

The Claim Research Tool (CRT) is the recommended method for providers to acquire status on claims processed by Blue Cross and Blue Shield of Oklahoma (BCBSOK).\*

Organizations can improve their accounts receivable by utilizing this exclusive BCBSOK feature to check status for local, federal and out-of-state claims. Results are available in real-time and provide the equivalent of an Explanation of Benefits (EOB).

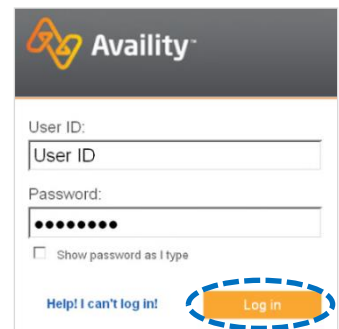
The CRT is currently unavailable for government programs (Medicare Advantage) claims. To verify claim status online for these claims, use the Claim Status & Remittance Inquiry option on the Availity portal.

*\*To obtain status on claims not processed by BCBSOK, users should contact the appropriate claim processing entity directly (i.e., third party vendors, other carriers, etc.).*

## 1) Getting Started

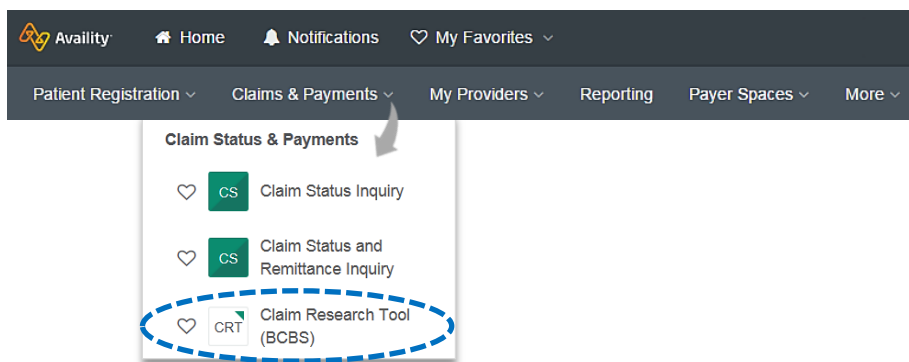
- ▶ Go to [availity.com](http://availity.com)
- ▶ Select **Availity Portal Login**
- ▶ Enter User ID and Password
- ▶ Select **Log in**

**Note:** Only registered Availity users can access the Claim Research Tool. If you are not a registered Availity user, you may complete the guided online registration process at [availity.com](http://availity.com) – at no charge.



## 2) Accessing CRT

- ▶ Select **Claims & Payments** from the navigation menu
- ▶ Select **Claim Research Tool (BCBS)**



**Note:** Contact your Availity administrators if **Claim Research Tool** is not listed in the **Claims & Payments** menu.

### 3) Submitting Transactions

Claim status may be obtained using a Patient ID or Claim Number (also referred to as Document Control Numbers – DCN). Both options are illustrated in this step.

#### Searching by Patient ID:

- ▶ Select **Patient ID** from the **Search Option** drop-down list
- ▶ Choose the Billing (Type 2) NPI from the **Express Entry** drop-down list or enter **NPI**
- ▶ Enter **Patient ID** (include the three-character prefix before the ID number)
- ▶ Enter **Group Number**
- ▶ Enter **Service Period** dates
- ▶ Select **Submit**

## Claim Research Tool

\* indicates a required field

\* Payer: ?

\* Search Option: ?

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**Billing Provider Information**

Express Entry - Provider: ?

\* NPI: ?

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**Patient Information**

\* Patient ID: ?

\* Group Number: ?

---

**Claim Information**

\* Service Period: ? From  /  /  To  /  /

**Quick Tip:**

→ The **Payer** field will default to **BCBSOK** and cannot be changed.

#### Helpful Hints:

- Federal plans do not have a three-character prefixes. The letter R should be typed as part of the Patient ID (i.e., R87654321). Enter the Group Number as OFEPOK.
- Out-of-state plans may contain more than three-characters (e.g., WMWAN1234567). Enter the Group Number as 123456.

### 3) Submitting Transactions *(continued)*

#### Searching by Claim Number (DCN):

- ▶ Select **Claim Number** (DCN) from the **Search Option** drop-down list
- ▶ Choose the Billing (Type 2) NPI from the **Express Entry** drop-down list or enter **NPI**
- ▶ Enter the 13-digit alpha numeric claim number in the **Claim # (DCN)** field
- ▶ Select **Submit**

### Claim Research Tool

\* indicates a required field

\* Payer: ?

\* Search Option: ?

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**Billing Provider Information**

Express Entry - Provider: ?

\* NPI: ?

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**Claim Information**

\* Claim # (DCN): ?

#### Helpful Hints:

- To search for an adjusted or reprocessed claim, key the corresponding 2-digit suffix in addition to the 13-digit claim number (i.e., 999999999999X01).
- If copying and pasting the claim number from another document or program, be sure to delete any additional spaces.

### 4) Search Results

- ▶ After completing the Patient ID search, users can view detailed claim status for a specific date of service by selecting the corresponding **Claim Number**

**Note:** The information returned will include original, duplicate, adjusted, withdrawn and replacement claims.


## Search Results [Learn More >>](#)

**Payer:** BCBSOK

**Provider NPI:** 9999999999

**Member ID:** ABC999999999

**Group Number:** 123456



**BlueCross BlueShield  
of Oklahoma**

Service Period: 01/01/2019 - 06/24/2019

**Claims Found**

From Service Date	Processed Date	Claim Number	Billed Amount	Status
05/01/2019	05/15/2019	99999999991X00	\$247.38	Paid
06/02/2019	06/17/2019	99999999992X00	\$75.08	Paid

## 5) Detailed Search Results

The following information is returned after the corresponding claim number is selected and/or the Claim Number search is completed:

- Claim Number
- Received Date
- Processed Date
- Claim Status
- Billed Amount
- Paid Amount
- Coinsurance
- Co-Pay / Deductible Amount
- Ineligible Amount(s)
- Check/EFT/Voucher
- Check Date
- Payee Name
- Health Care Account Amount
- Other Carrier / Medicare Paid Amount
- Patient Share Amount (total)
- Billing Provider ID / Name
- Rendering Provider ID / Name
- Line Item Breakdown:
  - Service Dates
  - Revenue / Procedure Code
  - Diagnosis
  - Ineligible Reason Code / Amount
  - Copay / Coinsurance / Deductible
  - Modifier
  - Unit, Time, or Mile
  - Ineligible Reason Code Descriptions

### Detail Search Results

[Learn More >>](#)

[Edit Inquiry](#) [Print](#)

Patient Name: DOE, JANE  
Member ID: 999999999  
Alphanumeric Prefix: ABC  
Gender: F  
Group #: 123456  
Date of Birth: 12/20/1956



**BlueCross BlueShield  
of Oklahoma**

Subscriber Name: DOE, JOHN  
Relationship To Subscriber: Spouse  
Patient Account #: I123456

#### Claim Details [View Less](#)

Claim Number:	99999999992X00	Claim Status:	Paid
Received Date:	06/10/2019	Billed Amount:	\$75.08
Processed Date:	06/17/2019	Paid Amount:	\$40.08
From Service Date:	06/02/2019	Coinsurance:	\$5.00
To Service Date:	06/02/2019	Co-Pay/Deductible Amount:	\$5.00
Status Details:		Ineligible Amount:	\$25.00
Hospital Payment Indicator:		DRG Code:	
Approved Length of Stay:		DRG Version:	
		DRG Weight:	

Check/EFT/Voucher:	E9999999	Billing Provider ID:	999999999
Check Date:	06/19/2019	Billing Provider Name:	ABC CLINIC
Payee Name:	ABC CLINIC	Rendering Provider ID:	199999999
Prior Paid AMT:	\$0.00	Rendering Provider Name:	JAMES JOE
Prior Notification Deductible: ?	\$0.00	Additional Pay:	\$0.00
Health Care Account Amount:	\$0.00	Prior Notification Coinsurance: ?	\$0.00
Other Carrier Paid:	\$0.00	Out of Network Deductible:	\$0.00
Patient Share Amount:	\$10.00	Out of Network Coinsurance:	\$0.00
Medicare Paid Amount:	\$0.00		

#### Service Lines

Service Dates	Revenue/Proc Code	Diagnosis Code	Billed Amt	Paid Amt	Ineligible Reason Code / Amt	Interim Discount	Copay	Coinsurance	Deductible	HCPCS Code	Modifier	Unit/ Time/ Mile
06/02/2019 -06/02/2019	99999	A99.99	\$75.08	\$40.08	T42/\$25.00	\$0.00	\$5.00	\$0.00	\$5.00		51	1

#### Ineligible Reason Codes

Reason Code	Description
T42	Charge exceeds the priced amount for this service. Services provided by a Participating/Network Provider. Patient is not responsible for charges over the priced amount.

[Edit Inquiry](#) [Print](#)

## Transaction Tips

### How to avoid a “Claim Not Found” response:

- The Type 2 Billing NPI must match the NPI submitted on claim.
- Enter the three character prefix prior to the member’s identification number in the Patient ID field.
- For local policies, the group number matches what was submitted on the claim.
- The date span entered as the Service Period includes the actual date(s) of service.

### Institutional Claims:

- Paid amounts reflected on the Detail Search Results screen indicates reimbursements applied per individual provider contracts (e.g., Per Diem, DRG, etc.).
- Itemized payments listed in the line item breakdown will equal the total paid amounts indicated on Provider Claim Summaries (PCSs) and Electronic Remittance Advices (ERAs).

### If...

- All line items are not displayed on the Detail Search Results screen, click the More Results link.
- The Detail Search Results screen prints are distorted, adjust the Page Orientation (in Print Settings) to landscape.
- The check number is not present on a finalized claim (see below), please allow additional time. The system reflects check information based on the payment schedule of the provider.

Check / EFT / Voucher:

Check Date: 06/09/2019

Payee Name: ABC Clinic

**Have questions or need additional education?** Email the Provider Education Consultants at [PECS@bcbsok.com](mailto:PECS@bcbsok.com)

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