BlueCross BlueShield
of New Mexico

Claim Inquiry Resolution User Guide

The CIR function is unavailable for Medicare Advantage claims.

Claim Inquiry Resolution (CIR)

is accessible via a tab in our Electronic Refund Management (eRM) portal. The CIR function provides a method for inquiry submission related to High-Dollar, Pre-Pay Review requests for most Host (BlueCard® out-of-area) claims (Medical Records and/or Itemized Bills) handled by BCBSNM.

You must be enrolled in eRM to gain access to the CIR function. Refer to the [eRM page](#) to learn how to complete the onboarding process for enrollment.

Not registered with Availity® Essentials?

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

Jan. 2024

**The following instructions show how users access Claim Inquiry Resolution via Availity Essentials.**

Step 1

> Login to **Availity Essentials**

> Access **Claims Inquiry Resolution**

Step 2

> Creating a **new inquiry**

> Add **Comments** and attach **Documentation**

> **Submit** inquiry

Step 3

> Inquiry **Tracking** and **Response**

> Additional **Education & Support** to assist with using **Claim Inquiry Resolution**

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

▸ Go to **Availity**

▸ Select **Availity Essentials Login**

▸ Enter User ID and Password
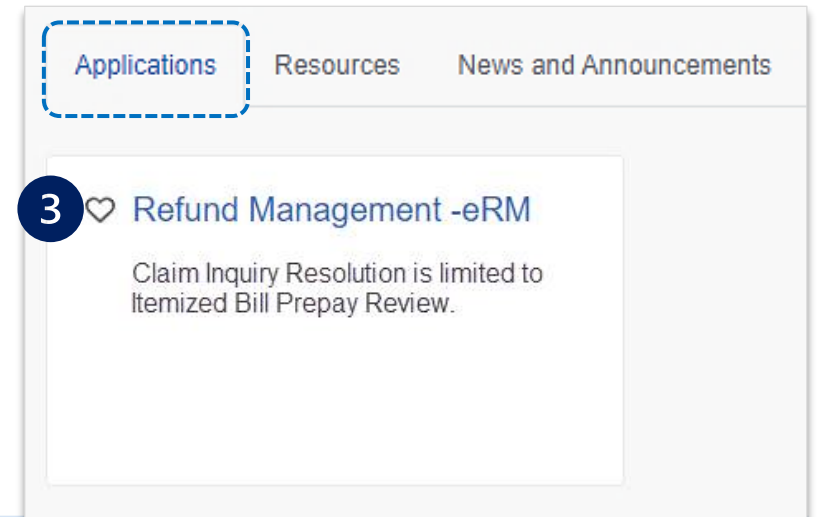
▸ Select **Log in**

2 ▸ Select **Payer Spaces** from the navigation menu

▸ Choose **Blue Cross and Blue Shield of New Mexico**
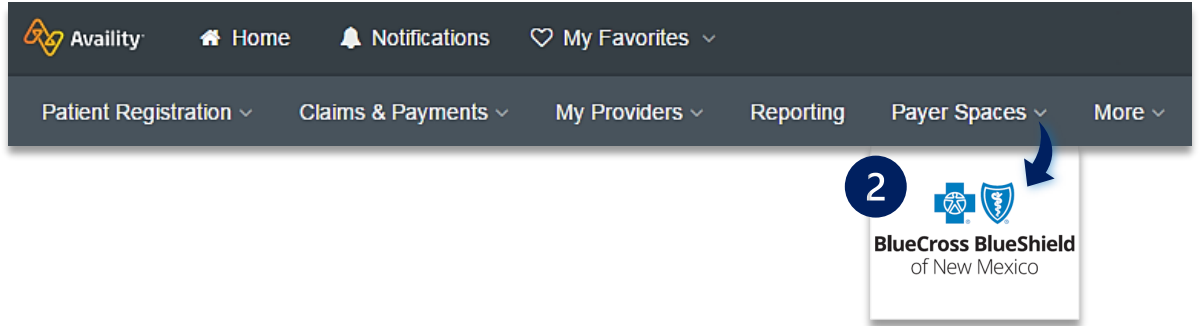
3 ▸ In BCBSNM Payer Spaces, select the **Applications** tab

▸ Next, select **Refund Management – eRM**

Quick Tips:

→ Contact your Availity Administrator if *Refund Management – eRM* is not listed in the Applications menu. Identify your Availity Administrator by referring to *My Administrators* under *My Account Dashboard* on the Availity home page.

→ New users must complete the onboarding form and email verification to gain access to the eRM system.

1 ▶ Select the **Claim Inquiry Resolution** tab

▶ Select **Create New Claim Inquiry**

	Refund Requests	InBox	Claim Inquiry Resolution	Check Alerts	Saved Sessions	Checks Not Received	Transaction Report	Maintenance Alerts	

Appeal Id	DCN	User Name	Submission Date	Last Response Date	Last Response User	Patient Name	Patient Account	
C123456789	0202499999999999X	JOHN DOE	01/13/2024	01/13/2024	JOHN DOE	A SMITH	0000000000	details
C123456789	0202499999999999X	JOHN DOE	01/13/2024	01/13/2024	JOHN DOE	B SMITH	1111111111	details
C123456789	0202499999999999X	JOHN DOE	01/13/2024	01/13/2024	JOHN DOE	C SMITH	2222222222	details
C123456789	0202499999999999X	JOHN DOE	01/13/2024	01/13/2024	JOHN DOE	D SMITH	3333333333	details
C123456789	0202499999999999X	JOHN DOE	01/13/2024	01/13/2024	JOHN DOE	E SMITH	4444444444	details
C123456789	0202499999999999X	JOHN DOE	01/12/2024	01/13/2024	HCSC User	F SMITH	5555555555	details

Refresh | Create New Claim Inquiry **1**

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2 ▶ For the **NPI #**, select the appropriate **Type 2 Billing NPI** from the drop-down list

▶ Enter the **13-digit BCBSNM claim number**

▶ Select **HOST I-BILL HIGH-DOLLAR PRE-PAY REVIEW** from the **Claim Inquiry Reason Codes** drop-down list

▶ Click **Show More Fields** to **Continue**

2

Claim Inquiry Information

* = required

NPI #*   1234567890 - Holmes Clinic ▼

Pfin Type   Professional ▼

Claim Number*   999999999999X

Claim Inquiry Reason Codes*   ▼   Look Up Claim |

Continue   Cancel   Show More Fields

-Select a Reason-
HOST I-BILL HIGH-DOLLAR PREPAY REVIEW (ALL STATES)
IL LOCAL I-BILL HIGH-DOLLAR PREPAY REVIEW(IL ONLY)

Quick Tips:

→ *If your claim was processed within the last 18 months, select* **Look Up Claim** *to populate the Subscriber ID, Group Number, Patient Account, Patient Name and Date of Service on the next screen.*

→ *If your claim processed prior to 18 months, select* **Show More Fields** *to manually enter this information on the next screen.*

3 ▶ Enter the associated **claim data** in the required fields

A Enter rationale in the **Comments** field and specify if the needed **itemized bill** has been **uploaded** or **faxed**

B There are two way to send **Supporting Documentation** to BCBSNM:

▶ **Add File** – select the **Add File** and **Browse** buttons to upload applicable document(s)

▶ **Fax** – select **I will fax my supporting documentation** to fax applicable documentation

C Select **Continue** to review your inquiry, then select **Submit**

Note: Additional BCBSNM claim numbers for the same patient/issue that need reconsidered, can be listed in the **Additional Claims** section.

Home > Submit Claim Inquiry

Claim Inquiry

Claim Inquiry Information | Review and Confirm | Finish

Claim Inquiry Information

* = required

NPI #*	1234567890 – ABC HOSPITAL
Pfin Type	Facility
Claim Number*	9999999999999X
Claim Inquiry Reason Codes*	HOST I-BILL HIGH-DOLLAR PREPAY REVIEW (ALL

Click here for reason codes detailed description

3

Group Number*	999999
Subscriber ID*	123456789
Patient Account	000000000
Patient First Name	JOHN
Patient Last Name	SMITH
Date of Service (from to)*	01/16/2024 to 01/16/2024

C Continue Cancel Hide Fields

Quick Tip:

→ *When uploading supporting documentation, users can add multiple attachments, with a total file size of 2GB. Individual file size should not exceed 25 MB. Acceptable file types are TIFF (.tif) and PDF (.pdf).*

A **Comments** (Optional)

Enter your comments here...

Please refer to the attached Itemized Bill to complete the high-dollar prepay review for this claim.

1900

B **Supporting Documentation** (Optional)

Upload Supporting Documentation (optional)

Add File

Choose File Itemized Bill.pdf
remove

☐ I will fax my supporting documentation

Additional Claims (Optional)

[   ] Add

*A fax cover sheet (including the fax number) will be available for printing after the **Submit** button is selected. This fax cover sheets includes a bar code to help ensure the information you send is matched directly to the appropriate file and/or claim.*

1 Once a claim inquiry has been submitted, users can monitor BCBSNM's receipt and response by returning to the **Claim Inquiry Resolution** tab

The **Last Response Date** and **Last Response User** fields display the date of the last action taken on an inquiry and by whom

When **HCSC** is listed as the Last Response User, click the **details** link to view BCBSNM's response to the inquiry

2 The details screen will display the **comments** entered on the original inquiry submission as well as **BCBSNM's response**

*Select the **column headers** to sort fields in **ascending** and **descending** order.*

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C123456789	0202499999999999X	JOHN DOE	01/13/2024	01/13/2024	JOHN DOE	C SMITH	2222222222	details
C123456789	0202499999999999X	JOHN DOE	01/13/2024	01/13/2024	JOHN DOE	D SMITH	3333333333	details
C123456789	0202499999999999X	JOHN DOE	01/13/2024	01/13/2024	JOHN DOE	E SMITH	4444444444	details
C123456789	0202499999999999X	JOHN DOE	01/12/2024	01/13/2024	HCSC User	F SMITH	5555555555	details

Refresh **Create New Claim Inquiry**

Claim Inquiry Details For C123456789

Claim Inquiry Information

Claim Number 999999999999X	**NPI Number / Provider Name** 1234567890 / ABC HOSPITAL	**Claim Inquiry Reason** I-BILL HIGH DOLLAR PREPAY REVIEW
Group Number 999999	**Subscriber ID** 123456789	**Service Dates** 12/09/2023-12/09/2023
Patient Account 55555555555	**Patient Name** F SMITH	

Additional Claims

Correspondence

Hide All

ERM User

PLEASE REFER TO THE ATTACHED ITEMIZED BILL TO COMPLETE THE HIGH DOLLAR PREPAY REVIEW FOR THIS CLAIM.

ITEMIZED BILL.pdf

Print fax cover sheet

HCSC User

Thank you for your inquiry. Please allow 30 days for the review of the information submitted to be finalized. A letter or explanation of benefits will be sent as confirmation that the review has been completed. For claim status, please use the Claim Status tool in Availity Essentials or your web vendor of choice.

Return to Home

*As of **January 27, 2024**, any claim inquiry submitted through CIR that is **not** related to requests for **High-Dollar, Pre-Pay Review** will receive a message redirecting you to a more efficient process.*

- › See the **redirection response example below** for claim reviews submitted via CIR for one of the other **Inquiry Types** listed in the table on the right.
- › Use the **Inquiry Types table** for the appropriate online process to follow.

Claim Inquiry Information

Claim Number 999999999999X	**NPI Number / Provider Name** 1234567890 / ABC HOSPITAL	**Claim Inquiry Reason** DUPLICATE DENIAL
Group Number 999999	**Subscriber ID** 123456789	**Service Dates** 12/09/2023-12/09/2023
Patient Account 55555555555	**Patient Name** F SMITH	

Additional Claims

Correspondence

Hide All

ERM User

SEE THE ADDITIONAL INFORMATION ATTACHED FOR REVIEW OF THIS DUPLICATE CLAIM.

DUPLICATE DENIAL_SUPPORTING DOCUMENTATION.pdf

Print fax cover sheet

HCSC User

As of January 27, 2024, Claim Inquiry Resolution (CIR) only accepts inquiries for Itemized Bill High Dollar Prepay review requests. The other inquiry options have transitioned to the **Dispute Claim** and **Message This Payer** functions. Access these capabilities via Availity Essentials Claim Status tool by utilizing the Member and/or Claim Number tabs. Use the Member tab to search, view, and submit the inquiry online for the most recently processed claim.

Inquiry Types	Purpose	User Guidelines
Duplicate Denial	Dispute claims that deny as duplicate in error.	→ **Claim Reconsideration Requests**
Additional Information	Submit specific information that was requested in the claim denial. • Medical records • Operation Reports • Physician Notes, etc.	→ **Claim Reconsideration Requests** or → **Clinical Claim Appeal Requests**
Fee Schedule / Pricing Inquiry (Professional providers)	Inquire on claims that process differently than contractual agreements.	→ **Claim Reconsideration Requests**
Eligibility	Dispute claims that deny for non-eligible services or process differently than the eligibility quote that was previously received.	→ **Claim Reconsideration Requests** or → **Message This Payer**
Federal Group	Submit finalized claim inquiries pertaining to Federal Employee Program® (FEP®) members.	→ **Claim Reconsideration Requests** or → **Message This Payer**
Prior Authorization Denial	Request review of claims that deny for preauthorization when it was not advised as a requirement during the patient's eligibility and benefit quote.	→ **Clinical Claim Appeal Requests** or → **Message This Payer**

Have questions or need additional education?

Education or training, contact **BCBSNM Provider Education Consultants**

Be sure to include your name, direct contact information & Tax ID and/or billing NPI.

eRM Onboarding process, contact **BCBSNM eRM Onboarding Team**