

Claim Reconsiderations User Guide

Information in this user guide is NOT currently applicable to Medicare Advantage members.

The **Dispute Claim** option within the Availity® Essentials Claim Status tool allows providers to submit claim reconsideration requests electronically and upload supporting medical records to Blue Cross and Blue Shield of New Mexico (BCBSNM). Once a request is submitted, providers will use the **Appeals** worklist to view status and claim dispute details, as well as manage reconsiderations.

The **Dispute** tool is accessible to existing Availity Administrators and users assigned the Claims Status and Claim roles in Availity.

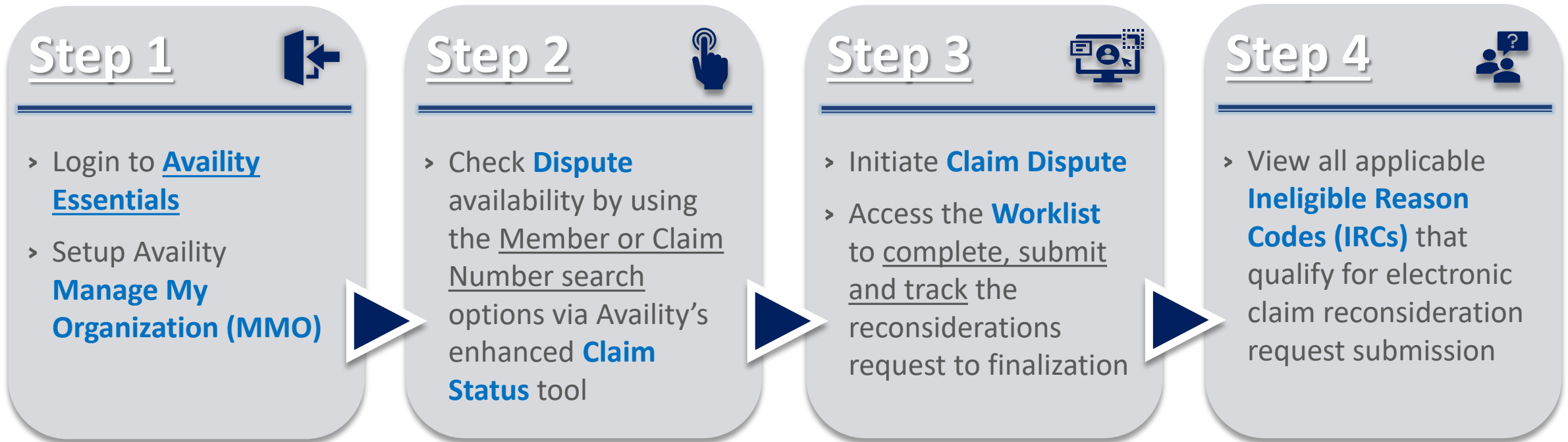
Not registered with Availity Essentials?

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

Dec. 2023

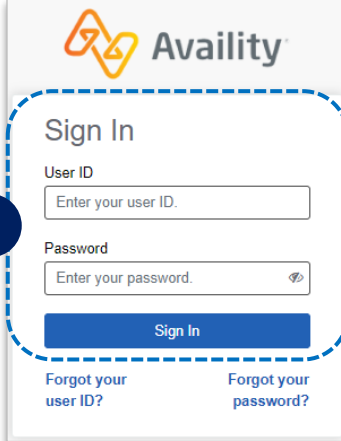


The following instructions show how **Availity Administrators** and/or users will add providers information to your organization's account. Then, how to initiate, submit and follow along the claim reconsideration **Dispute** request all within the **Availity Essentials** portal.



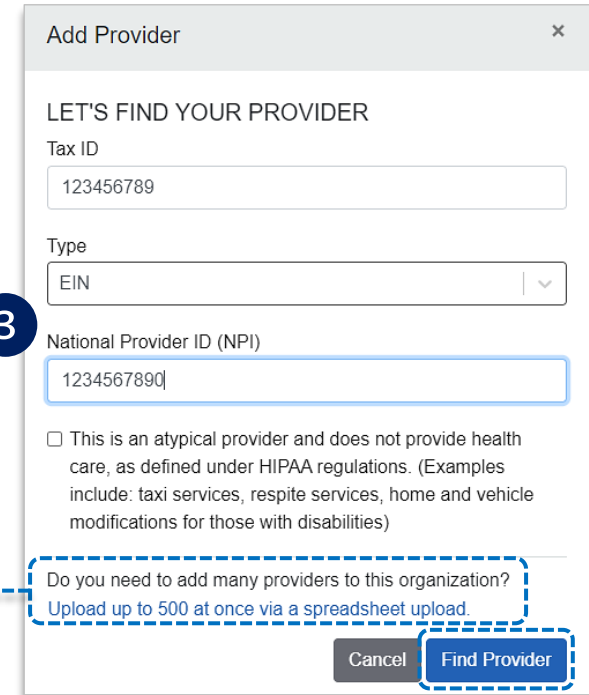
1 Assigned users can access this tool by following the instructions below:

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



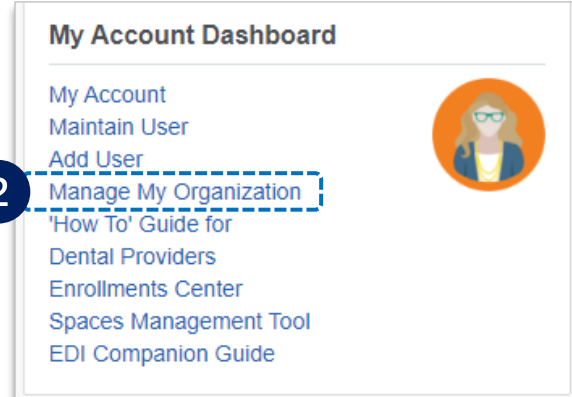
The image shows the Availity Sign In page. A dashed blue box highlights the 'Sign In' section, which includes fields for 'User ID' and 'Password', and a 'Sign In' button. A circled '1' is placed over the 'Sign In' button. Below the fields are links for 'Forgot your user ID?' and 'Forgot your password?'.

3 Enter the **Provider Tax ID** and **NPI numbers** and select **Find Provider**



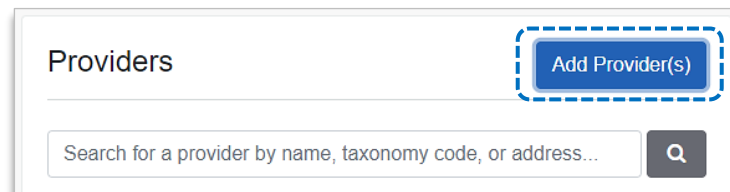
The image shows the 'Add Provider' dialog box. It has a title bar with a close button. The main content area is titled 'LET'S FIND YOUR PROVIDER' and contains the following fields: 'Tax ID' (with value 123456789), 'Type' (with a dropdown menu showing 'EIN'), and 'National Provider ID (NPI)' (with value 1234567890). There is a checkbox for 'This is an atypical provider...' and a question 'Do you need to add many providers to this organization? Upload up to 500 at once via a spreadsheet upload.' A dashed blue box highlights this question and the 'Find Provider' button. A circled '3' is placed over the 'Find Provider' button.

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



The image shows the 'My Account Dashboard' with a list of menu items. A dashed blue box highlights 'Manage My Organization'. A circled '2' is placed over this item. Other items include 'My Account', 'Maintain User', 'Add User', 'How To' Guide for Dental Providers, 'Enrollments Center', 'Spaces Management Tool', and 'EDI Companion Guide'.

▶ Within [Manage My Organization](#), select [Add Provider\(s\)](#)



The image shows the 'Providers' search interface. It has a search bar with the placeholder text 'Search for a provider by name, taxonomy code, or address...' and a search button. A dashed blue box highlights the 'Add Provider(s)' button. A circled '2' is placed over this button.

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.



Associated provider information will return based on the NPI number entered.

- ▶ **Step 1:** Review and/or update the provider **Name** and **Primary Specialty/Taxonomy** and select **Next**
- ▶ **Step 2:** Review and/or update the provider **Identifiers** and select **Next**

- ▶ **Step 3:** Review and/or update the provider **Address** and select **Next**
- ▶ **Step 4:** Review all information, choose the **provider's relationship to your organization**, then click **"I certify that this provider's information and relationship to my organization information is correct"** and **Submit**

1

1 2 3 4
Provider Information Identifiers Addresses Review

Looks like there's a match!
Please review and/or update all of this provider's information.

PROVIDER SEARCH RESULTS:

Village ABC Clinic

Provider Type
Group/Facility

Group Name/Facility Name
Village ABC Clinic

NPI
1234567890

Primary Specialty/Taxonomy
363L00000X Physician Assistants & Advanced Pr...

Back Next

2

1 2 3 4
Provider Information Identifiers Addresses Review

Looks like there's a match!
Please review and/or update all of this provider's identifiers.

PROVIDER SEARCH RESULTS:

Village ABC Clinic

Primary Tax ID
Tax ID
123456789

Type
EIN

+ Add additional Tax ID

Identifiers
+ Add identifier

Back Next

3

1 2 3 4
Provider Information Identifiers Addresses Review

Looks like there's a match!
Please add all of the address and service location information for this provider.

Village ABC Clinic

Physical/Billing

123 Anywhere Drive
Suite 000
City, State 12345

+ Add an address

Back Next

4

1 2 3 4
Provider Information Identifiers Addresses Review

What is the provider's relationship to your organization?
(Select one)

?
 This provider is a part of my organization
 This is a third-party not directly affiliated with my organization (example: referred-to provider)
 I certify that this provider's information and relationship to my organization information is correct

Back Submit



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

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

The screenshot shows the Availity navigation bar with 'Claims & Payments' expanded. A blue dashed box highlights the 'Claim Status' option, which is also marked with a '1' in a blue circle. An arrow points from this option to the text: '→ **Initiate** a dispute from the **Claim Status** results page.' Below it, another blue dashed box highlights the 'Appeals' option, marked with an 'A' in a blue circle, with an arrow pointing to the text: '→ Check status of a submitted **Claim Reconsideration** through **Appeals**.'

- Check claim status by following the steps below:**

- Choose the **Organization**
- Select **BCBSNM** from the **Payer** drop-down list
- Use the **Member** or **Claim Number** search options to obtain detailed claim status


Note: Refer to the [Claim Status Tool User Guide](#) to learn more about obtaining detailed claim status via Availity.

The screenshot shows the search form with 'Organization' set to 'ABC ORGANIZATION' and 'Payer' set to 'BCBSNM'. A blue dashed box highlights the 'Member' and 'Claim Number' search options, which are also marked with a '2' in a blue circle. Below the search options, there are several required fields marked with an asterisk: '* Select a Provider' (ABC CLINIC), '* Provider NPI' (1234567890), '* Member ID' (ABC123456789), '* Group Number' (123456), and '* Service Dates' (10/09/2023 - 10/09/2023). A 'Submit' button is highlighted with a blue dashed box, and a 'Clear Form' button is also visible.

Important Note: 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 users should refer to pages [3](#) and [4](#) for setup instructions.





- 1 ▶ Select **Dispute Claim** on the claim status response screen *(if applicable)*



Claim Status

Customer ID 12345 **Exchange Date** 10/09/2023
Transaction ID 99999999999999999999999999999999

Print this Page  **New Search**

 **BlueCross BlueShield**
of New Mexico


1 Dispute Claim ⚠️

Quick Tips:

- *Dispute Claim* is situational and based on the ineligible reason code on the claim.
- Refer to [page 11](#) for a listing of relevant ineligible reason codes for claim reconsideration submissions.

- 2 ▶ Users will receive confirmation that the dispute has been initiated and successfully added to your **worklist**
- ▶ Select **Go To Request**

Claim 123456789012X01 was successfully added to your worklist. ✕



Look for this request in your worklist to complete and send to the payer. You can review the status of your requests from the worklist.

Claim Number: 123456789012X01

Status: **Initiated**

Close **Go To Request**

The dispute request has only been initiated. Proceed to [page 7](#) to complete and send the request to BCBSNM for review.



Step 3: Complete Dispute Request & Submit

- 3 The **black** card indicates the request has been initiated but not yet sent to BCBSNM
- ▶ Select the **Action Menu** icon to **Complete Dispute Request**

BlueCross BlueShield of New Mexico Initiated

Created: 06/15/2023 • Updated 06/15/2023

Claim Number 123456789010X00	Payment Information E7777777	Patient Name JANE DOE	Service Begin Date 06/09/2023	Billed Amount \$2,766.00
Payment Date 06/15/2023	Patient Account Number JD123456	Service End Date 06/09/2023	Payment Amount 0	

3 Complete Dispute Request
View Details

- 4 Check claim status by following the steps below:
 - ▶ Select **Request Reason** of **Reconsideration** and enter **supporting rationale**
 - ▶ Select the **Provider Type** who this request is submitted on the behalf of:
 - ▶ **Rendering** or **Billing**
 - ▶ Enter **Contact Phone Number**
 - ▶ Select **Add Files** (*maximum of 10*)
 - ▶ Select **Submit Request**, receive **confirmation** and **view details**

Notes: One claim number per Dispute request, with a total of two dispute requests allowed per claim. Users can copy and paste data from a word document into the supporting rationale field.

Complete Dispute Request Claim# 123456789012X01

This BCBS New Mexico request was initiated on 06/15/2023

Fields marked with * are required.

4

* Request Reason

* Please explain the supporting rationale for your request

0/2000

* As the Appellant, are you submitting this request on behalf of the Servicing or the Billing Provider:
 Rendering
 Billing

* Contact Phone Number

Upload Supporting Documentation

IMPORTANT: Maximum number of files to upload is **10** with a maximum individual file size of **20 MB**, total **80 MB** across all files.
 Supported file types include: **.jpg, .jpeg, .pdf, .tif, .tiff**

Your request does not contain supporting documentation that may be needed for processing.

I understand that by submitting this request without attachments may delay processing.

+ Add File

Cancel
Submit Request

✔ Success

Your request was successfully sent to the payer and the current request status can be found in your worklist.

4
View Details

- ▶ Select **View Details** to go to the specific claim reconsideration request in the **worklist**

Maximum number of files to upload is 10. Individual file size cannot exceed 20 MB, with a total of 80 MB for all files.

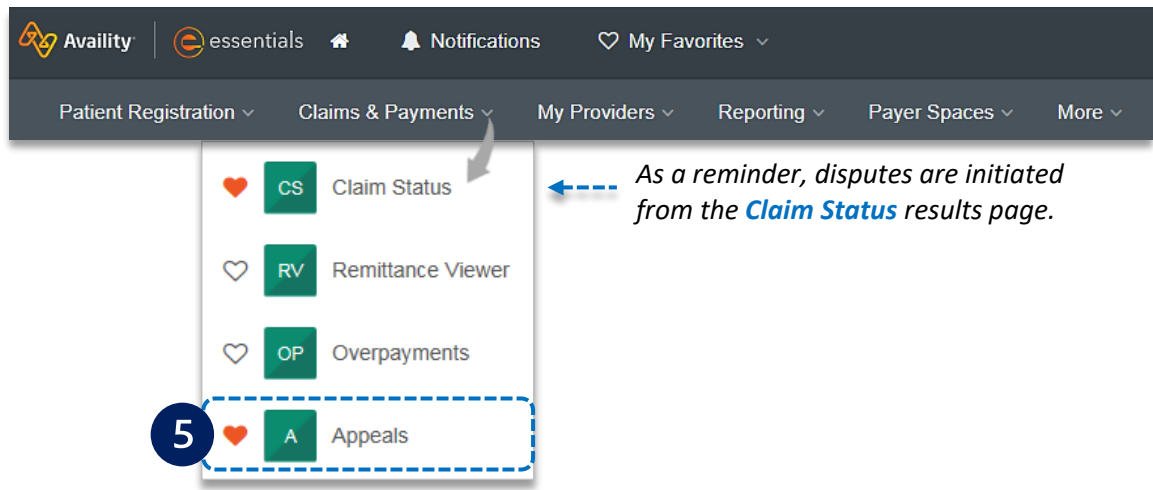
*Supported file name characters are **Alpha-numeric, dash (-) and underscore (_)**. No spaces.*

If documents are not attached, you will be prompted to check the box next to "I understand that by submitting this request without attachments may delay processing".



5 Follow these steps to access the **worklist** to complete a dispute request that was initiated from claim status, view the status of claim disputes in-process, as well as claims disputes that have been finalized by BCBSNM.

- ▶ Select **Claims and Payments**, then choose **Appeals**



▶ The status bar on the left side of cards indicate dispute status by color:

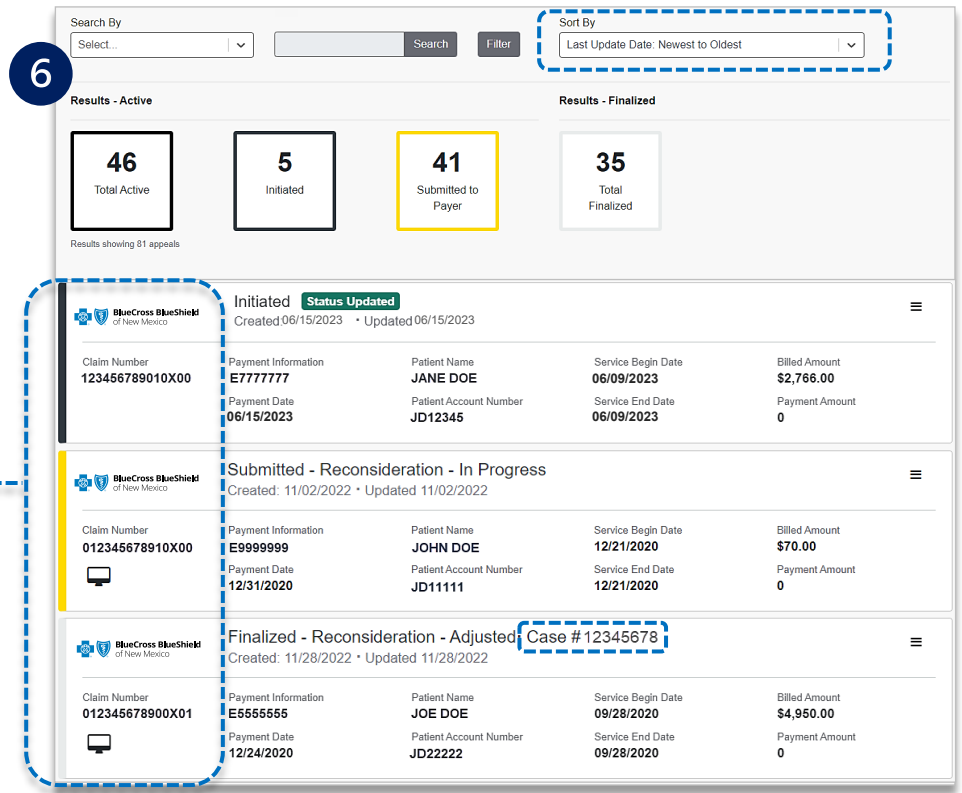
- **Black** = Initiated but not yet sent to BCBSNM
- **Yellow** = Submitted or returned from BCBSNM
- **Gray** = Final decision from BCBSNM

Note: A **Case Number** is assigned after the dispute request has been submitted to BCBSNM.

6 Cards in the **worklist** are sorted newest to oldest based on the date of the last update.

▶ Use the **Sort By** function to help locate your specific dispute by:

- Created Date: *Newest to Oldest*
- Created Date: *Oldest to Newest*
- Last Update Date: *Newest to Oldest*
- Last Update Date: *Oldest to Newest*





- 7 Search for a submitted dispute by selecting **Claim Number**, **Case Number**, or **Patient Last Name** from **Search By** drop-down list
- Enter the **Claim Number**, **Case Number**, or **Patient Last Name** and select **Search**

A Appeals

Search By

7 Select...

- Claim Number
- Case Number
- Patient Last Name

123456789012X01 Search Filter

Users can **Filter** by **Reconsideration Status** (initiated, submitted or finalized), **Sub-status** (in clinical review, in process or need additional information), **Provider** and/or **Payer**.

- 8 On the card, select the **Action Menu** icon and click **View Details and Attachments**

BlueCross BlueShield of New Mexico Submitted - Reconsideration - In Progress · Case # 88888888
Created: 11/02/2022 · Updated 11/22/2022

Claim Number 123456789011X01	Payment Information E7777777	Patient Name JANE DOE	Service Begin Date 03/23/2021	Billed Amount \$445.00
Method of Receipt Availity	Payment Date 03/26/2021	Patient Account Number JD123456	Service End Date 03/23/2021	Payment Amount 0

8 View Details and Attachments

BlueCross BlueShield of New Mexico Finalized - Reconsideration - Maintained · Case # 77777777
Created: 11/28/2022 · Updated 11/28/2022

Claim Number 123456789011X01	Payment Information E7777777	Patient Name JANE DOE	Service Begin Date 12/03/2020	Billed Amount \$406.00
Method of Receipt Availity	Payment Date 02/10/2021	Patient Account Number JD123456	Service End Date 12/03/2020	Payment Amount 0

- View the request to **determine status**

Home > Appeals > Details Need Help? Watch a demo for Appeals

A Appeals Give Feedback

8 Submitted - Reconsideration - Pending · Case # 99999999
Created: 11/02/2022 · Updated 11/02/2022

Claim Number 123456789012X01	Payment Information E7777777	Patient Name JANE DOE	Service Begin Date 01/05/2022	Billed Amount \$228.00
Method of Receipt Availity	Payment Date 01/05/2022	Patient Account Number 77777777	Service End Date 01/05/2022	Payment Amount 0

RECONSIDERATION Request Reason

Contact Phone Number: 800-999-9999

Other Claim Numbers: 123456789013X01


Submitter Type: Billing

Rationale Submitted To Payer: Please reprocess



- 9 View the finalized **decision**
- Documentation you uploaded viewable under **Attachments**, as well as correspondence from the payer when the request has been maintained

Final Decision – Adjusted



Finalized - Reconsideration - Adjusted · Case #12345678
Created: 04/05/2023 · Updated 04/05/2023

Claim Number 229999999911X00	Payment Information E7777777	Patient Name JANE DOE	Service Begin Date 03/08/2022	Billed Amount \$2,911.00
Method of Receipt Availity	Payment Date 04/28/2022	Patient Account Number JD99999999	Service End Date 03/08/2022	Payment Amount 0
Request Reason RECONSIDERATION	Contact Phone Number 555-555-5555	Rationale Submitted To Payer Please reprocess		


Decision: **Adjusted**
Decision Reason: **The claim has been adjusted. Please refer to your PCS/ERA.**

ATTACHMENTS

File Name	Status	Uploaded By	Upload Date
Claim-Reconsideration_Attachment11744 (315KB)	Received	Provider	04/05/2023, 9:58 AM

*When the claim has been **adjusted**, refer to your **Electronic Remittance Advice (ERA 835)** and/or **Provider Claim Summary** for claim processing information. As a reminder, use the [Availity Claim Status tool](#) to obtain real-time status.*

Final Decision – Maintained



Finalized - Reconsideration - Maintained · Case #12345678
Created: 04/05/2023 · Updated 04/05/2023

Claim Number 229999999900X00	Payment Information E9999999	Patient Name JANE DOE	Service Begin Date 08/22/2022	Billed Amount \$10,763.00
Method of Receipt Availity	Payment Date 09/01/2022	Patient Account Number JD99999999	Service End Date 08/22/2022	Payment Amount \$5,650.88
Request Reason RECONSIDERATION	Contact Phone Number 555-555-5555	Submitter Type Rendering		

Decision: **Maintained**
Decision Reason: **Please refer to the Correspondence link from the Payer below to view the letter.**

ATTACHMENTS

File Name	Status	Uploaded By	Upload Date
Claim-Reconsideration_Attachment11744 (315KB)	Received	Provider	
Correspondence (0 B)	Received	Payer	
Correspondence (0 B)	Received	Payer	

*When the claim review has been **maintained**, refer to the **Payer Correspondence(s)** to view the maintained denial reason. The payer correspondence will also be sent via U.S. mail.*

Applicable Ineligible Reason Codes for Claim Reconsideration Requests

006	13H	260	361	56D	601	832	A09	G12	G61	H13	H74	T43	V48
008	14D	269	364	56H	610	833	A11	G13	G62	H14	H75	T55	V49
01D	14H	280	366	57D	681	842	A12	G14	G63	H15	H76	T72	V50
01G	15D	281	374	57H	70D	844	A13	G15	G64	H16	H77	T97	V51
01H	15H	284	391	58D	70H	845	A14	G16	G65	H20	H78	T98	V52
01P	16D	293	40H	58H	71H	846	A15	G17	G66	H21	H79	V01	V53
024	16H	294	41D	59D	72H	847	A16	G18	G67	H22	H80	V02	V54
025	17D	295	41H	59H	73D	848	A19	G19	G68	H23	H81	V07	V55
026	17H	299	42D	502	73H	853	A20	G20	G69	H25	H82	V08	V56
02D	18D	30D	42H	503	74H	871	A21	G21	G70	H26	H83	V09	V57
010	18H	30H	43D	509	75H	90D	A22	G22	G71	H27	H84	V10	V58
011	19E	31D	43H	510	77H	90H	A23	G23	G72	H28	H85	V11	V59
015	19H	31H	44D	511	78D	91D	A24	G24	G73	H30	H89	V12	V60
016	110	32D	44H	516	78H	91H	A25	G25	G74	H31	H93	V13	V61
017	113	32H	45D	529	79D	92H	AH1	G26	G75	H34	H94	V14	V62
02G	114	33D	45H	542	79H	93H	AH2	G27	G76	H35	H95	V15	V63
02H	117	33H	46D	554	724	94H	AH3	G28	G77	H36	H96	V16	V64
02P	118	34D	46H	561	735	95H	AH4	G29	G78	H37	H97	V17	V65
03D	119	34H	47D	562	736	96H	AH5	G30	G79	H38	H98	V18	V66
03H	129	35D	47H	565	740	97H	AP1	G31	G80	H39	H99	V19	V67
041	131	35H	48D	566	742	98H	AP2	G32	G81	H40	LCD	V20	V68
043	133	36D	48H	573	743	99H	AP3	G33	G82	H41	LOC	V21	V69
044	138	36H	49D	580	744	901	AP4	G34	G83	H42	LOD	V22	V72
04D	146	37D	49H	593	745	902	AP5	G37	G84	H44	LOE	V23	V73
04H	20D	37H	400	596	751	910	AP6	G38	G85	H45	LOF	V24	V74
04M	20H	38D	401	60D	752	915	B01	G39	G86	H51	M01	V25	V75
051	21H	38H	406	60H	753	919	B02	G40	G87	H52	M02	V26	
05D	22D	39D	408	61D	761	920	B03	G41	G88	H53	M03	V29	
05H	22E	304	420	61H	762	936	B04	G42	G89	H54	M04	V30	
05M	22H	324	432	62D	768	940	B05	G43	G90	H55	M05	V31	
06D	23H	327	434	62H	80D	944	CB0	G45	G91	H56	M21	V32	
06H	24H	328	494	63D	80H	961	E55	G46	G93	H57	MEW	V33	
07D	25D	330	496	63H	83H	965	E56	G47	G94	H58	NSA	V34	
07H	25H	334	50D	64D	84D	967	F07	G48	G95	H59	ORC	V35	
08D	26H	338	50H	65D	84H	968	G01	G51	G96	H60	ORS	V36	
08H	27D	339	51D	65H	85D	975	G03	G52	G97	H61	PFR	V37	
09D	27H	344	51H	66D	85H	976	G04	G53	G98	H62	PRD	V38	
09H	28D	347	52D	66H	86D	981	G05	G54	H04	H63	PRH	V41	
10D	28H	354	52H	67D	86H	982	G06	G55	H07	H64	PS1	V42	
10H	29D	355	53D	67H	88D	983	G07	G56	H08	H65	PS2	V43	
11D	29H	356	53H	68D	89H	A03	G08	G57	H09	H70	T06	V44	
11H	216	357	54D	68H	811	A06	G09	G58	H10	H71	T07	V45	
12H	217	358	55D	69D	824	A07	G10	G59	H11	H72	T11	V46	
13D	246	360	55H	69H	825	A08	G11	G60	H12	H73	T42	V47	

Important Reminder:

→ Use the **Member** or **Claim Number** search options in the **Availity Claim Status tool** to view the detailed ineligible reason code descriptions for claims processed by BCBSNM. **Note:** The ineligible reason codes listed in **blue** apply to all claims processed by BCBSNM, except for Blue Cross Community CentennialSM and FEP claims.

Need additional assistance? →

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

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