



CLAIM STATUS

What it is, how to check claim status, and help with rejected claims

We do not provide claim status on the phone, regardless of provider participation status. This allows us to assist with your other, more complex claims issues.

Here are tips for defining what claim status is and isn't, obtaining claim status, finding and reviewing your Provider Detail Advisories, and understanding the most common reasons claims are rejected.

What is claim status?

'Claim status' refers to how a claim processed and its receipt details. The following is considered claim status:

- Claim number
- Claim processing details, including payment or denial information:
 - Paid amount
 - Member liability
 - Denial messages
 - Check information
 - Received/finalization dates
- Whether or not we have received a claim

Note: We do not re-verify any information that you have already found by using your technologies.

What is not claim status?

The following is not considered claim status:

- Questioning the status of an appeal
 - If your appeal has resulted in a claim adjustment, you can use your technologies to obtain more information.
 - As a reminder, we process appeals in the order we receive them. You may call Provider Service to hear an automated message that lists the received dates of the appeals that we are currently reviewing.
 - Once your appeal is reviewed, we'll notify you of our decision by letter, fax, or an adjusted Explanation of Benefits.
- Account Receivable information
- You already know the denial/status of your claim but need further clarification

Resources

You can efficiently obtain claim status through a variety of other methods:

- [ConnectCenter™](#): An online portal that can be used to submit claims and perform other real-time transactions

- [Payspan](#): A helpful tool used for tracking and managing your claims and payments
- [InfoDial \(1-800-443-6657\)](#): An automated telephone system for determining eligibility, benefits, and claim status

Before calling Provider Service, please be sure to use the technologies available to you for information that is considered claim status.

How to check claim status

Use ConnectCenter (available in the eTools section of [Provider Central](#)) to check the status of your claims. When you need details about how your claims processed, use [Payspan](#). Payspan information begins on [page 5](#).

If you need to	Then
Request an adjustment to your claim	Follow our replacement claim process or, if appealing , use the universal Request for Claim Review form
Submit a replacement claim (for a claim that fully denied)	Follow our replacement claim process
See more details about your claim <i>Example:</i> if your claim denied and you want to know why, or you want to understand why a claim only partially paid	Go to Payspan and view your Provider Detail Advisory

Using claim status tools on ConnectCenter

To begin, log into [Provider Central](#) and go to **eTools>ConnectCenter**. Click **Go Now**.

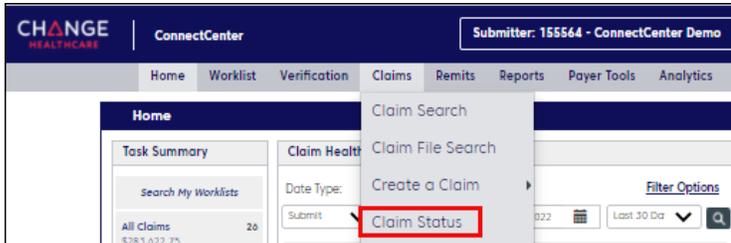
When ConnectCenter opens, choose an option:

For	Then go to
Any claim submitted to Blue Cross Blue Shield of Massachusetts	Claims>Claim Status You will need to enter or select the billing provider, the date of service, and member information (ID, name, and date of birth).
Claims you submitted <i>through ConnectCenter</i>	Claims>Claim Search This is the fastest way to find a claim.

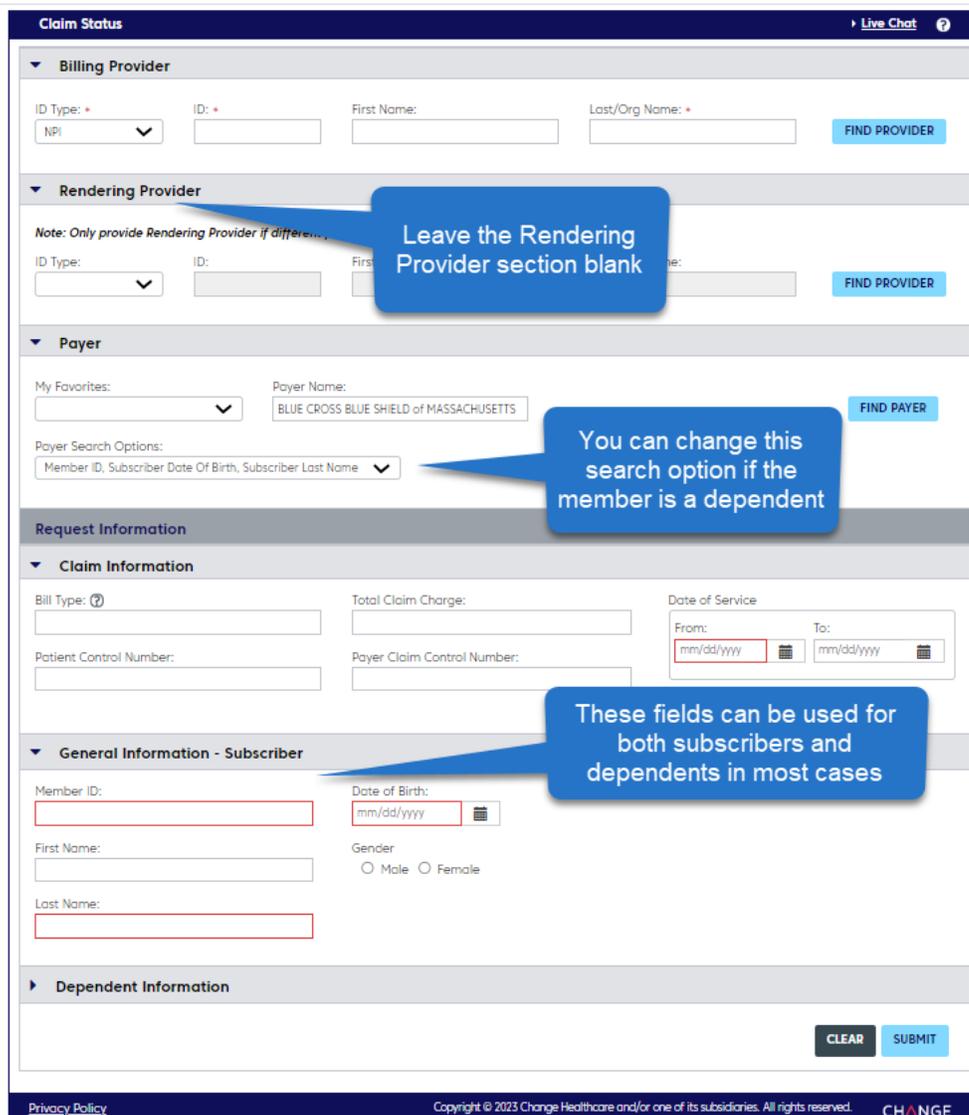
ConnectCenter: Claim Status

This option can be used for any claim submitted to Blue Cross Blue Shield of Massachusetts.

1. Go to **Claims>Claim Status**.



2. Complete the required fields and click **Submit**.

A screenshot of the 'Claim Status' form in the ConnectCenter application. The form is divided into several sections: 'Billing Provider', 'Rendering Provider', 'Payer', 'Request Information', 'Claim Information', 'General Information - Subscriber', and 'Dependent Information'. Callouts provide instructions: 'Leave the Rendering Provider section blank' points to the empty fields in the Rendering Provider section; 'You can change this search option if the member is a dependent' points to the 'Payer Search Options' dropdown menu; 'These fields can be used for both subscribers and dependents in most cases' points to the 'Member ID' and 'Date of Birth' fields in the 'General Information - Subscriber' section. The form includes fields for ID Type, ID, First Name, Last/Org Name, Payer Name, Bill Type, Total Claim Charge, Date of Service, Patient Control Number, Payer Claim Control Number, Member ID, Date of Birth, First Name, Last Name, and Gender. There are 'FIND PROVIDER', 'FIND PAYER', 'CLEAR', and 'SUBMIT' buttons. The footer contains a 'Privacy Policy' link, copyright information for Change Healthcare, and the 'CHANGE' logo.

- Claims that match your search terms will appear below the inquiry portion of the page. If multiple claims match your search terms, select the correct claim from the **Claim Status** drop-down menu.

Claim status information appears under the heading, **Payer Messages**.

Response Information

Claim Status
 Select Claim Status:
 1 - \$1,688.00, DOS: 09/30/21, Claim: 27212

Payer Information
 Payer ID: MABCBS Payer Claim Control Number: 27212

Claim Status Information
 Patient Last Name: [Redacted] Patient First Name: [Redacted] Patient Middle Name: [Redacted] Patient Account Number: [Redacted]
 Member Number: [Redacted] Type Of Bill: [Redacted]
 Billing Provider NPI: [Redacted] Billing Provider Number: [Redacted] Billing Provider Name: [Redacted]
 Rendering Provider NPI: [Redacted] Rendering Provider Tax ID: [Redacted] Rendering Provider Name: [Redacted]
 Claim Service From Date: 09/30/2021
 Claim Service To Date: [Redacted]
 Claim Charge Amount: \$1,688.00
 Claim Payment Amount: \$0.00
 Check/EFT Date: [Redacted]
 Check/EFT Number: [Redacted]
 Additional Information: [Redacted]

Payer Messages

Line	Revenue Code	Procedure	Modifier	Units	Service Date	As of	Charge Amt	Payment Amt	Category/Status
		HC-45380	33	1	09/30/2021	10/15/2021	\$1,090.00	\$0.00	F2 : Finalized/Denial-The claim/line has been denied. 1 : For more detailed information, see remittance advice.
		HC-43235		1	09/30/2021	10/15/2021	\$598.00	\$0.00	F2 : Finalized/Denial-The claim/line has been denied. 252 : Authorization/certification number.

ConnectCenter: Claim Search

This fast option can be used for claims you submitted through ConnectCenter.

- Go to **Claims>Claim Search**.

CHANGE HEALTHCARE | ConnectCenter | Submitter: 155564 - ConnectCenter Demo

Home Worklist Verification **Claims** Remits Reports Payer Tools Analytics

Home | **Claim Search** | Claim File Search | Create a Claim | Claim Status

Task Summary | Search My Worklists | All Claims: 26 (\$285,622.75)

Claim Health | Date Type: [Redacted] | Submit [Redacted]

Filter Options | 022 | Last 30 Da

2. Enter your search criteria and click the **Search** button at the bottom of the page.

Frequently used fields are highlighted below. For additional search options, click the **Advanced Fields** button near the **Search** button.

The screenshot shows the 'Claim Search' form in the ConnectCenter interface. The form is divided into several sections: Status, Claim Data, Patient Data, Payer Status, Date, and Provider. The Date section is highlighted with a red box, and red arrows point to the Status and Payer Status sections.

3. Claims that match your search criteria will appear in a list. You can:

- sort your results by clicking a column heading
- filter your results by entering data in a field under a heading
- click a link for more information, as shown in the screenshot below

The screenshot shows the 'Claim Search Results' table in the ConnectCenter interface. The table displays columns for Claim ID, Patient Name, Service Date, Charges, Payer ID, Payer Name, Status, and Submitter ID. Annotations highlight specific features: 'View claim history, summary, and details' points to the Claim ID, 'Open Claim Tracker pop-up' points to the status, and 'Check real-time claim status' points to a refresh icon.

Claim ID	Patient Name	Service Date	Charges	Payer ID	Payer Name	Status	Submitter ID	Download CSV
3331234567896		06/08/2016	\$49,271.20	3507		Accepted	155564	
#34567897		06/08/2016	\$49,271.20	3507		Accepted	155564	
		10/20/2014	\$4,986.37	14		Payer Denied	155564	
		06/08/2016	\$49,271.20	3507		Accepted	155564	

The icon to request updated information about claim status (🔄) will be displayed for any claim that has been accepted by Blue Cross but has not yet reached a state of final adjudication.

Use Payspan to view advisories that help you understand your payments

With Payspan, you get access to both your Provider Payment and Provider Detail Advisories. Our [Payspan quick start guide](#) can help you get started.

About claim processing messages

When you get your Provider Detail Advisory on Payspan, you'll notice different types of messages to help you understand how your claim paid and/or processed.

- HIPAA-compliant messages are displayed first and don't have a lot of detail. The text of the message is followed by (HIPAA Codes).
- The Blue Cross Blue Shield of Massachusetts messages are in all capital letters. **Look at these first** because they include additional details to help you.

Example:

MASSACHUSETTS										CONTACT INFORMATION	
 Provider Detail Advisory Professional										Physicians: 1-800-882-2060 Hospitals: 1-800-451-8123 Ancillary/Mental Health: 1-800-451-8124 Dental: 1-800-882-1178 Out-of-State Providers - Eligibility, benefits, and claim status information is available by calling: 1-800-678-2583 Out-of-State Providers - Please note your BCBSMA courtesy provider number	
PROVIDER NUMBER: NPI Number: PROVIDER: Legacy Number: PAYMENT: TIN: XXXXX6782			SYSTEM INDICATOR: EFT NUMBER: SUBMITTED ID#: Submitted Patient Name: CHELSEA								
Claim Number: Type of Bill: 111 Submitted Procedure: 99204 Submitted Units: 1										BCBSMA Responsibility: PRIMARY Click to view Payment Advisory	
Line #	Date of Service	Modifier(s)	Place of Service	Line Msg Indicator	Rev Code						
1	04/20/2017 -04/20/2017	25	3	A B C							
Line Charge	Allowed	Contractual	Payer Initiated	OA	Copay	Deductible	Coinsurance	Other Patient Responsibility	Withhold	Paid	
\$425.00	\$260.81	\$164.19	\$0.00	\$0.00	\$30.00	\$0.00	\$0.00	\$0.00	\$0.00	\$230.81	
Line #	Date of Service	Modifier(s)	Place of Service	Line Msg Indicator	Rev Code						
2	04/20/2017 -04/20/2017		3	B C							
Line Charge	Allowed	Contractual	Payer Initiated	OA	Copay	Deductible	Coinsurance	Other Patient Responsibility	Withhold	Paid	
\$55.00	\$27.69	\$27.31	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Grand Totals:											
Line Charge	Allowed	Contractual	Payer Initiated	OA	Copay	Deductible	Coinsurance	Other Patient Responsibility	Withhold	Paid	
\$480.00	\$288.50	\$191.50	\$0.00	\$0.00	\$30.00	\$0.00	\$0.00	\$0.00	\$0.00	\$258.50	
A - PR 3 Co-payment Amount (HIPAA Codes) B - CO 45 Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Note: This adjustment amount cannot equal the total service or claim charge amount, and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability) (HIPAA Codes) C - PAYMENT FOR THIS SERVICE IS BASED ON YOUR FEE SCHEDULE AND THE MAXIMUM REIMBURSABLE ALLOWANCE FOR THIS HAS BEEN PROVIDED. /P017/											

Click on the hyperlinked blue, underlined text to open both and toggle between the Provider Payment and Provider Detail Advisories.

Get help with rejected claims

If your claim rejected and you need help understanding why, see: [How to correct rejected claims](#), our list of the most commonly used reject messages.

Replacement claims

Learn about replacement claims we accept and how to submit them on our [Claim submission page](#). The [Replacement claim frequently asked questions](#) document contains additional details about replacement claims.

Blue Cross Blue Shield of Massachusetts refers to Blue Cross and Blue Shield of Massachusetts, Inc., Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc., and/or Massachusetts Benefit Administrators LLC, based on Product participation.® Registered Marks of the Blue Cross and Blue Shield Associate. ©2025 Blue Cross and Blue Shield of Massachusetts, Inc., or Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc