View Claim Status and Review Results

Checking the status of claims is easy!

ACCESS THE CLAIM STATUS INQUIRY APP

Select **Claims & Payments → Claim Status** in the navigation bar at the top of the Portal.

SUBMIT AN INQUIRY

1. Select the organization name from the organization field
2. Select BCBSKS in the Payer field
3. For non-BCBSKS policies, select the HIPAA Standard tab
4. Enter the member ID number including the alpha prefix
5. Select Submit
6. Select the appropriate patient from the search results
7. Enter the date(s) of service
8. Select Submit

NOTE: when searching for claims for non-BCBSKS policies, you must also enter the patient first/last name and date of birth before selecting Submit in step 5.

Claim Status

Give Feedback

Organization **(1)**

Provider Name

Payer **(2)**

BCBSKS

Member **(3)**   HIPAA Standard

Select a Patient *optional*

Select...

Member ID **(4)**

ABC123456789

(5) Submit

(6)

Name	Date of Birth	Gender	Relationship
AVAILITY, SOPHIA	02/02/1990	Male	Self

Claim Information

Service Dates **(7)**

From Date	-	To Date

Claim Number *optional*

Claim Amount *optional*

Institutional Bill Type *optional*

(8) Submit

View Claim Status and Review Results

REVIEW THE CLAIM

1. Patient information and billing provider information
2. Links to verify elig/benefits of billed policy and to print claim information
3. Claim number, dates of service, processing date, status, billed & paid amounts
4. Provider write-off & patient responsibility amounts
5. Individual charge details
6. Claim search results. To view details for a different claim, select that claim number.

NOTE: BCBSKS does not utilize the Remittance Advice Viewer through Availity. In order to view the remittance advice, please login to the BCBSKS secure provider portal.

SOPHIA AVAILITY Patient ①

BlueCross BlueShield of Kansas — BlueCross BlueShield Kansas Solutions

Patient ID	Subscriber	Provider
ABC123456789	AVAILITY, SOPHIA	PROVIDER NAME
DOB		Provider ID
02/02/1990		1234567890
Gender		
Male		

Claim list ⑥:

250013619842
FINALIZED
04/14/2021 - 04/14/2021
Processed 04/28/2021
Billed $106.35
Paid $56.51

250018904160
FINALIZED
04/14/2021 - 04/14/2021
Processed 05/28/2021
Billed $20.00
Paid $0.00

[Verify Eligibility ☑] [Remittance Viewer ▣] [Print this Page 🖶] ②

Claim 250013619842 ③

| | Billed $106.35 | Paid $56.51 |

Dates of Service	Processed Date	Status
04/14/2021 - 04/14/2021	04/28/2021	FINALIZED

Status as of 07/20/2021
- Finalized/Payment The Claim/Line has been paid
- Processed according to contract provisions (Contract refers to provisions that exist between the Health Plan and a Provider of Health Care Services)

Check Number	Check Date	Patient Account #	Contact Name	Phone Number
611201672	04/30/2021	ABC123XYZ	CUSTOMER SERVICE CENTER	(800) 432-3990

Provider Write-Off[1] ④

Over Our Allowance	Provider Write-Off Total	Service Not Eligible for Payment
$7.04	$7.04	$0.00

Patient Responsibility[1]

Deductible	Copayment	Coinsurance	Over Our Allowance
$7.80	$35.00	$0.00	$0.00
Amount Over Benefit Maximum	Patient Responsibility Total	Other Insurance Paid	Not Eligible for Payment
$0.00	$42.80	$0.00	$0.00

Dates of Service	Procedure Code	Quantity	Status
04/14/2021 - 04/14/2021	99213	1	FINALIZED
Billed $96.35	Paid $56.51		

⑤

Status as of 07/20/2021
- Finalized/Payment The Claim/Line has been paid
- Processed according to contract provisions (Contract refers to provisions that exist between the Health Plan and a Provider of Health Care Services)

Dates of Service	Procedure Code	Quantity	Status
04/14/2021 - 04/14/2021	36415	1	FINALIZED
Billed $10.00	Paid $0.00		

Status as of 07/20/2021
- Finalized/Payment The Claim/Line has been paid
- Processed according to contract provisions (Contract refers to provisions that exist between the Health Plan and a Provider of Health Care Services)