BlueCross BlueShield
of Illinois

Claim Reconsiderations User Guide

Information in this user guide is NOT currently applicable to Medicare Advantage or Illinois Medicaid 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 Illinois (BCBSIL). 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

Not for Distribution

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.

Step 1

> Login to **Availity Essentials**

> Setup Availity **Manage My Organization (MMO)**

Step 2

> Check **Dispute** availability by using the Member or Claim Number search options via Availity's enhanced **Claim Status** tool

Step 3

> Initiate **Claim Dispute**

> Access the **Worklist** to complete, submit and track the reconsiderations request to finalization

Step 4

> View all applicable **Ineligible Reason Codes (IRCs)** that qualify for electronic claim reconsideration request submission

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**

Availity

1

Sign In

User ID
Enter your user ID.

Password
Enter your password.

Sign In

Forgot your user ID?   Forgot your password?

2 Select **Manage My Organization** from *My Account Dashboard* on the Availity homepage

My Account Dashboard

My Account
Maintain User
Add User
2 Manage My Organization
'How To' Guide for
Dental Providers
Enrollments Center
Spaces Management Tool
EDI Companion Guide

- Within **Manage My Organization**, select **Add Provider(s)**

Providers   **Add Provider(s)**

Search for a provider by name, taxonomy code, or address...

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

Add Provider   ✕

LET'S FIND YOUR PROVIDER

Tax ID
123456789

Type
EIN

3 National Provider ID (NPI)
1234567890

☐ This is an atypical provider and does not provide health care, as defined under HIPAA regulations. (Examples include: taxi services, respite services, home and vehicle modifications for those with disabilities)

Do you need to add many providers to this organization?
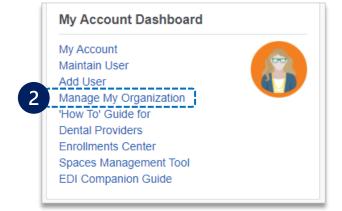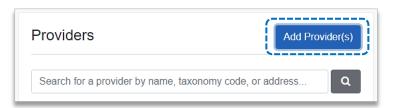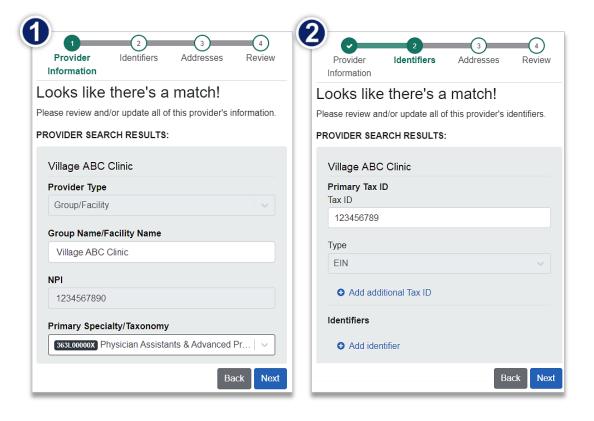Upload up to 500 at once via a spreadsheet upload.

Cancel   **Find Provider**

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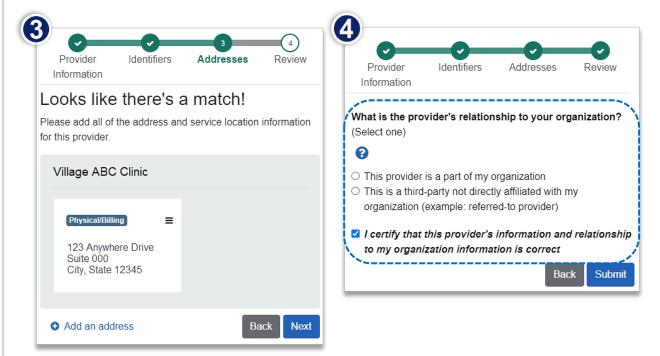
Associated provider information will return based on the NPI number entered.

▶ **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 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 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 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 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

1
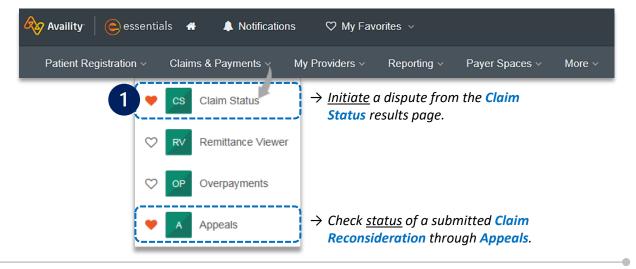- Select **Claims & Payments** from the navigation menu
- Select **Claim Status**
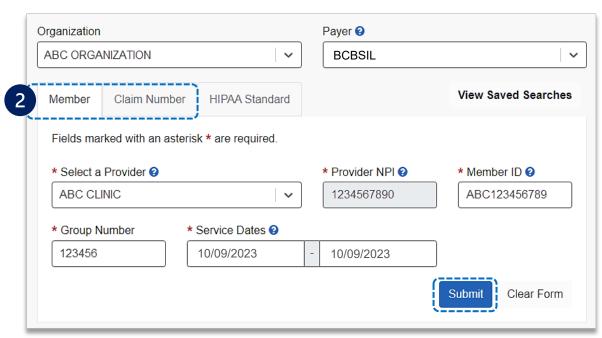
*Note: Contact your Availity administrator if the **Claim Status** tool is not listed in the **Claims & Payments** menu.*

Availity | essentials | 🏠 | 🔔 Notifications | ♡ My Favorites ⌄

Patient Registration ⌄ | Claims & Payments ⌄ | My Providers ⌄ | Reporting ⌄ | Payer Spaces ⌄ | More ⌄

1 ♥ CS Claim Status

→ *Initiate a dispute from the **Claim Status** results page.*

♡ RV Remittance Viewer

♡ OP Overpayments

♥ A Appeals

→ *Check status of a submitted **Claim Reconsideration** through **Appeals**.*

2
Check claim status by following the steps below:
- Choose the **Organization**
- Select **BCBSIL** from the **Payer** drop-down list
- Use the **Member** or **Claim Number** search options to obtain detailed claim status

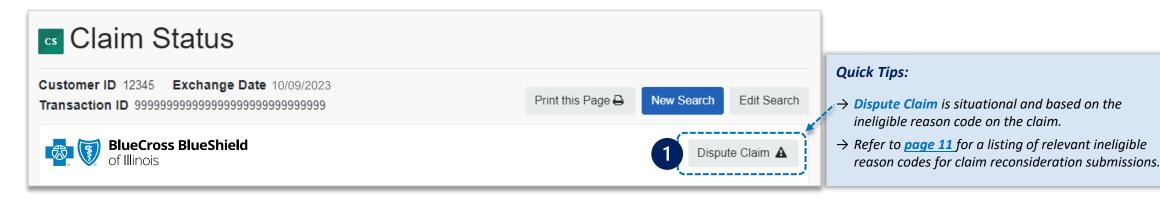*Note: Refer to the Claim Status Tool User Guide to learn more about obtaining detailed claim status via Availity.*

*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.*

Organization

ABC ORGANIZATION ⌄

Payer ❓

BCBSIL ⌄

2 Member | Claim Number | HIPAA Standard

View Saved Searches

Fields marked with an asterisk * are required.

* Select a Provider ❓
ABC CLINIC ⌄

* Provider NPI ❓
1234567890

* Member ID ❓
ABC123456789

* Group Number
123456

* Service Dates ❓
10/09/2023 - 10/09/2023

Submit | Clear Form

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

CS **Claim Status**

Customer ID 12345   **Exchange Date** 10/09/2023
Transaction ID 99999999999999999999999999999

Print this Page 🖨   New Search   Edit Search

BlueCross BlueShield of Illinois

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. ✕

CS

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 **2**

The dispute request has only been initiated. Proceed to page 7 to complete and send the request to BCBSIL for review.

3 ▸ The **black** card indicates the request has been initiated but not yet sent to BCBSIL

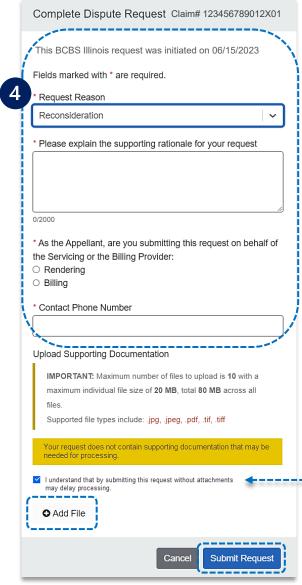▸ Select the **Action Menu** icon to **Complete Dispute Request**

3

BlueCross BlueShield of Illinois	Initiated Created: 06/15/2023 • Updated 06/15/2023		Complete Dispute Request View Details ≡

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

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 Illinois request was initiated on 06/15/2023

Fields marked with * are required.

4

* Request Reason

Reconsideration ▾

* 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

Close   View Details

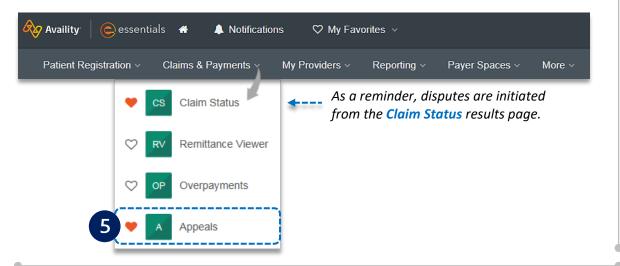▸ Select **View Details** to go to the specific claim reconsideration request in the **worklist**

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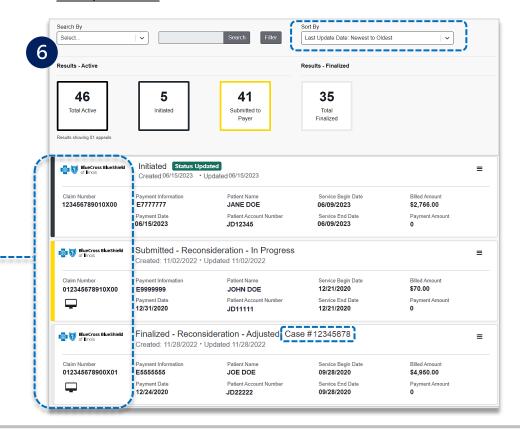
5 Follow these steps to access the **worklist** to complete a dispute request that was initiated from claim status, view the status of claim disputes in-process, as well as claims disputes that have been finalized by BCBSIL.

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

*As a reminder, disputes are initiated from the **Claim Status** results page.*

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

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

*Note: A **Case Number** is assigned after the dispute request has been submitted to BCBSIL.*
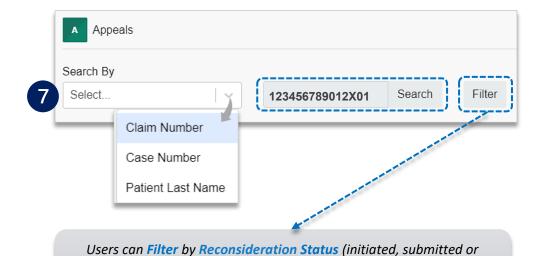
6 Cards in the **worklist** are sorted newest to oldest based on the date of the last update.

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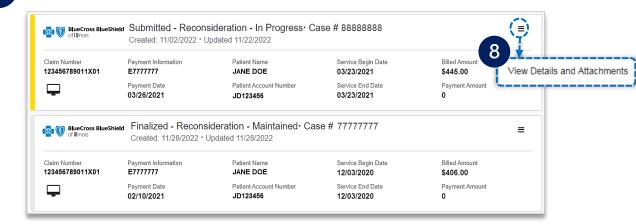- *Last Update Date: Oldest to Newest*

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... ▾　　123456789012X01　Search　Filter

Claim Number
Case Number
Patient Last Name

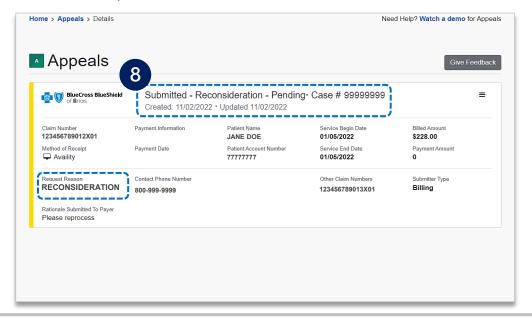*Users can **Filter** by **Reconsideration Status** (initiated, submitted or finalized), **Sub-status** (in clinical review, in process or need additional information), **Provider** and/or **Payer**.*

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

8 View Details and Attachments

BlueCross BlueShield of Illinois　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 |
| | Payment Date 03/26/2021 | Patient Account Number JD123456 | Service End Date 03/23/2021 | Payment Amount 0 |

BlueCross BlueShield of Illinois　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 |
| | 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　**8**　　Give Feedback

BlueCross BlueShield of Illinois　Submitted - Reconsideration - Pending· Case # 99999999
Created: 11/02/2022 · Updated 11/02/2022

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

| Request Reason RECONSIDERATION | 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

Final Decision – Maintained

When the claim has been _**adjustment**, 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._

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

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 BCBSIL, including Federal Employee Program® (FEP®) claims.

Need additional assistance? - - - ->

For education or training, contact **BCBSIL 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**