

# Availity Essentials Appeal Submission - Frequently Asked Questions

Updated: June 2022

Effective **October 18, 2021**, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) providers will have the ability to submit claim appeals electronically on the provider portal at **www.availity.com/essentials**. The new functionality will also allow providers to check the status of the appeal within the portal and obtain the outcome letter. We encourage our providers to begin utilizing this new efficient self-service tool, in place of faxing and calling.

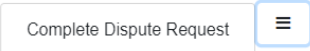
When is it appropriate to submit an appeal?	When is it appropriate to request a claim adjustment?	When should I submit a replacement claim?	How do I submit medical records if a claim is denied needing medical records?
<p>An appeal should be submitted when there are no changes needed to the claim, and you do not believe the claim processed correctly.</p> <p>Examples of when to submit an appeal:</p> <ul style="list-style-type: none"> <li>• Medical necessity denial on claim and medical records support medical necessity per the Blue Cross medical policy</li> <li>• Pricing of claim does not match expected allowance</li> <li>• Claims denied due to coding edit and medical records support the coding submitted on the claim</li> </ul>	<p>A claim adjustment can be requested by calling Provider Services or submitting a request through the Claims e-messaging tool in Availity Essentials.</p> <p>Examples of when to request a claim adjustment:</p> <ul style="list-style-type: none"> <li>• The member has advised they updated their coordination of benefits and claims need to be reprocessed</li> <li>• Information was submitted with a claim, but not used for processing, such as primary insurance information</li> </ul>	<p>A replacement claim should be submitted when a non-header data element needs to be changed or added to the original claim submission. If changing information at the header level of a claim (i.e., patient name, patient identification number, patient date of birth, billing provider information, statement coverage dates, type of bill change from inpatient to outpatient or vice versa), the original claim must be voided and a new original claim submitted. Blue Cross follows the MN AUC's Best Practices guide regarding when a replacement claims or void/new original process is appropriate. *</p>	<p>A replacement claim should be submitted with an Attachment Control Number (ACN) that matches the ACN on the faxed Attachment coversheet. The Attachment coversheet along with the medical records should be faxed to 800-793-6928 and must list the ACN submitted on the replacement claim. The Attachment coversheet can be accessed on the AUC site link below.**</p> <p><i>Please note that when submitting medical records in response to a request you received via letter from Blue Cross, you must follow the instructions in the letter to submit the requested medical records.</i></p>

\*(<https://www.health.state.mn.us/facilities/ehealth/auc/bestpractices/docs/bpclaimsc7.pdf>)

\*\* <https://www.health.state.mn.us/facilities/ehealth/auc/forms/index.html>

Questions	Response
1. <b>Why is Blue Cross implementing an electronic appeal request process?</b>	This new capability supports Blue Cross' goals of improving efficiency through self-service capabilities by expanding electronic submission options.
2. <b>Where can I find training on how to submit an Appeal?</b>	<p>You can learn about the Appeals application by viewing the recorded webinar available on the Availity Learning Center. After logging into the Availity Essentials portal</p> <ol style="list-style-type: none"> <li>1. Click <b>Help &amp; Training   Get Trained</b> (Availity Learning Center (ALC) opens a new tab)</li> </ol>

		<p><b>2. Go to the very top of the ALC screen, search with the keyword “BCBS Minnesota Appeals”</b></p> <p>Click Enroll in the top right corner, confirm you want to enroll and click “Start” to view the training</p>
3.	<b>If I already faxed in an appeal request, do I need to send it through Availity Essentials as well?</b>	No, please do not submit another request. Submitting an additional appeal will result in a duplicate appeal. Your appeal will be processed following the current workflow in place for faxed appeals.
4.	<b>What types of appeals can be submitted through Availity Essentials?</b>	<p>The Availity Essentials Appeals portal should be used for all post service claim appeals for the following lines of business; Commercial, FEP and Medicare Advantage, including eviCore appeals.</p> <p>Appeals for claims for members residing outside the Blue Cross Blue Shield of Minnesota Service area (Blue Card Claims) should follow the current faxing process. You will receive an error message if you try to initiate an appeal for a member of another Blue Plan</p>
5.	<b>What is the timeframe for appeals timely filing?</b>	The appeals filing timeframe is 90 days from the date the claim finalized; however, the timeframe has been extended to 180 days for the duration of the COVID-19 pandemic/public health emergency (PHE). Once the PHE ends, the timeframe will revert to the standard 90-day timeframe.
6.	<b>Am I required to submit appeals and verify appeal status electronically through Availity Essentials?</b>	Blue Cross is not requiring all appeals to be submitted online at this time; however we strongly encourage our participating providers to take advantage of the additional tools and features available on Availity Essentials. Blue Cross will continue to assess the requirements and advise providers of any changes.
7.	<b>Do I need additional permissions to submit appeals through Availity Essentials?</b>	<p>Your will need to have the Claim Status Role to submit an appeal and to access the Appeals Dashboard. If you do not have the access, you will need to contact your Availity Administrator to request it.</p> <p>In Availity Essentials, you can find the name of your Availity administrators in the “My Account Dashboard”. In the “My Account Dashboard, click “My Administrators” to find the administrators for your business.</p>
8.	<b>Once logged into Availity Essentials, how do I submit an appeal?</b>	<p>Once logged into <b>www.availity.com/essentials</b>, click “Claims &amp; Payments” and then select “Claim Status” from the drop-down menu.</p> <p>A valid claim status response is required to start the appeal process through the portal. After choosing the claim you would like to appeal, click on the “Dispute Claim” button. This will initiate the Appeal.</p>

9.	<b>What provider ID should I use to submit the Claim Status Inquiry?</b>	<p>Providers must use NPI when searching for claims that have an NPI if they want to submit an appeal. If by mistake an appeal is initiated on a claim when a search has been performed using any other provider identifier outside of an NPI it will not be able to be completed in Availity Essentials and will have to be faxed in.</p> <p>If you are an atypical provider continue to follow the current process in place. By completing the AUC form to fax or mail your appeal.</p>
10.	<b>What do I do once I have initiated the appeal submission?</b>	<p>You will need to complete the dispute request form to submit the appeal to Blue Cross.</p> <p>There will be an option to complete the dispute request immediately after initiating or through the Appeals Dashboard later. Within the dashboard, look for the button to open available options. Choose “Complete Dispute Request”.</p> 
11.	<b>Do I still need to complete the AUC appeal form?</b>	<p>Utilizing the online process does not require the submission of the AUC form. It is still required when faxing or mailing an appeal.</p>
12.	<b>What are the Appeal Request Reason codes?</b>	<p>The Appeal Request Reason code drives the appeal to the correct Blue Cross team for review. The list of Request Reasons includes the following:</p> <ul style="list-style-type: none"> <li>• Code Review (see Q&amp;A #13 for examples)</li> <li>• Eligibility</li> <li>• Medical Policy</li> <li>• Other</li> <li>• Pricing</li> <li>• Timely Filing</li> </ul>
13.	<b>When should I choose the “Code Review” Appeal Request Reason?</b>	<p>Choose “Code Review” for any of the following scenarios:</p> <ul style="list-style-type: none"> <li>• Procedure Code Unbundling/Replacement</li> <li>• Mutually Exclusive Procedures</li> <li>• Incidental Procedures</li> <li>• Medical Visits on the Same Day as Surgery</li> <li>• Global Surgical Package – Pre- and Postoperative Services</li> <li>• Units of Service Validation and Restriction</li> <li>• Duplicates</li> <li>• Assistant surgeon</li> <li>• Multiple E&amp;M’s</li> <li>• Component of another procedure</li> <li>• Unbundled charges</li> <li>• Add-on code</li> <li>• MUE’s (Medically Unlikely Edits)</li> </ul>

14.	<b>Can I appeal more than one claim per appeal request?</b>	Yes, you can enter up to 10 additional claim numbers related to this appeal. Claim must be for same <b>member</b> , <b>provider</b> , and <b>request reason</b> .
15.	<b>Are there any restrictions for the appeal description?</b>	The appeal description is limited to 2000 characters. The following should not be used in the description: <ul style="list-style-type: none"> <li>• ^ (carrot)</li> <li>• ~ (tilde)</li> <li>• &lt; (less than)</li> <li>• &gt; (greater than)</li> </ul> No symbols are allowed in the description for example: © € ☺ ∞ ≤ ™
16.	<b>Where do I enter my phone extension?</b>	Currently, providers should include their phone extension in the description field.
17.	<b>Are there any restrictions when attaching documentation for an appeal?</b>	The maximum number of files to upload is 10 with a maximum individual file size of 10 MB, total 100 MB across all files.  The attachment file name(s) must be less than 253 characters and should not contain any of the following special characters \ / : * ? " < >    The following is the list of supported file types: <ul style="list-style-type: none"> <li>• .pdf</li> <li>• .doc</li> <li>• .docx</li> <li>• .PNG</li> <li>• .TIF</li> <li>• .JPEG</li> <li>• .XLS</li> <li>• .XLSX</li> <li>• .BMP</li> <li>• .PPTX</li> </ul>
18.	<b>How do I know that my documents were successfully received?</b>	On the Appeals Dashboard, in the Attachments section, the status of the document will be listed along with who submitted and the submission date and time.  <b>Note:</b> The document will remain in a “submitted” status until it is received by Blue Cross at which point the status will be updated to show “received”
19.	<b>Can I add additional documentation to an existing appeal?</b>	Yes, if the status of the appeal is not in a finalized status. You can add documents through the Appeals Dashboard.
20.	<b>Why am I getting a message when I try to appeal a claim?</b>	There are various messages that will be shared through the appeals submission process on the Availity Essentials portal. Possible messages include the following: <ul style="list-style-type: none"> <li>• We have determined your request does not meet the requirements for appeals timely filing.</li> <li>• We have determined your request does not meet all the requirements for 2nd level appeal. *</li> <li>• We have determined your request is not eligible for 2nd level appeal.</li> </ul>

		<ul style="list-style-type: none"> <li>We have determined your request is not eligible for appeal because all internal levels of appeal have been exhausted.</li> <li>We have determined your request is not eligible for appeal through Availity. Please use standard appeal process using Mail/Fax.</li> <li>A request was already created for this claim. Click on the Go to Details button to review the request.</li> </ul> <p><b><i>* You may receive this message if there was a previously faxed or mailed appeal that is still in the process of being reviewed.</i></b></p>
21.	<b>What statuses will I see in my Appeals Dashboard?</b>	<p>Your dashboard will display the status of each appeal. Statuses include:</p> <ul style="list-style-type: none"> <li><b>Initiated</b></li> <li><b>Submitted</b></li> <li><b>Finalized</b></li> </ul> <p>In addition to the overall status, a Submitted or Finalized appeal will have a sub-status. These include the following:</p> <p><b>Submitted</b></p> <ul style="list-style-type: none"> <li>In Clinical Review</li> <li>In Progress</li> <li>Need Additional Info</li> <li>Pending Assignment</li> <li>Pending Payment</li> <li>Request Received</li> </ul> <p><b>Finalized</b></p> <ul style="list-style-type: none"> <li>Approved - Your appeal request has been approved. Please refer to the new claim remittance for processing details.</li> <li>Not Accepted - Please see the written notification located in the attachments section for additional details.</li> <li>Partially Approved - Your appeal request has been partially approved. Please refer to the outcome letter located in the attachments section for additional details.</li> <li>Denied - Please refer to the outcome letter located in the attachments section for additional details.</li> <li>Completed - Please see the written notification located in the attachments section for additional details.</li> </ul>
22.	<b>If a first level appeal was submitted to Blue Cross by faxing, can a 2<sup>nd</sup> level appeal be submitted electronically through Availity Essentials?</b>	Yes, second level appeals can be submitted electronically through Availity Essentials even if the first appeal was submitted via fax. The 2 <sup>nd</sup> level appeal will still need to meet the same requirements as if it was faxed.
23.	<b>If a first level appeal was submitted to Blue Cross electronically, can a 2<sup>nd</sup> level appeal be submitted electronically through Availity Essentials?</b>	Yes, second level appeals can be submitted electronically through Availity Essentials even if the first appeal was submitted electronically. The 2 <sup>nd</sup> level appeal will still need to meet the same requirements as if it was faxed.

24.	<b>How much appeal history is being represented in Availity Essentials?</b>	The Appeal Dashboard will display all appeals submitted electronically through Availity Essentials.
25.	<b>How do I search for an appeal on the Appeals Dashboard?</b>	<p>You can search by the Case or Claim number. Note that if you search by the Case number the “S” should be capitalized and include the dash mark. This will be updated in December 2021 to no longer require an upper case “S”.</p> <p>You also have the option to Filter on the dashboard by assigned to me, appeal status, sub-status and provider.</p>
26.	<b>How will Blue Cross notify me when a decision is made on my request?</b>	All review outcomes are available on the portal. As required, an outcome letter will be available to download from the portal. If the appeal was on behalf of the member, a paper copy will also be mailed to you.
27.	<b>Who should I contact if I have additional technical questions about submitting an appeal?</b>	If you have questions about Availity Essentials Authorizations, Inquiry or Dashboard, call Availity Customer Service department at <b>1-800-Availity (800-282-4548)</b>