



# CHECKING CLAIM STATUS

How to check claim status & get help with rejected claims

Here are tips for checking the status of your claims, finding and understanding your Provider Detail Advisories, and understanding the most common reasons claims are rejected.

## How to check claim status

Use Online Services (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](#).

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

Example:

The screenshot shows the Provider Central web application. At the top, there is a navigation bar with tabs for Eligibility, Service Review, Claims, Batch Manager, and Setup. The 'Claims' tab is selected and highlighted with a red box. A dropdown menu is visible under 'Claims', with 'Claim Status' highlighted by a red box. Below the navigation bar, there is a 'Message Center' section showing 0 unread messages and 0 claims batches. To the right, there is a 'Customer Support' section with links to various guides and statements.



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## 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. Click on the hyperlinked blue, underlined text to open both and toggle between the two.

## 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

**Provider Detail Advisory**  
Professional

**CONTACT INFORMATION**  
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: 1-800-676-2583  
Out-of-State Providers - Please note your BCBSMA courtesy provider number

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**PROVIDER NUMBER**      **PROVIDER**      **PAYMENT**      **SYSTEM INDICATOR**

NPI Number:      EFT NUMBER:  
Legacy Number:      EFT NUMBER:  
TIN: XXXXX6782      EFT NUMBER:

BCBSMA Responsibility

PRIMARY

[Click to view Payment Advisory](#)

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Submitted ID#:      Submitted Patient Name: CHELSEA

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Line #	Date of Service	Modifier(s)	Place of Service	Line Msg Indicator	Submitted Procedure	Submitted Units				
1	04/20/2017 -04/20/2017	25	3	A B C	99204	1				
<b>Line Charge</b>	<b>Allowed</b>	<b>Contractual</b>	<b>Payer Initiated</b>	<b>OA</b>	<b>Copay</b>	<b>Deductible</b>	<b>Coinsurance</b>	<b>Other Patient Responsibility</b>	<b>Withhold</b>	<b>Paid</b>
\$425.00	\$260.81	\$164.19	\$0.00	\$0.00	\$30.00	\$0.00	\$0.00	\$0.00	\$0.00	\$230.81
2	04/20/2017 -04/20/2017		3	B C						
<b>Line Charge</b>	<b>Allowed</b>	<b>Contractual</b>	<b>Payer Initiated</b>	<b>OA</b>	<b>Copay</b>	<b>Deductible</b>	<b>Coinsurance</b>	<b>Other Patient Responsibility</b>	<b>Withhold</b>	<b>Paid</b>
\$55.00	\$27.69	\$27.31	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$258.50
<b>Grand Totals:</b>										
<b>Line Charge</b>	<b>Allowed</b>	<b>Contractual</b>	<b>Payer Initiated</b>	<b>OA</b>	<b>Copay</b>	<b>Deductible</b>	<b>Coinsurance</b>	<b>Other Patient Responsibility</b>	<b>Withhold</b>	<b>Paid</b>
\$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/

These messages about your payment appear at the bottom of this screen.

Click here to go to the Provider Payment Advisory

Read *line item* messages from the bottom to the top. The more detailed (non-HIPAA) ones that we create appear at the bottom.



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## 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. This document includes detailed explanations about what happened and next steps you can take.

## 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.

## Resources

- [Claim submission page](#)
- [Replacement claim frequently asked questions](#)
- [Online Services quick start guide](#)
- [Payspan quick start guide](#)
- [How to correct rejected claims](#)