

The Availity Claim Status Tool is the recommended electronic method for providers to acquire detailed claim status for claims processed by Blue Cross and Blue Shield of Texas (BCBSTX) for the following members:

- BCBSTX Commercial – including Federal Employee Programs® (FEP®) and Marketplace health plans
- Government Programs – including Texas Medicaid and Blue Cross Medicare Advantage

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

### Quick Reference:

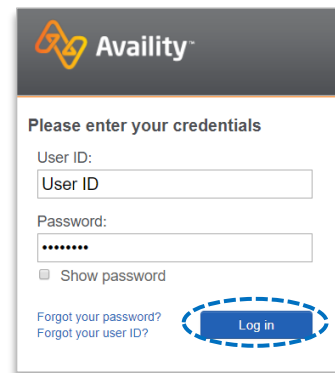
- Refer to page [4](#), [5](#), and [6](#) to view claim status results for **commercial claims**
- Refer to page [7](#) to view claim status results for **government programs claims**
- Refer to page [8](#) and [9](#) to view basic **HIPAA-standard claim status results** (276/277 transaction)

**Note:** 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.

## 1) Getting Started

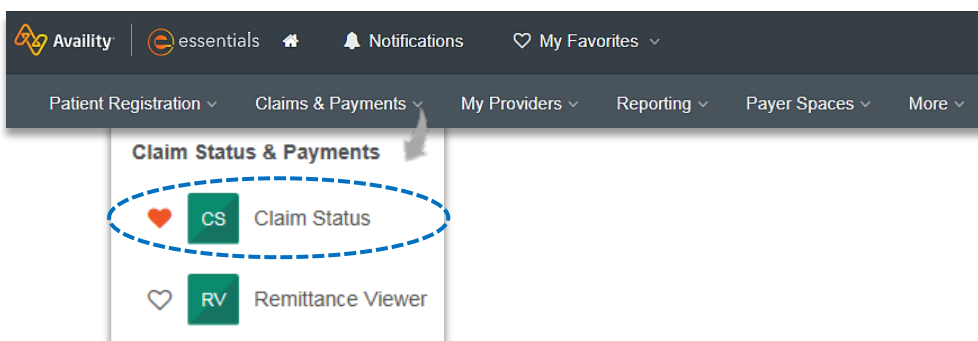
- ▶ Go to [Availity](#)
- ▶ Select [Availity Essentials Login](#)
- ▶ Enter User ID and Password
- ▶ Select [Login](#)

**Note:** Only registered Availity users can access the Claim Status Tool. If you are not a registered Availity user, you may complete the guided online registration process at [Availity](#), at no cost.



## 2) Accessing Claim Status

- ▶ 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.

### 3) Submitting Transactions

Claim status may be obtained using a **Member ID** or **Claim Number**. Both options are illustrated in this step.

- ▶ Choose the **Organization**
- ▶ Select the appropriate **Payer** from the drop-down list

The screenshot shows the 'Claim Status' form with two dropdown menus. The 'Organization' dropdown is set to 'YOUR ORGANIZATION'. The 'Payer' dropdown is set to 'Select...'. A blue dashed arrow points from the 'Payer Selection Options' box to the 'Payer' dropdown.

**Payer Selection Options:**

- BCBSTX
- Blue Cross Medicare Advantage
- BCBSTX Medicaid STAR Kids
- BCBSTX Medicaid STAR/CHIP
- Other Blues Plans

**Search by Member:**

- ▶ Select the **Search by Member** tab
- ▶ Choose the Billing Provider from the **Select a Provider** drop-down list or enter the **Provider NPI** (Type 2)
- ▶ Enter the **Member ID** including the preceding three-character prefix for commercial patients
- ▶ Enter **Service Dates** in MM/DD/YYYY format
- ▶ Select **Submit**

The screenshot shows the 'Claim Status' form with the 'Search by Member' tab selected and circled in blue. The 'Payer' dropdown is set to 'BCBSTX'. The 'Provider NPI' field contains '1234567890' and the 'Member ID' field contains 'ABC123456789'. The 'Service Dates' field shows '09/01/2020' to '10/01/2020'. The 'Submit' button is also circled in blue. A 'Quick Tip' box is present in the top right corner.

**Quick Tip:**

→ The NPI must match the NPI submitted on the claim.

**Quick Tips:**

- 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 OFEPTX.
- Out-of-state plans may contain more than three-characters (e.g., WMWAN1234567). Enter the Group Number as 123456.
- Claim status for Medicare Advantage and Texas Medicaid members is available for **Service Dates** from 1/1/2016 to current.

### 3) Submitting Transactions *(continued)*

**Search by Claim:**

- ▶ Select the **Search By Claim** tab
- ▶ Choose the Billing Provider from the **Select a Provider** drop-down list or enter the **Provider NPI** (Type 2)
- ▶ Enter the **Claim Number** and select **Submit**

**CS Claim Status** Give Feedback

Organization: YOUR ORGANIZATION | Payer: BCBSTX

Search by Member + **Search by Claim +** | HIPAA Standard

Select a Provider optional: Select... | Provider NPI ⓘ: 1234567890 | Claim Number: 9999999999999999

**Submit**

**Quick Tips:**

- For commercial claims enter the 13- or 17-character alpha-numeric claim number (i.e., 999999999999X or 0202099999999999X).
- 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).
- For incremented claims (coordination of benefits), change the 0 to a 1 before the X or C at the end of the claim number to locate the secondary claim (i.e., 999999999991X).

### 4) Search Results

- ▶ After completing the **Member ID** search, users can view detailed claim status for a specific date of service by selecting the corresponding **claim**

Organization: YOUR ORGANIZATION | Payer: BCBSTX

Search by Member + | Search by Claim + | HIPAA Standard

Select a Provider optional: Select... | Provider NPI ⓘ: 1234567890 | Member ID: ABC123456789

Group Number: 999999 | Service Dates ⓘ: 09/01/2020 - 10/01/2020

**Submit**

**Results (Displaying 2 of 2)**  
As of October 6, 2020 10:50 AM  
Transaction ID: 00123abc0-abc1-1234-0000-1234567abcd0

| Status            | From Service Date | Finalized Date | Claim #          | Patient Name | Billed Amount |
|-------------------|-------------------|----------------|------------------|--------------|---------------|
| <b>FINALIZED</b>  | 09/11/2020        | 09/13/2020     | 099999999999X00  | DOE, JANE    | \$290.00      |
| <b>IN_PROCESS</b> | 10/01/2020        | N/A            | 0999999999991X00 | DOE, JANE    | \$875.00      |

Previous | Page 1 of 1 | 10 Rows | Next

5) Detailed Search Results *Commercial Claims*

The following information is returned for BCBSTX commercial claims after the corresponding claim number is selected and/or the **Claim Number** search is completed:

- Claim Number
- Received Date
- Finalized Date
- Service Dates
- Approved Length of Stay
- Claim Status
- Custom Status Description
- Status Details
- Billed Amount
- Paid Amount
- Coinsurance Amount
- Copay / Deductible Amounts
- Ineligible Amount
- Check Number & Date
- Payee Information
- Prior Paid Amount
- Prior Notification Deductible & Coinsurance
- Health Care Account Amount
- Billing / Rendering Provider Information
- Other Carrier Paid / Medicare Paid Amount
- Patient Share Amount
- Out of Network Deductible / Coinsurance
- Additional Paid
- Line-Item Breakdown:
  - Service Dates
  - Procedure / Revenue Code
  - Diagnosis
  - HCPCS Code
  - Billed Amount
  - Paid Amount
  - Ineligible Amount & Code
  - Discount
  - Copay / Coinsurance / Deductible
  - Modifiers
  - Unit / Time / Miles

**Note:** 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.

**Quick Tip:**

→ Select **Print this Page** at top or bottom of result page to print and/or save status.

## Claim Status

Print this Page New Search Edit Search

Customer ID 12345    Exchange Date 11/01/2021  
Transaction ID XXXX-XXXX-1234567890

**Patient Information**

|         |            |                        |                   |              |           |
|---------|------------|------------------------|-------------------|--------------|-----------|
| Patient | DOE, JANE  | Member ID              | ABC00000123456789 | Subscriber   | DOE, JANE |
| DOB     | 01/01/2010 | Patient Account Number | 1334              | Relationship | SELF      |
| Gender  | F          | Group Number           | 123456            |              |           |

**Claim Information**

|                            |                         |                           |          |             |         |
|----------------------------|-------------------------|---------------------------|----------|-------------|---------|
| Claim Number               | 0123456A7890X00         | Claim Status              | PAID     | DRG Code    | N/A     |
| Received Date              | 09/12/2020              | Custom Status Description |          | DRG Version | N/A     |
| Processed Date             | 09/13/2020              | Status Detail             | N/A      | DRG Weight  | 0.00000 |
| Service Dates              | 09/11/2020 - 09/11/2020 | Billed Amount             | \$290.00 |             |         |
| Approved Length of Stay    | N/A                     | Paid Amount               | \$68.26  |             |         |
| Hospital Payment Indicator | N/A                     | Coinsurance Amount        | \$0.00   |             |         |
| Indicator Description      | N/A                     | Copay/Deductible Amount   | \$20.00  |             |         |
|                            |                         | Ineligible Amount         | \$201.74 |             |         |

**Payment Information**

|                                |            |                        |               |                            |        |
|--------------------------------|------------|------------------------|---------------|----------------------------|--------|
| Check Number                   | E9999999   | Billing Provider       | ABC CLINIC    | Other Carrier Paid         | \$0.00 |
| Check Date                     | 09/15/2020 | Billing Provider NPI   | 1234567899    | Out of Network Deductible  | \$0.00 |
| Payee                          | ABC CLINIC | Rendering Provider     | ROBERTS, JOHN | Out of Network Coinsurance | \$0.00 |
| Prior Paid Amount              | \$0.00     | Rendering Provider NPI | 1122334455    | Additional Paid            | \$0.00 |
| Prior Notification Deductible  | \$0.00     | Medicare Paid Amount   | \$0.00        |                            |        |
| Prior Notification Coinsurance | \$0.00     | Patient Share Amount   | \$20.00       |                            |        |
| Health Care Account Amount     | \$0.00     |                        |               |                            |        |

**Line Level Information**

| Service Dates            | Proc/Rev | DX                | HCPC | Billed   | Paid    | Ineligible | Codes | Discount | Copay   | Coins  | Deductible | Mode | Unit/ Time/ Miles |
|--------------------------|----------|-------------------|------|----------|---------|------------|-------|----------|---------|--------|------------|------|-------------------|
| 09/11/2020<br>09/11/2020 | 99203    | M25542,<br>M25541 | N/A  | \$290.00 | \$68.26 | \$201.74   | T43   | \$0.00   | \$20.00 | \$0.00 | \$0.00     | N/A  | 1                 |

**Codes**

| Type              | Code | Description  | Additional Action(s) |
|-------------------|------|--|----------------------|
| Ineligible Reason | T43  | Charge exceeds the priced amount for this service. Services provided by a Non-Participating Provider. Patient is responsible for charges over the priced amount. | N/A                  |

**Quick Tips:**

- Ineligible reason codes display in the **Codes** field.
- View ineligible reason code descriptions in the **Codes** section.

5) Detailed Search Results *Commercial Claims (continued)*

Cotiviti, Inc. Code Audit Rationale is available for finalized claims processed on or after Aug. 26, 2019:

- ▶ Select **View Code Audit Rationale** above the service line section or click on the **+** beside the applicable line(s)
- ▶ Once selected, service line(s) denied for Cotiviti logic will expand and display the following:
  - **Edit Description**
  - **Edit Rationale**

**Quick Tip:**

→ Select **Hide Code Audit Rationale** or select minus sign (-) to collapse the expanded denial logic.

Line Level Information [Hide Code Audit Rationale](#)

| Service Dates            | Proc/Rev | DX    | HCPC | Billed   | Paid   | Ineligible | Codes | Discount | Copay  | Coins  | Deductible | Mods | Unit/ Time/ Miles |
|--------------------------|----------|-------|------|----------|--------|------------|-------|----------|--------|--------|------------|------|-------------------|
| 05/01/2019<br>05/01/2019 | 29515    | Z4789 | N/A  | \$100.00 | \$0.00 | \$100.00   | V29   | \$0.00   | \$0.00 | \$0.00 | \$0.00     | N/A  | 1                 |

| Parameter Type  | Created Line Indicator | Action           | Edit Source |
|---|------------------------|------------------|-------------|
| Action Required   | Submitted on Claim     | Not Reimbursable | Payer       |
| Edit Location   | Procedure Code         | Modifier Code    | Unit Count  |
| Payer Policy  | 29515                  | N/A              | 1           |
| Cotiviti Edit Description   |                        |                  |             |
| 29515 WAS SUBMITTED WITH UNITS EXCEEDING THE MUE THRESHOLD.           |                        |                  |             |
| Cotiviti Edit Rationale   |                        |                  |             |
| Per plan policy, units in excess of the MUE value may not be billed . |                        |                  |             |

**Additional Action(s) for Applicable Ineligible Reason Codes:**

- ▶ View **Additional Action(s)** to understand what further step(s) may be taken for certain claim denial scenarios

**Note:** **Additional Action(s)** only display for certain ineligible reason codes.

Line Level Information [View Code Audit Rationale](#)

| Service Dates              | Proc/Rev | DX    | HCPC | Billed   | Paid   | Ineligible | Codes | Discount | Copay  | Coins  | Deductible | Mods | Unit/ Time/ Miles |
|----------------------------|----------|-------|------|----------|--------|------------|-------|----------|--------|--------|------------|------|-------------------|
| + 05/01/2019<br>05/01/2019 | 29515    | Z4789 | N/A  | \$100.00 | \$0.00 | \$100.00   | V29   | \$0.00   | \$0.00 | \$0.00 | \$0.00     | N/A  | 1                 |
| 05/01/2019<br>05/01/2019   | A4590    | Z4789 | N/A  | \$65.00  | \$0.00 | \$5.00     | T42   | \$0.00   | \$0.00 | \$0.00 | \$60.00    | N/A  | 1                 |

| Type              | Code | Description   | Additional Action(s)  |
|-------------------|------|---|---|
| Ineligible Reason | V29  | This service was submitted with units exceeding the MUE threshold. The information submitted on the claim is inconsistent with current coding protocol. Patient cannot be billed for the disallowed code. | Access the View Code Audit Rationale link above for additional context. |
| Ineligible Reason | T42  | Charge exceeds the priced amount for this service. Services provided by a participating/network provider. Amount is provider write-off.   | Refer to the Fee Schedule for pricing allowance.                        |

Customer ID 11111    Exchange Data 10/06/2020  
Transaction ID 00123abc0-abc1-1234-0000-1234567abcd

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5) Detailed Search Results *Commercial Claims (continued)*

There may be instances when providers receive a claim withdrawn notification after submission to BCBSTX. Providers can also determine why a claim was withdrawn via the Availity Claim Status tool response.

- ▶ Refer to the **Custom Status Description** field to view the reason why the claim was withdrawn
- ▶ After addressing the reason, resubmit the claim electronically to the local BCBSTX plan for processing

CS

## Claim Status

**Customer ID** 12345      **Exchange Date** 11/01/2021  
**Transaction ID** XXXX-XXXX-1234567890

**BlueCross BlueShield  
of Texas**

### Patient Information

|                |            |                               |              |
|----------------|------------|-------------------------------|--------------|
| <b>Patient</b> | DOE, JANE  | <b>Member ID</b>              | ABC123456789 |
| <b>DOB</b>     | 01/01/1935 | <b>Patient Account Number</b> | DOE123456789 |
| <b>Gender</b>  | F          | <b>Group Number</b>           | 123456       |

### Claim Information

|                                   |                         |                                  |                              |
|-----------------------------------|-------------------------|----------------------------------|------------------------------|
| <b>Claim Number</b>               | 123456789010X00         | <b>Claim Status</b>              | DENIED                       |
| <b>Received Date</b>              | 10/01/2021              | <b>Custom Status Description</b> | Disapproved - For membership |
| <b>Finalized Date</b>             | 10/06/2021              | <b>Status Detail</b>             |                              |
| <b>Service Dates</b>              | 12/19/2020 - 12/19/2020 | <b>Billed Amount</b>             | \$2,533.30                   |
| <b>Approved Length of Stay</b>    |                         | <b>Paid Amount</b>               | \$0.00                       |
| <b>Hospital Payment Indicator</b> |                         | <b>Coinsurance Amount</b>        | \$0.00                       |
|                                   |                         | <b>Copay/Deductible Amount</b>   | \$0.00                       |
|                                   |                         | <b>Ineligible Amount</b>         | \$0.00                       |

6) Detailed Search Results *Government Program Claims*

The following information is returned for government programs claims after the corresponding claim is selected 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-Item Breakdown:
  - Service Dates
  - Revenue / Procedure Code
  - Modifier
  - Quantity
  - Diagnosis
  - Ineligible Code & Amount
  - Allowed Amount
  - Paid Amount
  - Sequestration Amount
  - Copay / Coinsurance / Deductible

**Note:** 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.

**Quick Tip:**  
→ Select **Print this Page** at top or bottom of result page to print and/or save status.

CS

## Claim Status

Customer ID 12345    Exchange Date 11/01/2021

Transaction ID XXXX-XXXX-1234567890

Print this Page

New Search    Edit Search

Blue Cross Medicare Advantage™

### Patient Information

|         |            |                        |           |              |           |
|---------|------------|------------------------|-----------|--------------|-----------|
| Patient | Doe, Jane  | Member ID              | 123456789 | Subscriber   | Doe, Jane |
| DOB     | 12/20/1943 | Patient Account Number | JD99999   | Relationship | SELF      |
| Gender  | F          | Group Number           | 0000000   |              |           |

### Claim Information

|                         |                         |                      |           |                      |          |
|-------------------------|-------------------------|----------------------|-----------|----------------------|----------|
| Claim Number            | 99999999999             | Claim Status         | FINALIZED | Coinsurance Amount   | \$0.00   |
| Received Date           | 02/06/2020              | Allowed Amount       | \$0.00    | Copay Amount         | \$0.00   |
| Finalized Date          | 02/17/2020              | Billed Amount        | \$222.00  | Deductible Amount    | \$0.00   |
| Service Dates           | 01/26/2020 - 01/26/2020 | 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 | N/A                     | Medicare Paid Amount | \$0.00    |                      |          |

### 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   | 02/17/2020 | Rendering Provider        | ABC CLINIC                           | Rendering Provider NPI  | 1000000000 |
|              |            | Rendering Provider Tax ID | 123456789                            |                         |            |

### Line Level Information

| Service Dates | Proc  | Rev | Mods | Qty | DX    | Codes | Billed   | Allowed | Paid   | Seq Amt | Coins  | Deductible | Ineligible |
|---------------|-------|-----|------|-----|-------|-------|----------|---------|--------|---------|--------|------------|------------|
| 01/26/2020    | 99239 | N/A | N/A  | 0   | R6510 | 70h   | \$222.00 | \$0.00  | \$0.00 | \$0.00  | \$0.00 | \$0.00     | \$222.00   |
| 01/26/2020    |       |     |      |     |       |       |          |         |        |         |        |            |            |

### 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. |

Customer ID 12345    Exchange Date 11/01/2021

Transaction ID XXXX-XXXX-1234567890

Print this Page

New Search    Edit S

**Quick Tips:**

- Ineligible reason codes display in the **Codes** field.
- View ineligible reason code descriptions in the **Codes** section.
- View **Additional Action(s)** to understand what further step(s) may be taken for certain claim denial scenarios. **Additional Action(s)** only displays for certain ineligible reason codes.

7) HIPAA Standard Claim Status 276 request

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**

Search by Member 
Search by Claim 
HIPAA Standard

### Provider Information

Is the provider the same as the organization name?

Yes  No

Select a Provider optional

Provider NPI

### Patient Information

Select a Patient optional

Member ID

Patient Last Name

Patient First Name optional

Patient Date of Birth

Patient Gender optional

Patient Account Number optional

Patient's Relationship to Subscriber optional

### Claim Information

Service Dates

-

Claim Number optional

Claim Amount optional

Institutional Bill Type optional

Submit

**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.



7) HIPAA Standard Claim Status 277 response (continued)

The following information is returned in the **HIPAA Standard 277** response, if applicable:

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

CS Claim Status
Give Feedback [New Search](#) [Edit Search](#)

Transaction ID:111111111111 As of October 7, 2020 1:18 PM

**DOE, JANE** Patient

Patient ID  
ABC123456789

DOB  
01/01/2010

Subscriber  
DOE, JANE

Provider  
ABC CLINIC

Provider ID  
1234567890

000000000000X 00

**FINALIZED**

09/01/2020 – 09/01/2020

Billed  
\$290.00

Verify Eligibility  Remittance Viewer  Print this Page

Claim 000000000000X00

|                         |                |           |
|-------------------------|----------------|-----------|
| Dates of Service        | Processed Date | Status    |
| 09/01/2020 – 09/01/2020 | N/A            | FINALIZED |

Billed  
**\$290.00**

Paid  
N/A

000000000011X 00

**DENIED**

09/10/2020 – 09/10/2020

Processed  
09/13/2020

Paid  
\$0.00

Status as of 09/05/2020

- 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    |
| 09/01/2020 – 09/01/2020 | 99203          | 1        | FINALIZED |
| Billed                  | Paid           |          |           |
| \$290.00                | \$0.00         |          |           |

Status as of 09/05/2020

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

**Quick Tip:**

→ If the information returned does not provide enough detail, complete the transaction using either the [Search by Member](#) or [Search by Claim](#) tab with the PLUS (+) sign.

**Have questions or need additional education?** Email the [Provider Education Consultants](#).  
Be sure to include your name, direct contact information & Tax ID or billing NPI.

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HMO Special Needs Plan provided by Blue Cross and Blue Shield of Texas, which refers to GHS Insurance Company (GHS), an Independent Licensee of the Blue Cross and Blue Shield Association. GHS is a Medicare Advantage organization with a Medicare contract and a contract with the Texas Medicaid program. Enrollment in GHS' plan depends on contract renewal.