

How to Submit Claim Inquiries

July 28, 2024

Submit Claim Inquiries

Submitting claim inquiries via Availity is required for all providers in Delaware, Pennsylvania, and West Virginia. Highmark's Provider Service Center will direct callers to use Availity when seeking information about a submitted claim. (This requirement will take effect for New York providers on August 1, 2024.)

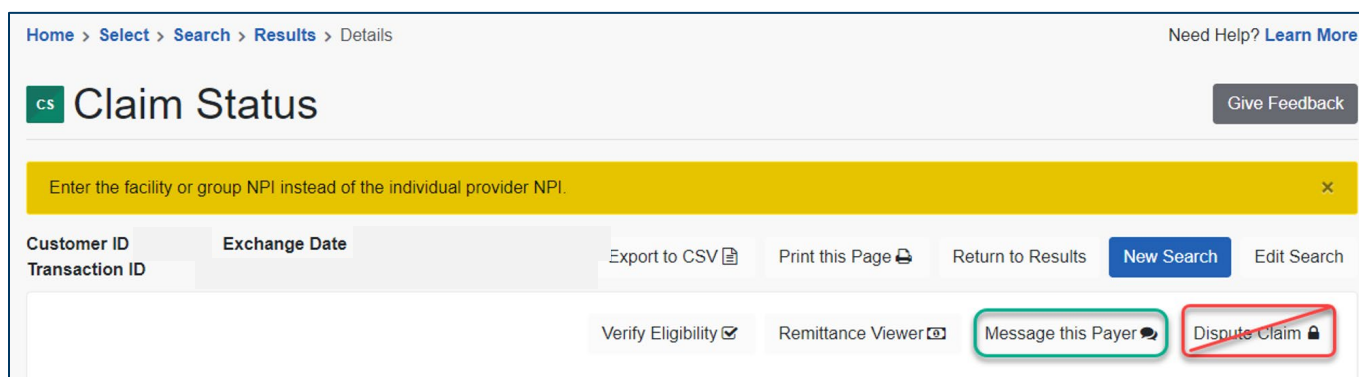
Process

- Sign into [Availity Essentials](#)
- Choose **Claims & Payments > Claim Status**

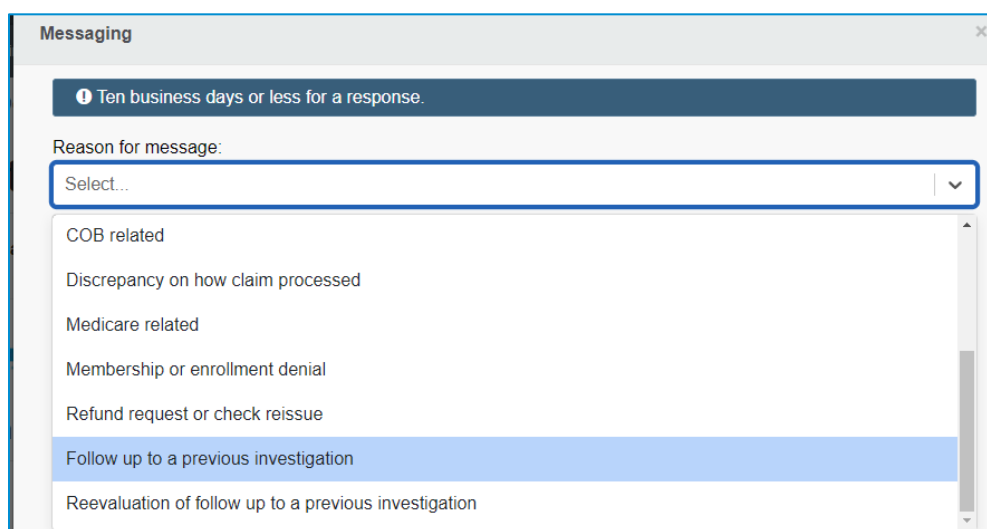
The screenshot displays the Availity Essentials user interface. At the top, there is a navigation bar with the Availity logo, 'essentials', and various utility links like 'Notifications', 'My Favorites', 'Pennsylvania', 'Help & Training', and 'Account'. Below this is a secondary navigation bar with categories: 'Patient Registration', 'Claims & Payments' (highlighted with a red box), 'Clinical', 'My Providers', 'Payer Spaces', 'More', and 'Reporting'. The main content area is divided into several columns: 'Claim Status & Payments' (containing 'CS Claim Status' and 'RV Remittance Viewer', with 'CS Claim Status' highlighted by a red box), 'Claims' (containing 'CE Claims & Encounters', 'QC Quick Claims', 'MA Attachments - New', and 'EP View Essentials Plans'), 'EDI Clearinghouse' (containing 'EDI Send and Receive EDI Files', 'FR File Restore', 'EDI EDI Reporting Preferences', 'Payer List', and 'TE Transaction Enrollment'), and 'Fee Schedule Listing' (containing 'FSL Fee Schedule'). On the left side, there is a 'Notification Center' and a 'My Top Applications' section featuring a large 'CS Claim Status' icon.

- Locate the claim when using **Claim Status**, and then click **Message this Payer** to send your inquiry to Provider Service.

- **IMPORTANT:** Do **not** click the **Dispute Claim** button. It is **NOT** currently operational for Highmark.



- Second Inquiry: If you do not agree with the response to your claim investigation or need additional information, locate the claim in **Claim Status**, select **Message This Payer**, and then select the option **“Follow up to a previous investigation”** to send an additional (second) inquiry to Provider Service.



- Third+ Inquiry: You may submit additional Claim Investigations, if needed, by following the above instructions and choosing “Reevaluation of a follow up to a previous investigation” from the dropdown.
- Unresolved Billing Disputes
 - Any claims review dispute involving claims submitted by a health service provider that remains unresolved may be submitted for an appeal. Please see Highmark’s Provider Manual on the Provider Resource Center, Chapter 6 Unit 1.

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