

Submitting 1500 Quick Claims in Availity Including Zero-Dollar Claims

Note: The following presentation includes test data and not real member information.



Quick Claims in Availity – Faster & Simpler

The Availity Quick Claims tool is for providers that utilize the **HCFA-1500 claim form**.

If you have regular patients or a repeatable set of claims, **Quick Claims** will save you time and reduce duplication.

NOTE: Quick Claims is **not** currently available for the following two products:

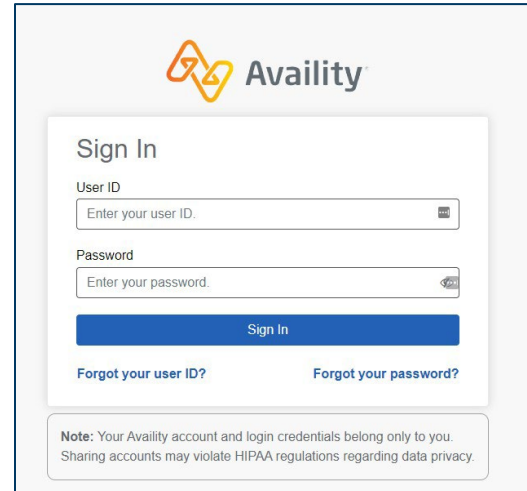
- Highmark Senior Health (PA)
- Highmark Senior Solutions (WV)

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To use Quick Claims in [Availity](#)[®], you will need to be assigned the **Eligibility and Benefits** and **Claims** roles. This can be done by your Availity administrator.

- **IMPORTANT:** Before using **Quick Claims**, you must conduct an [Eligibility and Benefits Inquiry](#).

1) Sign on using your own login and password.



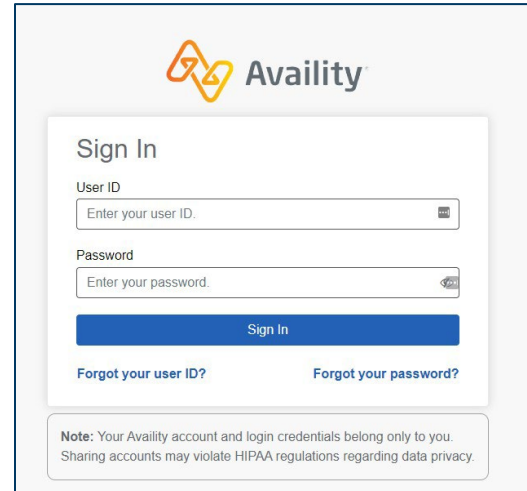
The screenshot shows the Availity login interface. At the top is the Availity logo, which consists of two interlocking orange and yellow shapes followed by the word "Availity". Below the logo is a "Sign In" section. It contains two input fields: "User ID" with the placeholder text "Enter your user ID." and "Password" with the placeholder text "Enter your password.". Below these fields is a blue "Sign In" button. Underneath the button are two links: "Forgot your user ID?" and "Forgot your password?". At the bottom of the form is a "Note" box with the text: "Note: Your Availity account and login credentials belong only to you. Sharing accounts may violate HIPAA regulations regarding data privacy."

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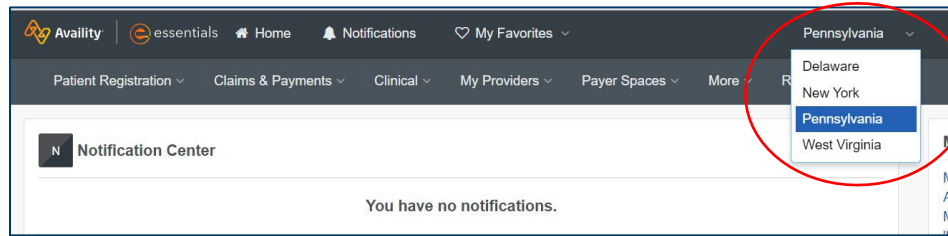
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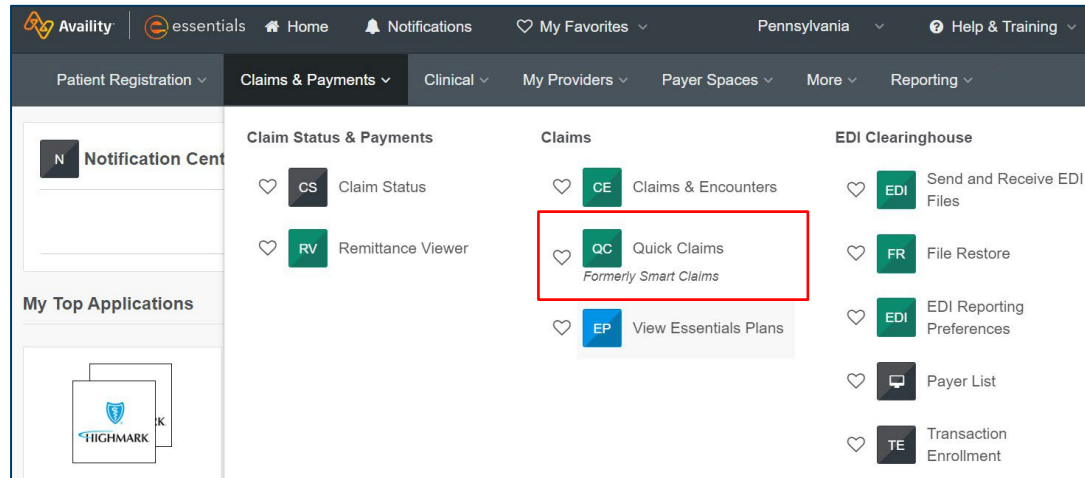
2) Once in Availity, select the **State** you're contracted in from the top tool bar.



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3) Choose **Claims and Payments** from the task bar and then **Quick Claims**.

- If you receive an error message asking you to configure **Quick Claims** settings, please contact your administrator for setup.



The screenshot displays the Availity web application interface. The top navigation bar includes the Availity logo, 'essentials', 'Home', 'Notifications', 'My Favorites', 'Pennsylvania', and 'Help & Training'. Below this is a secondary navigation bar with tabs for 'Patient Registration', 'Claims & Payments', 'Clinical', 'My Providers', 'Payer Spaces', 'More', and 'Reporting'. The 'Claims & Payments' tab is active, showing a grid of application tiles. The 'Claims' section contains three tiles: 'Claims & Encounters' (CE), 'Quick Claims' (QC), and 'View Essentials Plans' (EP). The 'Quick Claims' tile is highlighted with a red rectangular border and includes the text 'Formerly Smart Claims'. Other sections visible include 'Claim Status & Payments' with 'Claim Status' (CS) and 'Remittance Viewer' (RV), and 'EDI Clearinghouse' with various EDI-related options like 'Send and Receive EDI Files' (EDI), 'File Restore' (FR), 'EDI Reporting Preferences' (EDI), 'Payer List', and 'Transaction Enrollment' (TE). A 'Notification Center' and 'My Top Applications' section are also visible on the left side of the interface.

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4) Complete the **Patient Information** section by using the dropdown to search for patients whose eligibility and benefits have been run. See note on Slide 2.

- You can complete a quick claim for one patient or **Add Patients in Bulk** for multiple patients (up to 50 patients). Your **Patient Control Number/Claim Number** will be individual to your organization and can be “0”.

a) Single-patient search view:

The screenshot displays the 'Quick Claims' interface. At the top, there is a 'QC Quick Claims' header with a 'Give Feedback' button. Below this is a 'Select a Template' dropdown menu. The main section is titled 'PATIENT INFORMATION' and contains a search bar with the text 'Search for Patient(s)' and a note: 'Patients are from up to 18 months of eligibility and benefits made by your organization.' To the right of the search bar is a button labeled 'Add Patients in Bulk'. Below the search bar is a dropdown menu with the placeholder text 'Type to search by patient name, date of birth or member ID'. A link 'Why can't I find my patient?' is located below the search bar. The bottom portion of the screenshot shows a table with the following data:

Patient Name	Date of Birth	Payer	Member ID	Patient Control Number	Action
PATIENT 1 TEST	Jan 01, 1970	HIGHMARK BLUE SHIELD	ABC123456789	SUBABC123456789	Remove

Below the table, there is another link: 'Why can't I find my patient?'.

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b) Multiple-patient search view:

Select Patients from Member Roster ?

Search Find patients by last name, first name, or member ID

All Patients (3) Selected Patients (3)

<input checked="" type="checkbox"/>	Last Name	First Name	Date of Birth	Payer	Member ID
<input checked="" type="checkbox"/>	TEST	PATIENT 2	Nov 22, 1977	HIGHMARK BLUE SHIELD	XYZ123456789
<input checked="" type="checkbox"/>	TEST	PATIENT 1	Jan 01, 1970	HIGHMARK BLUE SHIELD	ABC123456789
<input checked="" type="checkbox"/>	TEST	PATIENT 3	Feb 18, 1976	HIGHMARK BLUE SHIELD	ABC987654321

Close Save

POWERED BY

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5) Complete the **Billing Provider Information** using the dropdown.

- Under **Manage My Organization**, use the **Select a Provider** dropdown and the remaining boxes will auto-populate.
 - Use **Group NPI**, not individual practitioner NPI.
 - Complete **Rendering Provider Information** by clicking the **Add a Provider** button at the bottom of the section and select **Rendering**.
 - Complete by selecting from the dropdown.

PROVIDER INFORMATION

Provider Type * Select a Provider ?
Billing Type to search...

* Address
Type to search...

Pay To Address (if different from billing provider address)

+ Add a Provider

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6) Enter Claim Information.

- a. Determine whether you will be using the same service information for all your patients.
- b. **Place of Service** – 11-Office.
- c. **Prior Authorization Number** can be left blank.
- d. **Principal Diagnosis Code** – You will enter the principal diagnosis. For example, for a diabetic patient, you might enter “E119.” You can add up to 3 diagnosis codes in **Quick Claims**.
- e. **Date of Service** – Enter the DOS; both fields are required.
- f. **Procedure Code** – Use the search tool to enter the matching CPTII code. Be sure the Diagnosis Code Pointer is relating back to the correct diagnosis code.

if different from billing provider address)

Add Procedure Code

Select your diagnosis code and procedure code

Diagnosis Code Pointer

M160 - Bilateral primary osteoarthritis...

Procedure Code

01214 - ANESTH HIP ARTHROP...

Cancel Save

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- g. **Modifier** situational.
- h. **Quantity** – 1.
- i. **Charge Amount** – Enter correct amount. For **Zero-Dollar Claims**, enter “\$0.00”.

CLAIM INFORMATION

Use the same service information for all of your patients?

Yes No

* Place of Service [?] Prior Authorization Number [?]

* Principal Diagnosis Code [?] Diagnosis Code Diagnosis Code

* Dates of Service [?] - * Procedure Code [?] Modifier 1 Modifier 2 Modifier 3 Modifier 4

Prior Authorization Number [?] * Quantity [?] * Charge Amount

[+ Add Line](#)

[Continue](#)

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7) Use **Add a Line** to add multiple procedure codes.

- If you have chosen to add patients in bulk, the application will give you designated sections for each patient to be completed with the steps detailed previously.
- Once all patients have been entered, double-check the information.

CLAIM INFORMATION

Use the same service information for all of your patients?
 Yes No

PATIENT 2 TEST - Member ID: XYZ123456789 (HIGHMARK BLUE SHIELD)

* Place of Service [?](#) Prior Authorization Number [?](#)

* Principal Diagnosis Code [?](#) Diagnosis Code Diagnosis Code

* Dates of Service [?](#) * Procedure Code [?](#) Modifier 1 Modifier 2 Modifier 3 Modifier 4

Prior Authorization Number [?](#) * Quantity [?](#) * Charge Amount

[+](#) Add Line

PATIENT 1 TEST - Member ID: ABC123456789 (HIGHMARK BLUE SHIELD)

* Place of Service [?](#) Prior Authorization Number [?](#)

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8) Click **Continue** and then **Submit**.

CLAIM SUMMARY

Billing Provider
Organization ABC

Patient	Payer	Date(s) of Service	Principal Diagnosis Code	Procedure Code	Modifier	Quantity	Charge Amount
EXAMPLE PATIENT1	HIGHMARK BLUE SHIELD	11/08/2022 - 11/08/2022	M160	01214		1	\$500.00
EXAMPLE PATIENT2	HIGHMARK BLUE SHIELD	11/08/2022 - 11/08/2022	M160	01214		1	\$500.00

Back Save As Template **Submit**

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