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, allow time for appeals to be reviewed
- 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 *Example:* 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**.

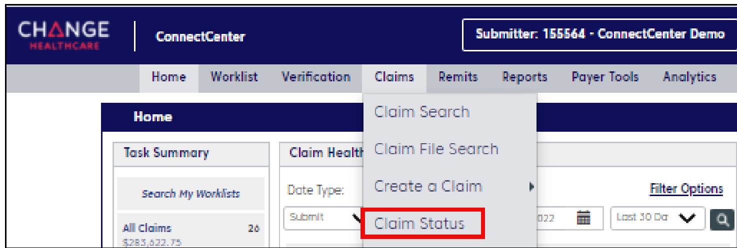
When ConnectCenter opens, choose an option:

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).
Caims you submitted *through ConnectCenter*	**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**.

Claim Status
Live Chat

Billing Provider
ID Type: * NPI
ID: *
First Name:
Last/Org Name: *
FIND PROVIDER

Rendering Provider
Note: Only provide Rendering Provider if different
ID Type:
ID:
FIND PROVIDER

Leave the Rendering Provider section blank

Payer
My Favorites:
Payer Name: BLUE CROSS BLUE SHIELD of MASSACHUSETTS
FIND PAYER
Payer Search Options: Member ID, Subscriber Date Of Birth, Subscriber Last Name

You can change this search option if the member is a dependent

Request Information

Claim Information
Bill Type:
Total Claim Charge:
Date of Service
From: mm/dd/yyyy
To: mm/dd/yyyy
Patient Control Number:
Payer Claim Control Number:

These fields can be used for both subscribers and dependents in most cases

General Information - Subscriber
Member ID:
Date of Birth: mm/dd/yyyy
First Name:
Gender
Male
Female
Last Name:

Dependent Information

CLEAR
SUBMIT

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CHANGE

3. 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:

Member Number:
Type Of Bill:

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

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

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 :

Additional Information

Payer Messages

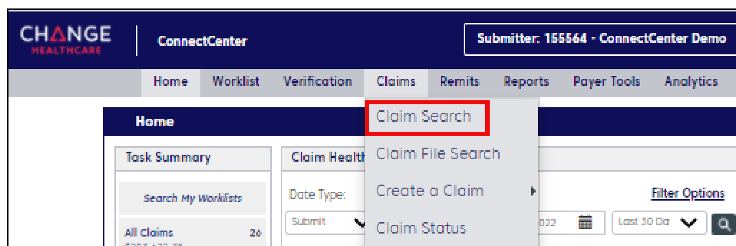
Category	Status
F2 : Finalized/Denial-The claim/line has been denied.	1 : For more detailed information, see remittance advice.

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.

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



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.

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 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

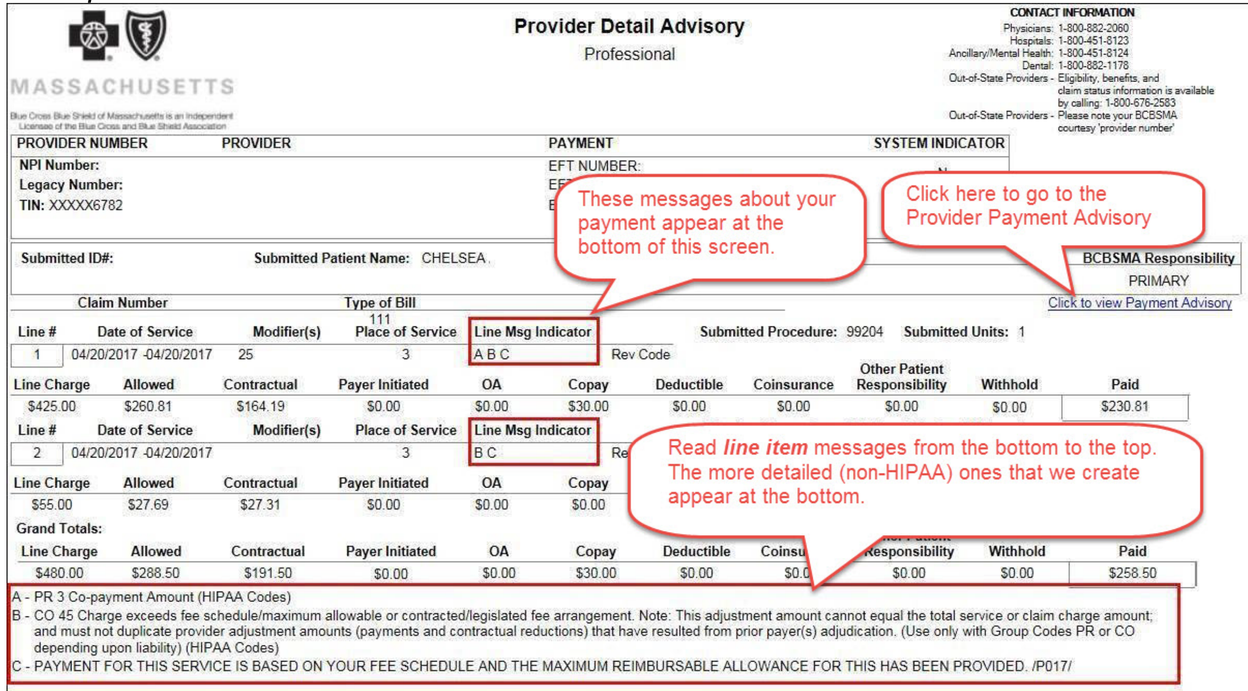
With Payspan, you get access to both your Provider Payment and Provider Detail Advisories. Our Payspan quick start guide can help you get started.

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:



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.

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