

The Dispute option within the Availity Claim Status tool allows providers to submit clinical appeal* requests electronically and upload supporting clinical medical records via Availity Essentials to Blue Cross and Blue Shield of New Mexico (BCBSNM). Once submitted, the Appeal worklist allows providers to view status and claim dispute details, as well as manage the appeals.

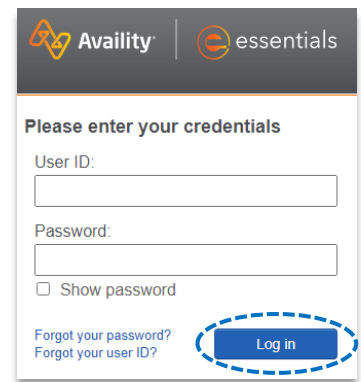
*A **Clinical Appeal** is a request to change an adverse determination for care or services when a claim is denied based on lack of medical necessity, or when services are determined to be experimental, investigational or cosmetic.

The Dispute tool is accessible to existing Availity Administrators and users assigned to the Claims Status and Claim roles in Availity. Not registered with Availity Essentials? Complete the guided online registration process today at [Availity](#), at no cost.

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

1) Getting Started

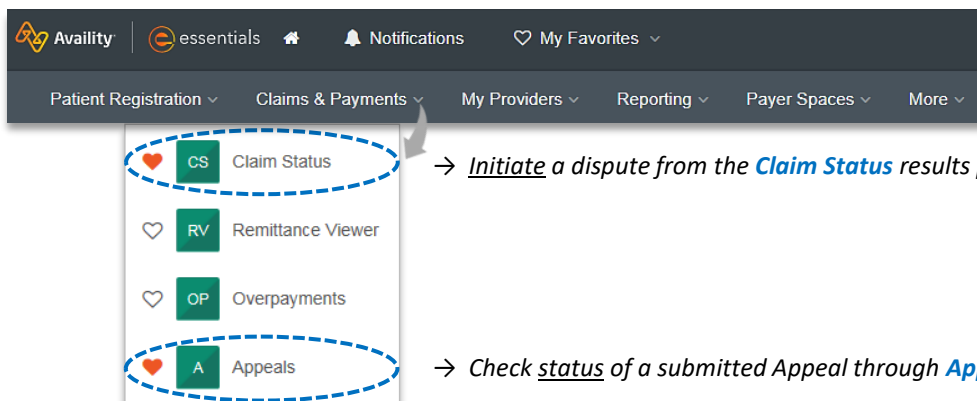
- ▶ Go to [Availity](#)
- ▶ Select **Availity Essentials Login**
- ▶ Enter User ID and Password
- ▶ Select **Log in**



2) Check Dispute Availability via Claim Status

- ▶ Select **Claims & Payments** from the navigation menu
- ▶ Select **Claim Status**

Note: Contact your Availity administrators if the **Claim Status** tool is not listed in the **Claims & Payments** menu.



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

→ Check status of a submitted Appeal through **Appeals**.

2) Check Dispute Availability via Claim Status *(continued)*

Check claim status by following the steps below:

- ▶ Choose the **Organization**
- ▶ Select **BCBSNM** from the **Payer** drop-down list
- ▶ Use **Search by Member** or **Search by Claim** to obtain detailed claim status

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

3) Dispute Claim

- ▶ On the claim status response screen, select **Dispute Claim** *(if applicable)*

Quick Tips:

- **Dispute Claim** is only available for clinical claim denials.
- Dispute 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)


- ▶ You will receive confirmation that the dispute has been initiated and successfully added to your **Appeals** worklist
- ▶ Select **Go To Request**

Quick Tips:

- Each claim can only be disputed once.
- The dispute request has only been initiated. Proceed to [step 4](#) to complete and send the request to BCBSNM for review.

4) Complete Dispute Request

- ▶ The **black** appeals card indicates the request has been initiated but not yet sent to BCBSNM
- ▶ Select the **Action Menu** icon to **Complete Dispute Request**



Complete Dispute Request
Return to Worklist

Initiated
Created: 11/11/2021 • Updated 11/11/2021

Claim Number 123456789010X00	Payment Information E7777777	Patient Name JANE DOE	Service Begin Date 11/01/2021	Billed Amount \$2,766.00
	Payment Date 11/03/2021	Patient Account Number JD123456	Service End Date 11/01/2021	Payment Amount 0

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 **No** if you do NOT want to add additional claims
- ▶ 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
2
3
4

Request Reason Add Additional Claims Attach Documents Request Submitted

This BCBS New Mexico request was initiated on 05/10/9999

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

Are there additional claim numbers related to this appeal?

No, I do NOT want to add additional claims
 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.

4) Complete Dispute Request (continued)

No, I do not want to add additional claims:

- ▶ 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".

Yes, I want to add 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

Quick Tip:

- Ineligible reasons will vary based on why it is ineligible.

4) Complete Dispute Request *(continued)*

Yes, I want to add additional claims *(continued)*:

- ▶ 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".

- ▶ You will receive confirmation of submission
- ▶ Select **Close** to view the **Appeals** worklist
- ▶ Select **View Details** to view request details

5) Appeal Worklist

Follow the steps below to access the **Appeals** worklist to complete a dispute request that you initiated from claim status, view the status of claim disputes in-process, as well as claims disputes that have been finalized by BCBSNM.

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

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

5) Appeal Worklist (continued)

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 BCBSNM
- **Yellow** = Submitted or returned from BCBSNM
- **Gray** = Final decision from BCBSNM

Note: A **Case Number** is assigned after the dispute request has been submitted to BCBSNM.

BlueCross BlueShield of New Mexico					
Initiated Status Updated Created: 11/11/2021 • Updated 11/11/2021					
Claim Number 123456789010X00	Payment Information E7777777	Patient Name JANE DOE	Service Begin Date 11/01/2021	Billed Amount \$2,766.00	Payment Amount 0
	Payment Date 11/03/2021	Patient Account Number JD12345	Service End Date 11/01/2021		
Submitted - Claim Review - In Progress Created: 05/16/2021 • Updated 05/17/2021					
Claim Number 012345678910X00	Payment Information E9999999	Patient Name JOHN DOE	Service Begin Date 12/21/2020	Billed Amount \$70.00	Payment Amount 0
	Payment Date 12/31/2020	Patient Account Number JD11111	Service End Date 12/21/2020		
Finalized - Claim Review - Overturned/ Reversed Case #12345678 Created: 06/08/2021 • Updated 06/14/2021					
Claim Number 012345678900X01	Payment Information E5555555	Patient Name JOE DOE	Service Begin Date 09/28/2020	Billed Amount \$4,950.00	Payment Amount 0
	Payment Date 12/24/2020	Patient Account Number JD22222	Service End Date 09/28/2020		

- ▶ To search for a submitted dispute, select **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**

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

A Appeals

Search By

Select...

123456789012X01

Search

Filter

Claim Number

Case Number

Patient Last Name

Quick Tip:

→ You can also **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**

BlueCross BlueShield of New Mexico					
Submitted - Claim Review - In Progress • Case # 99999999 Created: 05/16/2021 • Updated 05/17/2021					
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	
Finalized - Claim Review - Manual Determination • Case # 77777777 Created: 05/16/2021 • Updated 05/17/2021					
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 Details and Attachments

Quick Tip:

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

5) Appeal Worklist (continued)

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

Note: Refer to the bottom of the page to view the timeframe for adding attachments to the request. Ensure all documentation is uploaded before the date passes.

Home > Appeals > Details Need Help? [Watch a demo](#) for Appeals

A Appeals Give Feedback

BlueCross BlueShield of New Mexico

Submitted - Claim Review - Pending Assignment

Created: 05/10/2022 · Updated 05/10/2022

☰

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 MEDICAL NECESSITY	Contact Phone Number 800-999-9999	Other Claim Numbers 123456789013X01		Submitter Type Billing
Rationale Submitted To Payer Please reprocess				

ATTACHMENTS

Add Attachment

HCSC will allow attachment uploads until 05/20/2022. Please ensure all your documentation for this request has been submitted before that date passes.

ATTACHMENTS

File Name	Status	Uploaded By	Upload Date
ABC_123_000 139pages (7 MB)	Received	Provider	06/25/2021 3:47 PM
<div style="display: flex; align-items: center;"> <div style="border: 2px dashed #007bff; display: inline-block; padding: 5px; margin-right: 10px;">Add Attachment</div> <div> <p>This appeal is no longer eligible for attachments as of 07/05/2021</p> </div> </div>			

Quick Tip:

→ If the **Add Attachment** button is disabled, the timeframe to upload additional attachments to the request has expired.

Have questions or need additional education? Email the [Provider Education Consultants](#).

Be sure to include your name, direct contact information & Tax ID or billing NPI.