer: BCBSOK

Member | Claim Number | HIPAA Standard | View Saved Searches

Fields marked with an asterisk \* are required.

\* Select a Provider: ABC CLINIC | \* Provider NPI: 1234567890 | \* Claim Number: 999999999990X

Submit | Clear Form

**Important Reminder:** Your organization's NPI number must be added to [Manage My Organization](#) for the provider information to display in the [Select a Provider](#) drop-down. Availity Administrators and/or Administrator Assistants should refer to the [Manage My Organization User Guide](#) for additional assistance.

**Quick Tips:**

- Refer to [page 10](#) to learn how to **View** and **Delete Saved Searches**.
- Refer to [page 11](#) for tips with member and claim number status requests.







3

The following enhanced claim status information is returned for BCBSOK government programs claims after the corresponding claim is selected using the **Member** and/or the **Claim Number** search is completed:

- > **Claim Number**
- > **Received Date**
- > **Finalized Date**
- > **Service Dates**
- > **Claim Status**
- > **Allowed Amount**
- > **Billed Amount**
- > **Paid Amount**
- > **Coinsurance Amount**
- > **Copay & Deductible Amounts**
- > **Ineligible Amount**
- > **Sequestration Amount**
- > **Medicare Paid Amount**
- > **Check Status & Check Number**
- > **Check Amount & Check Date**
- > **Payee Information**
- > **Billing Provider Information**
- > **Rendering Provider Information**

**Line Level Information includes:**

- > Service Dates
- > Procedure / Revenue Code
- > Modifier
- > Diagnosis
- > Ineligible Code & Amount
- > Allowed & Paid Amounts
- > Sequestration Amount
- > Copay / Coinsurance / Deductible

**Notes:** If the **check number** is not present on a finalized claim, please allow additional time. The system reflects check information based on the payment schedule of the provider. Also, refer to [page 7](#) for **Additional Action(s)** information regarding next steps to follow for certain claim denials.

### CS Claim Status

Customer ID 12345 Exchange Date 04/19/2024  
Transaction ID 99999999999999999999999999999999

[Save this Search](#) [Print this Page](#) [New Search](#) [Edit Search](#)

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**Blue Cross Group Medicare Advantage™**

#### Patient Information

Patient	Doe, Jane	Member ID	123456789	Subscriber	Doe, Jane
DOB	12/20/1943	Patient Account Number	JD999999	Relationship	SELF
Gender	F	Group Number	0000000		

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#### Claim Information

Claim Number	999999999999	Claim Status	FINALIZED	Coinsurance Amount	\$0.00
Received Date	04/19/2024	Allowed Amount	\$0.00	Copay Amount	\$0.00
Finalized Date	04/22/2024	Billed Amount	\$222.00	Deductible Amount	\$0.00
Service Dates	04/03/2024 – 04/03/2024	Paid Amount	\$0.00	Ineligible Amount	\$222.00
Bill Type Code	N/A	DRG Code	N/A	Sequestration Amount	\$0.00
Approved Length of Stay	....			Medicare Paid Amount	\$0.00

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#### Payment Information

Check Status	CREATED	Payee	ABC CLINIC	Billing Provider	ABC CLINIC
Check Number	999999	Payee Tax ID	123456789	Billing Provider NPI	1999999999
Check Amount	\$5,769.06	Payee Address	123 ANYWHERE ST. CITY, XX 12345-1234	Billing Provider Tax ID	123456789
Check Date	04/19/2024			Rendering Provider	ABC CLINIC
				Provider	MEDICAL GROUP
				Rendering Provider NPI	1000000000
				Rendering Provider Tax ID	123456789

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#### Line Level Information

Service Dates	Proc	Rev	Mods	Qty	DX	Codes	Billed	Allowed	Paid	Seq Amt	Coins	Deductible	Ineligible
04/03/2024	99239	N/A	N/A	0	R6510	70h	\$222.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$222.00
04/03/2024													

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#### Codes

Type	Code	Description	Additional Action(s)
Remark	70h	Missing/invalid ICD-10 diagnosis code(s). Please resubmit corrected claim.	Diagnosis code is missing or invalid. Please resubmit with the appropriate diagnosis code.

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Customer ID 12345 Exchange Date 04/19/2024  
Transaction ID 99999999999999999999999999999999

[Save this Search](#) [Print this Page](#) [New Search](#) [Edit Search](#)

Select **Save this Search** at top or bottom of the results page to **View Saved Searches**. Users receive a message confirming the search has been saved. Refer to [page 10](#) to learn more. You can also click **Print this Page** at top or bottom of result page.





**4** Use the **HIPAA Standard** tab to acquire basic claim status (276/277 transaction)

- ▶ Enter the **Provider** and **Patient Information** in the 276 request
- ▶ Select **Submit**

Member
Claim Number
HIPAA Standard
View Saved Searches

Fields marked with an asterisk \* are required.

### Provider Information

\* Is the provider the same as the organization name? [?](#)

Yes  No

Select a Provider [?](#) \* Provider NPI [?](#)

### Patient Information

Select a Patient [?](#) \* Member ID [?](#)

clear

\* Patient Last Name Patient First Name

\* Patient Date of Birth Patient Gender

Patient Account Number [?](#) Patient's Relationship to Subscriber

### Claim Information

\* Service Dates [?](#)

-

Claim Number [?](#) Claim Amount

Institutional Bill Type [?](#)

Submit
Clear Form

**5** Following information is returned via **HIPAA Standard 277** response

- ▶ **Claim Number**   ▶ **Processed Date**   ▶ **Billed Amount**   ▶ **Check Number**
- ▶ **Service Dates**   ▶ **Claim Status**   ▶ **Paid Amount**   ▶ **Denial Reason**

cs Claim Status
Give Feedback
New Search
Edit Search

Transaction ID: 1111111111 As of 04/19/2024

**DOE, JANE Patient**

Patient ID  
ABC123456789  
DOB  
01/01/2010

Subscriber  
DOE, JANE

Provider  
ABC CLINIC  
Provider ID  
1234567890

000000000000X00  
FINALIZED  
04/01/2024 – 04/01/2024  
Billed  
\$290.00

Verify Eligibility  Remittance Viewer  Print this Page

Claim 000000000000X00

Dates of Service	Processed Date	Status
04/01/2024 – 04/01/2024	N/A	FINALIZED

Billed  
\$290.00

Paid  
N/A

000000000011X00  
DENIED  
04/10/2024 – 04/10/2024  
Processed  
04/17/2024  
Paid  
\$0.00

Status as of 04/15/2024

- Finalized/Adjudication Complete No payment forthcoming. The Claim/Encounter has been adjudicated and no further payment is forthcoming
- Balance due from the subscriber

Check Number  
N/A

Dates of Service	Procedure Code	Quantity	Status
04/01/2024 – 04/01/2024	99203	1	FINALIZED
Billed	Paid		
\$290.00	\$0.00		

Status as of 04/15/2024

- Finalized/Adjudication Complete No payment forthcoming. The Claim/Encounter has been adjudicated and no further payment is forthcoming
- Balance due from the subscriber

**Quick Tips:**

- Fields labeled as **optional** may be completed but are not required to receive a 277 response.
- If you do not know the patient account number, you may enter "unknown" in the optional **Patient Account Number** field, and the account number will be returned in the 277 response.
- If the information returned does not provide enough detail, complete the transaction using either the **Member** or **Claim Number** search option.



# Step 4: View Saved and Delete Searches

**1** The **View Saved Searches** dashboard enables the user to view specific claim status searches that were previously saved. Users can save up to 100 searches in your claim status dashboard.

- ▶ Select **View Saved Searches** on the **Member**, **Claim Number** and/or **HIPAA Standard** search tabs to access previously **Saved Searches**

**2** In the **View Saved Searches** dashboard, use the **Search** option by entering the patient's name or provider NPI number to locate specific saved searches

- ▶ Locate the saved claim status search you want to view and select **View/Action**
- ▶ From the **Saved Searches** tab, select the **Delete Search** check box to remove the saved search from your dashboard
- ▶ Users will receive a **validation message** after the search has been deleted

**Notes:** If you want to delete all saved searches at once, click **Select All**. **Saved searches** will also be removed after 45 days of not being viewed.

**Saved Searches** are specific to the provider's Organization, payer selected, and user who submitted the transaction.

Organization: ABC ORGANIZATION | Payer: BCBSOK

Displaying 2 saved searches

Patient	Provider	NPI	Claim Number	Saved Date	Last Searched	View/Action	Delete Search
DOE, JANE	ABC CLINIC	1234567890	999999999990X	04/15/2024	a few seconds ago		<input type="checkbox"/>
DOE, JOHN	ABC CLINIC	1234567890	999999999990X	04/15/2024	17 hours ago		<input type="checkbox"/>



Refer to the below **Submission Tips** to further assist with requesting claim status online.

Claim Number – Search Request Tips	Member ID – Search Request Tips
For commercial claims enter the 13- or 17-character alpha-numeric claim number (i.e., 999999999999X or 0202099999999999X).	Federal plans do not have a three-character prefix. The letter “R” should be typed as part of the Patient ID (i.e., R87654321). Enter the Group Number as OFEPOK.
If you are looking for an adjustment, key the corresponding 2-digit suffix in addition to the 13- or 17-character alpha-numeric claim number (i.e., 999999999999X01 or 0202099999999999X01).	Out-of-state plans may contain more than three-characters (e.g., WMWAN1234567). Enter the Group Number as 123456.
For incremented claims (coordination of benefits), change the 0 to a 1 before the X or C at the at the end of the claim number to locate the secondary claim (i.e., 999999999991X).	Claim status is available for Medicare Advantage claims for <b>Service Dates</b> from 01/01/2016 to current.

**Have questions or need additional education?**

**Education or training**, contact [BCBSOK Provider Education Consultants](#)  
Be sure to include your name, direct contact information & Tax ID and/or billing NPI.  
**Technical Availity support**, contact Availity Client Services at **800-282-4548**

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