

The Claim Inquiry Resolution (CIR) tool enables providers to submit claim reconsideration requests electronically for certain finalized claims.\* This tool can be used as an alternative option to requesting claim adjustments over the phone or via the Blue Cross and Blue Shield of New Mexico (BCBSNM) Claim Review Form. Also, this tool reduces administrative costs by decreasing the amount of correspondence that must be sent through the mail.

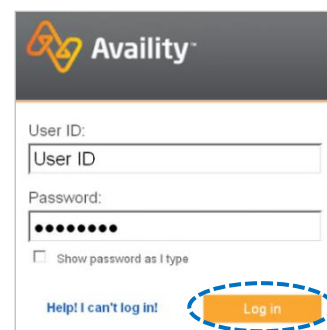
**Note:** The Claim Inquiry Resolution cannot be used to obtain eligibility and benefit information or claim status. Moreover, it is not a means to submit formal claim appeals or predeterminations. Users can employ this tool for finalized claims that require review relating to reasons outlined in this guide.

**\*The CIR tool is unavailable for Medicare Advantage claims.**

## 1) Getting Started

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

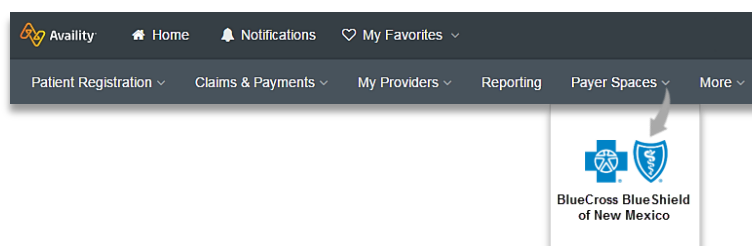
**Note:** Only registered Availity users can access Claim Inquiry Resolution.



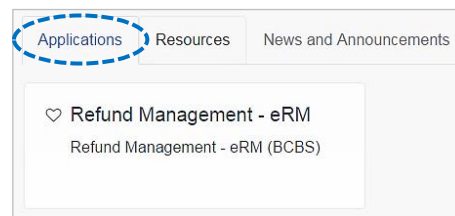
The image shows the Availity login page. It has a header with the Availity logo. Below it are fields for 'User ID:' and 'Password:'. The password field is masked with dots. There is a checkbox labeled 'Show password as I type'. At the bottom, there is a link 'Help! I can't log in!' and a blue 'Log in' button, which is circled with a dashed blue line.

## 2) Accessing Claim Inquiry Resolution

- ▶ Select [Payer Spaces](#) from the navigation menu
- ▶ Choose [Blue Cross and Blue Shield of New Mexico](#)



- ▶ In BCBSNM Payer Spaces, select the [Applications](#) tab
- ▶ Next, select [Refund Management - eRM](#)



### Notes:

- Contact your Availity Administrator if [Refund Management – eRM](#) is not listed in the Applications menu. Identify your Availity Administrator by referring to [My Administrators](#) under [My Account Dashboard](#) on the Availity home page.
- New users must complete the onboarding form and email verification in order to gain access to the eRM system.

### 3) Starting a New Inquiry

- ▶ Select the **Claim Inquiry Resolution** tab
- ▶ Select **Create New Claim Inquiry**

Refund Requests	Inbox	Claim Inquiry Resolution	Check Alerts	Saved Sessions	Checks Not Received	Transaction Report	Maintenance Alerts	
Appeal Id	DCN	User Name	Submission Date	Last Response Date	Last Response User	Patient Name	Patient Account	
C123456789	123456789000X	JANE DOE	05/20/2020	05/21/2020	HCSC User	JANE DOE	999999999	<a href="#">details</a>
C123456790	999999999999X	JANE DOE	05/20/2020	05/21/2020	HCSC User	JANE DOE	999999999	<a href="#">details</a>
C123456791	222222222222X	JANE DOE	05/20/2020	05/21/2020	HCSC User	JANE DOE	999999999	<a href="#">details</a>
Refresh	Create New Claim Inquiry							

### 4) Entering Claim Information

- ▶ For the NPI #, select the appropriate Type 2 Billing NPI / Type 1 Rendering NPI from the drop-down list
- ▶ Enter the **13-digit claim number**
- ▶ Select the most applicable reason from the **Claim Inquiry Reason Codes** drop-down list\*
- ▶ Select **Continue**

\*Reference [page 5](#) for a detailed listing of each Claim Inquiry Reason Code.

Claim Inquiry Information

\* = required

NPI #\*
1234567890 - Holmes Clinic

Pfin Type
Professional

Claim Number\*
999999999999X

Claim Inquiry Reason Codes\*

Look Up Claim

-Select a Reason-  
MEDICARE/OTHER INSURANCE EOB  
DUPLICATE DENIAL  
ADDITIONAL INFORMATION  
FEE SCHEDULE/PRICING INQUIRY  
ELIGIBILITY  
FEDERAL GROUP  
PRE-AUTHORIZATION DENIAL  
I-BILL - (HOST) PREPAY HIGH DOLLAR REVIEW

Continue
Cancel
Show More Fields

#### Quick Tips:

- If your claim was processed within the last 18 months, select **Look Up Claim** to populate the Subscriber ID, Group Number, Patient Account, Patient Name and Date of Service on the next screen.
- If your claim processed prior to 18 months, select **Show More Fields** to manually enter this information on the next screen.

## 5) Supporting Comments and Documentation

- ▶ In the **Comments** field, provide a thorough explanation as to why the claim should be reconsidered.
- ▶ Additional BCBSNM claim numbers for the same patient/issue that need reconsidered, can be listed in the **Additional Claims** section.
- ▶ Supporting documentation is only required if **Medicare / Other Insurance EOB** or **Additional Information** is chosen as the Claim Inquiry Reason Code. However, our staff may request additional information when necessary to continue reconsideration of a claim.
- ▶ There are two options for sending supporting documentation to BCBSNM:
  - ▶ Select the **Add File** and **Browse** buttons to upload applicable document(s)
  - ▶ Select **I will fax my supporting documentation** to fax applicable documentation\*
- ▶ Select **Continue** to review your inquiry, then select **Submit**.

\* A fax cover sheet (including the fax number) will be available for printing after the **Submit** button is selected. This fax cover sheets includes a bar code to help ensure the information you send is matched directly to the appropriate file and/or claim.

### Claim Inquiry Information

\* = required

NPI #\*

Pfin Type

Claim Number\*

Claim Inquiry Reason Codes\*  [Look Up Claim](#) | Click [here](#) for reason codes detailed description

Group Number\*

Subscriber ID\*

Patient Account

Patient First Name

Patient Last Name

Date of Service (from to)\*  to

**Continue** **Cancel** [Hide Fields](#)

### Comments \* (Required)

Enter your comments here...

Claim denied per Medicare EOB requested. Please see the attached EOB and review the claim for reprocessing.

1893

### Additional Claims (Optional)

[Add](#)

### Supporting Documentation \* (Required)

Upload Supporting Documentation (optional)

[Choose File](#) Medicare EOB.pdf [Add File](#)

[remove](#)

☐ I will fax my supporting documentation

### Quick Tip:

→ When uploading supporting documentation, users can add multiple attachments, with a total file size of 2GB. Individual file size should not exceed 25 MB. Acceptable file types are TIFF (.tif) and PDF (.pdf).

## 6) Claim Inquiry Tracking ID

- ▶ After the inquiry has been submitted, a **Claim Inquiry Tracking ID** will be provided for monitoring purposes.\*

**Your Claim Inquiry Tracking ID is C000000053**

\*The Tracking ID is only for reference within the Claim Inquiry Resolution. **BCBSNM Phone Customer Advocates do not utilize this tool.**

## 7) Tracking Inquiries

- Once a claim inquiry has been submitted, users can monitor BCBSNM's receipt and response by returning to the [Claim Inquiry Resolution](#) tab.
- The **Last Response Date** and **Last Response User** fields display the date of the last action taken on an inquiry and by whom.
- Select the column headers to sort these fields in ascending and descending order.
- When HCSC is listed as the Last Response User, click the [details](#) link to view BCBSNM's response to the inquiry.

Refund Requests	InBox	Claim Inquiry Resolution	Check Alerts	Saved Sessions	Checks Not Received	Transaction Report	Maintenance Alerts	
Appeal Id	DCN	User Name	Submission Date	Last Response Date	Last Response User	Patient Name	Patient Account	
C000000053	020209999999999999X	Jane Doe	01/02/2021	01/05/2021	HCSC User	J DOE	9999999999	<a href="#">details</a>
C000000011	02020999999999999911X	Linda Doe	01/05/2021	01/05/2021	LINDA DOE	J DOE	9999999999	<a href="#">details</a>
C000000022	020209999999999922X	Rhonda Doe	01/02/2021	01/05/2021	HCSC User	J DOE	9999999999	<a href="#">details</a>

## 8) Advanced Filtering

- Users may also utilize the filter option to search by a specific **Appeal ID Number** (i.e., C000000053).\*
- Select **Advanced Options** to sort results by a specific username, patient name, account number, etc.

\* The Appeal ID Number is the same as the Claim Inquiry Tracking ID.

Filter

Select Multiple NPIs (Ctrl+Click)

1234567890 - ABC HOSPITAL  
1234567899 - HOLMES CLINIC

Appeal #

Search
Clear
[Advanced Options](#)

## 9) Verifying Responses

- The details screen will display the comments entered on the original inquiry submission as well as BCBSNM's response.

### Claim Inquiry Details for C000000053

Claim Inquiry Information

Claim Number

020209999999999999X

Group Number

123456

Patient Account

9999999999

NPI Number / Provider Name

1234567890 - ABC HOSPITAL

Subscriber ID

9999999999

Patient Name

JANE DOE

Claim Inquiry Reason

[MEDICARE/OTHER INSURANCE EOB](#)

Service Dates

12/11/2020 - 12/11/2020

Correspondence

[Hide All](#)

ERM User On 12/31/2020 08:55

Claim denied per Medicare EOB requested. Please see the attached EOB and review the claim for reprocessing.

[Print fax cover sheet](#)

HCSC User On 01/05/2021 09:14

Thank you for the inquiry. The requested documentation has been received and the claim has been adjusted. For claim status, please use the Claim Status Tool in Availity or your preferred web vendor.

Return to Home

Quick Tip:

→ Open a new CIR inquiry to request clarification or additional updates on the original inquiry.

## Inquiry Reason Codes

Inquiry Reason Code	Purpose	Guidelines
Medicare or Other Insurance EOB	Send Medicare or another insurance's Explanation of Benefits (EOBs) to BCBSNM.	<ul style="list-style-type: none"> <li>Attach documents via <a href="#">Add File</a> or <a href="#">I will fax my supporting documentation</a>.</li> <li>Use the <a href="#">Comments</a> field to indicate if EOBs will be uploaded or faxed.</li> </ul> <p><b>Note:</b> The EOB must be supplied in order for the inquiry to be processed.</p>
Duplicate Denial	Dispute claims that deny as duplicate in error.	<ul style="list-style-type: none"> <li>Indicate any previous claim number(s) that may have triggered the duplicate denial.</li> <li>Include explanation specifying how the claims are different.</li> </ul>
Additional Information	Submit specific information that was requested in the claim denial. <ul style="list-style-type: none"> <li>Medical records</li> <li>Operation Reports</li> <li>Physician Notes, etc.</li> </ul>	<ul style="list-style-type: none"> <li>Attach documents via <a href="#">Add File</a> or <a href="#">I will fax my supporting documentation</a>.</li> <li>Use the <a href="#">Comments</a> field to indicate if documentation has been uploaded or faxed.</li> </ul>
Fee Schedule / Pricing Inquiry (Professional providers)	Inquire on claims that process differently than contractual agreements.	<ul style="list-style-type: none"> <li>Use the <a href="#">Comments</a> field to indicate which specific line item did not process correctly.</li> </ul>
Eligibility	Dispute claims that deny for non-eligible services or process differently than the eligibility quote that was previously received.	<ul style="list-style-type: none"> <li>Include eligibility and benefit call reference numbers in the <a href="#">Comments</a> field.</li> <li>Attach screen prints of online eligibility and benefit verification via the <a href="#">Add File</a> or <a href="#">I will fax my supporting documentation</a>.</li> <li>Use the <a href="#">Comments</a> field to indicate if documentation has been uploaded or faxed.</li> </ul>
Federal Group	Submit finalized claim inquiries pertaining to Federal Employee Program® (FEP®) members.	<ul style="list-style-type: none"> <li>Attach documents via the <a href="#">Add File</a> or <a href="#">I will fax my supporting documentation</a>.</li> <li>Use the <a href="#">Comments</a> field to indicate if documentation has been uploaded or faxed.</li> </ul>
Pre-Authorization Denial	Request review of claims that deny for preauthorization when it was not advised as a requirement during the patient's eligibility and benefit quote.	<ul style="list-style-type: none"> <li>Supply preauthorization number for claims that deny per no record on file.</li> <li>Include eligibility and benefit call reference numbers or use the <a href="#">Add File</a> or <a href="#">I will fax my supporting documentation</a> functions to submit online eligibility and benefit screen prints.</li> <li>Use the <a href="#">Comments</a> field to indicate if documentation has been uploaded or faxed.</li> </ul>
I-Bill - (HOST) Prepay High Dollar Review	Submit inpatient itemized bill for any BlueCard® member billed at or more than \$100,000.	<ul style="list-style-type: none"> <li>Attach documents via <a href="#">Add File</a> or <a href="#">I will fax my supporting documentation</a>.</li> <li>Use the <a href="#">Comments</a> field to indicate if itemized bills have been uploaded or faxed.</li> </ul>

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

**Have questions about the eRM Onboarding process?** Email the [eRM Onboarding team](#).

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