

Here are tips for finding and understanding claim status information using ConnectCenter and Payspan. To use ConnectCenter, you must be a Massachusetts contracted provider and registered for Provider Central. Learn more about your eligibility for these eTools by visiting our [ConnectCenter](#) and [Payspan](#) pages.

What is claim status?

'Claim status' refers to where a claim is in the claim processing lifecycle. The results returned for claim status inquiries may include:

- Claim number
- Claim processing details, including payment or denial information:
 - Status (Paid, Denied, or In Process)
 - Paid amount
 - Check/EFT information
 - Finalization dates
- Whether or not we have received a claim

What is not claim status?

The following is not considered claim status:

- Account Receivable information
- Appeal information
 - If your appeal has resulted in a claim adjustment, you can use your technologies to obtain more information.
 - Once your appeal is reviewed, we'll notify you of our decision by letter or an adjusted Provider Detail Advisory.

Resources

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

- [ConnectCenter](#)[™]: An online portal that can be used to obtain benefit information and check claim status
- [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 Dental 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 is on [page 5](#).

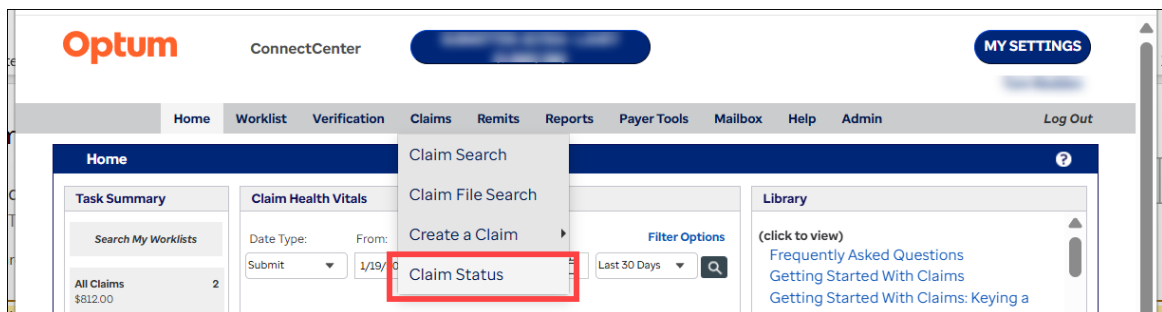
If you need to	Then
Request an adjustment to your claim	Request Claim Review by using the Dental Request for Claim Review Form
See more details about your claim <i>Example:</i> if your claim denied and you want to know why, or you want to understand why a claim only partially paid	Go to Payspan and view your Provider Detail Advisory

Use ConnectCenter for claim status

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

You will need to enter or select the billing provider, the date of service, and member information (ID, name, and date of birth). To begin, log into [Provider Central](#) and go to **eTools>ConnectCenter**. Click **Go Now**.

1. In ConnectCenter, go to **Claims>Claim Status**.



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

The screenshot shows the 'Claim Status' form with the following sections and callouts:

- Billing Provider:** Fields for ID Type (NPI), ID, First Name, and Last/Org Name. A 'FIND PROVIDER' button is present.
- Rendering Provider:** Fields for ID Type, ID, First Name, and Last Name. A 'FIND PROVIDER' button is present. A callout states: "Leave the Rendering Provider section blank".
- Payer:** Fields for My Favorites, Payer Name (BLUE CROSS BLUE SHIELD of MASSACHUSETTS), and Payer Search Options (Member ID, Subscriber Date Of Birth, Subscriber Last Name). A 'FIND PAYER' button is present. A callout states: "You can change this search option if the member is a dependent".
- Request Information:** A section header.
- Claim Information:** Fields for Bill Type, Total Claim Charge, Date of Service (From: mm/dd/yyyy, To: mm/dd/yyyy), Patient Control Number, and Payer Claim Control Number.
- General Information - Subscriber:** Fields for Member ID, Date of Birth (mm/dd/yyyy), First Name, Last Name, and Gender (Male/Female). A callout states: "These fields can be used for both subscribers and dependents in most cases".
- Dependent Information:** A section header.

At the bottom of the form are 'CLEAR' and 'SUBMIT' buttons. The footer includes 'Privacy Policy', 'Copyright © 2023 Change Healthcare and/or one of its subsidiaries. All rights reserved.', 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**.

CLEAR

SUBMIT

Response Information

Claim Status

Select Claim Status:

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

Additional claims for the member on the same date of service may appear in a dropdown menu

Payer Information

Payer ID: MABCBS

Payer Claim Control Number: 27212

Claim Status Information

Patient Last Name:
Patient First Name:
Patient Middle Name:
Patient Account Number:

Claim Service From Date: 09/30/2021
Claim Service To Date:
Claim Charge Amount: \$1,688.00
Claim Payment Amount : \$0.00
Check/EFT Date :
Check/EFT Number :

Member Number:
Type Of Bill:

Additional Information

Billing Provider NPI:
Billing Provider Number:
Billing Provider Name:

Rendering Provider NPI:
Rendering Provider Tax ID:
Rendering Provider Name:

Empty text box for additional information.

Payer Messages

Table with columns: Line, Revenue Code, Procedure, Modifier, Units, Service Date, As of, Charge Amt, Payment Amt, Category/Status. Contains two rows of denied claim information.

Use Payspan to view advisories that help you understand your payments

With Payspan, you get access to both your Provider Payment and your 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
Blue Cross Blue Shield of Massachusetts is an independent licensee of the Blue Cross and Blue Shield Association

Dental Provider Detail Advisory
Dental

CONTACT INFORMATION
Physicians: 1-800-882-2060
Hospitals: 1-800-451-8127
Ancillary/Mental Health: 1-800-451-8127
Dental: 1-800-882-1117
Out-of-State Providers - Eligibility, benefit claim status inquiries: call 1-800-882-1117
Out-of-State Providers - Please note your courtesy provider

PROVIDER NUMBER: [REDACTED] PROVIDER: [REDACTED] PAYMENT: [REDACTED] SYSTEM INDICATOR: N

NPI Number: [REDACTED] CHECK NUMBER: [REDACTED]
Legacy Number: [REDACTED] CHECK DATE: [REDACTED]
TIN: [REDACTED] CHECK AMOUNT: [REDACTED]

Submitted ID#: [REDACTED] Submitted Patient Name: [REDACTED]

Claim Number: [REDACTED]

Line #	Date of Service	Modifier(s)	Place of Service	Line Msg Indicator	Other Patient Responsibility	Withhold	Paid					
1	11/12/2025 - 11/12/2025			A B	\$157.00	\$0.00	\$220.00					
Line Charge		Allowed	QPA	Contractual	Payer Initiated	OA	Copay	Deductible	Coinsurance	Other Patient Responsibility	Withhold	Paid
		\$432.00	\$275.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$55.00	\$157.00	\$0.00	\$220.00
Grand Totals:												
		\$432.00	\$275.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$55.00	\$157.00	\$0.00	\$220.00

A - PR 2 Coinsurance Amount (HIPAA Codes)
B - PR 204 This service/equipment/drug is not covered under the patient's current benefit plan (HIPAA Codes)
C - SERVICES MAY BE PAID AT A LOWER RATE IF YOUR PROVIDER WAS NOT PART OF THE PPO NETWORK. /Z276/

BCBSMA Responsibility: PRIMARY
Click to view Payment Advisory

Click here for the Payment Advisory.

Messages for these indicators appear at the bottom of the screen.

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