

The background of the slide is a photograph of two hands shaking over a laptop keyboard. The hand on the left is light-skinned and the hand on the right is dark-skinned. The scene is brightly lit, suggesting an office or clinical setting.

# Availity Appeals for BCBS Wyoming Providers

How to start and complete an appeal through Availity Essentials

# Important Notes About Using Availity



When you use Availity Essentials, results and data come from payer systems. Information can vary by payer, plan, product, member, your user account permissions, etc.



Information and images were current at the time this presentation was developed. Screen images and demonstrations are from a demo environment containing pre-loaded generic, de-identified information. Information might also be redacted or blurred.



It is a violation of HIPAA regulations to share credentials to a system that contains PII/ PHI. Do not share an Availity user ID with others. Your organization's Availity administrator sets up user IDs and assigns roles.



## YOU SHOULD KNOW...

Availity supports Google Chrome, Firefox<sup>®</sup> and Microsoft Edge v79, or higher



Be sure to allow pop-ups from:

[www.apps.availity.com](http://www.apps.availity.com),

[www.availity.com](http://www.availity.com), or

any third-party websites accessed from Availity Essentials, such as a payer's website.



Before getting started, make sure you have the right roles.

### HIGHLIGHTS AND INSIGHTS

In **My Account Dashboard**, click **My Account > Organization(s) > Open My Administrators** to find administrators for your business.

## What are roles?

Roles are a group of job functions, or permissions, that get assigned to a user's account on Availity Essentials. The roles dictate what access to tools and apps that user will have.

For Appeals, your user account will need the **Claim Status** role.

Contact your administrator(s) to get more or different permissions.

# Appeals Description

An appeal begins when a provider is dissatisfied with a payer's decision on a claim, so the provider requests the claim be reviewed by the payer.



# Availity Appeals

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Let's dispute a claim and then we'll access the appeals worklist.



# BCBS Wyoming – Appeal Reasons on Availity

With the implementation of appeals being submitted through Availity, BCBSWY would like to clarify what is considered an appeal vs. not an appeal.

The items below are considered appeals and may be submitted with supporting medical documentation through the new Appeals tool within Availity.

1. **Units Change Increase (Pricing)** – This is when there is an increase in the number of units billed.
2. **Appeal Pricing (Pricing)** – This is when you are asking us to review the allowed amount of an item or items on a claim, such as \$500 was allowed and you are asking that it be \$750 allowed. Or an item that was denied as inclusive and is provider discount.
3. **Appeal Benefits (Benefits or Clinical Denial)** – This type of appeal is a denied service as not a covered benefit, investigational/experimental, or not medically necessary denials.

Items not listed here are handled by other areas within BCBSWY and are not considered an appeal. Please do not send through the Availity Appeals process and follow your normal process for all non-appeal items.

For further reference, the Professional or Institutional Claim Adjustment form is on our website <https://www.bcbswy.com/providers/provider-resources/forms/>.





# REQUEST FOR PROFESSIONAL CLAIM ADJUSTMENT

DO NOT USE THIS FORM IN LIEU OF MEDICAL RECORDS REQUEST LETTER



# REQUEST FOR INSTITUTIONAL CLAIM ADJUSTMENT

DO NOT USE THIS FORM IN LIEU OF MEDICAL RECORDS REQUEST LETTER

Items in the black box at the bottom of each form are those you can appeal electronically using the Availity Essentials Appeals application, where you can attach Supporting Medical Documentation!

<input type="checkbox"/>	Billed In Error – Explanation	_____	_____	_____
<input type="checkbox"/>	CPT / HCPCS Code Change	From _____	To _____	Line(s) _____
<input type="checkbox"/>	Date of Service Change	From _____	To _____	Line(s) _____
<input type="checkbox"/>	Denial Code (Remit) Correction	_____	_____	_____
<input type="checkbox"/>	Ambulance Report	Line(s) _____	_____	_____
<input type="checkbox"/>	Diagnostic Report	Line(s) _____	_____	_____
<input type="checkbox"/>	Emergency Service Record	Line(s) _____	_____	_____
<input type="checkbox"/>	Invoice	Line(s) _____	_____	_____
<input type="checkbox"/>	Itemized Bill	Line(s) _____	_____	_____
<input type="checkbox"/>	Operative Report	Line(s) _____	_____	_____
<input type="checkbox"/>	Progress Notes	Line(s) _____	_____	_____
<input type="checkbox"/>	Records	Line(s) _____	_____	_____
<input type="checkbox"/>	Treatment Plan	Line(s) _____	_____	_____
<input type="checkbox"/>	Other (Only if Not Listed Above)	_____	_____	_____
<input type="checkbox"/>	Diagnosis Code Change	From _____	To _____	Line(s) _____
<input type="checkbox"/>	Diagnosis Code Pointer Change	From _____	To _____	Line(s) _____
<input type="checkbox"/>	Dollar Amount Change	From _____	To _____	Line(s) _____
<input type="checkbox"/>	Home Medical Equipment Item Returned	_____	Date of Return _____	_____
<input type="checkbox"/>	Modifier Change	From _____	To _____	Line(s) _____
<input type="checkbox"/>	New Provider Claim Submission	From _____	To _____	Line(s) _____
<input type="checkbox"/>	Patient Name Change	From _____	To _____	All Lines
<input type="checkbox"/>	Provider Number Change	From _____	To _____	Line(s) _____
<input type="checkbox"/>	Subscriber ID Change	From _____	To _____	All Lines
<input type="checkbox"/>	Units Change – Decrease	From _____	To _____	Line(s) _____
<input type="checkbox"/>	Worker’s Compensation, Medicare, No Fault, Subrogation, Other Insurance	_____	_____	_____
<input type="checkbox"/>	COVID	_____	_____	_____
<input type="checkbox"/>	Telemedicine	From _____	To _____	Line(s) _____

**\*THE ADJUSTMENTS IN THIS BOX MUST HAVE SUPPORTING MEDICAL DOCUMENTATION**

<input type="checkbox"/>	*Units Change – Increase	From _____	To _____	_____
<input type="checkbox"/>	*Appeal – Benefits	From _____	To _____	Line(s) _____
<input type="checkbox"/>	*Appeal – Pricing	From _____	To _____	Line(s) _____

**INCOMPLETE FORMS WILL BE RETURNED WITHOUT REVIEW**

<b>Late Charge:</b>		<b>Reason for Adjustment</b>			
Rev Code	HCPCS	Date of Service	Units	Amount \$	
Rev Code	HCPCS	Date of Service	Units	Amount \$	
Rev Code	HCPCS	Date of Service	Units	Amount \$	
Rev Code	HCPCS	Date of Service	Units	Amount \$	
<b>Late Credit:</b>					
Rev Code	HCPCS	Date of Service	Units	Amount \$	
Rev Code	HCPCS	Date of Service	Units	Amount \$	
Rev Code	HCPCS	Date of Service	Units	Amount \$	
Rev Code	HCPCS	Date of Service	Units	Amount \$	

<b>Original Total:</b>	_____	<b>Corrected Total:</b>	_____		
<input type="checkbox"/>	Billed In Error – Explanation	_____	_____		
<input type="checkbox"/>	CPT / HCPCS Code Change	From _____	To _____ Line(s) _____		
<input type="checkbox"/>	Denial Code (Remit) Correction	_____	_____		
<input type="checkbox"/>	Ambulance Report	Line(s) _____	<input type="checkbox"/>	Diagnostic Report	Line(s) _____
<input type="checkbox"/>	Emergency Service Record	Line(s) _____	<input type="checkbox"/>	Invoice	Line(s) _____
<input type="checkbox"/>	Itemized Bill	Line(s) _____	<input type="checkbox"/>	Operative Report	Line(s) _____
<input type="checkbox"/>	Progress Notes	Line(s) _____	<input type="checkbox"/>	Records	Line(s) _____
<input type="checkbox"/>	Treatment Plan	Line(s) _____	_____	_____	_____
<input type="checkbox"/>	Other (Only if Not Listed Above)	_____	_____	_____	_____
<input type="checkbox"/>	Diagnosis Code Change	From _____	To _____	Line(s) _____	
<input type="checkbox"/>	Patient Name Change	From _____	To _____	All Lines	
<input type="checkbox"/>	Revenue Code Change	From _____	To _____	Line(s) _____	
<input type="checkbox"/>	Subscriber ID Change	From _____	To _____	All Lines	
<input type="checkbox"/>	Type of Bill Change	From _____	To _____	_____	
<input type="checkbox"/>	Units Change – Decrease	From _____	To _____	_____	
<input type="checkbox"/>	Worker’s Compensation, Medicare, No Fault, Subrogation, Other Insurance	_____	_____	_____	
<input type="checkbox"/>	COVID	_____	_____	_____	

**Is this corrected claim due to a DRG Audit?  Yes or  No. If you selected "Yes," please fill out this box's details.**

<input type="checkbox"/>	Diagnosis Code Change	_____	_____	_____
<input type="checkbox"/>	Principal	From _____	To _____	Field # _____
<input type="checkbox"/>	Secondary	From _____	To _____	Field # _____
<input type="checkbox"/>	Admitting	From _____	To _____	Field # _____
<input type="checkbox"/>	Principal Procedure Code	From _____	To _____	Field # _____
<input type="checkbox"/>	Secondary	From _____	To _____	Field # _____

**\*THE ADJUSTMENTS IN THIS BOX MUST HAVE SUPPORTING MEDICAL DOCUMENTATION**

<input type="checkbox"/>	*Units Change – Increase	From _____	To _____	_____
<input type="checkbox"/>	*Appeal – Pricing	From _____	To _____	Line(s) _____
<input type="checkbox"/>	*Appeal – Benefits	From _____	To _____	Line(s) _____

**INCOMPLETE FORMS WILL BE RETURNED WITHOUT REVIEW**

# Locate the claim in Claim Status

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**N** Notification Center

Intervention Refe  
You have new Inter

Florida Blue provi  
Submit to let payers  
More...

My Top Applications

**A**

Appeals

News and Announcem

Claim Status & Payments

- 2** **CS** Claim Status
- RV** Remittance Viewer
- OP** Overpayments
- A** Appeals

Claims

- PC** Professional Claim
- FC** Facility Claim
- MA** Medical Attachments
- MA** Attachments - New

To begin an appeal, find and open the individual claim in question. (You will be able to submit multiple claims for the **SAME MEMBER, SAME PROVIDER**, and for the **SAME REASON**).

1. Select Claims & Payments
2. And then Claim Status.  
(You can make it a favorite by selecting the heart icon next to it. You can then find it much easier and faster in your My Favorites. Just like bookmarking a web page in a browser).

Home > Select

Need Help? [Watch a demo](#) for Claim Status

# CS Claim Status

Give Feedback

Organization

Payer ?

Select your organization and payer. If you belong to more than one organization or if your business is segmented by location (for example), make sure to choose the correct Organization. Then select the Payer by using the dropdown menu or start typing the name in the payer field.

Home > Select

Need Help? [Watch a demo](#) for Claim Status

# CS Claim Status

Organization

ABC Clinic

Payer ?

Select...

- AETNA (COMMERCIAL & MEDICARE)
- ALLEGIANCE BENEFIT PLAN
- ALLINA HEALTH AETNA
- BANNER AETNA
- BCBSWY**
- BEACON HEALTH OPTIONS
- BRIGHT HEALTHCARE
- CIGNA COMMERCIAL HEALTH

This HIPAA Standard form (varies by payer) has 3 sections that we're going to complete. Provider Information, Patient Information and Claim Information.

Home > Select > Search

Starting with the Provider, determine if the provider is the same as the organization name. It defaults to yes. Make sure to change it if it is not. If you're not sure what that means, we provide Field Level Help just by clicking on the ? Next to that field. It will provide an explanation of that field and any payer specific requirements.

Payer ?  
BCBSWY

Fields marked with an asterisk \* are required.

### Provider Information

\* Is the provider the same as the organization name? ?

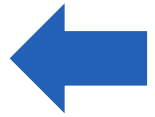
Yes  No

Select a Provider ?

Select... | v

\* Provider

Select a Provider from the menu and it will complete the rest of the Provider fields. If a list of your providers does not display, check with your Availity administrator and make sure they've completed filling out Manage My Organization, where they can preload all your providers and their information.



# Complete the Patient Information section

## Patient Information

Select a Patient ?

Q Select...

Search by any combination of patient name (first and last), DOB, or Member ID.

\* Member ID ?

\* Patient Last Name

\* Patient First Name



Tip:

With our new CLAIR interface which went into effect 2/19/22, if you have submitted an eligibility and benefits inquiry for this patient, it will store the patient information for 18 months and you can use **Select a Patient** to automatically fill in the patient information.

# Complete the Patient Information section

## Patient Information

Select a Patient

Patient	DOB	Payer	Member ID
RECENT PATIENTS			
AVAILITY, RUBY	09/27/2008	BCBSWY	ABC123456789

Can't find who you're looking for? Create a new [Eligibility and Benefits Inquiry](#) to add your

POWERED BY CLAIR

Patient's Relationship to Subscriber

## Claim Information

\* Service Dates

 - 

Claim Number

\* Member ID

\* Patient First Name

Patient Account Number

Claim Amount

# Complete the Patient Information section

me

Notifications 9

My Favorites

State

Help & Training



Marty's Account

Logout

Payments

My Providers

Reporting

Payer Spaces

More

Keyword Search

## Patient Information

Select a Patient

AVAILITY, RUBY - 09/27/2008 - ABC123456789

Search by any combination of patient name (first and last), DOB, or Member ID.

\* Patient Last Name

AVAILITY

\* Patient Date of Birth

09/27/2008

Patient Account Number



Tip:

If the patient is not the subscriber, select from the drop-down menu. If the correct option is not selected, results might not be found.

Female

Patient's Relationship to Subscriber

Child

## Subscriber Information

\* Subscriber Last Name

Availity

\* Subscriber First Name

Rose

Patient Account Number ?

Patient's Relationship to Subscriber

## Subscriber Information

\* Subscriber Last Name

\* Subscriber First Name

## Claim Information

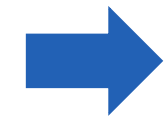
\* Service Dates ?

Claim Number ?

Claim Amount

Institutional Bill Type

Complete the Claim Information section, then click Submit.



Submit

Clear Form



\* Service Dates ?

05/23/2022 - 05/23/2022

Claim Number ?

Claim Amount

Institutional Bill Type

The search results are displaying one claim for this member, based on the Provider NPI, Member Information and the Service Dates. If there were additional claims that met the same criteria, they would display here. Click on the claim to review it.

Submit

Clear Form

Results (Displaying 1 - 1 of 1)

Export to CSV

Print this Page

As of September 2, 2022 10:29 AM

Transaction ID: 0008c9c0-6af7-1304-001f-d3602ccd4073

Status	Service Dates	Claim #	Patient Name	Member ID	Patient DOB	Patient Account Number	Billed Amount	F
PAID	05/23/2022 05/23/2022	21184183608	AVAILITY, RUBY	L04480550	09/27/2008	555251A	\$330.60	

# CS Claim Status

**NOTE:** The Dispute Claim button will always display on Finalized claims

Customer ID 1194 Exchange Date September 2, 2022 10:40 AM  
Transaction ID [0008c9c0-77f5-7d84-0022-2282c7b85a6d](#)

Export to CSV | Print this Page | Return to Results | **New Search** | Edit Search



Remittance Viewer | **Dispute Claim**



## Patient Information

<b>Patient</b>	AVAILITY, RUBY	<b>Member ID</b>	L04480550
<b>DOB</b>	09/27/2008	<b>Patient Account Number</b>	555251A

## Claim Information

<b>Claim Number</b>	21184183608	<b>Claim Status</b>	PAID
<b>Received Date</b>		<b>Billed Amount</b>	\$330.60
<b>Service Dates</b>	05/23/2022 - 05/23/2022	<b>Paid Amount</b>	\$210.00
		<b>Category/Status Codes</b>	F1:65 & F1:65

## Payment Information

The claim response includes the individual service line information and determinations. However, something to note: Regardless of the individual service line status, you can only appeal the entire claim. I'll scroll back up to the top...

Check Number	0010199934	Provider	ABC Clinic
Check Date	05/27/2022	Provider ID	1730690504

Line Level Information

Status	Service Dates	Rev	Proc	Qty	Modifier	Billed	Paid
PAID	05/23/2022 05/23/2022		97530	1		\$86.42	\$62.00
PAID	05/23/2022 05/23/2022		97112	1		\$83.84	\$56.00
PAID	05/23/2022 05/23/2022		97110	1		\$80.34	\$48.00
PAID	05/23/2022 05/23/2022		97140	1		\$80.00	\$44.00

Codes

Type	Code	Description
Category	F1	Finalized/Payment-The claim/line has been paid.

Regardless of the status of individual service line(s), you can only appeal the entire claim as a whole.

Home > Select > Search > Results > Details

Need Help? Watch a demo for Claim Status

# CS Claim Status

I've determined that I do want to dispute this claim, so I'll click on the Dispute Claim button.

Customer ID 1194 Exchange Date September 2, 2022 10:40 AM  
Transaction ID [0008c9c0-77f5-7d84-0022-2282c7b85a6d](#)

Export to CSV | Print this Page | Return to Results | **New Search** | Edit Search



Remittance Viewer | **Dispute Claim**



## Patient Information

<b>Patient</b>	AVAILITY, RUBY	<b>Member ID</b>	L04480550
<b>DOB</b>	09/27/2008	<b>Patient Account Number</b>	555251A


## Claim Information

<b>Claim Number</b>	21184183608	<b>Claim Status</b>	PAID
<b>Received Date</b>		<b>Billed Amount</b>	\$330.60
<b>Service Dates</b>	05/23/2022 - 05/23/2022	<b>Paid Amount</b>	\$210.00
		<b>Category/Status Codes</b>	F1:65 & F1:65

## Payment Information

# CS Claim Status

Customer ID 1194 Exchange  
Transaction ID 0008

Claim 21184183608 has an existing request. 

A request was already created for this claim. Click on the Go to Details button to review the request.

**Status:** **Initiated**

**Case Number:** N/A

[Close](#) [Go to Details](#)



## Patient Information

Patient  
DOB

## Claim Information

Claim Number  
Received Date  
Service Dates

21184183608  
05/23/2022 - 05/23/2022

Claim Status  
Billed Amount  
Paid Amount  
Category/Status Codes

L04480550  
555251A

PAID  
\$330.60  
\$210.00  
E1:65 & E1:65

You'll receive this message if an existing claim has already been disputed on Availity Essentials.

# CS Claim Status

Customer ID 1194 Exchange  
Transaction ID 0008

Claim 21184183608 was successfully added to your worklist.

**CS** Look for this request in your worklist to complete and send to the payer. You can review the status of your requests from the worklist.  
**Claim Number: 21184183608**  
**Status: Initiated**

Close Go To Request

**WYOMING**  
An Independent Licensee of the Blue Cross and Blue Shield Association  
Patient Information  
Patient  
DOB  
Claim Information  
Claim Number  
Received Date  
Service Dates

05/23/2022 - 05/23/2022

**Billed Amount** \$330.60  
**Paid Amount** \$210.00  
**Category/Status Codes** PAID  
E1:65 & E1:65

New Search Edit Search

Dispute Claim

L04480550  
555251A

Success! The dispute request will be added to your appeals worklist to complete and send.

# Complete Dispute Request

# and

# View Details

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**N Notification Center**

**Intervention Refe**  
You have new Inter

**Florida Blue provi**  
Submit to let payers  
More...

**My Top Applications**

**A**  
**Appeals**

**Claim Status & Payments**

- CS Claim Status
- RV Remittance Viewer
- OP Overpayments
- A Appeals**

**EDI Clearinghouse**

- EDI Send and Receive EDI Files
- FR File Restore
- EDI EDI Reporting Preferences

**Patient Payments**

- CP Collect Payment  
*A newer version of this tool is coming soon.*
- PAF Pre-Authorization Forms
- CF Card on File

**Fee Schedules**

- FSL Fee Schedule Listing

**Claims**

- PC Professional Claim
- FC Facility Claim
- MA Medical Attachments
- MA Attachments - New

**Payer List** *coming soon.*

To view your full list of disputes, go to the Appeals application:  
1. Select **Claims & Payments**,  
2. Then **Appeals**

Now that the dispute is in your appeals worklist, select **Claims & Payments | Appeals** to complete and send the request to the payer.



You are now in the Appeals application. There are Search By, Filter, and Sort By options that we'll look at later in the session, and a dashboard that provides you with an Active count of your appeals and the number of appeals broken out by status. If we scroll down the page...

# A Appeals

Give Feedback

Search By

Select...



Search

Filter

Sort By

Last Update Date: Newest to Oldest



[What's New! \(PDF\)](#)

## Results - Active

## Results - Finalized

**5917**

Total Active

**1276**

Initiated

**4641**

Submitted to  
Payer

**2736**

Total  
Finalized

Results showing 8655 appeals

Here is the claim we just disputed, and it is in the status of 'Initiated'. Once again, it's been identified or flagged by you, but has still not been sent to the payer. Each dispute is represented by a 'card'. Each card has a Summary View – what we're looking at now, and a Detail View. We'll look at the Detail View in a minute. 25 cards can display on one page. If you have more than 25 dispute cards, you'll see the page number bar with the number of pages and the Prev. and Next options.

**Results - Active**

**5917**  
Total Active

**1276**  
Initiated


**4641**  
Submitted to Payer

**2736**  
Total Finalized

Results showing 8655 appeals

**Black** means the dispute has been Initiated but not yet sent to the payer.  
**Yellow** means the dispute has been Submitted to the Payer or Returned from the Payer.  
**Gray** means the dispute is in a finalized status and informs the provider of the determination from the payer.

< Prev 1 2 3 4 5 6 ... 347 Next >

 **WYOMING** Initiated  
Created: 09/02/2022 • Updated 09/02/2022

Claim Number <b>21184183608</b>	Payment Information <b>0010199934</b>	Patient Name <b>RUBY AVAILITY</b>	Service Begin Date <b>05/23/2022</b>
Method of Receipt	Payment Date <b>05/27/2022</b>	Patient Account Number <b>555251A</b>	Service End Date <b>05/23/2022</b>
			<b>\$210.00</b>

Each card also has an Action Menu. Click the Action menu to see our options for an Initiated Dispute.

## In the Initiated status, we have three options:

1. First and foremost, there is an option to **Complete Dispute Request**. That seems very important, doesn't it?! Remember, until you perform this action the appeal has not been sent to the payer.
2. There is an option to Delete Initiated Appeal if it was created in error. If you delete it and change your mind, you can go back through Claim Status again and use the Dispute Claim button. It will not be identified as a duplicate.
3. We can also **View Details** and see some other very valuable information and options.

We'll look at the View Details later. Let's select 'Complete Dispute Request'.

The screenshot displays a dashboard with four summary cards: 'Total Active' (3317), 'Initiated' (1270), 'Submitted to Payer' (4041), and 'Total Finalized' (2730). Below these is a navigation bar with 'Results showing 8655 appeals' and a pagination control showing page 1 of 347. The main content area features the Wyoming logo and the title 'Initiated' with creation and update dates. A dropdown menu is open, highlighting three options: 'Complete Dispute Request', 'Delete Initiated Appeal', and 'View Details'. Below the menu is a table with the following data:

Claim Number	Payment Information	Patient Name	Service Begin Date	
21184183608	0010199934	RUBY AVAILITY	05/23/2022	\$330.60
Method of Receipt	Payment Date	Patient Account Number	Service End Date	Payment Amount
	05/27/2022	555251A	05/23/2022	\$210.00

Search By

Sort By

What's New! (PDF)

Select... | v

dest | v

Results - Active

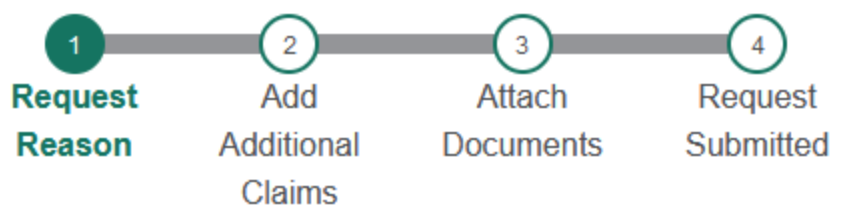
**5917**  
Total Active

**1276**  
Initiated

Results showing 8655 appeals

**WYOMING** Initi...  
Claim Number **21184183608** Payment Inf **00101999**  
Method of Receipt Payment Da **05/27/202**

### Complete Dispute Request Claim# 21184183608



This BCBSWY request was initiated on 09/02/2022

Fields marked with \* are required.

\* Request Reason

Select Reason | v

\* Please explain the supporting rationale for your request

0/2000

The Complete Dispute Request box displays. It has a lot of options and a progress tracker, so we'll look at it in sections so we can clearly see all the options and choices you have that you can send to the payer. First, we need to select a Request Reason.

Billed Amount **\$330.60**  
Payment Amount **\$210.00**

Search By

Sort By

What's New! (PDF)

Select... | v

dest | v

Results - Active

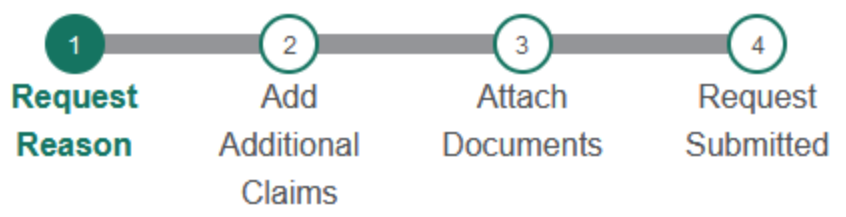
**5917**  
Total Active

**1276**  
Initiated

Results showing 8655 appeals

**WYOMING** Initi...  
Claim Number **21184183608** Payment Inf... **00101999**  
Method of Receipt Payment Da... **05/27/202**

### Complete Dispute Request Claim# 21184183608



This BCBSWY request was initiated on 09/02/2022

Fields marked with \* are required.

\* Request Reason

Select Reason | v

- Benefits
- Clinical Denial
- Pricing**
- Timely Filing

Please choose the most appropriate reason for the dispute. I'll select Pricing.

Billed Amount	\$330.60
Payment Amount	\$210.00

Search By

Sort By

What's New! (PDF)

Select... | v

dest | v

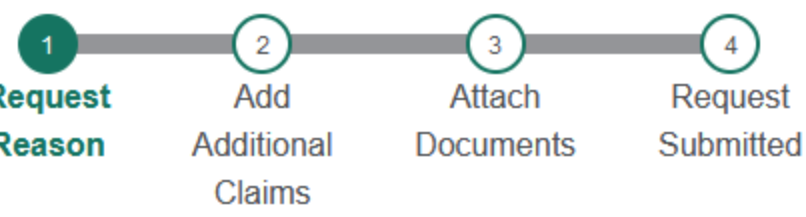
Results - Active

**5917**  
Total Active

**1276**  
Initiated

Results showing 8655 appeals

Complete Dispute Request Claim# 21184183608



This BCBSWY request was initiated on 09/02/2022

Fields marked with \* are required.

\* Request Reason

Pricing | v

\* Please explain the supporting rationale for your request

You have 2,000 characters to explain the supporting rationale for your request. Please be as specific and detailed as possible. It even keeps track of the number of characters you've used.

188/2000

Explain the request!

Billed Amount	\$330.60
Payment Amount	\$210.00

Search By

Select... [dropdown arrow]

Results - Active

Total Active

Initiated

Enter a 10-digit Contact Number (required)

Enter a 10-digit Fax Number (optional)

You can add up to 10 additional claims to this appeal for the same member, same provider, and the same reason. Select Yes if you want to add additional claims. Select No if you don't.

\* Please explain the supporting rationale for your request

You have 2,000 characters to explain the supporting rationale for your request. Please be as specific and detailed as possible. It even keeps track of the number of characters you've used.

188/2000

\* Contact Phone Number

3075551212

Fax Number

5557779999

\* Are there additional claim numbers related to this appeal?

- No, I do NOT want to add additional claims
- Yes, I DO want to add additional claim numbers to this appeal

Cancel

Next

What's New! (PDF)

dest [dropdown arrow]

I'll Select No this time and then show you what it looks like when you say Yes.

Billed Amount \$330.60  
Payment Amount \$210.00

Search By  
Select... | v

Results - Active

Documentation criteria

If you select No for additional claims, now it's time to Upload Supporting Documentation by clicking Add File. Once your documentation is uploaded, you would click Submit Request. But... let's go back and select Yes to additional claims.

\* Are there additional claim numbers related to this appeal?  
 No, I do NOT want to add additional claims  
 Yes, I DO want to add additional claim numbers to this appeal

Attach documents for claim(s): Host Claim ID: 21184183608

Upload Supporting Documentation

**IMPORTANT:** Maximum number of files that can be uploaded is 10 with a max file size of 10 MB, total 100 MB across all files.

Supported file types include: .bmp, .doc, .docx, .jpeg, .pdf, .png, .pptx, .tif, .xls, .xlsx

**NOTE:** Attachment file names must be less than 253 characters and should not contain any of the following special characters \ / : \* ? " < > | .

+ Add File

Cancel Submit Request



What's New! (PDF)

dest | v

3 4 5 6 ... 347 Next >

Billed Amount	\$330.60
Payment Amount	\$210.00



Search By  
Select... | v

Results - Active

<b>5917</b> Total Active	<b>1276</b> Initiated
-----------------------------	--------------------------

Look what happened. The option to attach documentation has gone away for now. Don't worry, it's coming back! You now have a Next button. So, I'll click it.

\* Please explain the supporting rationale for your request

You have 2,000 characters to explain the supporting rationale for your request. Please be as specific and detailed as possible. It even keeps track of the number of characters you've used.

188/2000

\* Contact Phone Number

3075551212

Fax Number

5557779999

\* Are there additional claim numbers related to this appeal?

- No, I do NOT want to add additional claims
- Yes, I DO want to add additional claim numbers to this appeal

Cancel Next



What's New! (PDF)

dest | v

Billed Amount	\$330.60
Payment Amount	\$210.00

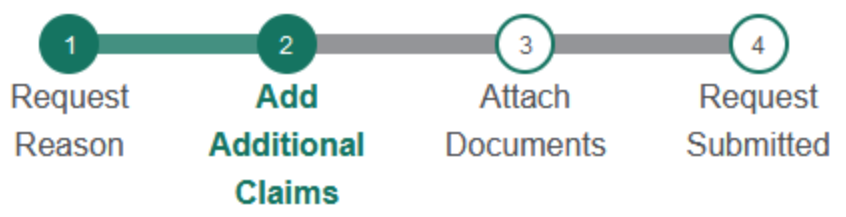
Search By Select...

Sort By

What's New! (PDF)

Following the progress tracker at the top, it is showing we have added additional claims. And, in fact we did! I have added 3 additional claims for the same member, same provider, and for the same reason. I could add 7 more if needed. That's all I want to add, so I'll scroll down the form...

Complete Dispute Request Claim# 21184183608



Enter up to 10 additional claim numbers related to this appeal. Claim must be for same member, provider, and request reason.

Additional Claim #1

1111100000A

Remove

Additional Claim #2

2222200000B

Remove

Additional Claim #3

3333300000C

Remove

dest

Billed Amount \$330.60  
Payment Amount \$210.00

Search By

Select... | v

Results - Active

**5917**  
Total Active

**1276**  
Initiated

Results showing 8655 appeals

1111100000A

Remove

Additional Claim #2

2222200000B

Remove

Additional Claim #3

3333300000C

Remove

Additional Claim #4

Remove

Additional Claim #5

Remove

+ Add more claims to this request

Since I'm done with adding additional claims, I'll click Next.

Cancel | Back | Next



What's New! (PDF)

dest | v

3 | 4 | 5 | 6 | ... | 347 | Next >

Billed Amount  
**\$330.60**  
Payment Amount  
**\$210.00**

Search By

Select... [dropdown arrow]

Results - Active

5917 1276

Documentation criteria

Results showing 8655 appeals



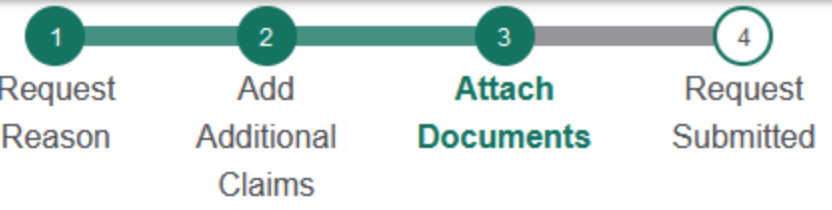
Initial  
Criteria

Claim Number  
**21184183608**

Method of Receipt

Payment Info  
**00101999**

Payment Date  
**05/27/2022**



Attach documents for claim(s): Host Claim ID: 21184183608  
 Claim ID: 1111100000A Claim ID: 2222200000B Claim ID: 3333300000C

Upload Supporting Documentation

**IMPORTANT:** Maximum number of files that can be uploaded is **10** with a max file size of **10 MB**, total **100 MB** across all files.  
 Supported file types include: .bmp, .doc, .docx, .jpeg, .pdf, .png, .pptx, .tif, .xls, .xlsx

**NOTE:** Attachment file names must be less than **253** characters and should not contain any of the following special characters \ / : \* ? " < > | .

+ Add File

Cancel Back **Submit Request**

Notice that it is listing the host or original claim, and the 3 other claims I added for the same member, same provider, and the same reason. Now we can add the necessary documentation to support your dispute or in this case, all 4 claims that we are asking the payer to review. This is the same process whether you say No or Yes to Adding Additional Claims. But what happens if I decide that my explanation alone is good enough or if I forget to add any documentation and just click Submit Request?

Search By  
Select... [dropdown arrow]

Attach documents for claim(s): Host Claim ID: 21184183608  
Claim ID: 1111100000A Claim ID: 2222200000B Claim ID: 3333300000C

Upload Supporting Documentation

**IMPORTANT:** Maximum number of files that can be uploaded is 10 with a max file size of 10 MB, total 100 MB across all files.

Supported file types include: .bmp, .doc, .docx, .jpeg, .pdf, .png, .pptx, .tif, .xls, .xlsx

**NOTE:** Attachment file names must be less than 253 characters and should not contain any of the following special characters \ / : \* ? " < > | .

Your request does not contain supporting documentation that may be needed for processing.

I understand that by submitting this request without attachments it may delay processing.

+ Add File

Cancel Back Submit Request

While you can attach documentation after you submit the appeal to the payer, it is always in your best interest to attach any applicable documentation when submitting the appeal to avoid any delay and/or effect on the determination (what if you forget to come back and attach the documents?!).  
So, let's click the Add File button!



Message if you 'Submit Request' without attaching any supporting documentation.

What's New! (PDF)

dest [dropdown arrow]

---

---

---

---

Billed Amount  
**\$330.60**

Payment Amount  
**\$210.00**

Search By  
Select... [dropdown]

Attach documents for claim(s): Host Claim ID: 21184183608  
Claim ID: 1111100000A Claim ID: 2222200000B Claim ID: 3333300000C

### Upload Supporting Documentation

**IMPORTANT** Maximum number of files that can be uploaded is

100, total 100 MB across all files.

Allowed file types: .bmp, .doc, .docx, .jpeg, .pdf, .png,

File names must be less than 253 characters

and cannot contain the following special characters \ /

main supporting documentation processing.

Submitting this request without processing.

Cancel Back Submit Request

**File Upload**

Navigation: < > << >> < > Attachment ...

Search: Search Attachment Examples

Organize | New folder

PDF	PDF	PDF	PDF	ExcelWork book
AnotherTestDocument	Bad\$%Test Document	DOS_PatientName	ERAEnrollmentForm	
PDF	PDF	PDF	PDF	WordDocu ment
Expanation OfBenefits	Medical_Records	SignatureOnFileJohnDoe	TestDocument	

File name: TestDocument | All Supported Types

Open Cancel

File names should not contain special characters other than \_ or -

Windows Explorer displays. Navigate to wherever you store your documentation (system, company server, cloud, Etc.). Select the document you want to attach and click 'Open'. Repeat as needed up to the maximum number of documents and/or total file size.

It is showing that the file uploaded successfully. If it hadn't, you would receive an error message. For example, wrong file type, file size or if you had a special character like % & \* in the file name.

I've uploaded 3 documents. I still haven't submitted them yet, so I can delete them by clicking on the trash can. Also, I'm still able to attach additional documentation, until I reach the file size or file number limits. When that occurs, the 'Add Another File Attachment' button will NO LONGER display.

The screenshot shows a web application interface for uploading supporting documentation. At the top, there is a navigation bar with links for 'My Providers', 'Reporting', 'Payer Spaces', and 'More'. A search bar labeled 'Keyword Search' is on the right. Below the navigation, a modal window titled 'Attach documents for claim(s):' is displayed. It shows three claim IDs: 'Host Claim ID: 21184183608', 'Claim ID: 1111100000A', 'Claim ID: 2222200000B', and 'Claim ID: 3333300000C'. The main heading is 'Upload Supporting Documentation'. A yellow vertical bar highlights an 'IMPORTANT' section: 'Maximum number of files that can be uploaded is 10 with a max file size of 10 MB, total 100 MB across all files. Supported file types include: .bmp, .doc, .docx, .jpeg, .pdf, .png, .pptx, .tif, .xls, .xlsx'. A 'NOTE' section follows: 'Attachment file names must be less than 253 characters and should not contain any of the following special characters \ \ : \* ? " < > | .'. Below this, three files are listed: 'TestDocument.pdf', 'AnotherTestDocu...', and 'WordDocument.d...'. Each file has a green progress bar with a checkmark and a trash can icon. At the bottom of the modal, there is a button labeled '+ Add Another File Attachment'. In the background, a 'What's New! (PDF)' section is visible with a 'Next >' button. At the bottom right, a 'Payment Amount' of '\$210.00' is shown. A blue arrow points to a 'Submit Request' button at the bottom of the modal.

I'm ready to send it to the payer, so I'll click Submit Request.

Cancel Back Submit Request

Search By

Sort By

What's New! (PDF)

Select... | v

est | v

Results - Active

**5917**  
Total Active

**1276**  
Initiated

**Success**

Your request S-1158231 was successfully sent to the payer and the current request status can be found in your worklist.

Close View Details

Results showing 8655 appeals

Success! It has been sent to the payer. It has also changed status and has additional information for you. Let's look.

347 Next >



Claim Number <b>21184183608</b>	Payment Information <b>0010199934</b>	Patient Name <b>RUBY AVAILITY</b>	Service Begin Date <b>05/23/2022</b>	Billed Amount <b>\$330.60</b>
Method of Receipt	Payment Date <b>05/27/2022</b>	Patient Account Number <b>555251A</b>	Service End Date <b>05/23/2022</b>	Payment Amount <b>\$210.00</b>



Notice the card for Ruby is now yellow because it has been submitted to the payer and the dashboard automatically updated because of the change from Initiated to Submitted status. The card is now showing as Appeal – Pending Assignment and a case number was added. When it is assigned, it will change to Appeal – In Progress (with the same case number). There will also be a Record Updated badge to let you know the payer has changed the status of the appeal.

Let's look at the Detail View by clicking on the Action Menu...

### Results - Active

**5920**  
Total Active

**1278**  
Initiated

**4642**  
Submitted to  
Payer

### Results - Finalized

**2736**  
Total  
Finalized

Results showing 8658 appeals

< Prev **1** [2](#) [3](#) [4](#) [5](#) [6](#) ... [347](#) Next >



Submitted - Appeal - Pending Assignment • Case #S-1158231

Created: 09/02/2022 • Updated 09/02/2022



Claim Number  
**21184183608**

Payment Information  
**0010199934**

Patient Name  
**RUBY AVAILITY**

Service Begin Date  
**05/23/2022**

Billed Amount  
**\$330.60**

Method of Receipt  
 Availity

Payment Date  
**05/27/2022**

Patient Account Number  
**555251A**

Service End Date  
**05/23/2022**

Payment Amount  
**\$210.00**

Search By

Sort By

[What's New! \(PDF\)](#)

Select...

Last Update Date: Newest to Oldest

**Results - Active**

**Results - Finalized**

**5920**  
Total Active

**1278**  
Initiated

**4642**  
Submitted to Payer

**2736**  
Total Finalized

Now that it has been submitted to the payer, our only option in the Action menu is to View Details and Attachments. So, let's do that!

Results showing 8658 appeals



Submitted - Appeal - Pending Assignment - Case #S-1158  
Created: 09/02/2022 • Updated 09/02/2022

Claim Number <b>21184183608</b>	Payment Information <b>0010199934</b>	Patient Name <b>RUBY AVAILITY</b>	Service Begin Date <b>05/23/2022</b>	Billed Amount <b>\$330.60</b>
Method of Receipt Availity	Payment Date <b>05/27/2022</b>	Patient Account Number <b>555251A</b>	Service End Date <b>05/23/2022</b>	Payment Amount <b>\$210.00</b>

In the Detail View it has captured your Request Reason, Contact Phone, Submit on Behalf of, along with your Rationale for the appeal and the 3 additional claims we submitted for THIS MEMBER. Let's scroll down to see the attachments and attachment options.

# A Appeals

Give Feedback



Submitted - Appeal - Pending Assignment - Case #S-1158231  
Created: 09/02/2022 • Updated 09/02/2022



Claim Number <b>21184183608</b>	Payment Information <b>0010199934</b>	Patient Name <b>RUBY AVAILITY</b>	Service Begin Date <b>05/23/2022</b>	Billed Amount <b>\$330.60</b>
Method of Receipt Availity	Payment Date <b>05/27/2022</b>	Patient Account Number <b>555251A</b>	Service End Date <b>05/23/2022</b>	Payment Amount <b>\$210.00</b>

Request Reason <b>PRICING</b>	Contact Phone Number <b>3075551212</b>	Submit On Behalf Of <b>Provider</b>	Other Claim Numbers - 1111100000A - 2222200000B - 3333300000C
----------------------------------	---	--	--

Rationale Submitted To Payer  
You have 2,000 characters to explain the supporting rationale for your request. Please be as specific and detailed as possible. It even keeps track of the number of characters you've used.

In this section, here is the documentation that we attached. You can see the File Name, file size, Status, who uploaded the document and the upload date and time. The status currently displays as 'Submitted'. When they are received by the Payer, the status will change to 'Received' and the documents will be hyperlinks and allow you to view/download them for your reference.




Notice that you can still add additional documents (if you haven't reached the file number or size limits). This button and functionality are available while the appeal is still in the Submitted status. After the payer makes a determination and it is Finalized, it will no longer display.

#### Rationale Submitted To Payer

You have 2,000 characters to explain the supporting rationale for your request. Please be as specific and detailed as possible.

It even keeps track of the number of characters you've used.

### ATTACHMENTS

File Name	Status	Uploaded By	Upload Date
 TestDocument (20 KB)	Submitted	Provider	09/02/2022 12:37 PM
 AnotherTestDocument (402 KB)	Submitted	Provider	09/02/2022 12:37 PM
 WordDocument (23 KB)	Submitted	Provider	09/02/2022 12:37 PM

Add Attachment

# Finalized Appeals

---

How does the payer resolve your appeal?





**WYOMING**

Initiated

Created: 09/02/2022 • Updated 09/02/2022

A recap of the 3 different statuses of a dispute. Let's take a closer look at the Finalized disputes and some of the information that will be provided.

Claim Number	Payment Information	Patient Name	Service Begin Date	Billed Amount
<b>21184183608</b>	<b>0010199934</b>	<b>RUBY AVAILITY</b>	<b>05/23/2022</b>	<b>\$330.60</b>
Method of Receipt	Payment Date	Patient Account Number	Service End Date	Payment Amount
	<b>05/27/2022</b>	<b>555251A</b>	<b>05/23/2022</b>	<b>\$210.00</b>



**WYOMING**

Submitted - Appeal - In Progress • Case #S-1158231

Record Updated

Created: 09/02/2022 • Updated 09/02/2022



Claim Number	Payment Information	Patient Name	Service Begin Date	Billed Amount
<b>21184183608</b>	<b>0010199934</b>	<b>RUBY AVAILITY</b>	<b>05/23/2022</b>	<b>\$330.60</b>
Method of Receipt	Payment Date	Patient Account Number	Service End Date	Payment Amount
Availity	<b>05/27/2022</b>	<b>555251A</b>	<b>05/23/2022</b>	<b>\$210.00</b>



**WYOMING**

Finalized - Appeal - Approved • Case #S-1158231

Created: 09/02/2022 • Updated 09/18/2022



Claim Number	Payment Information	Patient Name	Service Begin Date	Billed Amount
<b>21184183608</b>	<b>0010199934</b>	<b>RUBY AVAILITY</b>	<b>05/23/2022</b>	<b>\$330.60</b>
Method of Receipt	Payment Date	Patient Account Number	Service End Date	Payment Amount
Availity	<b>05/27/2022</b>	<b>555251A</b>	<b>05/23/2022</b>	<b>\$210.00</b>



Select...  | 
  | 
  | 
 Last Update Date: Newest to Oldest

Results - Active

**5925**  
Total Active

**1283**  
Initiated

**4642**  
Submitted to Payer

**2736**  
Total Finalized

Results showing 8663 appeals



| 
  | 
  | 
  | 
  | 
  | 
  | 
 ... | 
  |

On the Finalized card, you'll also see a high-level determination of the dispute. For more information and the determination letter from the payer, we'll select the Action Menu... and then View Details and Attachments.



**WYOMING**

Finalized - Appeal - Approved - Case #S-1158231  
Created: 09/02/2022 • Updated 09/18/2022

|

Claim Number <b>21184183608</b>	Payment Information <b>0010199934</b>	Patient Name <b>RUBY AVAILITY</b>	Service Begin Date <b>05/23/2022</b>	Billed Amount <b>\$330.60</b>
Method of Receipt <b>Availity</b>	Payment Date <b>05/27/2022</b>	Patient Account Number <b>555251A</b>	Service End Date <b>05/23/2022</b>	Payment Amount <b>\$210.00</b>

In the Detail view, the payer will display the Decision and the Decision Reason.

There are several possible determinations, and we won't go through them here, but this is where the Decision and Decision Reason are communicated in the application.

Let's scroll down further.



**WYOMING**

Finalized - Appeal - Approved · Case #S-1158231

Created: 09/02/2022 · Updated 09/02/2022



Claim Number <b>21184183608</b>	Payment Information <b>0010199934</b>	Patient Name <b>RUBY AVAILITY</b>	Service Begin Date <b>05/23/2022</b>	Billed Amount <b>\$330.60</b>
Method of Receipt Availity	Payment Date <b>05/27/2022</b>	Patient Account Number <b>555251A</b>	Service End Date <b>05/23/2022</b>	Payment Amount <b>\$210.00</b>

Request Reason <b>PRICING</b>	Contact Phone Number <b>3075551212</b>	Submit On Behalf Of <b>Provider</b>	Other Claim Numbers - <b>1111100000A</b> - <b>2222200000B</b> - <b>3333300000C</b>
----------------------------------	---	--	---

Rationale Submitted To Payer

You have 2,000 characters to explain the supporting rationale for your request. Please be as specific and detailed as possible.

It even keeps track of the number of characters you've used.

Decision

**Approved**

Decision Reason

**Your appeal request has been approved. Please refer to the new claim remittance for processing details.**







**PRICING**      **3075551212**      **Provider**      **- 1111100000A**

Rationale Submitted To Payer  
 You have 2,000 characters to explain the supporting rationale for your  
 It even keeps track of the number of characters you've used.

Decision	Decision Reason
<b>Approved</b>	<b>Your appeal request has been approved.</b>

You can still see your file attachments, but you will not be able to attach any additional documentation.  
  
 The Decision/Correspondence Letter will show on the Finalized card. Notice it shows that it was uploaded by the Payer. Also... if you submitted additional claims FOR THAT MEMBER, the determination for those claims will also be in the letter.

**ATTACHMENTS**

File Name	Status	Uploaded By	Upload Date
 <b>Determination Letter</b> (328 KB)	<b>Received</b>	Payer	09/18/2022 8:00 PM
 <b>TestDocument</b> (20 B)	<b>Received</b>	Provider	09/02/2022 12:37 PM
 <b>AnotherTestDocument</b> (402 KB)	<b>Received</b>	Provider	09/02/2022 12:37 PM
 <b>WordDocument</b> ( 23 KB)	<b>Received</b>	Provider	09/02/2022 12:37 PM

# Search, Filter, Sort and Give Feedback

---





Here is the full Appeals worklist.  
Let's look at the search and filter options. I'll select **Filter**.

Keyword Search

Search By  
 Select... Search Filter

Sort By  
 Last Update Date: Newest to Oldest

What's New! (PDF)

Results - Active

Results - Finalized

**5941**  
Total Active

**1297**  
Initiated

**4644**  
Submitted to Payer

**2737**  
Total Finalized

Results showing 8680 appeals

< Prev 1 2 3 4 5 6 ... 348 Next >



Submitted - Appeal - Pending Assignment - Case #S-1157765  
 Created: 08/29/2022 • Updated 09/08/2022



Claim Number <b>21184125812</b>	Payment Information <b>0992212182</b>	Patient Name <b>SALBADOR MURINDI</b>	Service Begin Date <b>05/23/2022</b>	Billed Amount <b>\$220.00</b>
Method of Receipt Availity	Payment Date <b>06/01/2022</b>	Patient Account Number <b>0000027548</b>	Service End Date <b>05/23/2022</b>	Payment Amount <b>\$150.32</b>

You are now able to filter by Status, Sub-status, Organization (your organization/business name if you belong to more than one organization), Payer and the check box at the top... Assigned to Me.

What does Assigned to Me mean? In the background, if you initiate or change the status of an appeal, it is identified with your user ID. It is NOT labeled anywhere on the Dispute card or in the Detail View, nor can you reassign it. It is simply a way to filter by those appeals where you have made the last status change. That includes if you initiated it and it is still in that status. But if your co-worker then Submits it, it will be assigned to them.

### Filters

Assigned to me

Appeal Status  
Select a status | [clear](#)

Substatus  
Select a substatus | [clear](#)

Organization  
Select an organization | [clear](#)

Payer  
Select a payer | [clear](#)

[Cancel](#) [Submit](#)

dest | v

Search

3 4 5 6 ... 348 Next >

5

Billed Amount  
**\$220.00**

Payment Amount  
**\$150.32**

Search By

Select... | v

Results - Active

You can select one or more filters from each category.  
I'll choose Initiated as the Status and BCBSWY as the payer.  
Then select Submit.

## Filters

Assigned to me

Appeal Status

Initiated x | v

clear

Substatus

Select a substatus | v

clear

Organization

Select an organization | v

clear

Payer

BCBSWY x | v

clear

Cancel

Submit

What's New! (PDF)

dest | v

3 4 5 6 ... 348 Next >

Claim Number  
**21184125812**

Payment Info  
**09922121**

Method of Receipt  
Availity

Payment Date  
**06/01/2022**

Billed Amount  
**\$220.00**

Payment Amount  
**\$150.32**

Search By

Sort By

[What's New! \(PDF\)](#)

Select...

Last Update Date: Newest to Oldest

Applied Filters: 
 STATUS : INITIATED x
PAYER : BCBSWY x

Results - Active

Results - Finalized

43

Total Active

43

Initiated

0

Submitted to Payer

0

Total Finalized

Results showing 43 appeals

Notice that it filtered down from the whole worklist to just the Initiated appeals for BCBSWY. It also shows the Applied Filters, and the dashboard reflects the totals of the applied filter.

On the Applied Filters, you can click the x on any filter to remove it or click Clear All to get back to the full worklist.



**WYOMING**

Initiated

Created: 09/07/2022 • Updated 09/07/2022

Claim Number <b>tetsBCBSWY001</b>	Payment Information	Patient Name <b>SAVAYA SOLOMONA</b>	Service Begin Date <b>05/23/2022</b>	Billed Amount <b>\$50.73</b>
Method of Receipt	Payment Date	Patient Account Number	Service End Date	Payment Amount

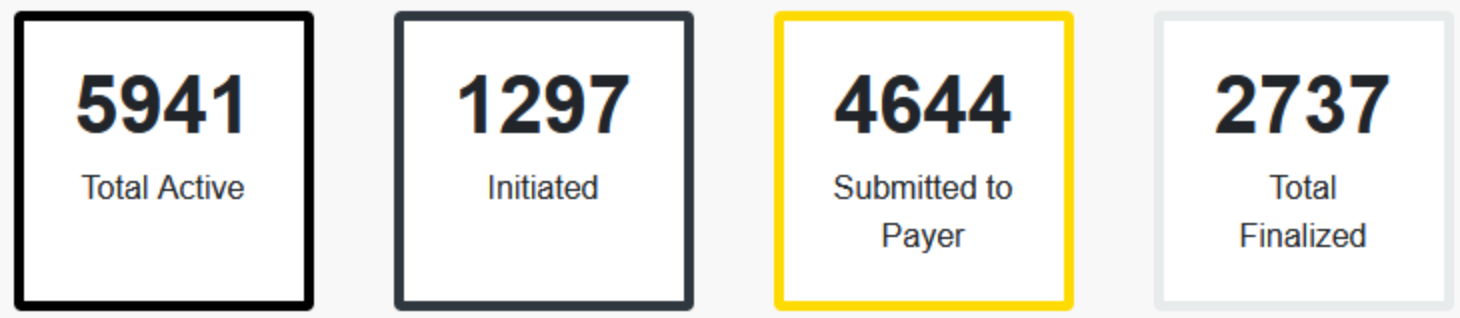
Another option is to **SEARCH BY**. You can use this option from the full appeals worklist or even after you've used filters to view a sub-set of the worklist (all the Initiated BCBSWY appeals for example).

Search By

Select...



Results - Active



Results showing 8680 appeals



Submitted - Appeal - Pending Assignment • Case #S-1157765  
 Created: 08/29/2022 • Updated 09/08/2022



Claim Number <b>21184125812</b>	Payment Information <b>0992212182</b>	Patient Name <b>SALBADOR MURINDI</b>	Service Begin Date <b>05/23/2022</b>	Billed Amount <b>\$220.00</b>
Method of Receipt Availity	Payment Date <b>06/01/2022</b>	Patient Account Number <b>0000027548</b>	Service End Date <b>05/23/2022</b>	Payment Amount <b>\$150.32</b>

Select either Claim Number, Case Number or Patient Last Name from the Search By drop-down.

Search By

Select... | v

Search Filter

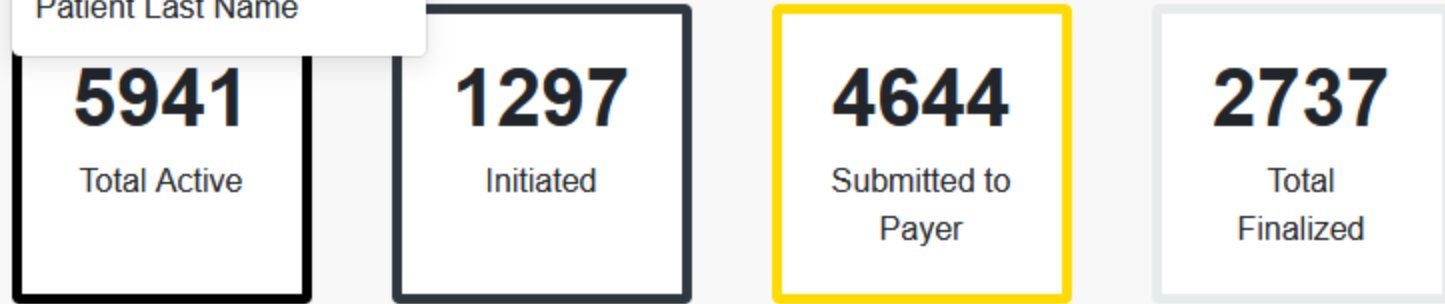
Sort By

Last Update Date: Newest to Oldest | v

What's New! (PDF)

- Claim Number
- Case Number
- Patient Last Name

Results - Finalized



Results showing 8680 appeals

< Prev **1** 2 3 4 5 6 ... 348 Next >



Submitted - Appeal - Pending Assignment - Case #S-1157765

Created: 08/29/2022 • Updated 09/08/2022



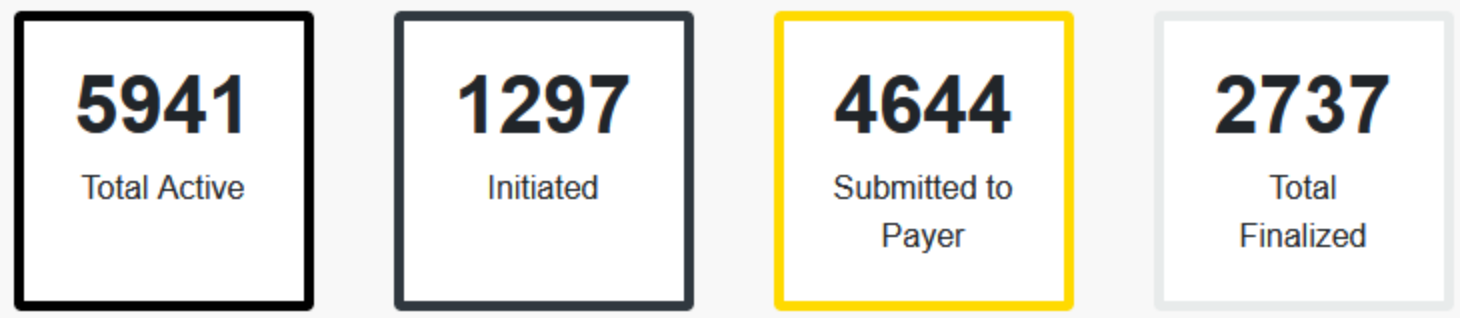
Claim Number <b>21184125812</b>	Payment Information <b>0992212182</b>	Patient Name <b>SALBADOR MURINDI</b>	Service Begin Date <b>05/23/2022</b>	Billed Amount <b>\$220.00</b>
Method of Receipt Availity	Payment Date <b>06/01/2022</b>	Patient Account Number <b>0000027548</b>	Service End Date <b>05/23/2022</b>	Payment Amount <b>\$150.32</b>



Search By  
 |

Enter the number or name in the Search field and select 'Search' to find that specific patient, claim or case number. If found, it will display only the card(s) that match the search criteria.

Results - Active




Results showing 8680 appeals



**Submitted - Appeal - Pending Assignment - Case #S-1157765**  
 Created: 08/29/2022 • Updated 09/08/2022



Claim Number <b>21184125812</b>	Payment Information <b>0992212182</b>	Patient Name <b>SALBADOR MURINDI</b>	Service Begin Date <b>05/23/2022</b>	Billed Amount <b>\$220.00</b>
Method of Receipt  Availity	Payment Date <b>06/01/2022</b>	Patient Account Number <b>0000027548</b>	Service End Date <b>05/23/2022</b>	Payment Amount <b>\$150.32</b>

And the Sort By option. Before or after you Filter, you can sort your appeals.

Search By

Select...

Search

Filter

Sort By

Last Update Date: Newest to Oldest

[What's New! \(PDF\)](#)

Results - Active

Results - Finalized



**5941**  
Total Active

**1297**  
Initiated

**4644**  
Submitted to Payer

**2737**  
Total Finalized

Results showing 8680 appeals



Submitted - Appeal - Pending Assignment - Case #S-1157765  
Created: 08/29/2022 • Updated 09/08/2022



Claim Number <b>21184125812</b>	Payment Information <b>0992212182</b>	Patient Name <b>SALBADOR MURINDI</b>	Service Begin Date <b>05/23/2022</b>	Billed Amount <b>\$220.00</b>
Method of Receipt <b>Availity</b>	Payment Date <b>06/01/2022</b>	Patient Account Number <b>0000027548</b>	Service End Date <b>05/23/2022</b>	Payment Amount <b>\$150.32</b>

Sort options are Created Date newest to oldest, oldest to newest and Last Update Date newest to oldest and oldest to newest.

Search By

Select... | v

Search

Filter

Last Update Date: Newest to Oldest | v

- Created Date: Newest to Oldest
- Created Date: Oldest to Newest
- Last Update Date: Newest to Oldest
- Last Update Date: Oldest to Newest

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Submitted - Appeal - Pending Assignment - Case #S-1157765

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Claim Number <b>21184125812</b>	Payment Information <b>0992212182</b>	Patient Name <b>SALBADOR MURINDI</b>	Service Begin Date <b>05/23/2022</b>	Billed Amount <b>\$220.00</b>
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You can **Watch a demo** for appeals. This will launch a quick video tutorial in a new tab. There's also a **What's New** link that will open a PDF file in a new tab, letting you know what enhancements and changes have recently occurred in the Appeals application.

Need Help? [Watch a demo](#) for Appeals

# A Appeals

Search By  Search Filter

Sort By  [What's New! \(PDF\)](#)

[Give Feedback](#)

Lastly, there is a large **Give Feedback** button. I'll select that...

## Results - Active

## Results - Finalized

**5941**  
Total Active

**1297**  
Initiated

**4644**  
Submitted to Payer

**2737**  
Total Finalized

Results showing 8680 appeals

Your feedback is extremely valuable to Availity and the payer. Please type in your comment, idea or concern and click 'Send Feedback'. Every one of them is read and we rely on you to let us know how we can continually improve the application and your user experience.

Just a reminder that this is NOT the place to submit a question or report an issue. Please contact Availity Client Services or the payer for questions or issues.

Results - Active



Results showing 8680 appeals

[Give Feedback](#)

Tell us what you think about Appeals

What do you like?

[Close](#) [Send Feedback](#)

# Frequently Asked Questions

## Is there a limit on the number of attachments I can upload to a request?

Maximum number of files to upload is 10. Files must be smaller than **10MB**, with a total file size of **100 MB**.

Supported file types include: .bmp, .doc, .docx, .jpeg, .pdf, .png, .pptx, tif., .xls, .xlsx

## Does the Appeals worklist contain all disputes from anyone in my office, or can users see only the ones they submitted?

The worklist displays disputes created for an ORG that the user is tied to. The disputes in the list are not specific to the logged in user.

## Can the Appeals application accept password protected attachments?

Yes. It will ask for the password when you try to attach the document.

## If I submitted a request without documentation, can I submit the attachments later?

Yes. You can add documentation while it is in the Submitted status.



# Frequently Asked Questions

**Will I be able to see the file name, size and type after I upload it?**

Yes, you can see that in the Detail View. You can also download the file if you want to review the document you attached.

**Can I Dispute a Claim from the Appeals application?**

No. You would locate the claim in Claim Status and select the Dispute Claim button.

**Is a paper form still needed since the dispute is completed online?**

No.

**If I want to Dispute several Claims from Claim Status, can I do that before I go to Appeals to Submit them to the payer?**


Yes. When you go to Appeals, each appeal/dispute will display on its own Card.

**Will the claim in Claim Status appear differently if I Dispute the Claim?**

No. The claim will appear the same. If you try to dispute it again, a duplicate message will let you know it is already being disputed.





 **Help & Training** ▾

- Find Help
- Get Trained
- Availity Support
- View Network Outages

- Use **Find Help** to launch the Provider Help Center and access training documentation plus payer-specifics.
- Use **Get Trained** to launch the Availity Learning Center (ALC) to enroll in on-demand and live training options.
- Use **Availity Support** to submit a support ticket online to Availity Client Services (ACS).
- Use **View Network Outages** to review current outages and scheduled maintenance.



# My Account page

EXAMPLE OF  
MY ACCOUNT DASHBOARD



My Account page is all about the user and the organization. Use it to:

- Change the avatar
- Update user information
- Find organization administrator information
- Manage support tickets ... and more

**My Account** Give Feedback

**Personal Settings**

- Profile
- Security
- Plans and Subscriptions
- Organization(s)

**My Tickets**

Nothing recent.

When you have tickets, you'll see them here.

Having an issue?  
[Open a ticket](#)

**My Profile Information**

**User** [Update User Information](#)  
Your personal account information

	<b>Avatar</b> Profile Image	<b>First Name</b> Marty	<b>Last Name</b> Simon	<b>Nickname</b> N/A
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**Contact** [Update Contact Information](#)  
Your communication preferences

<b>Phone Number</b>	<b>Extension</b> N/A	<b>Phone Type</b>	<b>Confidential Voicemail</b> No
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**Email Address**  
@availity.com

**Professional** [Update Professional Information](#)  
Your profession specific details

Organization administrators can also manage business and team information.



# Q&A

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**Note:** Some appeals features vary by payer. We are only able to answer generic appeals and BCBS Wyoming questions at this time.



# Thank you

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Contact 1.800.282.4548 (1.800.AVAILITY) for assistance or select **Help & Training > Availity Support** to create a support ticket.

Select **Help & Training > Get Trained** for additional on-demand training.

