

Webinar Handout: Use Availity Essentials to Submit Professional Claims

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For your information

Electronic exchange

When you use Availity Essentials to transact with health plans, results and data come from the health plans. Information and your access can vary by payer, plan, product, member, your organization set up, user account roles, organization permissions, etc.

Training content

Information and images were current at the time of content development. Screen images and demonstrations are from a demo environment with pre-loaded generic, de-identified information. Content might also include redacted or blurred information.

Technical

Use Internet Explorer 11.0®, Google Chrome, Microsoft Edge (version 79 or higher), or Firefox® browsers.
Enable pop-up windows, allow JavaScript, and allow images to load automatically.

Availity help, training, and support

Help	Select Help & Training > Find Help to display Availity Help. And, select question mark icons next to fields to display its field-level topic. Both open in a new browser window/tab.
Training	Select Help & Training > Get Trained to open the Availity Learning Center (ALC) in a new browser tab.
Support	Use the Availity support community to review knowledge articles, contact support, and manage support tickets. Select Help & Training > Availity Support . Availity Support opens in a new browser tab.

Tip! For a curated list of applicable courses, in the ALC, select **Catalog > Forum** and then search for this title: **Training Demos: Claims Submission**.

Recommended user roles

Role	Task	Menu path
Eligibility and Benefits	Check eligibility and benefits for a patient.	Patient Registration > Eligibility and Benefits Inquiry
Claims	Submit a professional claim.	Claims & Payments > Professional Claim
EDI Management	Check batch reports for claims accepted/ rejected by the payer.	Claims & Payments > Send and Receive EDI Files > ReceiveFiles
Claim Status	Check status of claims that the payer has accepted for processing.	Claims & Payments > Claim Status

Tip! Need a role added to your user account? Contact your organization's User Administrator for help. In Availity Essentials top menu bar, select your account name and then **My Account**. In the My Account tool, select the **Organization(s)** tab. Select **Administrator Information** for a list of your organization's User Administrators.

Quick steps to submit a direct data-entry (DDE) claim

In Availity Essentials:

1. Select **Claims & Payments > Professional Claim**.
2. Select the organization, transaction type, and payer.
3. Select the **Continue** button. Availity displays the page (new or legacy version).
4. Complete fields in order from top to bottom.
5. Before submitting, use your system's options to print your claim entry, if needed.
6. Select the **Submit** button.

Note: If the claim entry contains front-end errors, Availity provides in-page error messages. Fix the errors and try again to submit.

7. Review/ save the claim confirmation page.

Tips and time savers

Make it a favorite (heart icon) for quick access later or use **Keyword Search** in the top menu bar.

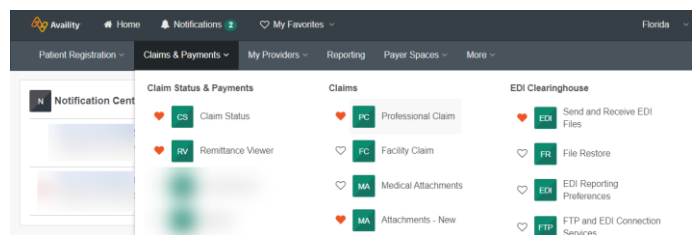
Set up your organization's **Select a provider list (My Providers > Express Entry)**.

Check eligibility and benefits first.

Tip!

Does your Availity Essentials user account have access to more than one region?

Check the selected region in your top menu bar (top-right) before you select the menu option.



Frequently asked questions

What does the Professional Claim form follow? Availity's direct data-entry Professional Claim is based on the CMS-1500 (paper) and 837P (electronic).

Are there two versions of the form? Availity is moving payers to a new version of the professional claim form so, depending on the payer you select, you might be working with the new version or the legacy version. After you select options in these first three fields—**Organization, Transaction Type, Payer**—and select the **Continue** button, the version of the form for the payer displays.

How many claim/service lines can I add? One is required. Add up to 50 total.

How many diagnosis codes can I add? The principle diagnosis code is required. You can enter up to eleven additional diagnosis codes.

Can I add payers to the Payer dropdown list? No. Options in your **Payer** dropdown list are based on **two** things: **(1)** What you select in the **Transaction Type** field and **(2)** the region displayed in your top menu bar

Can I add providers to my organization's Select a provider list? If you have the Express Entry role, select **My Providers > Express Entry** to add providers.

I am a service provider not required to have an NPI. How do I bypass the required NPI fields? Set up the provider as an atypical provider using **My Providers > Express Entry**. Then use the **Select a provider** dropdown to select the atypical provider in the express entry list to replace the required NPI field with a required EIN field instead. Review these recommended courses in the Availity Learning Center (ALC): *Claim Information for Atypical Providers - Training Demo*, *Service Providers Not Required to Have an NPI* (live or recorded webinar)

Who do I contact for help? Review this topic in Availity Help to learn more about who to contact for help: **Troubleshooting > Support > Who to contact for help**

Can I submit claims for out-of-area Blue members? Yes. For professional or facility claims you submit on Availity Essentials, the in-region Blue plan handles the claim on behalf of, and is reimbursed by, the out-of-region Blue plan.

Can I use the Member Search feature for Arkansas BCBS members? Yes, the **Member Search** section automatically displays in the **Patient Information** section. You can use the search or switch to manual entry.

More options to explore

SUBMIT COB CLAIMS	CORRECT A CLAIM	SEND ATTACHMENTS
<p>Select the Responsibility Sequence field and then select Primary, Secondary, or Tertiary.</p> <p>Notes:</p> <ul style="list-style-type: none"> If you select Secondary or Tertiary, additional sections display so you can enter claim information about the previous claim, including remittance information. Double-check health plan and state guidelines related to COB claims. 	<p><u>Recreate the claim</u></p> <p>Select the Frequency Type (new) or the Billing Frequency field (legacy) and then select the applicable option for the corrected claim—replacement of prior claim or void/cancel of prior claim.</p> <p>Note: An additional field displays for you to enter the payer claim control number.</p> <p><u>Claim correction application</u></p> <p>Submit a claim status inquiry for the claim. On the Claim Status page, select the Correct this Claim button. On the Claim Correction page, make changes and submit.</p> <p>Note: Refer to Availity Help for an up-to-date list of participating payers: Help & Training > Find Help > Claims Submission > Professional claims > Correct a claim</p>	<p>In the <i>new</i> version, upload attachments to send at the same time as you are submitting a claim.</p> <p>In the <i>legacy</i> version, indicate an attachment is coming or available.</p> <p>Notes:</p> <ul style="list-style-type: none"> Not all payers offer attachment options. Maximum file size, quantity, and file type vary by health plan. Refer to field-level help for additional details.

Follow up after you submit a DDE claim

After you submit, Availity displays a claim response.

- The payer might provide status immediately (i.e. pending, finalized).
- In most cases, however, a confirmation page displays indicating the payer has received the claim for further processing (called batch processing). For payers that process claims in batches, the confirmation page instructs you to access your organization's ReceiveFiles mailbox (folder) later. Check batch reports—electronic batch reports – text version (EBT) and delayed payer report – text version (DPT)—to determine if (or when) the payer accepts the claim for processing.

Quick overview of EBT and DPT statuses

Status on EBT or DPT	What it means	Next steps
Acknowledged	Payer has not yet accepted or rejected the claim for processing	Continue reviewing DPT reports and check claim status.
Accepted	Payer accepted claim at this stage of processing	Continue reviewing DPT reports and check claim status.
Rejected	Payer rejected claim at this stage of processing.	Review error messages in the report to determine what caused the rejection and take next steps based on that error.

Recommended help topics:

- [Claims Submission > Professional claims > View claim results](#)
- [EDI transactions > Acknowledgements and/or reports > Electronic batch report > Interpret electronic batch reports \(.EBT files\) for web claims](#)

Quick overview of features related to batch reports

Do this...	Menu path...	Keyword Search...
Download batch reports in your organization's ReceiveFiles folder.	Claims & Payments > Send and Receive EDI Files > ReceiveFiles	receive
Update EDI reporting preferences to have text versions of reported delivered to your ReceiveFiles folder.	Claims & Payments > EDI Reporting Preferences	edi reporting
Restore archived batch reports (up to six months after original)	Claims & Payments > File Restore	restore

Tip! Have your transaction ID or file ID ready if you contact Availity Client Services (ACS) for support.

Tip! After you download a batch report from your ReceiveFiles folder, you can open it in a program like Notepad.

Tip! If you're looking for a particular response file in your **ReceiveFiles** folder and can't find it, note that Availity archives response files remaining in the **ReceiveFiles** folder after 30 days, whether or not they've been downloaded. You can, however, restore any files archived from your **ReceiveFiles** folder within the past 6 months without having to contact Availity Client Services.

Some screen image examples

Figure 1 – Example of Legacy Version - Professional Health Care Claim

The screenshot shows the legacy version of the 'Professional Health Care Claim' form. The header includes the Availity logo, navigation links (Home, Notifications, My Favorites, Florida, Help & Training, Sandy's Account, BP, Logout), and a search bar. The main title is 'Professional Health Care Claim' with a 'Learn More >>' link. A note states '* indicates a required field'. The form contains several dropdown menus: 'Payer: ?' (HEALTH PLAN NAME), 'Organization: ?' (Availity Test Org), 'Transaction Type: ?' (Professional Claim), and 'Responsibility Sequence: ?' (Primary). Below this is a section for 'Patient Information' with input fields for 'Last Name', 'First Name', and 'Middle Name or Initial'.

Figure 2 - Example of New Version - Professional Claim

The screenshot shows the new version of the 'Professional Claim' form. The header is similar to the legacy version but includes a 'Give Feedback' button and a 'Health plan logo' placeholder. The main title is 'Professional Claim'. A note states 'Fields marked with an asterisk * are required.' The form is organized into sections: 'INSURANCE COMPANY/BENEFIT PLAN INFORMATION' with a dropdown for '* Responsibility Sequence' (Primary), and 'PATIENT INFORMATION' with a search bar for 'Select a patient (Patients in the list are from your eligibility and benefits inquiries in the last 24 hours for the current organization)'. Below the search bar are input fields for '* Last Name', '* First Name', 'Middle Name or Initial', and 'Suffix'.

Figure 3 - Examples of attachment options (new on left, legacy on right)

ATTACHMENTS

* Report Type

* Report Transmission

Select a Report Type above

DIAGNOSIS CODES

* Principal Diagnosis Code

This claim also includes...

- an EPSDT referral
- onset dates that are different from the dates of service
- disability / worker's compensation dates
- hospitalization dates related to the current services
- an anesthesia-related procedure
- condition codes
- an attachment

Claim Attachment Information

* Attachment Type 1:

* Transmission Method:

Figure 4 Example of claim confirmation - new version

Availity Home Notifications My Favorites
Kentucky Help & Training sandy's Account Logout

Patient Registration Claims & Payments My Providers Reporting Payer Spaces More
Keyword Search

Home > Select > Professional Claim

Professional Claim

HEALTH PLAN LOGO

Your claim has been sent to Health plan name displays here, which processes claims in batches. You will receive the responses for this claim in your [Receives Files](#) mailbox.

Transaction ID:	15183053
Patient Account Number:	112233
Submission Type:	Professional Claim
Submission Date:	02/15/2021
Date(s) of Service:	01/01/2021
Patient Name:	Strawberry, Sandy
Subscriber ID:	ABC123456789
Billing Provider Name:	[Redacted]
Billing Provider Tax ID:	
Total Charges:	\$100.00