Tips for submitting claims through the Availity portal

**Shortcuts**

To have PATIENT information auto filled, go to PATIENT REGISTRATION > Eligibility and Benefits Inquiry > Submit that REQUEST > Once it displays on the screen as GREEN for the patient, go to the CLAIMS FORM.

- Note: This action can only be performed if the payer is listed can only do this if the payer is listed on the Eligibility and Benefits.

- Note: Patient information requests via Eligibility and Benefits are only there for 24 hours after submitting due to HIPAA

To have provider information auto filled, go to MY PROVIDERS > Express Entry > ADD PROVIDER > enter an NPI

- Note: You can add multiple NPIs to the Express Entry tool.

**Submitting claims through the portal**

Go to CLAIMS&PAYMENTS > PROFESSIONAL CLAIMS
- Only complete the RED asterisk or required fields.
- Under “Date of Service” click SAVE TO SERVICE LINE so it gets inputted on the claim
- ZIPCODE: Providers will need their full 9-digit zip code
- Patient Control Number / Claim: This is a required field, but is just a unique number providers would make on their end for the sake of keeping a billing record

Once providers submit a claim, jot down the TRANSACTION ID for future reference.

**How to check status**

Send and receive EDI Files
- Login
- click on the CLAIMS & PAYMENTS tab
- click on the SEND AND RECEIVE EDI FILES
- Organization will display and you will click SUBMIT
- click on the RECEIVEDFILES
  -- A report on claims will be in this folder. TIP: Filename will always have the day, month, and date in the filename.
  -- Look for files that end with:
    * .IBT = which means Immediate Batch Text Response
    * .EBT = which means Availity Electronic Batch Report
    * .DPT = which means Delayed Payer Report
Good things to look for on these reports are: the Availity BATCH ID and acknowledgment statuses.

**Other helpful tools on Availity**

Providers can check STATUSES of Claims as well through the CLAIMS STATUS INQUIRY tool:
-- Click on the CLAIMS & PAYMENTS tab
-- Select CLAIM STATUS INQUIRY
-- Fill out ONLY the required fields that have the RED asterisks

Checking Anthem EOBS on the portal:
1) Click on Payer Spaces
2) Click on ANTHEM
3) Under Applications > click on REMITTANCE INQUIRY
   - Can search by check number or issued date range

**OTHER important TABS to know:**

* **Patient Registration:**
  - To check eligibility and benefits and authorizations and referrals
  - Under Auths/Referrals providers are able to submit authorizations, pre-authorizations, and referrals. Providers are also able to check a claim’s status

* **Claims/Payments:**
  - Check claim status, submit claims, check your EDI mailbox, and use the claim research tool
  - View EOBS via Remittance Viewer

* **My Providers:**
  - Submit Provider Data Management for Payers to keep the information updated.
  - EXPRESS ENTRY TOOL is located here
  - Enrollments Center
  - Provider Data Management

* **More:** Variety of selections providers can navigate to like express entry to add an NPI to account or payer list to look up payers for example

* **Reporting:** Can get admin reports, transaction log, web transaction reports, and organization reports, etc.

* **Payer Spaces:** Able to see some payers and navigate their applications and their resources on their individual payer pages

* **PAYER LIST:** Is located under the MORE TAB. This is a great tool to use to look up payers that Availity is associated with and the payer details if there is enrollments and etc.

Providers who need additional assistance navigating the Availity portal can contact Client Services at 800-282-4548, Option 3.