

The Dispute option within the Availity Claim Status tool allows providers to submit clinical appeal* requests electronically and upload supporting clinical medical records via Availity Essentials to Blue Cross and Blue Shield of Oklahoma (BCBSOK). Once submitted, the Appeal worklist allows providers to view status and claim dispute details, as well as manage the appeals.

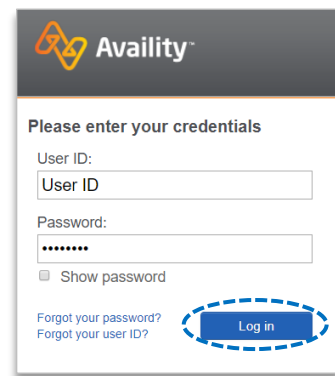
*A **Clinical Appeal** is a request to change an adverse determination for care or services when a claim is denied based on lack of medical necessity, or when services are determined to be experimental, investigational or cosmetic.

The Dispute tool is accessible to existing Availity Administrators and users assigned the Claims Status and Claim roles in Availity. Not registered with Availity? Complete the guided online registration process today at [Availity](#), at no cost.

Information in this user guide is not applicable to Medicare Advantage or BlueCard® (out-of-area) claims.

1) Getting Started

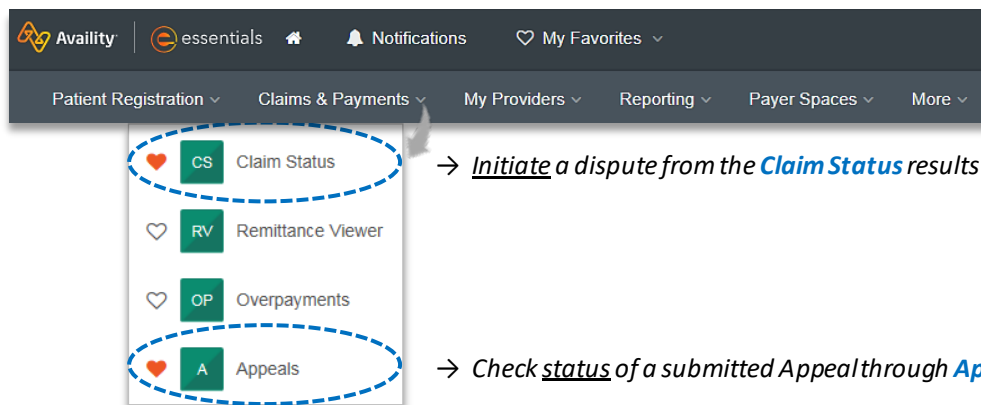
- ▶ Go to [Availity](#)
- ▶ Select [Availity Essentials Login](#)
- ▶ Enter User ID and Password
- ▶ Select [Log in](#)



2) Check Dispute Availability via Claim Status

- ▶ Select [Claims & Payments](#) from the navigation menu
- ▶ Select [Claim Status](#)

Note: Contact your Availity administrators if the [Claim Status](#) tool is not listed in the [Claims & Payments](#) menu.



→ Initiate a dispute from the [Claim Status](#) results page.

→ Check status of a submitted Appeal through [Appeals](#).

2) Check Appeal Availability via Claim Status *(continued)*

Check claim status by following the steps below:

- ▶ Choose the **Organization**
- ▶ Select **BCBSOK** from the **Payer** drop-down list
- ▶ Use **Search by Member** or **Search by Claim** to obtain detailed claim status

Note: Refer to the [Claim Status Tool User Guide](#) to learn more about obtaining detailed claim status via Availity.

3) Dispute Claim

- ▶ On the claim status response screen, select **Dispute Claim** *(if applicable)*

Quick Tips:

- **Dispute Claim** is only available for clinical claim denials.
- Dispute will not display if:
 - Already disputed once
 - Does not meet criteria as a clinical denial
 - Does not meet timeliness (180 days from claim process date)

- ▶ You will receive confirmation that the dispute has been initiated and successfully added to your **Appeals** worklist
- ▶ Select **Go To Request**

Quick Tips:

- Each claim can only be disputed once.
- The dispute request has only been initiated. Proceed to [step 4](#) to complete and send the request to BCBSOK for review.

4) Complete Dispute Request

- ▶ Select the **Action Menu** icon to **Complete Dispute Request**. The **black** appeals card indicates the request has been initiated but not yet sent to BCBSOK.

BlueCross BlueShield of Oklahoma Initiated
Created: 11/11/2021 • Updated 11/11/2021

Claim Number 123456789010X00	Payment Information E7777777	Patient Name JANE DOE	Service Begin Date 11/01/2021	Billed Amount \$2,766.00
	Payment Date 11/03/2021	Patient Account Number JD123456	Service End Date 11/01/2021	Payment Amount 0

Complete the Dispute Request:

- ▶ Select **Request Reason**
- ▶ Enter an **explanation** to support your request
- ▶ Select who you are submitting this request on the behalf of – **Rendering** or **Billing** provider
- ▶ Enter **Contact Phone Number**
- ▶ Select **Add Files**
- ▶ Select **Submit Request**

Complete Dispute Request Claim# 1234567891012X01

This BCBSOK request was initiated on 11/11/2021

Request Reason
Medical Necessity

Please explain the supporting rationale for your request.

0/2000

As the Appellant, are you submitting this request on behalf of the Rendering or the Billing Provider:

Rendering
 Billing

Contact Phone Number
5557779999

Upload Supporting Documentation

IMPORTANT: Maximum number of files to upload is 10 with a maximum individual file size of 20 MB, total 80 MB across all files.
Supported file types: .jpg, .jpeg, .pdf, .tif, .tiff.

+ Add File

Cancel **Submit Request**

Quick Tips:

- Users can copy and paste data from a word document into the appeal request.
- Supported file name characters are: Alpha-numeric, dash (-) and underscore (_). No spaces.
- If the appeal is in process, attachments may be uploaded 10 days from date of submission.

- ▶ You will receive confirmation of submission
- ▶ Select **Close** to view the **Appeals** worklist
- ▶ Select **View Details** to review claim information

Success

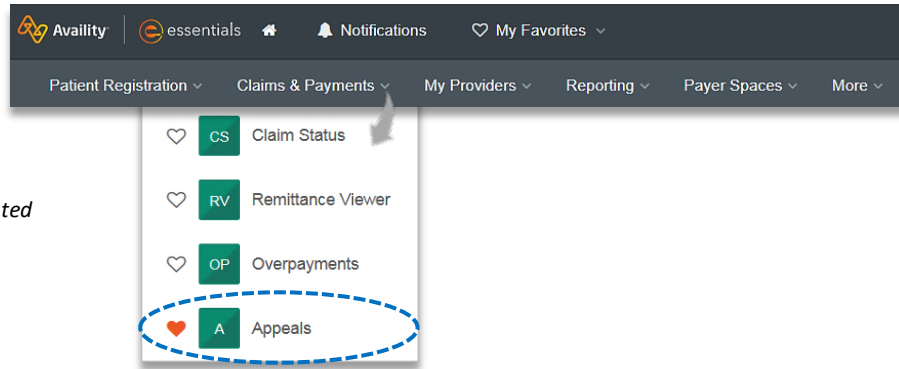
Your request was successfully sent to the payer and the current request status can be found in your worklist.

Close **View Details**

5) Appeal Worklist

Follow the steps below to access the **Appeals** worklist to complete a dispute request that you initiated from claim status, view the status of claim disputes in-process, as well as claims disputes that have been finalized by BCBSOK.

- ▶ Select **Claims and Payments**
- ▶ Select **Appeals**



Note: As a reminder, disputes are initiated from the **Claim Status** results page.

Cards in the worklist are sorted newest to oldest based on the date of the last update. The status bar on the left side of a card indicate the dispute status by color:

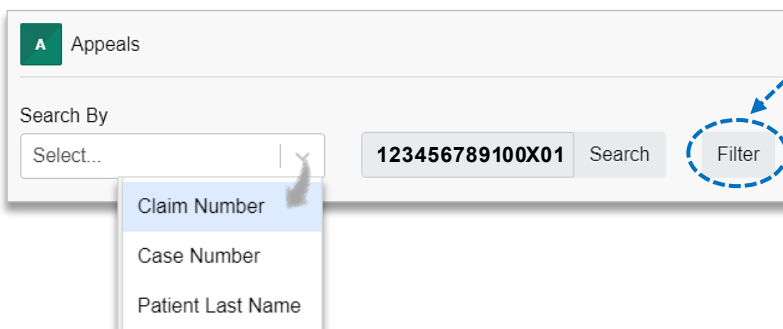
- **Black** = Initiated but not yet sent to BCBSOK
- **Yellow** = Submitted or returned from BCBSOK
- **Gray** = Final decision from BCBSOK

Claim Number	Payment Information	Patient Name	Service Begin Date	Billed Amount
123456789010X00	E7777777	JANE DOE	11/01/2021	\$2,766.00
012345678910X00	E9999999	JOHN DOE	12/21/2020	\$70.00
012345678900X01	E5555555	JOE DOE	09/28/2020	\$4,950.00

Note: A **Case Number** is assigned after the dispute request has been submitted to BCBSOK.

- ▶ To search for a submitted dispute, select **Claim Number**, **Case Number**, or **Patient Last Name** from **Search By** drop-down list
- ▶ Enter the **Claim Number**, **Case Number**, or **Patient Last Name** and select **Search**

Note: Use capitalized alpha-characters when searching by the Claim Number.



Quick Tip:

→ You can also **Filter** by **Appeal Status** (initiated, submitted or finalized), **Sub-status** (in clinical review, in process or need additional information), **Provider** and/or **Payer**.

5) Appeal Worklist (continued)

- ▶ On the appeal card, select the **Action Menu** icon and click **View Details and Attachments**

View Details and Attachments

Quick Tip:
→ For cases that have been initiated (**Black appeal card**) but not completed, refer to [step 4](#).

- ▶ Additional **Attachments** may be uploaded to the request within the allotted timeframe

Note: Refer to the bottom of the page to view the timeframe for adding attachments to the request. Ensure all documentation is uploaded before the date passes.

Quick Tip:
→ If the **Add Attachment** button is disabled, the timeframe to upload additional attachments to the request has expired.

Have questions or need additional education? Email the [Provider Education Consultants](#).

Be sure to include your name, direct contact information & Tax ID or billing NPI.