

Electronic Clinical Claim Appeal User Guide

Information in this user guide is not applicable to Medicare Advantage or BlueCard® (out-of-area) claims.

Dispute Claim within Availity® Essentials enhanced Claim Status tool allows providers to submit clinical appeal* requests electronically and upload supporting clinical medical records to BCBSOK. Once submitted, the Appeal worklist allows providers to view status and claim dispute details, as well as manage the appeals.

**Clinical Appeal is a request to change an adverse determination for care or services when a claim is denied based on lack of medical necessity, or when services are determined to be experimental, investigational or cosmetic.*

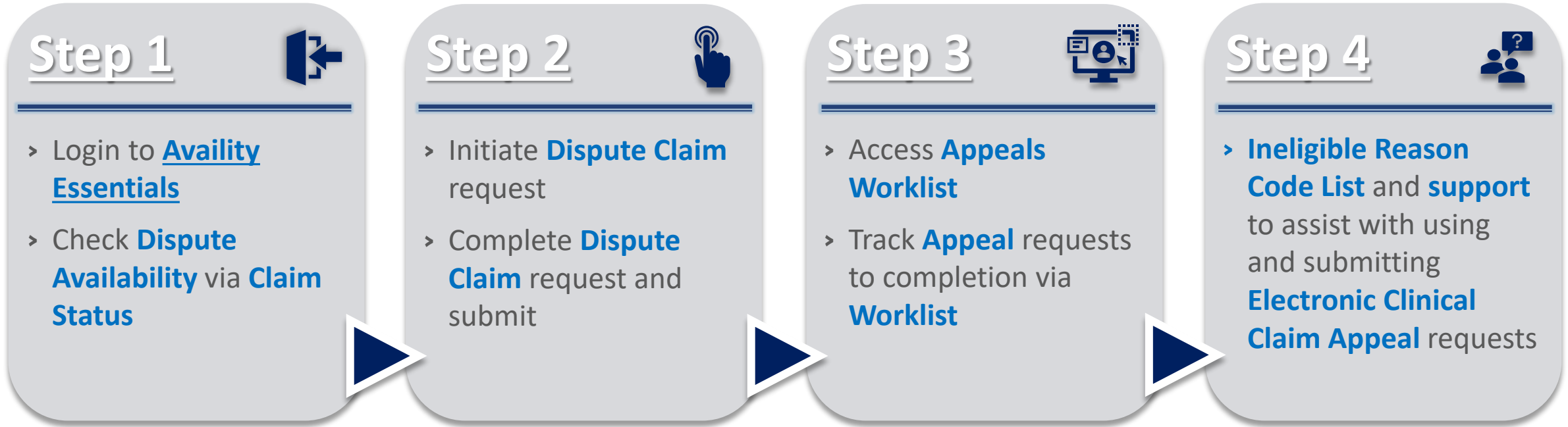
Not registered with Availity Essentials?

Complete the online guided registration process today via [Availity](#), at no cost.

May 2024



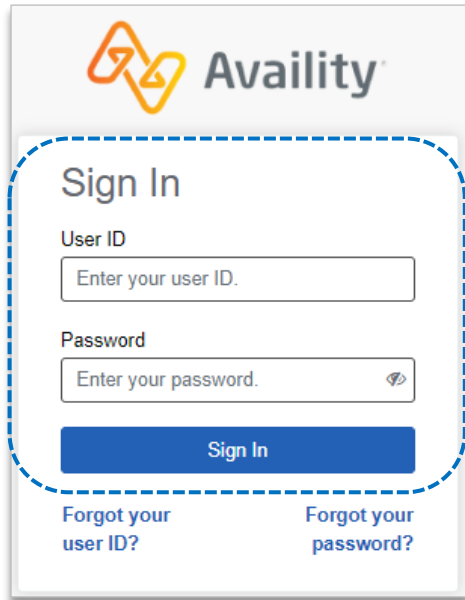
The following instructions display how users access and use **Electronic Clinical Claim Appeal** via **Availity Essentials**.



Important Note: Refer to the **Explanation of Benefits** for additional information on appeal rights and submission options.

1 Assigned users can access this tool by following the instructions below:

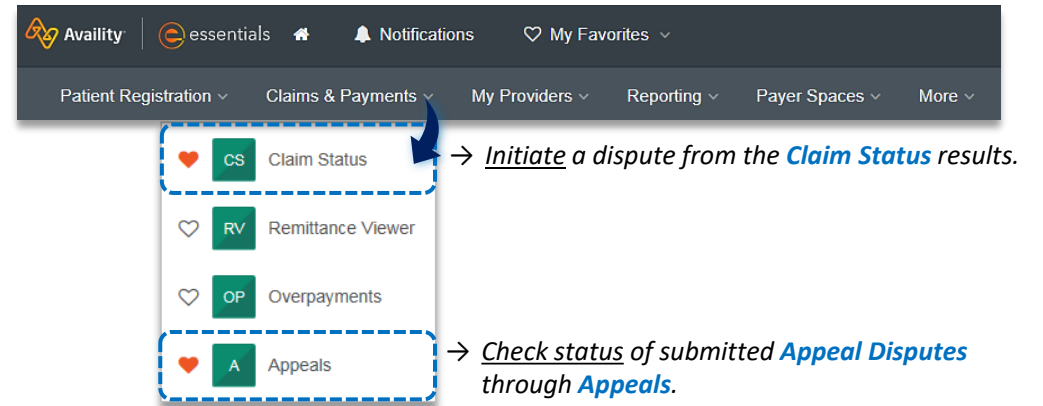
- ▶ Go to [Availity](#)
- ▶ Select [Log in to Essentials](#)
- ▶ Enter User ID and Password
- ▶ Select [Sign in](#)



2 ▶ Select [Claims & Payments](#) from the navigation menu

▶ Select [Claim Status](#)

Notes: Contact your Availity administrators if the [Claim Status](#) tool is not listed in the [Claims & Payments](#) menu.

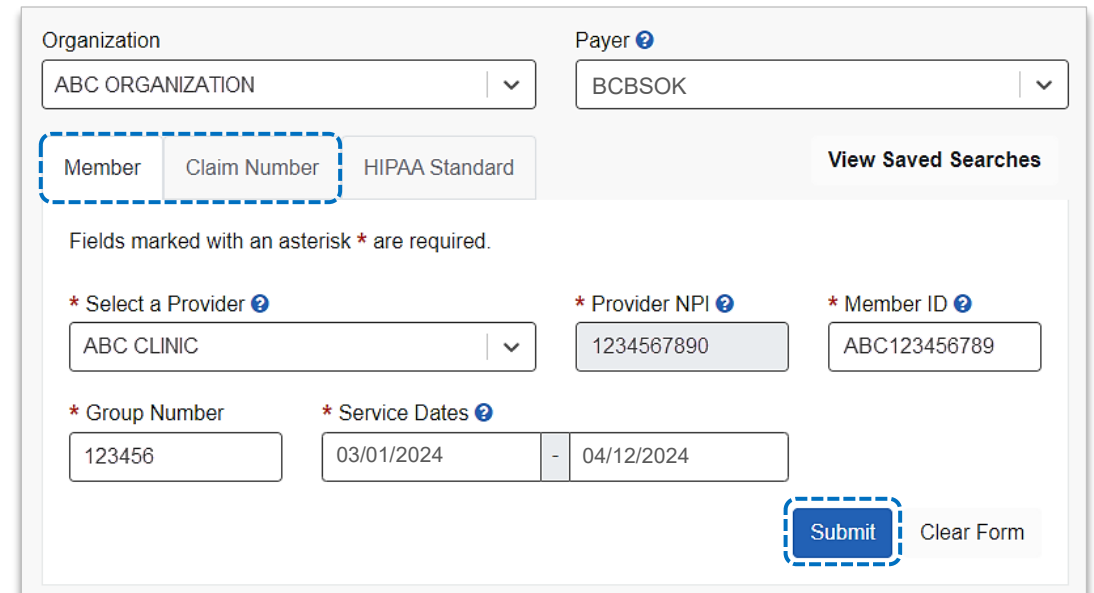


3 Check claim status by following the steps below:

- ▶ Choose the [Organization](#)
- ▶ Select [BCBSOK](#) from the [Payer](#) drop-down list
- ▶ Use the [Search by Member](#) or [Search by Claim](#) options to obtain detailed claim status

→ Refer to the [Claim Status Tool User Guide](#) to learn more about obtaining detailed claim status via Availity.

→ Administrators/administrator assistants refer to the [Manage My Organization User Guide](#) for assistance with adding provider data to your Availity account.





1 On the claim status response screen, select **Dispute Claim**

cs Claim Status

Customer ID 12345 Exchange Date 04/01/2024
 Transaction ID 99999999999999999999999999999999

Print this Page **New Search** Edit Search

Dispute Claim ⚠️

Quick Tips:

- **Dispute Claim** is only available for finalized clinical claim denials listed on [page 10](#).
- **Dispute Claim** will not display if:
 - Already disputed once
 - Does not meet criteria as a clinical denial
 - Does not meet timeliness (180 days from claim process date)

2 You will receive confirmation that the dispute has been initiated and successfully added to your **Appeals** 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**

Each claim can only be disputed once. This dispute has only been initiated. Proceed to next step to complete and submit to BCBSOK.

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

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

Initiated
Created: 04/01/2024 · Updated 04/01/2024

Complete Dispute Request ← ☰
View Details

Claim Number	Payment Information	Patient Name	Service Begin Date	Billed Amount
99999999999999999999999999999999	E0000000	JANE DOE	01/16/2024	\$600.00
Method of Receipt	Payment Date	Patient Account Number	Service End Date	Payment Amount
	02/08/2024	JDOE999999	01/16/2024	\$165.90



Step 2: Complete Dispute Claim Request

1 Complete the Dispute Request:

- ▶ Select **Request Reason**
- ▶ Enter an **explanation** to support your request
- ▶ Select who you are submitting this request on the behalf of – **Rendering** or **Billing** provider
- ▶ Enter **Contact Phone Number**
- ▶ Select one of the following options for question: **Are there additional claim numbers related to this appeal?**
 - A** Select **No** if you do **NOT** want to add additional claims
 - B** Select **Yes** if you **DO** want to add additional claims related to this appeal, for the same patient
- ▶ Select **Next**

Complete Dispute Request Claim# 123456789012X01

1 **Request Reason** 2 Add Additional Claims 3 Attach Documents 4 Request Submitted

This BCBSOK request was initiated on 04/01/2024

Request Reason
Medical Necessity

Please explain the supporting rationale for your request
Please reprocess

16/2000

As the Appellant, are you submitting this request on behalf of the Servicing or the Billing Provider:

Rendering
 Billing

Contact Phone Number
555-555-5555

Are there additional claim numbers related to this appeal?

A No, I do NOT want to add additional claims
B Yes, I DO want to add additional claim numbers to this appeal

Cancel Next

Quick Tip:
→ Users can copy and paste data from a word document into the **supporting rationale** field.



Step 2: Complete Dispute Claim Request

2 Follow the steps below based on your selection:

No – Additional Claims

- ▶ Proceed to [Step 3](#) to [Add File](#)

A Yes – Additional Claims

- ▶ Enter additional **Claim Number(s)** – up to 10
- ▶ Select **Verify** next to each claim number to determine if the claim is **ELIGIBLE** for appeal
- ▶ Select **Remove** if claim number is **INELIGIBLE**
- ▶ Click **Next** after all claims have been verified

Complete Dispute Request Claim# 123456789012X01

1 Request Reason 2 **Add Additional Claims** 3 Attach Documents 4 Request Submitted

Enter up to 10 additional claim numbers related to this appeal.

To ensure PHI confidentiality, the claim and supporting documentation must be for same member, provider, and request reason.

Additional Claim #1: 123456789012X01 **Verify ELIGIBLE**

Additional Claim #2: 123456788888X **Verify INELIGIBLE**
This claim is not eligible for electronic dispute. Please mail to your local plan.

Additional Claim #3: 123456789999X **Verify INELIGIBLE**
No claim found for the Plan/DCN combination provided.

Additional Claim #4: **Verify**

Additional Claim #5: **Verify**

[Add more claims to this request](#)

[Cancel](#) [Back](#) [Next](#)

Quick Tip:

→ *Ineligible reason codes will vary based on why the claim disallowed.*

3 Add File:

- ▶ Select **Add File**
- ▶ Upload Supporting **Documentation**
- ▶ Select **Submit Request**

Quick Tips:

- *Maximum files to upload is 10.*
- *Supported file name characters are **Alpha-numeric, dash (-) and underscore (_). No spaces.***
- *If the appeal is in process, attachments may be uploaded **10 days** from date of submission.*
- *If documents are not attached, you will be prompted to check the box next to “**I understand that by submitting this request without attachments it may delay processing**”.*

Complete Dispute Request Claim# 123456789012X01

1 Request Reason 2 Add Additional Claims 3 **Attach Documents** 4 Request Submitted

Attach documents for claim(s): **Host Claim ID: 123456789013X01**
Host Claim ID: 123456789013X01

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 it may delay processing.

[Add File](#)

[Cancel](#) [Back](#) [Submit Request](#)

4 You will receive confirmation of submission

- ▶ Click **Close** and follow the next step to access the **Appeals worklist**
- ▶ Click **View Details** to go to the specific request in the **Appeals worklist**

Success

Your request was successfully sent to the payer and the current request status can be found in your worklist.

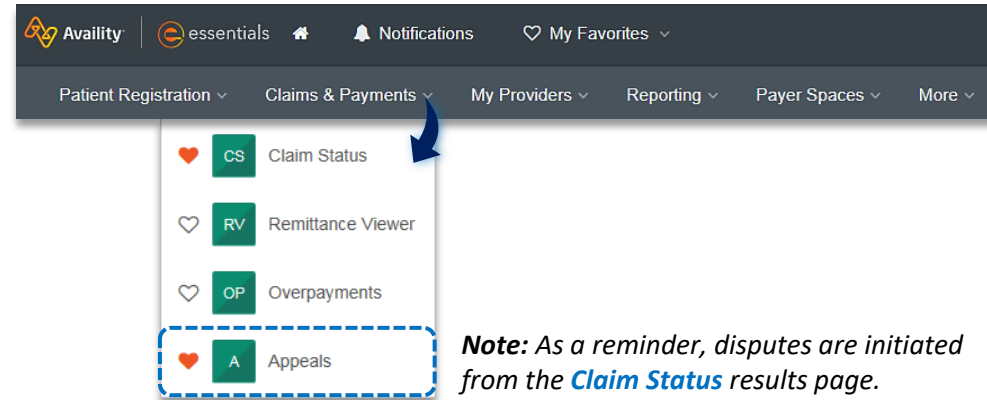
[Close](#) [View Details](#)



Step 3: Appeals Worklist Access

1 Access the **Appeals** worklist to complete a dispute request that has been initiated from claim status, view the status of claim disputes in-process, as well as claims disputes that have been finalized by BCBSOK.

- ▶ Select **Claims and Payments**
- ▶ Select **Appeals**



2 Cards in the worklist are sorted newest to oldest based on the date of the last update. The status bar on the left side of a card indicate the dispute status by color:

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

A **Case Number** is assigned after the dispute request has been submitted to BCBSOK.

Claim Number	Payment Information	Patient Name	Service Begin Date	Billed Amount
BlueCross BlueShield of Oklahoma Initiated Status Updated Created: 04/05/2024 • Updated 04/05/2024				
123456789010X00	E7777777	JANE DOE	02/29/2024	\$2,766.00
	Payment Date: 03/06/2024	Patient Account Number: JD12345	Service End Date: 03/03/2024	Payment Amount: 0
BlueCross BlueShield of Oklahoma Submitted - Claim Review - In Progress Created: 04/01/2024 • Updated 04/01/2024				
012345678910X00	E9999999	JOHN DOE	02/14/2024	\$70.00
	Payment Date: 02/16/2024	Patient Account Number: JD11111	Service End Date: 02/14/2024	Payment Amount: 0
BlueCross BlueShield of Oklahoma Finalized - Claim Review - Overturned/ Reversed Case #12345678 Created: 01/04/2024 • Updated 01/04/2024				
012345678900X01	E5555555	JOE DOE	12/17/2023	\$4,950.00
	Payment Date: 12/20/2023	Patient Account Number: JD22222	Service End Date: 12/17/2023	Payment Amount: 0



Step 3: Appeals Worklist

- To search for a submitted dispute, select **Claim Number**, **Case Number**, or **Patient Last Name** from the **Search By** drop-down list
 - Enter the **Claim Number**, **Case Number**, or **Patient Last Name** and select **Search**

Note: Use capitalized alpha-characters when searching by the Claim Number.

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

- On the appeal card, select the **Action Menu** icon and click **View Details and Attachments**

Submitted - Claim Review - In Progress - Case # 99999999				
Created: 04/05/2024 · Updated: 04/05/2024				
Claim Number 123456789011X01	Payment Information E7777777	Patient Name JANE DOE	Service Begin Date 03/03/2024	Billed Amount \$445.00
	Payment Date 03/05/2024	Patient Account Number JD123456	Service End Date 03/03/2024	Payment Amount 0

Finalized - Claim Review - Manual Determination - Case # 77777777				
Created: 03/22/2024 · Updated: 03/22/2024				
Claim Number 123456789011X01	Payment Information E7777777	Patient Name JANE DOE	Service Begin Date 02/14/2024	Billed Amount \$406.00
	Payment Date 02/16/2024	Patient Account Number JD123456	Service End Date 02/14/2024	Payment Amount 0

View Details and Attachments

For cases that have been initiated (**Black** appeal card) but not completed, refer to [page 4](#).

- Additional **Attachments** may be uploaded to the request within the allotted timeframe
 - If the request includes multiple claims, these claim numbers will be listed under **Other Claim Numbers**

ATTACHMENTS
Add Attachment

ATTACHMENTS

File Name	Status	Uploaded By	Upload Date
ABC_123_000	Received	Provider	04/08/2022 3:45 PM

Add Attachment

This appeal is no longer eligible for attachments as of 04/18/2024.

If the **Add Attachment** button is disabled, the timeframe to upload additional documentation to the request has expired. As a reminder, if the request is in process, ensure attachments are added within 10 days after submission.



Step 3: Appeals Worklist *(continued)*

4

- ▶ View the finalized **Decision** and **Reason**
- ▶ Documentation uploaded along with correspondence from the payer will be viewable under **Attachments**

A Payer correspondence(s) are also sent via U.S. mail

Finalized - Claim Review - Overturned/ Reversed • Case #88888888

Created: 03/29/2024 • Updated 03/29/2024

☰

Claim Number	Payment Information	Patient Name	Service Begin Date	Billed Amount
11111111222NX01	E7777777	JANICE DOE	03/03/2024	\$4,533.25
	Payment Date	Patient Account Number	Service End Date	Payment Amount
	03/05/2024	JD12345678	03/03/2024	0

Request Reason	Contact Phone Number	Submitter Type
MEDICAL NECESSITY	555-555-555	Billing

Rationale Submitted To Payer
Needs adjusted

Decision	Decision Reason
Overturned/ Reversed	Please allow 24-48 hours for the letter to be viewable on Availity and 7-10 business days for the letter to be received via U.S. mail.

ATTACHMENTS

File Name	Status	Uploaded By	Upload Date
Appeal_Attachment_Generic11744 (315 KB)	Received	Provider	03/29/2024 3:45 PM
Correspondence (0 B)	Received	Payer	
Correspondence (0 B)	Received	Payer	

B

- For clinical claim appeal requests that cannot be processed electronically, the **Decision Reason** will indicate:
Request has been determined as not eligible for review.

Finalized - Claim review - Create Error

Created: 03/15/2024 • Updated 03/15/2024

☰

Claim Number	Payment Information	Patient Name	Service Begin Date	Billed Amount
123456789012X00	E9999999	JON DOE	02/17/2024	\$1,290.00
Method of Receipt	Payment Date	Patient Account Number	Service End Date	Payment Amount
Availity	02/21/2024	JD99999	02/17/2024	\$721.00

Request Reason	Contact Phone Number	Submitter Type
MEDICAL NECESSITY	800-999-9999	Rendering

Rationale Submitted To Payer
Please reprocess

Decision	Decision Reason
Create Error	Request has been determined to be not eligible for review.

ATTACHMENTS

File Name	Status	Uploaded By	Upload Date
ABC_Supporting Documentation_123 (103 KB)	Received	Provider	03/15/2024 9:00 AM

As a reminder, refer to the **Explanation of Benefits** for additional information on appeal rights and submission options.



Claim Categories & Applicable Ineligible Reason Codes for Electronic Clinical Claim Appeal Request						
Authorizations		Medical Necessity				Dispute Pre-Pay
260	432	743	601	825	89H	811
284	502	744	610	832	90H	
334	735	M02	745	833	920	
358	736	PS2	761	842	H14	
366	742	T55	762	844	PRD	
			824	85D	PRH	

Important Note:
 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 BCBSOK including Federal Employee Program® (FEP®) claims.

Have questions or need additional education?

Education or training, contact [BCBSOK Provider Education Consultants](#)
 Be sure to include your name, direct contact information & Tax ID and/or billing NPI.
 Technical Availity support, contact Availity Client Services at **800-282-4548**

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