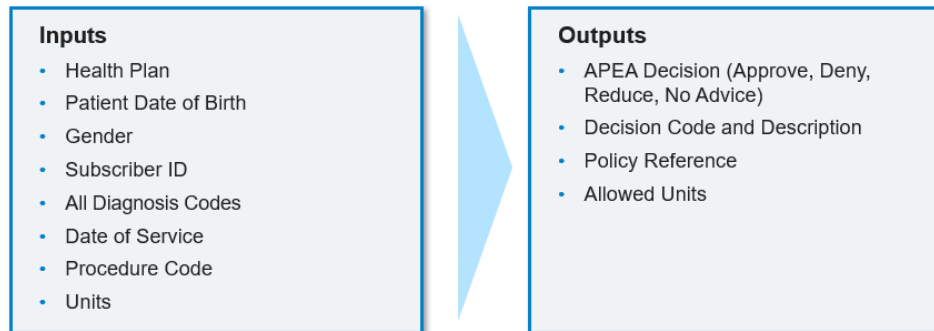# Trial Claim Advice Tool Overview

The Trial Claim Advice tool provides a means for providers to proactively evaluate APEA (Automated Policy Enforcement Application) edits by returning the potential decision advice on a simulated claim's compliance with Blue Cross and Blue Shield of Oklahoma's policies.

The tool will return advice based on the claim information that is entered.

Please NOTE: The tool is not required and is purely for informational purposes. The results, or advice given in the tool are not a guarantee of what will happen on an actual claim and are not guarantee of payment.

| Inputs	Outputs
• Health Plan • Patient Date of Birth • Gender • Subscriber ID • All Diagnosis Codes • Date of Service • Procedure Code • Units	• APEA Decision (Approve, Deny, Reduce, No Advice) • Decision Code and Description • Policy Reference • Allowed Units

Providers that do not already have access will need to ensure they are registered with Availity® in order to use the tool.
Information on how to register is included on the BCBSOK provider public website

1. Logging into Trial Claim Advice

The Trial Claim Advice tool can be accessed on Avalon's provider portal through Availity at the following <www.availity.com/Essentials>. Clicking on the link in Availity opens the Avalon Provider Portal. The Trial Claim Advice tool can be accessed by clicking on the Trial Claim Advice button. Please contact Avalon Provider Services at 1-855-895-1676 if you have questions regarding the Trial Claim Advice tool.

1	Select **Application Pages**. Avalon Provider Home
2	Select **Trial Claim Advice**.
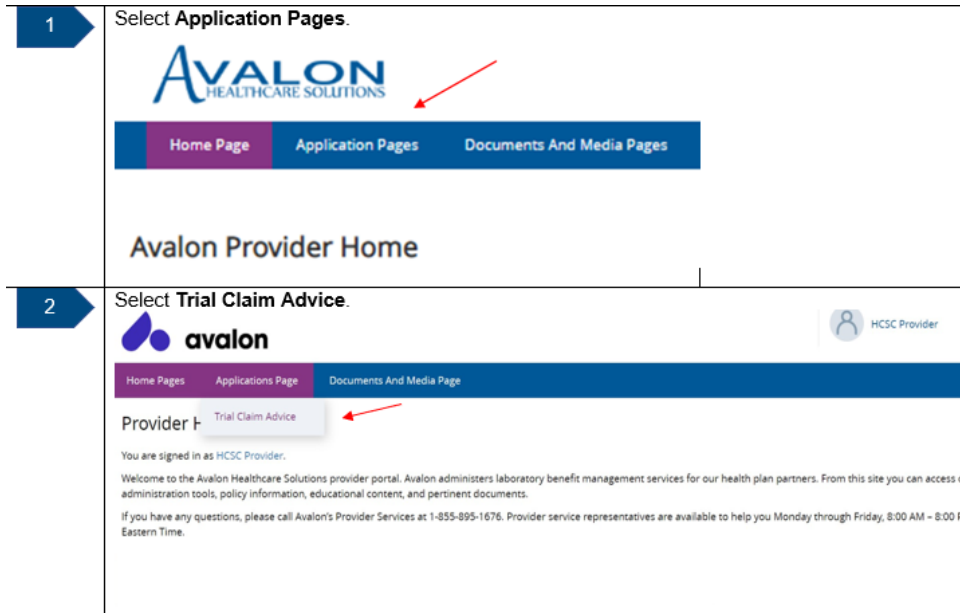
When the Trial Claim Entry page loads initially, a Disclaimer is displayed. You must agree to the Disclaimer Message by clicking the **YES, I AGREE** button in order to proceed with Trial Claim entry.

Note: If you click the **Cancel** button, the user returns to the Avalon Portal homepage.

Select **YES, I AGREE**.
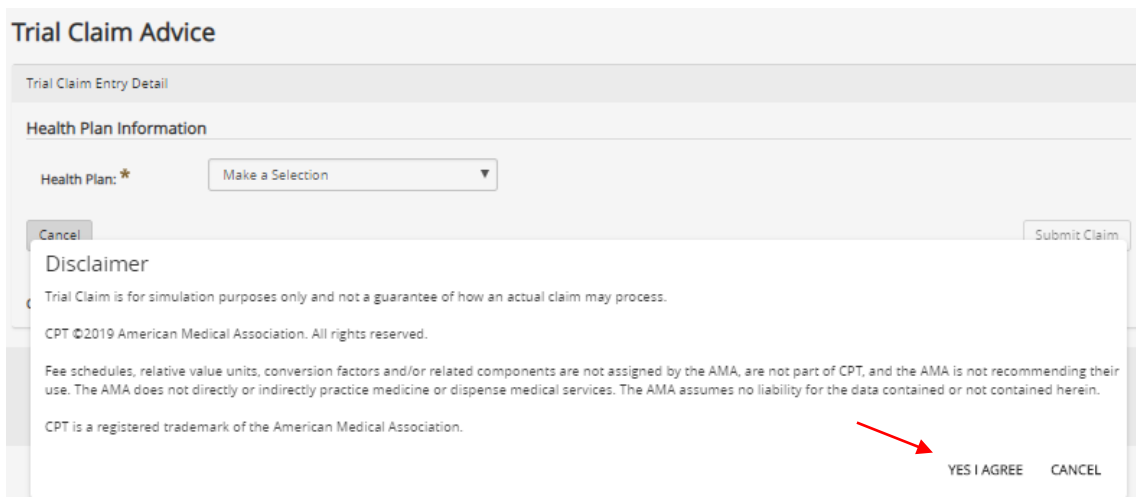
2. Entering Claim Information
   Trial Claim Advice tool offers two options for submitting a Trial Claim: without specific member information or with member information.

   Trial Claim Advice defaults to evaluation without membership. Avalon recommends providing membership information for all Trial Claims. The specific member information enables a more complete evaluation of the Trial Claim information and Health Plan policies.

3. Select the BCBSOK Plan from the drop-down list
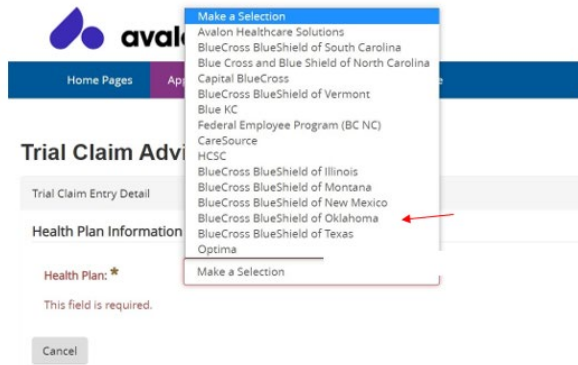
Member Information

Required fields are indicated with an asterisk (*).

4. Enter the patient's **Date of Birth**. Type in DOB or utilize calendar. Press **Tab** to go to the next field.
5. Select the patient's gender from the **Gender** drop-down list. Press **Tab** to go to the next field.
6. Enter patient's **First Name**. Press **Tab** to go to the **Last Name** field. Enter patient's **Last Name.** Press **Tab** to go to the next field.
   *Does not appear as required, however, First and Last Name are required.
7. Enter **ID Card Number** in the following format: Alpha Prefix, followed by the 12-digit ID Number. **It is important to include leading 0s after the prefix to = 15 characters total in length. Example: YUP000123456789**

Provider Information

8. Enter Billing Provider NPI. Press **Tab** to go to the next field.
9. Enter Rendering Provider NPI. Press **Tab** to go to the next field.

Diagnosis Codes Section

The Diagnosis Code section mimics the Header level documentation of diagnosis codes. The "claim line" section below permits the assignment of diagnosis codes to an individual claim line. For a claim line

assignment of a diagnosis code to occur, the diagnosis code must be documented in the Diagnosis Code Section. At least one diagnosis code is required and up to 24 Diagnosis Codes may be entered.

10. Enter **all valid diagnosis code(s)**. Press **Tab**. The description for the diagnosis code entered is displayed in the Description field.
    Note: The Description field is a read only display field, and does not require any user input.
11. To enter additional diagnosis codes, click the +Add Diagnosis Code link. A new row is added for entering another diagnosis code.

12. To delete an individual row, click delete icon 🗑 from the Action column.
    Note: To replace the diagnosis code entered in the 1st row, type over the existing data, and press **Tab**.

Diagnosis Codes

Diagnosis Code *	Description	Action
A158	Other respiratory tuberculosis	N/A
A159	Respiratory tuberculosis unspecified	🗑

+ Add Diagnosis Code

Claim Lines Section

This section allows up to 999 claim lines to be entered. At least one line must be completed.

13. Enter the **Date of Service** in MM/DD/YYYY format or select from the Calendar view. Press **Tab** to go to the next field.
14. Enter a valid **Procedure Code**, and press **Tab**. The description for the Procedure Code entered displays in the Description field. Press **Tab** again to go to the next field.
    Note: Description field is a read only display field and does not require any user input.
15. Enter a valid Procedure Code modifier in Proc Mod field. You can enter up to four Procedure Code Modifiers. Press **Tab** to go to the next field.
    Note: Procedure Code modifiers must be unique across the four fields and cannot be a duplicated.
16. Select a Place of Service (POS) from the dropdown and press Tab to go to the next field.
    POS 81 – Independent Laboratory
    POS 11 – Physician Office
    POS 19 – On Campus-Outpatient Hospital
    POS 22 – Off Campus-Outpatient Hospital
17. Select a **Primary Diagnosis Code** for the line of service from the dropdown. Press **Tab** to go to the next field.
    Note: The dropdown ONLY displays the lists of Diagnosis Codes entered in the Diagnosis Code Section above. A Primary Diagnosis Code is required for each claim line.
18. Enter the number of **Units** associated with the procedure. Press **Tab**.
19. To enter additional claim lines, click the **+Add Claim Line** link. A new row is added to enter another claim line. To delete any individual row, click delete icon 🗑 from Action column.
    Note: To replace data entered in the 1st row, type over the existing data, and press **Tab**.
20. Click **Submit Claim** button to process the information as a Trial Claim.
    Note: Clicking the Cancel button causes the user to return to the Avalon Portal homepage.

Trial Claim Result Section

Once the claim is successfully processed, the results are displayed. Clicking on the Trial Claim Entry Detail bar toggles presentation of the information entered for the Trial Claim. Similarly, clicking on the Trial Claim Results bar toggles the results. Clicking on the cancel button returns to the Avalon Portal Home Page.

Trial Claim Advice Tool Overview
Example: Decision Advice Returned from APEA: Denial

Trial Claim Results ID: kiplyn.gilbert Transaction Date:09/06/2022 09:02:29 EST

	#	Procedure Code	Decision Type	Decision Rank	Decision Description	Policy Name	Edit Description	Lab Policy Tag	Requested Units	Approved Units	Pay and Educate
⊞	1	G0482	Deny	1	Procedure code is not valid for reimbursement	Prescription Medication and Illicit Drug Testing in the Outpatient Setting	Procedure Not Allowed	CPCPLAB070	1	0	N

DECISION

Decision Type Options:
- **Approve**
- **Deny**
- **Reduce**
- **No Advice**

Decision Description

Policy & Criteria

Allowed Units after Advice

After the Trial Claim is processed successfully, these fields display in the Results section:

- +/- Symbol: Click on this symbol to expand/collapse the Decision lines if more than one decision returned for the claim line.
- # : This column indicates the claim line number.
- Procedure Code: This column displays the Procedure Code entered.
- Decision Type: This column displays the Decision Type for the claim and displays only for the first decision line of the claim line. (Click the + button to see additional decisions for this code)
- Decision Rank: This column displays the ranking of multiple decisions for a claim line. For each procedure or claim line, multiple decisions could be returned.
- Decision Description: This column displays the descriptive explanation of the decision – see below for a list of decision descriptions.
- Policy Name: This section displays BCBSOK policy name.
- Edit Description: This section displays the Denial Edit Description.
- Clinical Payment and Coding Policy (CPCP) Tag: This section displays the BCBSOK policy number. The policies can be accessed at: https://www.bcbsok.com/provider/standards/standards-requirements/cpcp/avalon
- Requested Units: This section displays the Requested Units.
- Approved Units: This section displays ONLY the Approved Units based on policy comparison.
- Pay and Educate: This section displays if this policy rule is currently in the Pay and Educate stage of the education process.

Examples of Decision Descriptions

- No Avalon Claim Editor advice was rendered
- Experimental and Investigational Procedure
- Insufficient time between procedures
- Maximum allowable units was exceeded
- Procedure is inappropriate for patient age
- Procedure is inappropriate for patient gender
- Procedure is allowed once per lifetime
- Procedure was performed at an incorrect Place of Service
- Procedure cannot be performed with another procedure
- Procedure was not appropriate for the clinical situation
- Too many procedures in one day
- Too many procedures within the required period of time
- Unlisted Code, No Avalon Claim Editor advice was rendered

Examples of Edit Descriptions

- Not Valid with other Procedures on DOS
- Required Procedure not Found on DOS
- Dx Code not Allowed
- Required Dx Code not Found
- Procedure Not Allowed
- Allowed Dx Code