

# AVAILITY ESSENTIALS CLAIM SUBMISSION

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# AVAILITY ESSENTIALS WEBSITE

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[WWW.AVAILITY.COM/ESSENTIALS](http://WWW.AVAILITY.COM/ESSENTIALS)

- Professional claim submission form
  - This document will cover the professional claim submission form.

**\*\*YOU WILL NEED TO COMPLETE REGISTRATION PRIOR TO ACCESSING THIS INFORMATION. IF YOU HAVE NOT FINISHED THE REGISTRATION PROCESS, COMPLETE THAT FIRST, THEN RETURN TO THIS DOCUMENT**

# SUBMITTING A CLAIM

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Required information you should have ready before beginning to enter a claim:

- Organization, if you have more than one to choose from
- Payer name
- Patient information – If you do an Eligibility & Benefit Inquiry prior to starting the claim the member data will populate the claim submission screen
  - Name
  - Date of birth
  - Gender
  - Address
  - Subscriber/Member ID

# SUBMITTING A CLAIM, CONTINUED

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- Provider billing information – Enter this information in Manage My Organization to use the drop-down list to select a provider on the claim submission screen
  - Organization/Provider Name
  - Phone number
  - Address
  - Specialty/taxonomy code
  - NPI or UMPI, if UMPI is used then it is required to be entered in Express Entry or Manage My Organization
  - Tax ID

# SUBMITTING A CLAIM, CONTINUED

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- Diagnosis Code
  - Only ICD10 code are accepted
  - Do not enter the decimal point in the claim form
- Claim level information
  - Patient Control Number (this is any number you use in your system to track services for the patient)
  - Place of Service

# SUBMITTING A CLAIM, CONTINUED

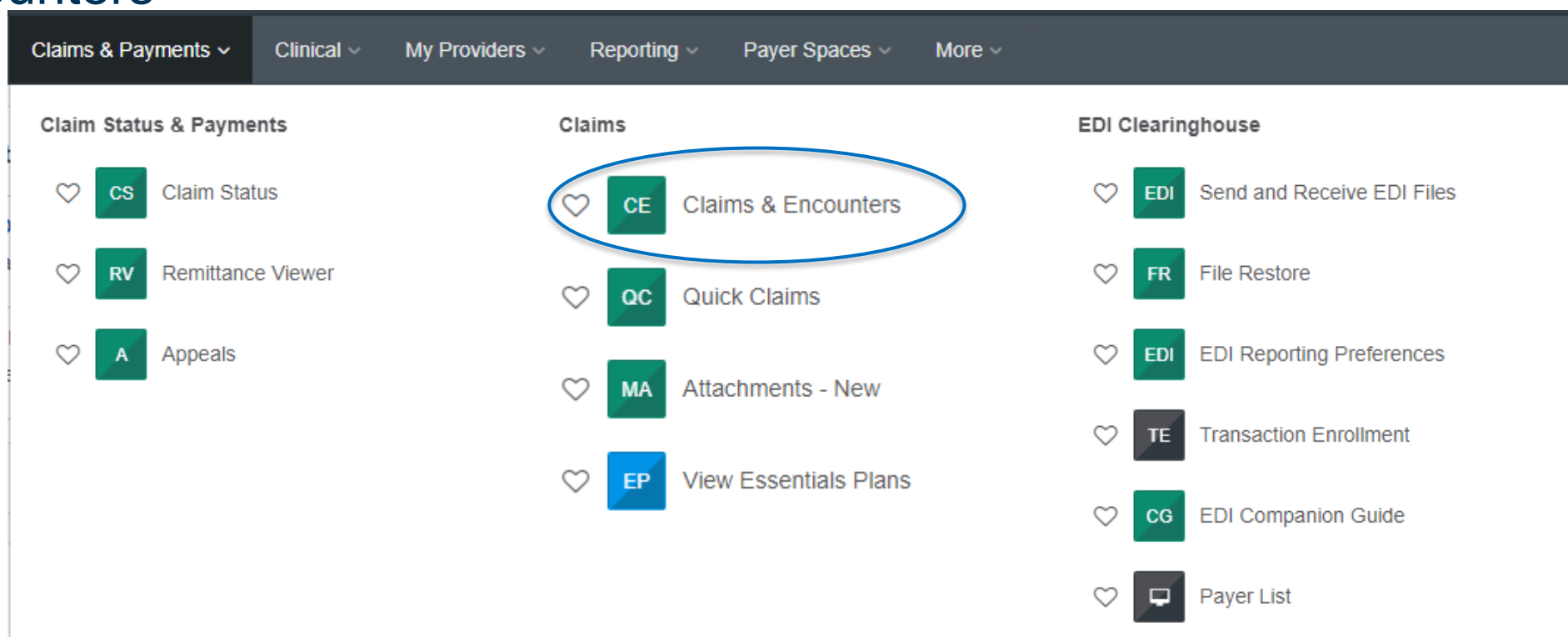
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- Line Information
  - Date of service
  - Procedure code
  - Description, for applicable procedure codes
  - Modifier, as applicable
  - Charge
  - Number of units



























# SUBMITTING A CLAIM, CONTINUED

To open Submit a Claim, go to the “Claims & Payments” drop down menu, choose “Claims & Encounters”

**TIP:** Click  to add to favorites for quicker access in the future.



The screenshot shows a navigation bar with the following items: Claims & Payments (selected), Clinical, My Providers, Reporting, Payer Spaces, and More. Below the navigation bar are three columns of menu items:

- Claim Status & Payments:**
  -   Claim Status
  -   Remittance Viewer
  -   Appeals
- Claims:**
  -   Claims & Encounters (circled in blue)
  -   Quick Claims
  -   Attachments - New
  -   View Essentials Plans
- EDI Clearinghouse:**
  -   Send and Receive EDI Files
  -   File Restore
  -   EDI Reporting Preferences
  -   Transaction Enrollment
  -   EDI Companion Guide
  -   Payer List

# CLAIMS & ENCOUNTERS

## CE Claims & Encounters

Need Help? [Watch a demo](#) for submitting Professional Claims.

Give Feedback

### INSURANCE COMPANY/BENEFIT PLAN INFORMATION

Organization

PROVIDER ORGANIZATION NAME

Claim Type

Professional Claim

Professional Claim

Facility Claim

Payer

Payer Name

Responsibility Sequence ?

Primary




# CLAIMS & ENCOUNTERS FORM, CONTINUED

**TIP: Fields listed with a red asterisk ( \* ) are required.**







Set / Show Form Data

## PATIENT INFORMATION


Select a Patient 

Type to search...



* Last Name	* First Name	Middle Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Date of Birth	* Gender	* Relationship 	
<input type="text" value="mm/dd/yyyy"/> 	<input type="text" value="Type to search..."/>	<input type="text" value="Self"/>	
* Address 	Address 2 	Country 	
<input type="text"/>	<input type="text"/>	<input type="text" value="United States"/>	
* City	* State	* Zip Code	Patient Amount Paid 
<input type="text"/>	<input type="text" value="Type to search..."/>	<input type="text"/>	<input type="text"/>

Patient is deceased

 Add Ancillary Claim/Treatment Information

**TIP: Submit an E&B Inquiry before opening the claim form. Choose a patient from the dropdown list for the information to populate from the E&B response.**

# CLAIMS & ENCOUNTERS FORM, CONTINUED

**TIP: Fields listed with a red asterisk ( \* ) are required.**

## Add Ancillary Claim/Treatment Information

### ANCILLARY CLAIM/TREATMENT INFORMATION ✕

\* Accident Cause Code 1

Type to search...

Accident Cause Code 2

Type to search...

\* Accident Date

mm/dd/yyyy



### SUBSCRIBER INFORMATION ?


\* Subscriber / Insured ID ?

Group Number ?

\* Authorized Plan to Remit Payment to Provider? ?

Y - Yes



 Add Secondary Insurance Plan

# CLAIMS & ENCOUNTERS FORM, CONTINUED

## BILLING PROVIDER INFORMATION


Select a Provider

Type to search...



* Organization / Last Name ?	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
* NPI ?	Payer Assigned Provider ID	* EIN ?
<input type="text"/>	<input type="text"/>	<input type="text"/>
* SSN ?	* Specialty Code ?	* Address ?
<input type="text"/>	Type to search... ▼	<input type="text"/>
Address 2 ?	Country ?	* City
<input type="text"/>	United States ▼	<input type="text"/>
* State	* Zip Code	
Type to search... ▼	<input type="text"/>	

Pay-to address is the same as the billing address

 Add Contact Information

Add Rendering Provider

Add Supervising Provider

Add Referring Provider

Add Service Facility Location Information

### TIP:

If UMPI is required to be submitted on the claim, you MUST use the dropdown list.

To use the dropdown list, enter your provider information in the Manage My Organization application..

# CLAIMS & ENCOUNTERS FORM, CONTINUED

**TIP: Fields listed with a red asterisk ( \* ) are required.**

Choose appropriate place of service using drop down arrow

**TIP: Billing Frequency indicates if this is the initial/original claim (1), a replacement claim (7) or a void/cancel claim (8).**

CLAIM INFORMATION

<p>* Patient Control Number / Claim Number ?  <input type="text"/></p> <p>* Provider Accepts Assignment ?  <input type="text"/></p> <p>* Claim Filing Indicator  <input type="text" value="CI - Commercial Insurance Co."/></p> <p>Care Plan Oversight Number  <input type="text"/></p> <p>Claim Note Reference Code  <input type="text"/></p>	<p>* Place of Service ?  <input type="text" value="Type to search..."/></p> <p>* Release of Information ?  <input type="text" value="Type to search..."/></p> <p><b>Prior Authorization Number</b>  <input style="border: 2px solid red;" type="text"/></p> <p>Clinical Laboratory Improvement Amendment Number  <input type="text"/></p>	<p>* Frequency Type ?  <input type="text" value="Type to search..."/></p> <p>* Provider Signature on File  <input type="text" value="Type to search..."/></p> <p>Medical Record Number  <input type="text"/></p> <p>Spinal Manipulation Service Patient Condition Code  <input type="text" value="Type to search..."/></p>
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**TIP: The Prior Authorization Field is not indicated as required but if this is needed on your claim for processing, enter it here.**

# CLAIMS & ENCOUNTERS FORM, CONTINUED

**TIP:** The decimal point of the diagnosis code should not be entered. Start typing the diagnosis code or the description of the diagnosis to show valid options to choose from. Use Add button to add up to 12 total diagnosis codes.

DIAGNOSIS CODES

\* Principal Diagnosis Code ?

general sy|

R6889 - Other general symptoms and signs

+ Add

\* Diagnosis Code 2 ?

Type to search...

\* Diagnosis Code 3 ?

Type to search...

\* Diagnosis Code 4 ?

Type to search...

Add Additional Claim Information

- ☺ EPSDT Referral Information
- ↔ Onset Date Information
- ✂ Worker's Compensation
- ⊕ Hospitalization
- 👤 Anesthesia Information
- 📄 Condition Codes
- 📎 Attachments



**TIP:** Use the Add Additional Claim Information button to add any required claim information needed for submission.

# CLAIMS & ENCOUNTERS FORM, CONTINUED

LINES

1	* Service From Date <sup>?</sup> mm/dd/yyyy	Service To Date mm/dd/yyyy	Place of Service <sup>?</sup> Type to search...	* Procedure Code <sup>?</sup> Type to search...	Procedure Description	Modifier
	<input type="checkbox"/> Emergency Indicator					
	* Diagnosis Code Pointer <sup>?</sup> Type to search...	* Charge Amount	* Quantity <sup>?</sup>	* Quantity Type <sup>?</sup> UN - Unit		

+ Add a Line

Actions

- Line Details
- Clone Line
- Remove Line

Total: \$0.00

Clear Form Continue

**TIP: To add more lines, click the Add a Line button or use the features under the Actions Menu.**  
**Line Details (see next slide for details)**  
**Clone Line (duplicate line and make necessary changes)**  
**Remove Line**

**When all claim lines have been entered click the Continue button.**

# CLAIMS & ENCOUNTERS FORM, CONTINUED

Enter any additional claim line details needed. Save to continue and go back to main screen to continue to submission process.

CLAIM LINE DETAILS

Service Line Control Number [?](#)

Place of Service [?](#)

\* Service From Date [?](#)

Service To Date

\* Procedure Code [?](#)

Procedure Description

Emergency Indicator

Modifier 1      Modifier 2      Modifier 3      Modifier 4

\* Diagnosis Code Pointer [?](#)

\* Charge Amount

\* Quantity [?](#)

\* Quantity Type [?](#)

Prior Authorization Number

Clinical Laboratory Improvement Amendment Number [?](#)

Referring Clinical Laboratory Improvement Amendment Number [?](#)

Additional Information Line Note

Back    Save

**TIP:** Use this button to add the necessary claim line information required for claim submission.

- + Rendering Provider
- + Supervising Provider
- + Referring Provider
- + Ordering Provider
- + Service Facility Location Information
- + National Drug Code (NDC)
- + Durable Medical Equipment (DME)
- + DME Certificate of Medical Necessity (CMN)

# CLAIMS & ENCOUNTERS FORM, CONTINUED

## CE Claims & Encounters

**This screen allows you to review all data entered on the claim before submitting. If there are corrections needed before submitting, now is the time use the Back button.**

**Make the necessary corrections, review again and submit when all information is correct.**

**For documentation purposes, the screen needed to be shown on two pages. This is only one screen on the portal.**

INSURANCE COMPANY / HEALTH PLAN INFORMATION		
Claim Type Professional Claim	Payer BLUERIDE NON-EMERG TRANSPORTATION	Responsibility Sequence P
PATIENT INFORMATION		
Patient Name	Date of Birth (MM/DD/YYYY)	Gender
Relationship Self	Address	
BILLING PROVIDER INFORMATION		
Organization Name or Provider's Last Name	EIN	Speciality Code
Address	<input checked="" type="checkbox"/> Pay-To address is the same as the billing address	
SUBSCRIBER / INSURED INFORMATION		
Subscriber / Insured ID Number		



# CLAIMS & ENCOUNTERS FORM, CONTINUED

**This screen allows you to review all data entered on the claim before submitting. If there are corrections needed before submitting, now is the time use the Back button.**

**Make the necessary corrections, review again and submit when all information is correct.**

**For documentation purposes, the screen needed to be shown on two pages. This is only one screen on the portal.**

## CLAIM INFORMATION

Patient Control Number/Claim Number .	Place of Service 99	Frequency Type Admit thru Discharge Claim
Provider Accepts Assignment? Assigned	Release of Information Consent to Release Medical Information Regulated by Federal Statutes	Provider Signature on File Yes
Claim Filing Indicator Commercial Insurance Co.	Prior Authorization Number	

## DIAGNOSIS CODES

Principal Diagnosis Code  
R6889

## SERVICE LINE SUMMARY

Line 1

Service Dates (MM/DD/YYYY)	Place of Service	Procedure Code	Description	Modifier Codes				Diagnosis Code Pointer				Charges	Quantity
				1	2	3	4	1	2	3	4		
10/03/2023 -		A0999	no show					R6889				\$15.00	1 UN

TOTAL: \$15.00

[VIEW ALL SERVICE LINE DETAILS](#)

[Back](#) [Print](#) [Submit](#)

# CLAIMS & ENCOUNTERS FORM, CONTINUED

ONCE YOU CLICK ON “SUBMIT”, THIS ONLY MEANS THE CLAIM PASSED ALL PORTAL EDITS AND WILL BE SENT TO THE PAYER FOR THE NEXT STEP IN PROCESSING THE CLAIM. YOU CAN EITHER PRINT/SAVE THIS CLAIM RESPONSE DETAIL OR FIND IT IN YOUR SEND/RECEIVE EDI FILES.

✔ Claim Submitted  
 Your claim has been successfully submitted to BCBSMN for further processing.

Transaction ID	Patient Account Number	Submission Type Professional Claim
Submission Date	Date(s) of Service	Patient Name
Subscriber ID	Billing Provider Name	Billing Provider NPI
Billing Provider Tax ID	Total Charges	

Print New Claim

# CLAIMS & ENCOUNTERS FORM, CONTINUED

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After a claim response detail is received, the payer will send a 277CA (Claim Acknowledgement) with an accepted or rejected message.

- If the claim is “Accepted”, it means that the claim will process through the adjudication system.
  - After the claim is finalized in the adjudication system, you will receive an Electronic Remittance Advice (ERA) with details on how the claim was adjudicated. The ERA is also known as an 835 EDI Transaction. The human readable version of the remittance can be found within the Remittance Viewer application on the Availity Essentials portal.
- If the claim is “Rejected”, it means that there will be an error message sent back to you. For claims submitted through the Availity Essentials Portal, the 277CA will be found in your mailbox in Send and Receive EDI files. This message will inform you what is needing to be corrected on the claim. After correcting the error, submit a new claim.

# TIPS TO ENTER SECONDARY AND TERTIARY CLAIMS

# SECONDARY AND TERTIARY CLAIM SUBMISSION

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Availity Essentials allows the provider to submit secondary or tertiary claims on the members behalf.

The secondary or tertiary claim should not be submitted until the previous payer has completed the claim processing and an Electronic Remittance Advice (835 Transaction) has been received.

# SECONDARY AND TERTIARY CLAIM SUBMISSION

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## General Notes

### Responsibility sequence

- **Secondary** – If you have already submitted a primary claim and want to submit a secondary claim, select **Secondary** in the **Responsibility Sequence** field. Enter the secondary information on the page. You must also enter the primary information from the 835.
- **Tertiary** – If you have already submitted a primary and secondary claim and want to submit a tertiary claim, select **Tertiary** in the **Responsibility Sequence** field. You must also enter the primary and secondary information that you submitted previously. Some of the information is on the 835.

# SECONDARY CLAIM SUBMISSION

•**Secondary** – If you have already submitted a primary claim and want to submit a secondary claim, select **Secondary** in the **Responsibility Sequence** field. You must also enter the primary information from the 835.

Responsibility Sequence ?

Secondary

Primary

Secondary

Tertiary

These fields display in the **Primary Insurance Plan Information** section when you select **Secondary** or **Tertiary** in the **Responsibility Sequence** field.

This field is used for coordination of benefits and submitting adjustments to previously submitted claim amounts.

PRIMARY INSURANCE ?

PLAN INFORMATION

\* Primary Payer ID      \* Primary Payer Name      Claim Control Number

Tax ID      Prior Authorization Number ?      \* Assignment of Benefits

\* Release of Information      \* Claim Filing Indicator

Type to search...      Type to search...

+ Add Plan Address

SUBSCRIBER INFORMATION

\* Subscriber ID      Policy or Group Number

\* Remaining Patient Liability Amount      \* Is subscriber different from the main subscriber?

No

ADJUSTMENTS

Adjustment Type ?      \* Paid Amount      \* Claim Paid Date

No Payment Adjustment           mm/dd/yyyy

+ Add Medicare Outpatient Adjudication Information

# TERTIARY CLAIM SUBMISSION

• **Tertiary** – If you have already submitted a primary and secondary claim and want to submit a tertiary claim, select **Tertiary** in the **Responsibility Sequence** field. You must also enter the primary and secondary information from the 835.

Responsibility Sequence ?

Tertiary

Primary

Secondary

Tertiary

These fields display in the **Secondary Insurance Plan Information** section when you select **Tertiary** in the **Responsibility Sequence** field.

If the subscriber is different, check this box to display the additional fields that are required on the claim.

SECONDARY INSURANCE PLAN INFORMATION ?

PLAN INFORMATION

\* Secondary Payer ID

\* Secondary Payer Name

\* Is this a Medicare payer?

Claim Control Number

Tax ID

Prior Authorization Number ?

\* Assignment of Benefits

\* Release of Information

\* Claim Filing Indicator

SUBSCRIBER INFORMATION

\* Subscriber ID

Policy or Group Number

\* Remaining Patient Liability Amount

\* Is subscriber different from the main subscriber?

ADJUSTMENTS

Adjustment Type ?

\* Paid Amount

\* Claim Paid Date



# SECONDARY AND TERTIARY CLAIM SUBMISSION

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## General Notes

### Payment/adjustment type

This field displays in the **Primary Insurance Plan Information** section when you select **Secondary** or **Tertiary** in the **Responsibility Sequence** field. This field is used for coordination of benefits and submitting adjustments to previously submitted claim amounts.

- Select **No Adjustment** if you are not making changes to the claim amounts previously submitted to the primary insurance plan.
- Select **Claim Level Adjustment** when you are making claim level amount changes to the previously submitted primary insurance plan.
- Select **Claim Line Level Adjustment** when you are making claim line amount changes to the previously submitted primary insurance plan.
- Select **Both** when you are making claim level and claim line level amount changes to the previously submitted primary insurance plan.
- Note:** When making adjustments, ensure the adjustment amounts add up to the total claim amount. The claim/line level adjustments plus the claim/line level paid amounts must add up to the billed amount.

# SECONDARY AND TERTIARY CLAIM SUBMISSION

## General Notes

- Other payer claim control number - The claim control number of the other payer is required when you are submitting a secondary or tertiary COB claim and the Primary payer was Medicare.
- Other payer ID - This topic applies to coordination of benefits, secondary and tertiary payers.
  - Enter the ID of other payers who have adjudicated and provided claim level information only or the ID of other payers who might adjudicate this claim in the future.
  - Enter the identification number assigned to the payer by Availity. Use the Availity payer list to find payer IDs.
    - Important:** If the payer is not on the Availity payer list, enter the payer ID listed on the back of the member's secondary insurance card or enter **99999** in the field. For a tertiary claim, you can enter 99999 for one of the two **Other Payer ID** fields and 9999 for the other, but do not enter the same value in both fields.
- Other payer line results
  - The **Other Payer Line Results** section enables you to enter line-level adjustments made by a payer who previously adjudicated the claim.
  - The payer specified in this section is determined by the information you entered in the **Coordination of Benefits** section earlier in the claim.
  - Use the explanation of benefits (EOB) or remittance advice (835) you received from the other payer to complete the fields in this section.
    - You can enter up to ten-line adjudication information groups for each claim line.
    - You can enter up to five line-level adjustments for each line adjudication information group.
    - You can enter up to six reason codes for each line-level adjustment.
  - Click **Code Lookup** to search for appropriate line-level adjustment reason codes.

# THANK YOU

For technical support contact Availity 1-800-282-4548 or 1-800-AVAILITY. Or select **Help & Training | Availity Support** for additional Availity assistance.