

March 2021

The Patient Cost Estimator is a tool in the Availity portal that provides real-time estimation of member responsibility. This feature can be utilized at the time of service, enabling professional providers to collect copayments, coinsurance and deductible amounts up front for Blue Cross and Blue Shield of Illinois (BCBSIL) members. The following information instructs users how to access and use the Patient Cost Estimator via Availity.

#### Not yet registered with Availity? Visit Availity @ and complete the online registration today, at no cost.

#### The Patient Cost Estimator tool is currently unavailable for Medicare Advantage or Illinois Medicaid members.

Patient Cost Estimator is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility, benefits, limitations and exclusions and the terms of the member's certificate of coverage in effect on the date services are rendered. Accumulated amounts, such as deductibles, may change as additional claims may have been processed after the estimate was provided.

### 1) Getting Started

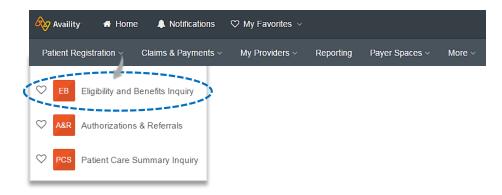
- ▶ Go to <u>Availity</u> 🚰
- Select Availity Portal Login
- Enter User ID and Password
- Select Log in

Availity <sup>.</sup>	
User ID:	
User ID	
Password:	_
••••	
Show password as I type	
Help! I can't log in! Log in	

Note: Only registered Availity users can access the Patient Cost Estimator.

### 2) Accessing Patient Cost Estimator

- Select Patient Registration from the navigation menu
- Select Eligibility and Benefits Inquiry



Note: Contact your Availity Administrator if you do not have access to the Eligibility and Benefits Inquiry.

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Blue Cross<sup>®</sup>, Blue Shield<sup>®</sup> and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

# 3) Eligibility and Benefits Inquiry

To access the Patient Cost Estimator, an eligibility and benefits transaction must be submitted.

- Complete the Eligibility and Benefit Inquiry
- Select Submit

#### **Quick Tips:**

- → For the Patient Cost Estimator to return an accurate result, a valid Rendering NPI\* must be used when submitting an Eligibility and Benefits Inquiry.
- → Refer to the <u>Eligibility and Benefits User Guide</u> to learn how to verify Eligibility & Benefits via Availity.

\* This does not apply to organizations whose Rendering and Billing NPI numbers are the same.

Payer 😧		
BCBSIL		•
rovider Information		
Select a Provider 🕜		
Search for a Provider		•
Provider Type		
Please Select a Provider Type		•
NPI Ø		
City		
State Zip Code		
Please Select a •		
ervice Information		
* As of Date 🕜		
03/10/2021		
* Place of Service		
Please Select a Place of Service		•
Benefit / Service Type 🔞		
Please Select a Benefit/Service Type		•
Check Pre-Authorization CPT/HCPCS Procedure Code 💡	Add My Frequent Procedure Codes	Clear All
Enter a Valid Procedure Code		
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atient Information		
Patient Search Option 🕜	Add Multiple	e Patients
* Patient ID 🕜		
* Date of Birth		
_/_/		
Gender 📀		
Please Select a Gender		•
Patient Relationship to Subscriber 💡		
Self		•
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Submit another patient		

# 4) Eligibility and Benefits Summary Results

Select the Patient Cost Estimator button at the top of the Eligibility and Benefits Inquiry results screen



**Note:** The Patient Cost Estimator button is only available for eligible members. Reference <u>page 7</u> for a listing of ineligible members and providers.

## 5) Patient and Subscriber Information

> Patient and Subscriber Information will populate with data received in the Eligibility and Benefits Inquiry results

Patient Cost Estimator					
* indicates a required field Date of Estimate:	03/11/2021		BlueCross BlueShield of Illinois		
Payer:	BCBSIL				
Organization:	ABC Clinic				
Patient Information					
Benefit/Service Type:	Physician Visit - Office: Sick				
Patient Name:	DOE, JOHN				
Date of Birth:	01/25/1967				
Gender:	Male				
Address:	P.O. BOX 123 ANYWHERE, XX 12345 - 0123				
* Relationship to Subscriber: ?	Self				
Subscriber Information					
Subscriber ID:	ABC123456789				
Subscriber Name:	DOE, JOHN				
Policy or Group Number:	123456				
Address: * Relationship to Subscriber: ? Subscriber Information Subscriber ID: Subscriber Name:	P.O. BOX 123 ANYWHERE, XX 12345 - 0123 Self T ABC123456789 DOE, JOHN				

# 6) Patient Information

### Is the billing provider the same as the rendering provider?

If your Rendering NPI (Type1) and Billing NPI (Type 2) are the same, answer Yes and enter the Billing Provider information

Provider Information	
* Is the billing provider the same as the rendering provider?	● Yes ○ No
Billing Provider	
Select a Provider: ? * Organization / Provider Last Name: ? First Name: * NPI: ? Tax ID Type: * Tax ID: ?	Select One       •         ABC CLINIC       •         1234567890       •         Employer Identification Number (EIN)       •         999999999       •         Important: Enter the tax ID to which the claim should be paid.

If your Rendering NPI (Type1) and Billing NPI (Type 2) are the NOT the same, answer No and enter the Rendering and Billing Provider information

Provider Information	
* Is the billing provider the same as the rendering provider?	⊙ Yes ● No
Rendering Provider	
Select a Provider: ? * Organization / Provider Last Name: First Name: * NPI: ? Tax ID: ?	Select One         •           DOE
Billing Provider	
Select a Provider: ? * Organization / Provider Last Name: ? First Name: * NPI: ?	Select One   ABC CLINIC  1234567890
Tax ID Type: * Tax ID: <b>?</b>	Employer Identification Number (EIN)  999999999  Important: Enter the tax ID to which the claim should be paid.

## via Availity Provider Portal

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# 7) Diagnosis Code(s)

#### Enter the Principal Diagnosis Code

Diagnosis Codes ?		
* Principal Diagnosis Code:	D72819 ICD-10 Code Verification ? ◄	Quick Tip: → For assistance with ICD-10 Code lookup, select ICD-10 Code Verification.

## 8) Place of Service

Select applicable Place of Service from the
drop-downlist:

Procedure Information

\* Place of Service: ? 11 - Office

- 11 Office
- 22 On Campus Outpatient Hospital

### 9) Line-Item Entry

- Complete the following fields:
  - Procedure Code
  - Modifier (if applicable)
  - Diagnosis Code Pointers
  - Charges
  - Number of Units/Minutes
- Select Save to Service Line
- After all services lines are added, select Submit

Line Number	Procedure Code CPT/HCPCS	Modifiers 1 2 3	4 Diagnos	sis Pointer	Charges	Minutes or Units
No claims entered ye	et. Enter claim(s) below	/ and click Add Anoth	ner Line.			
				Total:	\$0.0	0
	Line Number:	1				
	* Procedure Code: ?	99203				
	Modifiers:		3	4		
	* Diagnosis Code Pointers: ?	D72819 ▼ * 1	Select One	Select Or 3	ne 🔻 Se	elect One 🔻
	* Charges:	166.00				
	* Number of: ?	1	Units	¥		Quick Tip:
	<	Save to Service Li	ne			→ Additional lines after selecting Se
		S	ubmit Clear	]		

## 10) Results

- ▶ An estimation of the member's financial responsibility will display and include the following information:
  - Charges

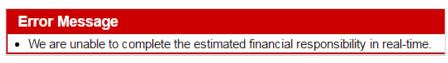
- Deductible
- Contractual Obligation
- Allowed Amount
- Co-Insurance
- Co-payNon-Covered Amount
- Estimated Member Responsibility

**Note:** Modifiers keyed on the entry screen will not be displayed in the results.

Diagnosis Code Description				Procedure Code			Description		
D72819 Decreased white blood cell count unspecified									
Procedure Code	Description	Charges	Contractual Obligation	Allowed Amount	Co-Ins	Deductible	Co-pay	Non- Covered Amt	Remark Code
99203	OFFICE/OUTPATIE NT VISIT NEW	\$166.00	\$39.59	\$126.41	\$0.00	\$126.41	\$0.00	\$0.00	N506
		Charges	Contractual Obligation	Allowed Amount	Co-Ins	Deductible	Co-Pay	Non- Covered Amt	Estimated Member Responsibility
	Total	\$166.00	\$39.59	\$126.41	\$0.00	\$126.41	\$0.00	\$0.00	\$126.41

# **11) Other Potential Responses**

- Some diagnosis codes, procedures and/or group restrictions may prevent the members estimated responsibility from being calculated
- In these instances, the following message will return:



**Note:** An estimation of member responsibility is only available through the Patient Cost Estimator. BCBSIL Provider Customer Service does not supply this information.

### 10) Transaction Tips

#### Ineligible Members:

- → Federal Employee Program<sup>®</sup> (FEP<sup>®</sup>)
- → Health Maintenance Organizations (HMO)
- $\rightarrow$  Members with other insurance (e.g., Medicare and/or Coordination of Benefits)
- → BlueCard®
- → Medicare Advantage and Illinois Medicaid

Note: Patient Cost Estimator is available for Blue Cross and Blue Shield of Illinois, New Mexico, Oklahoma, and Texas.

### **Entry Screen:**

- $\rightarrow$  Estimates are available for office and outpatient places of service only.
- $\rightarrow$  Patient Cost Estimator is for the current date of service.
- → Up to 8 diagnosis codes, including the principal diagnosis, can be added by selecting Add Another Code.
- $\rightarrow$  Up to 4 modifiers may be entered on each service line.
- $\rightarrow$  When applicable, enter a nesthesia procedures using minutes instead of units.

Have questions or need additional education? Email the Provider Education Consultants

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

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