

How to Submit Claim Inquiries

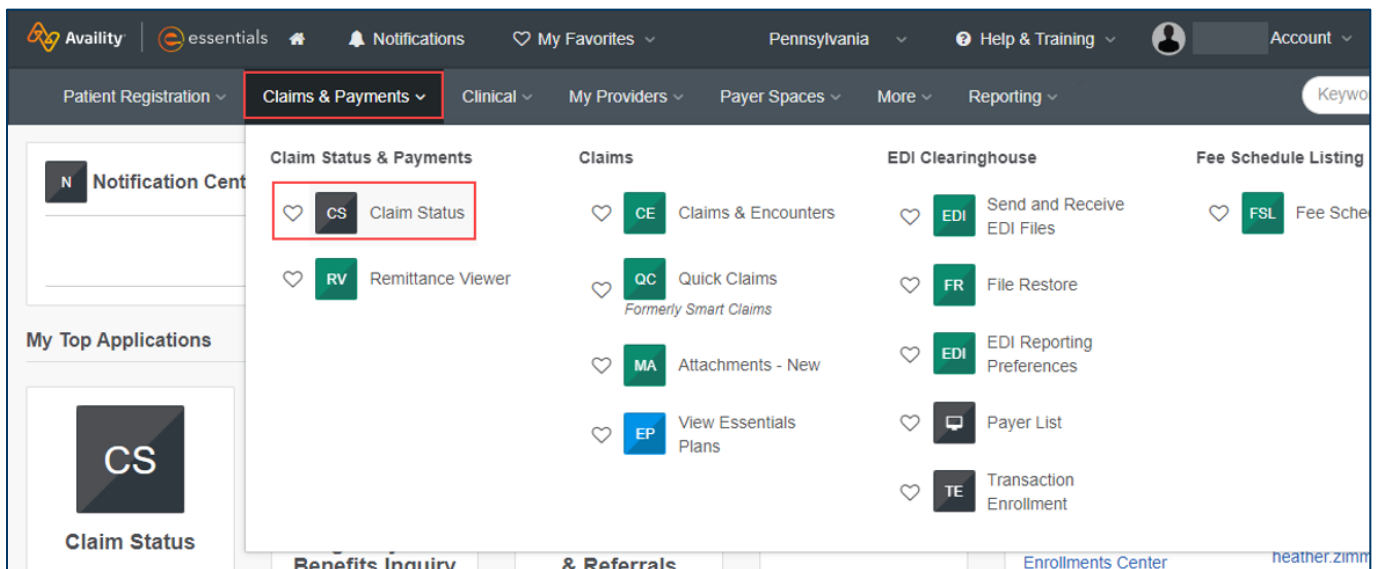
July 28, 2024

Submit Claim Inquiries

Submitting claim inquiries via Availity is required for all providers in Delaware, New York, Pennsylvania, and West Virginia. Highmark's Provider Service Center will direct callers to use Availity when seeking information about a submitted claim.

Process

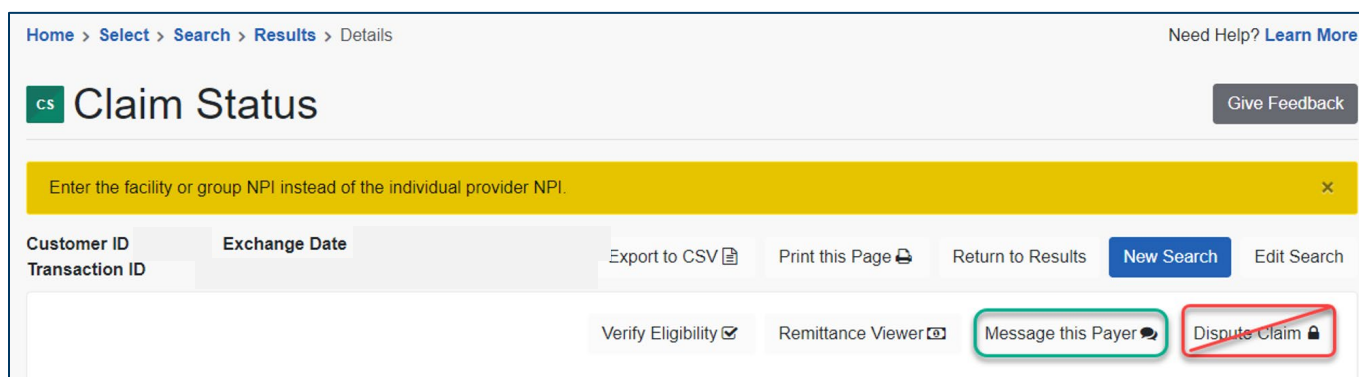
- Sign into [Availity Essentials](#)
- Choose **Claims & Payments > Claim Status**



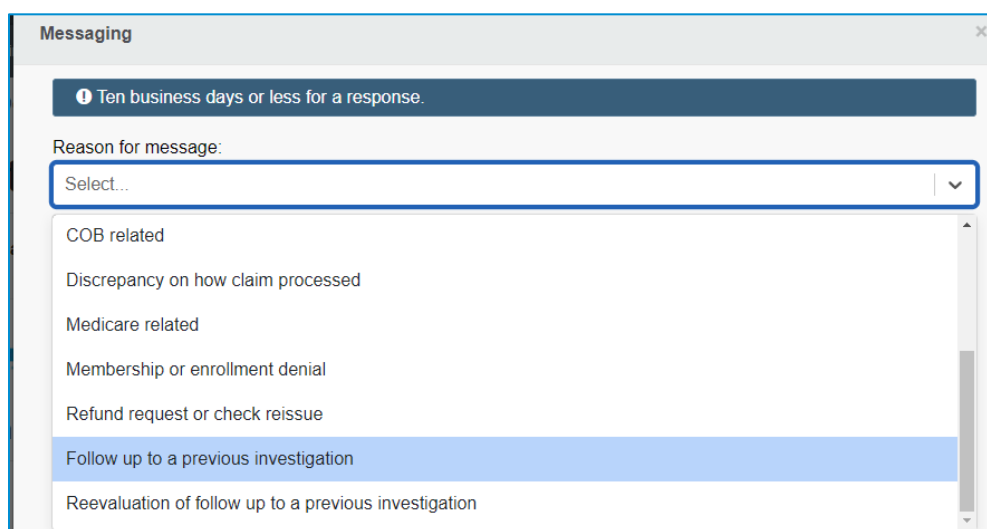
The screenshot displays the Availity Essentials web application interface. The top navigation bar includes the Availity logo, 'essentials', and various utility icons like Notifications, My Favorites, and Account. Below this, a secondary navigation bar contains menu items such as Patient Registration, 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 'Claim Status' and 'Remittance Viewer', with 'Claim Status' highlighted by a red box), 'Claims' (containing 'Claims & Encounters', 'Quick Claims', 'Attachments - New', and 'View Essentials Plans'), 'EDI Clearinghouse' (containing 'Send and Receive EDI Files', 'File Restore', 'EDI Reporting Preferences', 'Payer List', and 'Transaction Enrollment'), and 'Fee Schedule Listing' (containing 'Fee Schedule'). A 'My Top Applications' sidebar on the left shows a 'Claim Status' application 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.

The following entities, which serve the noted regions, are independent licensees of the Blue Cross Blue Shield Association: Western and Northeastern PA: Highmark Inc. d/b/a Highmark Blue Cross Blue Shield, Highmark Choice Company, Highmark Health Insurance Company, Highmark Coverage Advantage Inc., Highmark Benefits Group Inc., First Priority Health, First Priority Life or Highmark Senior Health Company. Central and Southeastern PA: Highmark Inc. d/b/a Highmark Blue Shield, Highmark Benefits Group Inc., Highmark Health Insurance Company, Highmark Choice Company, or Highmark Senior Health Company. Delaware: Highmark BCBSD Inc. d/b/a Highmark Blue Cross Blue Shield. West Virginia: Highmark West Virginia Inc. d/b/a Highmark Blue Cross Blue Shield, Highmark Health Insurance Company, or Highmark Senior Solutions Company. Western NY: Highmark Western and Northeastern New York Inc. d/b/a Highmark Blue Cross Blue Shield. Northeastern NY: Highmark Western and Northeastern New York Inc. d/b/a Highmark Blue Shield.

All references to “Highmark” in this document are references to the Highmark company that is providing the member’s health benefits or health benefit administration and/or to one or more of its affiliated Blue companies.

