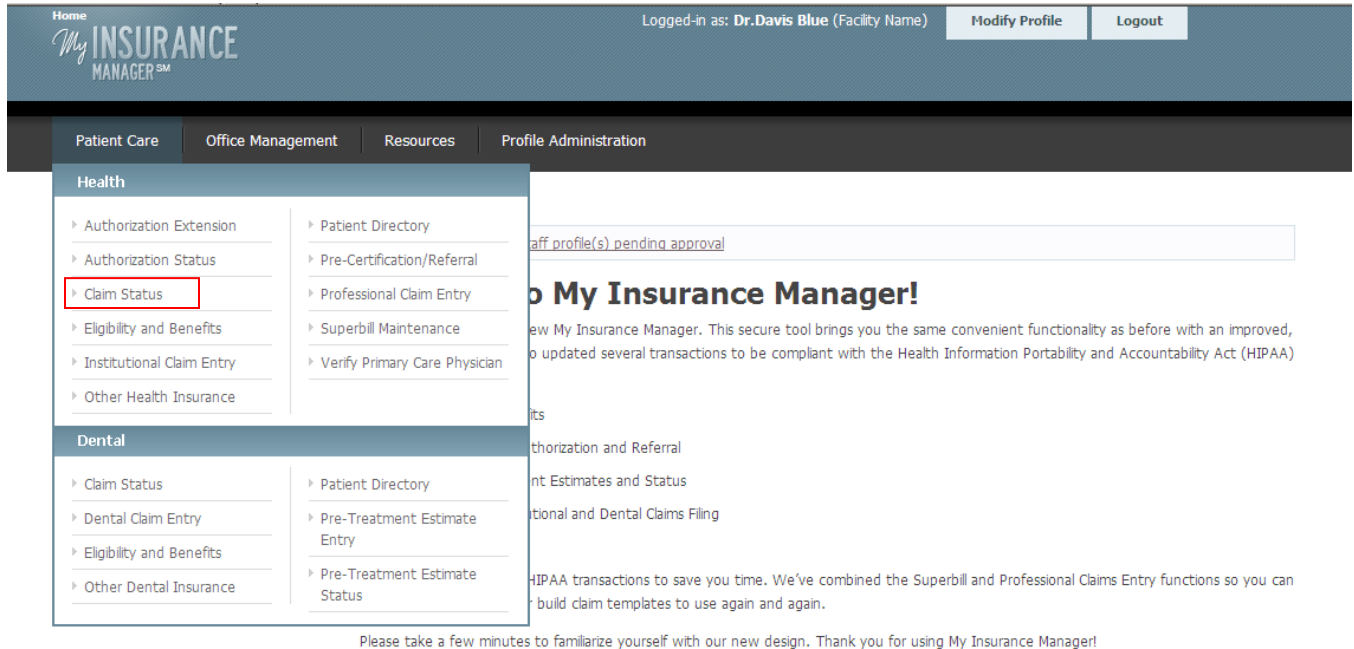


My **INSURANCE** **MANAGER**SM

CLAIM STATUS USER GUIDE

BlueCross BlueShield of South Carolina and BlueChoice HealthPlan are independent licensees of the Blue Cross and Blue Shield Association

Access information on a claim you've already filed.




Under Patient Care, choose Claim Status.

PATIENT SELECTION

Claims Status

* Indicates required field.

Patient Selection

 To get claims status information, please enter this information. If your patient had a different Health Plan previously, please choose the Health Plan that was in effect for the specific date of service.

* Health Plan:

Search By:
 Member ID
 Claim Number

* Member ID:

include alpha prefix, if applicable

* Patient's Date of Birth:

mm/dd/yyyy

Advanced Search

All Claims in System
 Date of Service
 Last 6 Months
 Last Year


Additional Information [\[+\] show/hide](#)

[Continue](#)

From the Health Plan menu, choose either BlueCross BlueShield Plans, BlueChoice HealthPlan or State Health Plan.

You can search for claim status by either the Member ID or a specific claim number. If you choose to search by Member ID, you must enter the Member ID and the Patient's Date of Birth. Choose to search by all the claims we have in the system, a particular date of service, the last six months of claims or all claims for the last year. Then click Continue.

Additional Information [\[-\] show/hide](#)

 Please note: You can add additional information here. If entered, the Total Charges and Gender will become part of the search criteria.

Total Charges: Group Number:
 Patient's Account Number: Bill Type:

Patient's Gender:

[Continue](#)

Note: You can also enter additional claim information such as Total Charges, Group Number, Patient's Account Number, Bill Type or Patient's Gender.

CLAIMS SUMMARY LIST

Insurance
 Plan Name:
BlueCross BlueShield Plans

Plan ID:
38520

Member ID:
ZCZ065922516805

Patient
 Patient's Name:
MICHAEL TESTING

Date of Birth:
10/01/1958

[Change Patient](#)

If your patient had a different Health Plan previously, please start a new search and choose the Health Plan that was in effect for the specific date of service.

Advanced Search

- All Claims in System
- Date of Service
- Last 6 Months
- Last Year

[Update Results](#) [Show All Claims](#) or [New Search](#)

Our records show these claims for the period you selected. Click on the claim number to view the claim details.

Claims Summary List *(click a column title to sort)* Showing 66 Results

Claim Number	Claim Status	Primary ID	Beginning Date of Service ▼	Process Date	Total Charges
20410005W0000	PENDING	1144248097	02/10/2012	02/10/2012	\$850.00
20400012W0000	PENDING	1356366314	02/09/2012	02/09/2012	\$215.00
20400013W0000	PENDING	1356366314	02/09/2012	02/09/2012	\$220.00
20400017W0000	PROCESSED	1356366314	02/09/2012	02/09/2012	\$100.00
20400019W0000	PROCESSED	1356366314	02/09/2012	02/09/2012	\$250.00
20390001J0000	DENIED	1073531935	02/08/2012	02/08/2012	\$145.00
20340030W0000	PENDING	1588689020	02/02/2012	02/03/2012	\$134.00

You will see the Claims Summary List. For this example, we chose to search by All Claims in System (this is a cropped screen).

Note: You can sort the Claims Summary List by any of the columns, such as Total Charges, Process Date or Primary ID.

CLAIM STATUS - DETAIL

[Printer-Friendly](#)

Claims Status - Detail

Insurance Plan Name: BlueCross BlueShield Plans <hr/> Plan ID: 38520 <hr/> Member ID: ZC2065922516805	Claim Number: 20400019W0000	Primary Status: FINALIZED
---	---------------------------------------	-------------------------------------

Check your remittance voucher for any non-covered or non-allowed charges which may be the member's responsibility.

[View Patient Liability](#) [View Additional Status Information](#)

Detail		
Status Effective Date: 02/09/2012	Date(s) of Service: 02/09/2012 - 02/09/2012	Processed Date: 02/09/2012
Primary ID: 2223322222	Organization or Provider's Name: Test Provider	
Total Charges: \$250.00	Amount Paid: \$127.50	
Patient Account Number: 123456789	EFT Trace Number: 0000014939	EFT Funds Available Date: 02/13/2012

Status Explanation
107 - PROCESSED ACCORDING TO CONTRACT/PLAN PROVISIONS

Here is a list of the line items associated with this claim.

Showing 1 Result

Line Item	Line Status	Date(s) of Service	Line Charges	Amount Paid
01	PROCESSED	02/09/2012 - 02/09/2012	\$250.00	\$127.50

Procedure / Revenue Code:
99213 OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION; MEDICAL DECISION MAKING OF LOW COMPLEXITY, COUNSELING AND COORDINATION OF

[Previous Claim](#) [Next Claim](#) [Ask Provider Services](#) or [Back](#)

[Site Map](#) [Privacy & Legal](#)

Once you choose a specific claim, you will see the Claim Status - Detail screen. You can view the:

- Claim Number
- Primary Status (i.e. finalized, pending or processing)
- Patient Liability
- Additional Status Information
- Dates of Service
- Processed Date
- Primary ID (National Provider Identifier [NPI]) associated with the claim
- Organization or Provider's Name
- Total Charges
- Amount Paid
- Patient Account Number
- Line Summary List

PATIENT LIABILITY

Claims Status - Detail

<p>Insurance Plan Name: BlueCross BlueShield Plans</p> <hr/> <p>Plan ID: 38520</p> <hr/> <p>Member ID: ZCZ065922516805</p>	<p>Claim Number: 20400019W0000</p> <p>Primary Status: FINALIZED</p>
--	---

Check your remittance voucher for any non-covered or non-allowed charges which may be the member's responsibility.

[View Patient Liability](#) [View Additional Status Information](#)

Detail

Choose View Patient Liability to determine what the patient owes.

Claims Status - Patient Liability

<p>Insurance Plan Name: BlueCross BlueShield Plans</p> <hr/> <p>Plan ID: 38520</p> <hr/> <p>Member ID: ZCZ065922516805</p>	<p>Claim Number: 20400019W0000</p>
--	---

Check your remittance voucher for any other non-covered or non-allowed charges which may be the member's responsibility.

Patient Liability

Please note: The amount in the Other field includes any non-covered charges that are not copayments, deductibles or coinsurance. This amount may also include reimbursements from the member's Health Reimbursement Account. For more specific details, please see your remittance advice for this claim.

Deductible:	Copayment:	Coinsurance:	Other:	Total:
\$0.00	\$0.00	\$22.50	\$0.00	\$22.50

[Change Patient](#) [Back](#)

The Patient Liability screen will list the patient's Deductible, Copayment, Coinsurance and other applicable benefits.

ADDITIONAL STATUS INFORMATION

Claims Status - Detail

Insurance Plan Name: BlueCross BlueShield Plans	Claim Number: 20400019W0000	Primary Status: FINALIZED
Plan ID: 38520	Check your remittance voucher for any non-covered or non-allowed charges which may be the member's responsibility.	
Member ID: ZCZ065922516805	View Patient Liability	View Additional Status Information

To access additional claim information, choose to View Additional Status Information.

 [Printer-Friendly](#)

Claims Status - Additional Status Information

Insurance Plan Name: BlueCross BlueShield Plans	Claim Number: 20400019W0000
Plan ID: 38520	Please see line items for more details about the payment of this claim.
Member ID: ZCZ065922516805	HEADER RESOLVED WITH NO ERRORS DETECTED BY AMMS
Patient Patient's Name: MICHAEL TESTING	Back
Date of Birth: 10/01/1958	
Change Patient	

This page will only display for processed or denied claims. It can provide additional information about why a claim denied or if we need any other information for reprocessing.

CLAIM STATUS – LINE DETAIL

Claims Status - Line Detail

Insurance Plan Name: BlueCross BlueShield Plans <hr/> Plan ID: 38520 <hr/> Member ID: ZCZ065922516805	Claim Number: 20400019W0000	Primary Status: FINALIZED	Line: 1 of 1
---	---------------------------------------	-------------------------------------	------------------------

Check your remittance voucher for any non-covered or non-allowed charges which may be the member's responsibility.

View Additional Status Information

Response		
Status Effective Date: 02/09/2012	Date(s) of Service: 02/09/2012 to 02/09/2012	
Charges: \$250.00	Amount Paid: \$127.50	Days/Units/Time: 00001
Procedure / Revenue Code: 99213 HC OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AN		

Status Explanation 107 - PROCESSED ACCORDING TO CONTRACT/PLAN PROVISIONS 483 - MAXIMUM COVERAGE AMOUNT MET OR EXCEEDED FOR BENEFIT PERIOD 1 - FOR MORE DETAILED INFORMATION, SEE REMITTANCE ADVICE
--

Previous Line Item
Next Line Item
Ask Provider Services
or
Back

To view a particular line of the claim, choose the claim line number from the Claim Detail screen shown on page 5. The Line Detail page provides the procedure or revenue code filed, along with payment information, modifiers and an explanation of how the line paid (under Status Explanation).

You can then choose to:

- View a previous line item of the claim (if there is more than one line)
- Ask Provider Services a question
- Go back to the Claims Summary List