

# Submitting Claims in Availability Including Zero-Dollar Claims

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

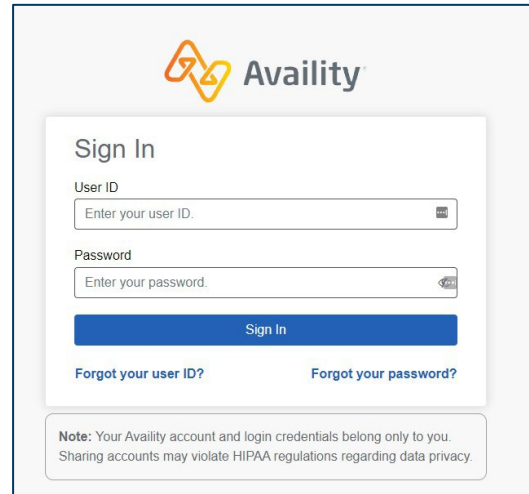


# Submitting Claims in Availity

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To access these applications within [Availity](#)<sup>®</sup>, you will need to be assigned the **Eligibility and Benefits** and **Claims** roles. This can be done by your Availity administrator.

1) Sign on using your own login and password.

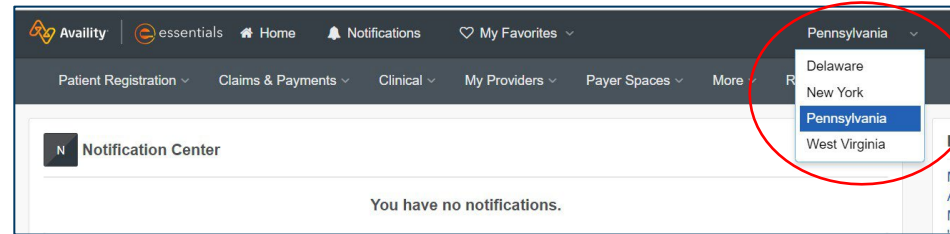


The screenshot shows the Availity Sign In page. At the top right is the Availity logo, which consists of a stylized orange and yellow 'A' icon followed by the word 'Availity' in a grey sans-serif font. Below the logo is a white sign-in form with a light grey border. The form has a title 'Sign In' in bold. It contains two input fields: 'User ID' with the placeholder text 'Enter your user ID.' and a small eye icon to the right; and 'Password' with the placeholder text 'Enter your password.' and a small eye icon to the right. Below the fields is a blue 'Sign In' button. At the bottom of the form are two links: 'Forgot your user ID?' and 'Forgot your password?'. Below the form is a note box with a light grey background and a thin border, containing the text: 'Note: Your Availity account and login credentials belong only to you. Sharing accounts may violate HIPAA regulations regarding data privacy.'

# Submitting Claims in Availity

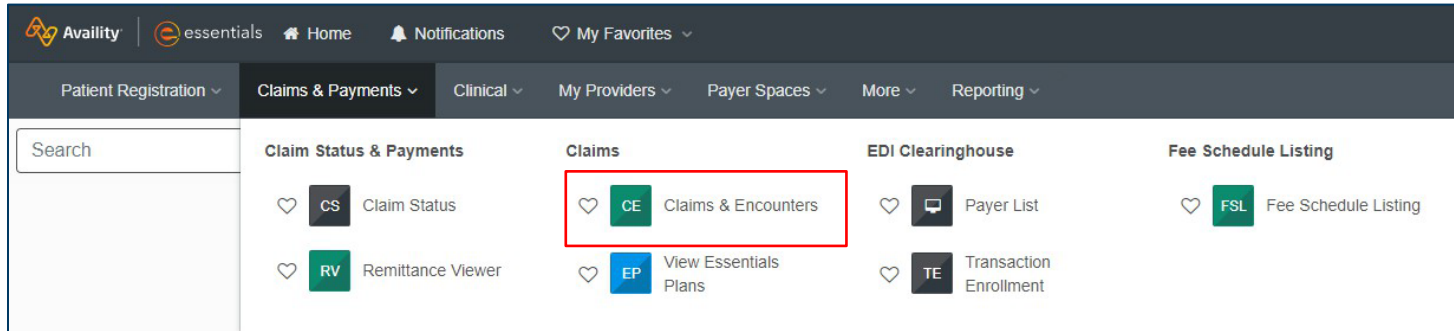
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2) Once in Availity, select the **State** you're contracted in from the top task bar.



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



The screenshot displays the Availity web application interface. At the top, there is a navigation bar with the Availity logo and several menu items: essentials, Home, Notifications, and My Favorites. Below this is a secondary navigation bar with dropdown menus for Patient Registration, Claims & Payments, Clinical, My Providers, Payer Spaces, More, and Reporting. The main content area features a search bar on the left and a grid of application tiles on the right. The tiles are organized into four columns: Claim Status & Payments, Claims, EDI Clearinghouse, and Fee Schedule Listing. The 'Claims' tile, which contains 'Claims & Encounters' and 'View Essentials Plans', is highlighted with a red rectangular box.

Claim Status & Payments	Claims	EDI Clearinghouse	Fee Schedule Listing
<a href="#">CS</a> Claim Status	<a href="#">CE</a> Claims & Encounters	<a href="#">Payer List</a>	<a href="#">FSL</a> Fee Schedule Listing
<a href="#">RV</a> Remittance Viewer	<a href="#">EP</a> View Essentials Plans	<a href="#">TE</a> Transaction Enrollment	

# Submitting Claims in Availity

4) Select **Professional Claim** for 1500 claim submission and choose the appropriate **Payer**.

- Availity does not display the numeric NAIC codes, so be sure you are choosing the appropriate payer related to the previously used NAIC code.

Need Help? [Watch a demo](#) for submitting Professional Claims.

**CE** Claims & Encounters Give Feedback

INSURANCE COMPANY/BENEFIT PLAN INFORMATION

Organization	Claim Type	Payer	Responsibility Sequence <span>?</span>
Highmark	Professional Claim	[Type to search...] HIGHMARK BLUE SHIELD	Primary

# Submitting Claims in Availity

- 5) The first section on the Availity submission page will be for **Patient Information**.
- If you have completed an **Eligibility and Benefits** inquiry on the member, you will be able to populate this information from the **Select a Patient** dropdown. Otherwise, you will need to key in the information manually.

The screenshot shows the 'PATIENT INFORMATION' section of a web form. At the top, there is a 'Select a Patient' dropdown menu with a search icon and the text 'Type to search...'. Below this, the form is organized into several rows of input fields:

- Row 1: Four text input fields labeled '\* Last Name', 'First Name', 'Middle Name', and 'Suffix'.
- Row 2: '\* Date of Birth' (with a calendar icon and 'mm/dd/yyyy' placeholder), '\* Gender' (with a search icon and 'Type to search...' placeholder), and '\* Relationship' (with a dropdown arrow and 'Self' selected).
- Row 3: '\* Address' (with a search icon), 'Address 2' (with a search icon), and 'Country' (with a dropdown arrow and 'United States' selected).
- Row 4: '\* City', '\* State' (with a search icon and dropdown arrow), '\* Zip Code', and 'Patient Amount Paid' (with a search icon).

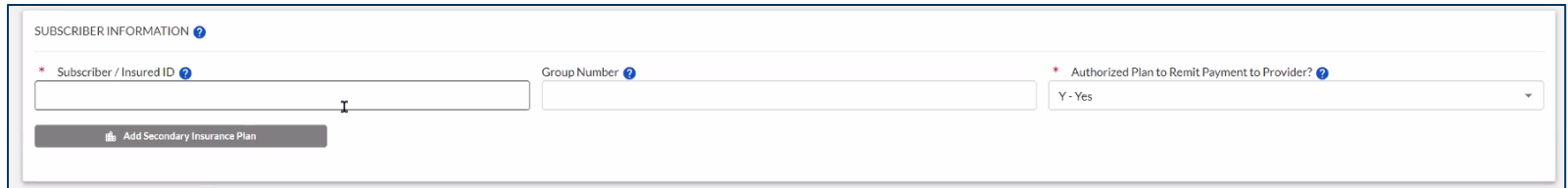
At the bottom left, there is a checkbox labeled 'Patient is deceased'. At the bottom center, there is a button labeled 'Add Ancillary Claim/Treatment Information'.

# Submitting Claims in Availity

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## 6) Complete the **Subscriber/Insured ID**.

- The ID will also populate if you have completed an **Eligibility and Benefits** inquiry. Make sure it says “Yes” for **Authorized Plan to Remit Payment**.



The screenshot shows a web form titled "SUBSCRIBER INFORMATION" with a help icon. It contains three input fields: "Subscriber / Insured ID" (with a red asterisk and help icon), "Group Number" (with a help icon), and "Authorized Plan to Remit Payment to Provider?" (with a red asterisk and help icon). The "Authorized Plan to Remit Payment to Provider?" field is a dropdown menu currently showing "Y - Yes". Below the "Subscriber / Insured ID" field is a grey button with a plus icon and the text "Add Secondary Insurance Plan".

# Submitting Claims in Availity

## 7) Complete the **Billing Provider Information**.

- Under **Manage My Organization**, use the **Select a Provider** dropdown and the remaining boxes will populate.
  - Use **Group NPI**, not individual practitioner NPI.

The screenshot shows a form titled "Select a Provider" with a search dropdown. Below the search field are several input fields for provider information, each with a red asterisk indicating it is required. The fields are arranged in a grid-like fashion. At the bottom, there is a checkbox for "Pay-to address is the same as the billing address" and a button labeled "Add Contact Information".

Select a Provider <a href="#">?</a>		
Type to search...		
* Organization / Last Name <a href="#">?</a>	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
* NPI <a href="#">?</a>	* EIN <a href="#">?</a>	* SSN <a href="#">?</a>
<input type="text"/>	<input type="text"/>	<input type="text"/>
* Specialty Code <a href="#">?</a>	* Address <a href="#">?</a>	Address 2 <a href="#">?</a>
Type to search... <a href="#">?</a>	<input type="text"/>	<input type="text"/>
Country <a href="#">?</a>	* City	* State
United States <a href="#">?</a>	<input type="text"/>	Type to search... <a href="#">?</a>
		* Zip Code
		<input type="text"/>
<input checked="" type="checkbox"/> Pay-to address is the same as the billing address		
<a href="#">Add Contact Information</a>		



# Submitting Claims in Availity

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## 8) Complete the **Billing Provider Information – Rendering Provider**.

- Click 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

# Submitting Claims in Availity

## 9) Enter Claim Information.

- Your **Patient Control Number/Claim Number** will be individual to your organization and can be “0”.
- Frequency Type will be “**1-Admit Through Discharge Claim**”.

The screenshot displays the 'CLAIM INFORMATION' form with the following fields and options:

- Patient Control Number / Claim Number**: Text input field.
- Place of Service**: Dropdown menu with 'Type to search...'.
- Frequency Type**: Dropdown menu with 'Type to search...'.
- Provider Accepts Assignment**: Dropdown menu with 'A - Assigned' selected.
- Release of Information**: Dropdown menu with '1 - Admit Through Discharge Claim (a)' selected. Other options include '7 - Replacement of Prior Claim (a)' and '8 - Void/Cancel of Prior Claim (a)'. A tooltip is visible over this dropdown.
- Claim Filing Indicator**: Dropdown menu with 'C1 - Commercial Insurance Co.' selected.
- Prior Authorization Number**: Text input field.
- Care Plan Oversight Number**: Text input field.
- Clinical Laboratory Improvement Amendment Number**: Text input field.
- Spinal Manipulation Service Patient Condition Code**: Dropdown menu with 'Type to search...'.
- Claim Note Reference Code**: Dropdown menu with 'Type to search...'.

# Submitting Claims in Availity

**10)** Complete the **Diagnosis Code** and **Lines** sections. For example, for a diabetic patient, you might enter “E119.” Do not include decimal points. You can enter up to 11 diagnosis codes.

The screenshot displays the Availity claim submission interface, divided into two main sections: **DIAGNOSIS CODES** and **LINES**.

**DIAGNOSIS CODES**

- Principal Diagnosis Code: A dropdown menu with a search field "Type to search...".
- + Add button.
- Add Additional Claim Information - button.

**LINES**

Line 1 details:

- Service From Date: mm/dd/yyyy
- Service To Date: mm/dd/yyyy
- Place of Service: Type to search...
- Procedure Code: Type to search...
- Procedure Description: (Greyed out)
- Modifier: (Two empty input fields)
- Emergency Indicator:
- Diagnosis Code Pointer: Type to search...
- Charge Amount: (Empty input field)
- Quantity: (Empty input field)
- Quantity Type: UN - Unit
- Actions: (Menu icon)

+ Add a Line button. Total: \$0.00. Clear Form and Continue buttons at the bottom right.

# Submitting Claims in Availity

## 11) Complete the applicable claim line fields.

- For **Zero-Dollar Claims**, enter \$0.00 for **Charge Amount**.
  - **NOTE:** You can also submit Zero-Dollar Claims via the **Quick Claims** function in Availity. Learn more [here](#).

The screenshot displays the 'DIAGNOSIS CODES' and 'LINES' sections of the Availity claim submission interface. The 'DIAGNOSIS CODES' section includes a search box for the 'Principal Diagnosis Code' and an '+ Add' button. The 'LINES' section contains a table with the following fields:

Line Number	Service From Date	Service To Date	Place of Service	Procedure Code	Procedure Description	Modifier
1	mm/dd/yyyy	mm/dd/yyyy	Type to search...	Type to search...		

Below the table, there are additional fields: 'Emergency Indicator' (checkbox), 'Diagnosis Code Pointer' (search box), 'Charge Amount' (text box, circled in red), 'Quantity' (text box), and 'Quantity Type' (dropdown menu). An 'Actions' button is located to the right of the 'Quantity Type' dropdown. At the bottom right, the 'Total: \$0.00' is displayed. The interface also includes '+ Add a Line', 'Clear Form', and 'Continue' buttons.

# Submitting Claims in Availity

## 12) Continue completing the applicable claim line fields.

- If you're entering multiple codes and the procedure is the same (e.g., blood pressure readings), you can click **Actions** and **Clone Line**.
- You may also choose to **Add a Line** and then re-enter any required information.

The screenshot displays the 'DIAGNOSIS CODES' and 'LINES' sections of a claim submission form. The 'DIAGNOSIS CODES' section includes a 'Principal Diagnosis Code' dropdown menu and an 'Add' button. The 'LINES' section contains a table with the following fields:

Line Number	Service From Date	Service To Date	Place of Service	Procedure Code	Procedure Description	Modifier
1	mm/dd/yyyy	mm/dd/yyyy	Type to search...	Type to search...		

Below the table, there are additional fields: 'Emergency Indicator' (checkbox), 'Diagnosis Code Pointer' (dropdown), 'Charge Amount' (text input), 'Quantity' (text input), and 'Quantity Type' (dropdown). A red circle highlights the 'Actions' button in the bottom right corner of the table. At the bottom left, another red circle highlights the 'Add a Line' button. The bottom right corner shows a 'Total: \$0.00' and 'Clear Form' and 'Continue' buttons.

# Submitting Claims in Availity

**13) Click **Continue** and then **Submit**.** You will receive a confirmation page detailing the submission and whether it has been accepted.

Your claim has been accepted by HIGH-MARK. Please review the information below, if you have any questions, contact your Availity Training is talking... ct HIGH-MARK

CLAIM		
Submission Type Professional Claim	Claim/Encounter Number [REDACTED]	Payer HIGH-MARK [REDACTED]
Claim Amount \$120.00		
PATIENT INFORMATION		
Name [REDACTED]	Service From 6/20/2023	Service To 6/20/2023
Claim Status Acknowledgement/Acceptance into adjudication system-The claim/encounter has been accepted into the adjudication system. Claim could not complete adjudication in real time. Claim will continue processing in a batch mode. Do not resubmit.		
PROVIDER/PAYEE INFORMATION		
Provider Name [REDACTED]	Provider NPI [REDACTED]	
SUBMITTER INFORMATION		
Name [REDACTED]	ID [REDACTED]	
Claim Status Acknowledgement/Receipt-The claim/encounter has been received. This does not mean that the claim has been accepted for adjudication. Entity acknowledges receipt of Claim/Encounter Payer		

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