

March 2023

The Availity[®] Essentials Claim Status tool is the recommended electronic method for providers to acquire detailed claim status for claims processed by Blue Cross and Blue Shield of New Mexico (BCBSNM).

Providers can improve their accounts receivable and increase administrative efficiencies by utilizing the enhanced Claim Status tool Member and/or Claim search options to check status online for all your BCBSNM patients. Results are available in real-time and provide more detailed information than the HIPAA-standard claim status (276/277 transaction).

Note: If you do not have Availity access, you may obtain basic claim status online by completing a 276/277 transaction through your preferred web vendor.

Quick Reference:

- → Refer to page 4, 5, and 6 to view claim status results for Commercial and Individual Family Markets claims
- → Refer to page <u>7</u> to view claim status results for Government Programs claims (Medicare Advantage & New Mexico Medicaid)
- → Refer to page 8 and 9 to view basic HIPAA-standard claim status results (276/277 transaction)
- → Refer to page 10 and 11 to learn how to Save, View and Delete Claim Status Searches

1) Getting Started

- Go to <u>Availity</u>
- Select Availity Essentials Login
- Enter User ID and Password
- Select Log in

Note: Only registered Availity users can access the Claim Status Tool. If you are not a registered Availity user, you may complete the guided online registration process at <u>Availity</u>, at no cost.

2) Accessing Claim Status

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

Availity 😑 essentials 🔺 🔺 🔺	ns 🗢 My Favo	orites v		
Patient Registration v Claims & Payments v	My Providers ~	Reporting ~	Payer Spaces ~	More ~
Claim Status & Payments				
CS Claim Status				
♥ RV Remittance Viewer				

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

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Availity essentials
Please enter your credentials
User ID:
Password:
Show password
Forgot your password? Forgot your user ID?

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3) Submitting Transactions

Claim status may be obtained using a Member ID or Claim Number. Both options are illustrated in this step.

Choose the Organization

ect the appropriate Payer from the drop-down	Payer Selection Options:	
Claim Status		 → BCBSNM → Blue Cross Medicare Advantage → Blue Cross Community Centennial
Organization	Payer	\rightarrow Other Blues Plans
YOUR ORGANIZATION	Select	· · ·

Search by Member:

- Select the Member tab
- Choose the Billing Provider from the Select a Provider drop-down list (Professional providers should choose the Rendering Provider)
- Enter the Member ID including the preceding three-character prefix for commercial and New Mexico Medicaid patients
- Enter Service Dates in MM/DD/YYYY format and select Submit

Important Note: To ensure your provider information is available in the Select a Provider drop-down list, your Availity Administrator must add your NPI to Manage My Organization under My Account Dashboard on the Availity Essentials homepage.

Drganization	Payer 😧		
ABC ORGANIZATION	BCBSNM	~	
Member Claim Number HIPAA Standard		View Saved Searches	Quick Tip:
Fields marked with an asterisk * are required.			→ Refer to pages <u>10</u> and <u>11</u> to learn how to Save and View Saved
* Select a Provider 🥹	* Provider NPI 😢	* Member ID 😮	Searches.
ABC CLINIC V	1234567890	ABC123456789	
* Group Number * Service Dates 2			
123456 01/01/2023	- 02/01/2023]	
		Submit Clear Form	

Quick Tips:

- → Federal plans do not have a three-character prefix. The letter "R" should be typed as part of the Patient ID (i.e., R87654321). Enter the Group Number as OFEPNM.
- \rightarrow Out-of-state plans may contain more than three-characters (e.g., WMWAN1234567). Enter the Group Number as 123456.
- \rightarrow Claim status for Medicare Advantage members is available for Service Dates from 1/1/2016 to current.

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3) Submitting Transactions (continued)

Search by Claim Number:

- Select the Claim Number tab
- Choose the Billing Provider from the Select a Provider drop-down list (Professional providers should choose the Rendering Provider)
- Enter the Claim Number and select Submit

ABC ORGANIZATION	BCBSNM	~
Member Claim Number HIPAA Standard		View Saved Searches
Fields marked with an asterisk * are required.	* Provider NPL	* Claim Number
Fields marked with an asterisk * are required. * Select a Provider ABC CLINIC	* Provider NPI 😧	* Claim Number 9999999999990X

Important Note: To ensure your provider information is available in the Select a Provider drop-down list, your Availity Administrator must add your NPI to Manage My Organization under My Account Dashboard on the Availity Essentials homepage.

Quick Tips:

- → For commercial claims enter the 13- or 17-character alpha-numeric claim number (i.e., 9999999999990 or 020209999999999999).
- → If you are looking for an adjustment, key the corresponding 2-digit suffix in addition to the 13- or 17-character alpha-numeric claim number (i.e., 9999999999901 or 0202099999999901).
- → For incremented claims (coordination of benefits), change the 0 to a 1 before the X or C at the at the end of the claim number to locate the secondary claim (i.e., 999999999991X).
- \rightarrow Refer to pages <u>10</u> and <u>11</u> to learn how to Save and View Saved Searches.

4) Search Results

After completing the Member search, users can view detailed claim status for a specific date of service by selecting the corresponding claim

Organization			Payer 😢					
YOUR ORGANIZ	ATION	~	BCBSNM	CBSNM				
Member Claim	Number HIPAA S	Standard			view Saved Searches			
Fields marked with	an asterisk * are rec	uired.						
Select a Provider 🤅			* Provider NPI 😢	* Men	nber ID 😧			
ABC CLINIC		~	1234567890	AB	C123456789			
* Group Number	* Servi	ce Dates 🥝						
999999	04/0*	1/2022	- 01/31/2023					
				Su	Ibmit Clear Form			
Results (Displayir s of February 20, 20 ransaction ID: 9999	ng 1 - 2 of 2) 23 11:13 AM 9999999999999999999999	9999999999			Print this Page 🖨			
Status ≑ Fro	m Service Date ≎	Finalized Date ≎	Claim # ≎	Patient Name 🖨	Billed Amount ≎			
FINALIZED	04/12/2022	09/09/2022	9999999999990X01	DOE, JANE	\$290.00			
DENIED	04/12/2022	06/01/2022	9999999999990X00	DOE, JANE	\$290.00			

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5) Detailed Search Results Commercial and Individual Family Markets Claims

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The following information is returned for BCBSNM commercial and individual family markets claims after the corresponding claim number is selected and/or the Claim Number search is completed:

- Claim Number
- Received Date
- Finalized Date
- Service Dates
- Approved Length of Stay
- Claim Status
- Custom Status Description
- Status Details
- Billed Amount
- Paid Amount
- Coinsurance Amount

Claim Status

• Copay / Deductible Amounts

- Ineligible Amount
- Check Number & Date
- Payee Information
- Prior Paid Amount
- Prior Notification Deductible & Coinsurance
- Health Care Account Amount
 - Billing / Rendering Provider Information
- Other Carrier Paid / Medicare Paid Amount
- Patient Share Amount
- Out of Network Deductible / Coinsurance

Quick Tips:

Additional Paid

- Line-Item Breakdown:
- o Service Dates
- Procedure / Revenue Code
- Diagnosis
- HCPCS Code
- Billed Amount
- Paid Amount
- Ineligible Amount & Code
- Discount
- Copay / Coinsurance / Deductible
- Modifiers
- o Unit / Time / Miles

Note: If the check number is not present on a finalized claim, please allow additional time. The system reflects check information based on the payment schedule of the provider.

→ Select Save this Search at the top or bottom of the results page to View Saved Searches. Users receive a message confirming the search has been saved. Refer to pages <u>10</u> and <u>11</u> to learn more.

 \rightarrow Click **Print this Page** at top or bottom of result page.

					(
nange Date 03, 9999999999999999999	/20/2023 999999					Save this Sea	rch Pr	int this Pag	je 🖨 🛛 Nev	v Search	Edit Search
BlueShield exico											
	DOE,	JANE M	ember ID		AB	C0000012345678	9 Subscri	ber			DOE, JANE
	01/01/	2010 Pa F Gr	atient Account I roup Number	Number		138 12345	4 Relation 6	iship			SELF
	999999999999	0X01 CI	laim Status			PAI	DRG Co	de			N/A
	09/09/	2022 CI	ustom Status D	escription		N1//	DRG Ve	rsion			0.00000
04/1	09/12 12/2022 - 04/12	/2022 Di	tatus Detail			N// \$290.0	0	-18-11			0.00000
0.1		NA P	aid Amount			\$68.2	6				
		N/A C	oinsurance Am	ount		\$0.0	0				
		N/A C	opay/Deductibl	e Amount		\$20.0	0				
ı		In	eligible Amoun	t		\$201.7	4				
	E999	9999 BI	iling Provider			ABC CLINI	C Other C	arrier Paid			\$0.00
	09/15/	2020 BI	lling Provider N	IPI		1234567899	9 Out of N	letwork Dedi	uctible		\$0.00
	ABC CL	LINIC RE	endering Provid	ler Ior NDI		ROBERTS, JOHI	N OUT OF N	letwork Coln cal Dald	surance		\$0.00
		0.00 Ne	edicare Paid An	nount		\$0.0		iai Palu			30.00
сө		0.00 Pa	atient Share Am	ount		\$20.00	0				
ıt	5	0.00									
on											
											Unit/ Time/
ev DX	HCPC	Billed	Pald	Ineligible	Codes	Discount	Сорау	Coins	Deductible	Mode	Miles
M25542, M25541	N/A	\$290.00	\$68.26	\$201.74	T43	\$0.00	\$20.00	\$0.00	\$0.00	N/A	1
								_			
De	ecription					Additiona	I Action(8)	Qu	ick Tips:		
Cha Par	arge exceeds the rticipating Provid	e priced am Ier. Patient I	ount for this sen is responsible fo	rice. Services pro	wided by a No e priced amou	n- N/A nt.		\rightarrow	Ineligible the Codes	reason a field.	codes displ
	hange Date ()3 9999999999999999 8 BlueShield exico 04/ n n exce ext on 2 8 M25542, M25541 De Ch. Par	hange Date 03/20/2023 999999999999999999999999999999999999	Doe JANA 999999999999999999999999999999999999	hange Date 03/20/2023 999999999999999999999999999999999999	Anange Date 03/20/2023 999999999999999999999999999999999999	hange Date 03/20/20/2023 999999999999999999999999999999999999	hange Date 03/20/2023 999999999999999999999999999999999999	Save this Search Pr SBueShield exico DOE, JANE Member ID ABC00000123456789 Subsert 01/01/2010 Patient Account Number 134 Relation 999999999999999999999999999999999999	Bange Date 03/20/2023 999999999999999999999999999999999999	Save this Search Print this Page Q Next SBUEShield exico DOE, JANE Member ID ABC00000123456789 Subcriber Relationship 0101012010 Patient Account Number 13346 Relationship Relationship 9999999999900001 Claim Status PAID DRG Code DRG Version 09112/2022 Custom Status Description NA DRG Version DRG Weight 09112/2022 Status Detail NA DRG Version DRG Weight 09112/2022 Custom Status Description NA Colonsurance Amount S200.00 NA Colonsurance Amount S200.00 Other Carrier Paid Out of Network Deductible NA Colonsurance Amount S200.00 Out of Network Deductible Out of Network Deductible ABC CLINIC Redefing Provider NPI 11223465789 Out of Network Deductible ABC CLINIC Redefing Provider NPI 11223465789 Out of Network Deductible ABC CLINIC Redefing Provider NPI 11223456789 Out of Network Deductible ABC CLINIC Redefing Provider NPI 1223456789 Out of Network Colonsurance ABC CLINIC Redefing Provider NPI 122345739 Out of Network Colonsurance ABC CLINIC Redefing Prov	Save this Search Print this Page @ New Search B005939999999999999999999999999999999999

Customer ID 12345 Exchange Date 03/20/2021 Transaction ID 9999999999999999999999999999999999

Continue to next page

descriptions in the Codes section.

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5) Detailed Search Results Commercial and Individual Family Markets Claims (continued),

Cotiviti, Inc. Code Audit Rationale is available for finalized claims processed on or after Aug. 26, 2019:

- Select View Code Audit Rationale above the service line section or click on the + beside the applicable line(s)
- Once selected, service line(s) denied for Cotiviti logic will expand and display the following:
 - Edit Description
 - Edit Rationale

Quick Tip:

→ Select Hide Code Audit Rationale or select minus sign (-) to collapse the expanded denial logic.

Service Dates	Proc/Rev	DX	НСРС	Billed	Paid	Ineligible	Codes	Discount	Сорау	Coins	Deductible	Mods	Unit/ Time Miles
05/01/2019 05/01/2019	29515	Z4789	N/A	\$100.00	\$0.00	\$100.00	V29	\$0.00	\$0.00	\$0.00	\$0.00	N/A	1
Paramete Action Re	er Type equired			Created Line Submitted on	e Indicato n Claim	r	Action Not Re	imbursable		Ed Pa	it Source yer		
Edit Loca Payer Pol	ition licy			Procedure C 29515	ode		Modifier Code Unit Count N/A 1						
Cotiviti E 29515 W/	dit Descript	ion ED WITH	UNITS EX	CEEDING TH	IE MUE TH	RESHOLD.							
Cotiviti E	dit Rational	e											

Additional Action(s) for Applicable Ineligible Reason Codes:

View Additional Action(s) to understand what further step(s) may be taken for certain claim denial scenarios

Note: Additional Action(s) only display for certain ineligible reason codes.

Line Level I	nformatio	n <u>View C</u>	Code Audit	Rationale									
Service Dates	Proc/Rev	DX	HCPC	Billed	Paid	Ineligible	Codes	Discount	Сорау	Coins	Deductible	Mods	Unit/ Time/ Miles
+ 05/01/2019 05/01/2019	29515	Z4789	N/A	\$100.00	\$0.00	\$100.00	V29	\$0.00	\$0.00	\$0.00	\$0.00	N/A	1
05/01/2019 05/01/2019	A4590	Z4789	N/A	\$65.00	\$0.00	\$5.00	T42	\$0.00	\$0.00	\$0.00	\$60.00	N/A	1
Codes													
Туре	Code	Des	scription					Additio	onal Action(s)			
Ineligible Reason	V29	Thi: The cod	s service w e informatio ling protoco	as submitted on submitted c ol. Patient car	with units on the clain not be bille	exceeding the N n is inconsisten ed for the disalle	AUE threshol t with current owed code.	d. Access context	the View Co	ode Audit Ra	tionale link abov	e for additio	nal
Ineligible Reason	T42	Cha by a	arge excee a participati	ds the priced ing/network p	amount fo rovider. An	r this service. So nount is provide	ervices provi r write-off.	ded Refer to	o the Fee Sc	hedule for p	ricing allowance.		
Customer ID 12345 Transaction ID 999	Exchange	Date 03/2	0/2021 99999							Print this	Page 🖨 🛛 Nev	w Search	Edit Search

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5) Detailed Search Results Commercial and Individual Family Markets Claims (continued)

There may be instances when providers receive a claim withdrawn notification after submission to BCBSNM. Providers can also determine why a claim was withdrawn via the Availity Claim Status tool response.

- Refer to the Custom Status Description field to view the reason why the claim was withdrawn
- > After addressing the reason, resubmit the claim electronically to the local BCBSNM plan for processing

🛯 Claim Status			
Customer ID 12345 Exchang Transaction ID XXXX-XXXX-123456	e Date 03/20/2023	Save this Search Print this Page	e 🖨 New Search Edit Search
BlueCross BlueSh of New Mexico Patient Information	ield		
Patient	DOE, JANE	Member ID	ABC123456789
DOB	01/01/1935	Patient Account Number	DOE123456789
Gender	F	Group Number	123456
Claim Information			
Claim Number	123456789010X00	Claim Status	DENIED
Received Date	10/01/2021	Custom Status Description	Disapproved - For membership
Finalized Date	10/06/2021	Status Detail	
Service Dates	12/19/2020 - 12/19/2020	Billed Amount	\$2,533.30
Approved Length of Stay		Paid Amount	\$0.00
Hospital Payment Indicator		Coinsurance Amount	\$0.00
		Copay/Deductible Amount	\$0.00
		Ineligible Amount	\$0.00

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Claim Status Tool User Guide

6) Detailed Search Results Government Programs Claims

The following information is returned for government programs claims after the corresponding claim is selected and/or the Claim Number search is completed:

- Claim Number
- Received Date
- Finalized Date
- Service Dates
- Claim Status
- Allowed Amount
- Billed Amount
- Paid Amount
- Coinsurance Amount

- Copay & Deductible Amounts
- Ineligible Amount
- Sequestration Amount
- Medicare Paid Amount
- Check Status & Check Number
- Check Amount & Check Date
- Payee Information
- Billing Provider Information
- Rendering Provider Information

- <u>Line-Item Breakdown</u>:
 - Service Dates
 - Revenue / Procedure Code
 - Modifier
 - Quantity
 - Diagnosis
 - Ineligible Code & Amount
 - Allowed Amount
 - Paid Amount
 - Sequestration Amount
 - Copay / Coinsurance / Deductible

Note: If the check number is not present on a finalized claim, please allow additional time. The system reflects check information based on the payment schedule of the provider.

Quick Tips:

- → Select Save this Search at the top or bottom of the results page to View Saved Searches. Users receive a message confirming the search has been saved. Refer to pages <u>10</u> and <u>11</u> to learn more.
- \rightarrow Click **Print this Page** at top or bottom of result page.

Customer ID 12345 Exchange Date 03/20/2023 Transaction ID 99999999999999999999999999999999999	Save this Search	Print this Page 🖨	New Search	Edit Search
Blue Cross Medicare Advantage				

Patient Information

Claim Status

Patient	Doe, Jane	Member ID	123456789	Subscriber	Doe, Jane
DOB	12/20/1943	Patient Account Number	JD99999	Relationship	SELF
Gender	F	Group Number	0000000		
Claim Information	ı				
Claim Number	9999999999999	Claim Status	FINALIZED	Coinsurance Amount	\$0.00
Received Date	02/06/2020	Allowed Amount	\$0.00	Copay Amount	\$0.00
Finalized Date	02/17/2020	Billed Amount	\$222.00	Deductible Amount	\$0.00
Service Dates	01/26/2020 - 01/26/2020	Paid Amount	\$0.00	Ineligible Amount	\$222.00
Bill Type Code	N/A	DRG Code	N/A	Sequestration Amount	\$0.00
Approved Length of Sta	y N/A			Medicare Paid Amount	\$0.00
Payment Informa	tion				
Check Status	CREATED	Payee	ABC CLINIC	Billing Provider	ABC CLINIC
Check Number	999999	Payee Tax ID	123456789	Billing Provider NPI	1999999999
Check Amount	\$5,769.06	Payee Address	123 ANYWHERE ST.	Billing Provider Tax ID	123456789
Check Date	02/17/2020		CITY, XX 12345-1234	Rendering	ABC CLINIC
				Provider	MEDICAL GROUP
				Rendering Provider NPI	100000000

Line Level Information

Service Dates	Proc	Rev	Mods	Qty	DX	Codes	Billed	Allowed	Paid	Seq Amt	Coins	Deductible	Ineligible
01/26/2020 01/26/2020	99239	N/A	N/A	0	R6510	70h	\$222.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$222.00
Codes													
Туре		Cod	de		Desc	cription	4		Additi	onal Actio	on(s) <		
Remark	70h			Missing/invalid ICD-10 diagnosis code(s). Please resubmit corrected claim. Diagnosis code is missing or invalid. Please resu the appropriate diagnosis code.				ə resubmit witl					
ustomer ID	12345 E	xchang	e Date 03	3/20/2021							D D	New Ores	5 - 5 - 10 - 5
ansaction II	9999999	999999999	9999999999	999999			Sav	e this Sear	cn	-rint this	Page 🖨	New Sear	Edit

Quick Tips:

123456789

Rendering Provider Tax ID

- → Ineligible reason codes display in the Codes field.
- → View ineligible reason code descriptions in the Codes section.
- View Additional Action(s) to understand what further step(s) may be taken for certain claim denial scenarios. Additional Action(s) only
 - displays for certain ineligible reason codes.

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7) HIPAA Standard Claim Status 276 request

Use the HIPAA Standard tab to acquire basic claim status (276/277 transaction).

- Enter the Provider and Patient Information in the 276 request
- Select Submit

Member Claim Number (HIPAA Standard)	View Saved Searches
Provider Information	
Is the provider the same as the organization name? 📀	
● Yes ○ No	
Select a Provider 😮 optional	Provider NPI 📀
Select	
Patient Information	
Select a Patient optional	Member ID 😧
Select V	
Patient Last Name	Patient First Name optional
Patient Date of Birth	Patient Gender optional
MM/DD/YYYY	Select 🗸
Patient Account Number 🥹 optional	Patient's Relationship to Subscriber optional
	Self
Claim Information	
Service Dates 📀	
From Date -	To Date
Claim Number optional	Claim Amount optional
Institutional Bill Type optional	Submit

Quick Tips:

- \rightarrow Fields labeled as optional may be completed but are not required to receive a 277 response.
- → If you do not know the patient account number, you may enter "unknown" in the optional Patient Account Number field, and the account number will be returned in the 277 response.

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7) HIPAA Standard Claim Status 277 response (continued)

The following information is returned in the HIPAA Standard 277 response, if applicable:

- Claim Number
- Billed Amount
- Service Dates
- Paid Amount
- Processed Date
- Claim Status
- Check Number
 Denial Reason

•	Denial	Reason

Claim Status					Give Feedback New Search Edit Sear
					Transaction ID: 1111111111 As of 3/20/2023
DOE, JANE Patient Patient ID ABC123456789 DOB 01/01/2010	Subscriber DOE, JANE		Provider ABC CLINIC Provider ID 1234567890		of New Mexico
00000000000000000000000000000000000000	Verify Eligibility Remittance View Claim 000000000000 Dates of Service 09/01/2020 - 09/01/2020	Print this Page Processed Date Status V/A FINALI	ZED	Billed \$290.00	Paid N/A
00000000011X 00 DENIED 09/10/2020 - 09/10/2020 Processed 09/13/2020	Status as of 09/05/2020 Finalized/Adjudication Complete N Claim/Encounter has been adjudic forthcoming Balance due from the subscriber 	io payment forthcoming. The ated and no further payment is			
Paid \$0.00	Check Number N/A				
	Dates of Service 09/01/2020 – 09/01/2020 Billed	Procedure Code 99203 Paid		Quantity 1	Status FINALIZED
	Status as of 09/05/2020 • Finalized/Adjudication Comple • Balance due from the subscrib	SU.UU ate No payment forthcoming. Th per	e Claim/Encounter I	nas been adjudicated and	I no further payment is forthcoming

Quick Tip:

→ If the information returned does not provide enough detail, complete the transaction using either the Member or Claim Number search option.

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8) View Saved Searches

The View Saved Searches dashboard enables the user to view specific claim status searches that were previously saved. Users can save up to 100 searches in your claim status dashboard.

Note: These saved searches are specific to the provider's Organization, payer selected, and user who submitted the transaction.

Select View Saved Searches on the Member and/or Claim Number search tabs to access previously Saved Searches

Organization		Payer 😢
ABC ORGANIZATION	~	BCBSNM
Member Claim Number	HIPAA Standard	View Saved Searches
Fields marked with an aster	isk * are required.	
* Select a Provider 2 ABC CLINIC	~	* Provider NPI ? * Member ID ? 1234567890 ABC123456789
* Group Number	* Service Dates 😢	
123456	01/01/2023	- 02/01/2023
		Submit Clear Form

- In the View Saved Searches dashboard, use the Search option by to entering the patient's name or provider NPI number to locate specific saved searches
- Locate the saved claim status search you want to view and select View/Action button

Note: A saved search will be removed after 45 days of not being viewed.

^{cs} Clair	n Statı	IS					
Search Search			٩				
)rganization			*	Payer 😧			
ABC ORGANIZ	ATION		~	BCBSNN	1		
Saved Searche	95				Deletes	Displaying	2 saved search
Patient ≑	Provider ‡	NPI	Claim Number	Saved Date	Last Searched	View/Action	Delete Search
DOE, JANE	ABC CLINIC	1234567890	9999999999990X	3/20/2023	a few seconds ago	C	
DOE, JOHN	ABC CLINIC	1234567890	9999999999990X	3/21/2023	17 hours ago	C	
						·/	

Continue to next page

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9) Deleting Saved Searches

- From the Saved Searches tab, select the Delete Search check box to remove the saved search from your dashboard
- > The user will receive a validation message after the search has been deleted

Note: If you want to delete all saved searches at once, select the Select All button.

(S Clain	n Statu	IS					
Se	earch Search			٩				
0	rganization ABC ORGANIZA			~	Payer 🥑 BCBSNM	1		· ·
	Saved Searche	s					Displaying	2 saved searches
						Delete S	Selected Search	es Select All
	Patient ≎	Provider \$	NPI	Claim Number	Saved Date	Last Searched	View/Action	Delete Search
	DOE, JANE	ABC CLINIC	1234567890	9999999999990X	3/20/2023	a few seconds ago	ď	
	DOE, JOHN	ABC CLINIC	1234567890	99999999999990X	3/21/2023	17 hours ago	ď	

Have questions or need additional education? Email the BCBSNM Provider Education Consultants.

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

Cotiviti, INC. is an independent company that provides medical claims administration for BCBSNM. Cotiviti is solely responsible for the products and services that it provides.

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