![BlueCross BlueShield of New Mexico logo]

The Availity® Essentials 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 New Mexico (BCBSNM).

Providers can improve their accounts receivable and increase administrative efficiencies by utilizing the enhanced Claim Status tool Member and/or Claim search options to check status online for all your BCBSNM patients. Results are available in real-time and provide more detailed information than the HIPAA-standard claim status (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.
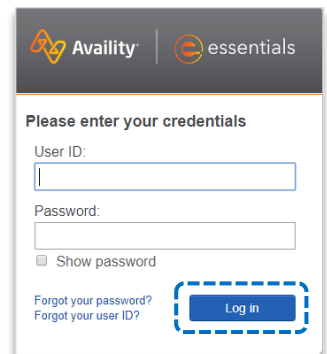
Quick Reference:

→ Refer to page **4**, **5**, and **6** to view claim status results for **Commercial** and **Individual Family Markets claims**

→ Refer to page **7** to view claim status results for **Government Programs claims** *(Medicare Advantage & New Mexico Medicaid)*

→ Refer to page **8** and **9** to view basic **HIPAA-standard claim status results** *(276/277 transaction)*

→ Refer to page **10** and **11** to learn how to **Save, View and Delete Claim Status Searches**

1) Getting Started

▶ Go to Availity

▶ Select **Availity Essentials Login**

▶ Enter User ID and Password

▶ Select **Log in**

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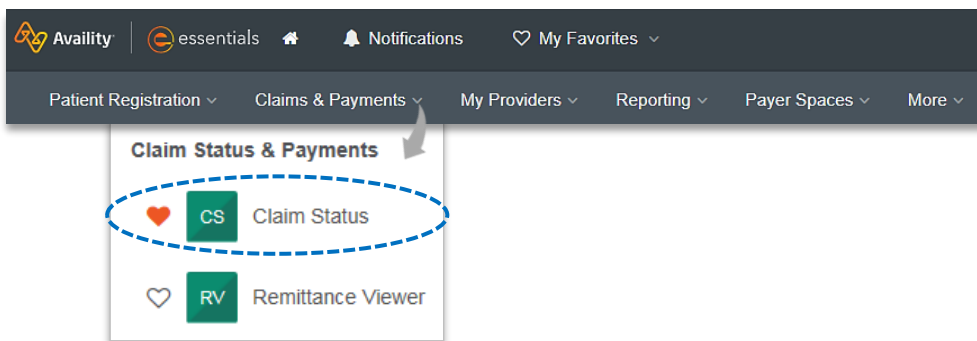
*Note: Contact your Availity administrators if the **Claim Status** tool is not listed in the **Claims & Payments** menu.*

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

Claim Status

Organization	Payer
YOUR ORGANIZATION	Select...

Payer Selection Options:
→ *BCBSNM*
→ *Blue Cross Medicare Advantage*
→ *Blue Cross Community Centennial*
→ *Other Blues Plans*

Search by Member:

▶ Select the **Member** tab

▶ Choose the Billing Provider from the **Select a Provider** drop-down list *(Professional providers should choose the Rendering Provider)*

▶ Enter the **Member ID** including the preceding three-character prefix for commercial and New Mexico Medicaid patients

▶ Enter **Service Dates** in MM/DD/YYYY format and select **Submit**

Important Note: *To ensure your provider information is available in the Select a Provider drop-down list, your Availity Administrator must add your NPI to Manage My Organization under My Account Dashboard on the Availity Essentials homepage.*

Organization	Payer ❓
ABC ORGANIZATION	BCBSNM

Member	Claim Number	HIPAA Standard

View Saved Searches

Fields marked with an asterisk * are required.

* Select a Provider ❓	* Provider NPI ❓	* Member ID ❓
ABC CLINIC	1234567890	ABC123456789

* Group Number	* Service Dates ❓	
123456	01/01/2023	-	02/01/2023

Submit   Clear Form

Quick Tip:
→ *Refer to pages 10 and 11 to learn how to Save and View Saved Searches.*

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 0FEPNM.*

→ *Out-of-state plans may contain more than three-characters (e.g., WMWAN1234567). Enter the Group Number as 123456.*

→ *Claim status for Medicare Advantage members is available for Service Dates from 1/1/2016 to current.*

3) Submitting Transactions *(continued)*

Search by Claim Number:

- ▶ Select the **Claim Number** tab

- ▶ Choose the Billing Provider from the **Select a Provider** drop-down list (Professional providers should choose the Rendering Provider)

- ▶ Enter the **Claim Number** and select **Submit**

Important Note: *To ensure your provider information is available in the **Select a Provider** drop-down list, your Availity Administrator must add your NPI to **Manage My Organization** under **My Account Dashboard** on the Availity Essentials homepage.*

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 at the end of the claim number to locate the secondary claim (i.e., 999999999991X).*

→ *Refer to pages 10 and 11 to learn how to Save and View Saved Searches.*

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4) Search Results

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

Results (Displaying 1 - 2 of 2)
As of February 20, 2023 11:13 AM
Transaction ID: 99999999999999999999999999999999

Status	From Service Date	Finalized Date	Claim #	Patient Name	Billed Amount
FINALIZED	04/12/2022	09/09/2022	999999999990X01	DOE, JANE	$290.00
DENIED	04/12/2022	06/01/2022	999999999990X00	DOE, JANE	$290.00

5) Detailed Search Results *Commercial and Individual Family Markets Claims*

The following information is returned for BCBSNM commercial and individual family markets 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:
  o Service Dates
  o Procedure / Revenue Code
  o Diagnosis
  o HCPCS Code
  o Billed Amount
  o Paid Amount
  o Ineligible Amount & Code
  o Discount
  o Copay / Coinsurance / Deductible
  o Modifiers
  o 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 Tips:

→ Select **Save this Search** at the top or bottom of the results page to **View Saved Searches**. Users receive a message confirming the search has been saved. Refer to pages 10 and 11 to learn more.

→ Click **Print this Page** at top or bottom of result page.

Claim Status

Customer ID 12345 **Exchange Date** 03/20/2023
Transaction ID 9999999999999999999999999999

| Save this Search | Print this Page 🖨 | New Search | Edit Search |

BlueCross BlueShield of New Mexico

Patient Information

Patient	DOE, JANE	Member ID	ABC00000123456789	Subscriber	DOE, JANE
DOB	01/01/2010	Patient Account Number	1384	Relationship	SELF
Gender	F	Group Number	123456		

Claim Information

Claim Number	999999999990X01	Claim Status	PAID	DRG Code	N/A
Received Date	09/09/2022	Custom Status Description		DRG Version	N/A
Processed Date	09/12/2022	Status Detail	N/A	DRG Weight	0.00000
Service Dates	04/12/2022 – 04/12/2022	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	Mods	Unit/Time/Miles
04/12/2022 04/12/2022	99203	M25542, 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

Customer ID 12345 **Exchange Date** 03/20/2021
Transaction ID 9999999999999999999999999999

Quick Tips:

→ *Ineligible reason codes display in the **Codes** field.*

→ *View ineligible reason code descriptions in the **Codes** section.*

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5) Detailed Search Results *Commercial and Individual Family Markets 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 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 Action Required	**Created Line Indicator** Submitted on Claim	**Action** Not Reimbursable	**Edit Source** Payer
Edit Location Payer Policy	**Procedure Code** 29515	**Modifier Code** N/A	**Unit Count** 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 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 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

Codes

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 12345   **Exchange Date** 03/20/2021
Transaction ID 99999999999999999999999999999

Print this Page 🖨   New Search   Edit Search

5) Detailed Search Results *Commercial and Individual Family Markets Claims (continued)*

There may be instances when providers receive a claim withdrawn notification after submission to BCBSNM. 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 BCBSNM plan for processing

CS Claim Status

Customer ID 12345   Exchange Date   03/20/2023   Save this Search   Print this Page 🖨   New Search   Edit Search
Transaction ID   XXXX-XXXX-1234567890

BlueCross BlueShield of New Mexico

Patient Information

Patient	DOE, JANE	Member ID	ABC123456789
DOB	01/01/1935	Patient Account Number	DOE123456789
Gender	F	Group Number	123456

Claim Information

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

6) Detailed Search Results *Government Programs 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 Tips:**
> → Select **Save this Search** at the top or bottom of the results page to **View Saved Searches**. Users receive a message confirming the search has been saved. Refer to pages 10 and 11 to learn more.
> → Click **Print this Page** at top or bottom of result page.

Claim Status

Customer ID 12345   Exchange Date 03/20/2023
Transaction ID 99999999999999999999999999999

| Save this Search | 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	999999999999	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 MEDICAL GROUP
				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 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

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.

> **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**

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

Quick Tip:

→ *If the information returned does not provide enough detail, complete the transaction using either the* ***Member*** *or* ***Claim Number*** *search option.*

8) View Saved Searches

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.

Note: These saved searches are specific to the provider's Organization, payer selected, and user who submitted the transaction.

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

▶ In the **View Saved Searches** dashboard, use the **Search** option by to 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** button

Note: A saved search will be removed after 45 days of not being viewed.

9) Deleting Saved Searches

▶ From the **Saved Searches** tab, select the **Delete Search** check box to remove the saved search from your dashboard

▶ The user will receive a validation message after the search has been deleted

Note: If you want to delete all saved searches at once, select the **Select All** button.