



Availity® CareCost EstimatorSM

The CareCost Estimator is a member liability estimator* tool. This free online tool can provide you with a real-time, estimated member share amount at the time of service, while the patient is still in your office, prior to claim submission. This feature enables your office to collect copayments, coinsurance and deductible amounts up front, rather than waiting until the claim is processed to reconcile your patient accounts. This function is available only to registered users on the Availity Web Portal. The CareCost Estimator is accessible *only via* the online portal. This tool is *not* available via BCBSTX Customer Advocates on the phone or through our automated Interactive Voice Response (IVR) phone system.

* Unless otherwise required by state law, this notice is not a guarantee of payment. Benefits are subject to all contract limits and the member's status on the date of service. Accumulated amounts such as deductible may change as additional claims are processed.

Getting Started

Primary Access Administrators (PAAs): Before your users can begin, you will need to grant them access by going to

Account Administration | Assign Access to Users | Manually Assigned | CareCost Estimator-BCBSTX

Users: Please confirm with your PAA that access to CareCost Estimator-BCBSTX has been granted.

Signing on to Availity

1. Go to the Availity Web site at www.availity.com.
2. Key in your user ID and password.
3. Click Login.*

*To access CareCost Estimator, you must be a registered Availity user.

To get started, enter your user ID and password.

User ID:

Password:

Accessing the Tool

Once you log into Availity,

- click **Eligibility and Benefits**,
- then **Eligibility and Benefits Inquiry**.



Eligibility and Benefits Inquiry

Next, you need to complete the Eligibility and Benefits Inquiry screen. If the member's ID card has a magnetic strip, you may swipe it. After you swipe the card some of the fields below will be filled. You must complete the remaining fields. Then click **Submit**.

* Payer: ? BCBSL

Provider Information

* Organization: HCSC

Express Entry - Provider: ? --- Select One --- Add Provider

* Provider Type: --- Select One --- Please select based on the claim type form submitted for the inquiry (Professional=1500 claim or Facility / Institutional=UB04 claim).

* NPI: ? Individually practicing physicians who are NOT part of a clinic/group setting must always use the individual/ rendering NPI(Type1). Facility or professional providers practicing in a group setting must use the group/billing NPI (Type 2).

City:

State: --- Select One ---

ZIP Code: - Supplying City, State and Zip Code may improve the accuracy of your response.

* Place of Treatment: Office

Patient Information

* As of Date: ? 01 / 20 / 2010

* Type of Benefits Requested: ? Chemotherapy

Search Option: ? Patient ID & DOB

* Patient ID: ?

* Patient Date of Birth: / /

Patient's Relationship to Subscriber: ? Self

* Patient Gender: ? --- Select One ---

Submit Clear Page Add to Batch

Eligibility and Benefits Summary Results

For eligible members only, after you have completed a successful Eligibility and Benefits Inquiry, a **CareCost Estimator** option will be available at the top and bottom of the screen for you to select.

Eligibility & Benefits Summary Results - Surgical

Print Page Edit Inquiry CareCost Estimator

[Show Me Demo](#)

Transaction Id:
Org ID:
Provider NPI:
Patient Name:
Payer

Member ID Date of Birth Gender



Subscriber Information

Name
ID
Address
Group Number
Plan Sponsor Name
Policy Effective
Eligibility

Plan/Product Information

Status: Active Coverage
Service Type: Health Benefit Plan Coverage
Insurance Type
Plan/Product

Pre-existing Condition

Service Type
Completion

Coverage - [View More](#)

Service Type: Surgical

In Network Benefits [View Details](#)

Eligibility & Benefit Information	Coverage Level	Amount	Quantity	Place of Service	Time Period	Description
Co-Payment						
Co-Insurance	Individual	20%		Outpatient Hospital	Visit	SURGERY, OUTPATIENT - PROF SURGERY
Deductible	Individual	\$ 440.00		Outpatient Hospital	Calendar Year	SURGERY, OUTPATIENT - PROF SURGERY

UNLESS OTHERWISE REQUIRED BY STATE LAW, THIS NOTICE IS NOT A GUARANTEE OF PAYMENT. BENEFITS ARE SUBJECT TO ALL CONTRACT LIMITS AND THE MEMBER'S STATUS ON THE DATE OF SERVICE. ACCUMULATED AMOUNTS SUCH AS DEDUCTIBLE MAY CHANGE AS ADDITIONAL CLAIMS ARE PROCESSED.

Print Page Edit Inquiry CareCost Estimator

Eligible Member Exceptions:

At this time, member estimations may not be available in specific situations, as listed on page 5. In these situations, the CareCost Estimator option will not be returned upon successful completion of an Eligibility and Benefits Inquiry. Additional program enhancements are underway to address these situations.

CareCost Estimator Entry

On the CareCost Estimator entry screen you will enter the diagnosis, procedure code and modifier information, along with your rendering/billing provider information (when required) to create the most accurate estimate possible. The CCE transaction follows the same path that a claim transaction would for standard adjudication. Rendering/billing provider information required when submitting a claim is also required on the estimation request. Invalid rendering and/or performing provider information may cause the estimation request to return an error message which indicates the member responsibility could not be estimated at this time.

Required Fields:

- *Patient/Diagnosis Information*
 - **Place of Service**
 - **Principal Diagnosis Code** and any additional diagnosis codes; can be entered with or without decimal point
- *Procedure Information*
 - **Service From Date** defaults to the current date of service, and is unable to be changed
 - **Procedure Code**
 - **Diagnosis Code Pointers** indicate for which diagnosis the service is applicable
 - **Charges**
- *Is Billing Provider the same as the Rendering Provider?*
 - If **“Yes”**: Select “Yes” and continue
 - If **“No”**: Select “No” and complete the newly populated Billing Provider Information section
- *Billing Provider Information*
 - **Tax ID**
 - **Last Name/Organization Name**
 - **NPI**
- *Rendering Provider Information*
 - **Tax ID**
 - **Last Name/Organization Name** will be pre-populated with the Availity registered organization name
 - **NPI** will be pre-populated with NPI entered on the Eligibility and Benefits Inquiry

Please visit the Entry Screen Tips section for specifics on completing the provider information.

CareCost Estimator - Member Responsibility Calculation

Buttons: [Show Me Demo](#), [Submit](#), [Clear Page](#), [Edit Inquiry](#), [Eligibility & Benefits Results](#)

Logo: BlueCross BlueShield of Texas

Patient Information

Required fields: Patient Name, Date of Birth, Gender, Member ID, Payer, Organization, Type of Benefits Requested, Subscriber Name, Subscriber ID, Address, Group Number.

Patient/Diagnosis Information

Place of Service: --- Select One ---
 Patient Relationship to Subscriber: --- Select One ---
 Principal Diagnosis Code:
 Add Another Code

Procedure Information

Service From Date: 06 / 16 / 2010
 Number of Units / Minutes: Unit(s)
 Procedure Code:
 Modifiers: 1 2 3 4
 Diagnosis Code Pointers: 1 2 3 4
 Charges: \$
 Add Another Line

Is the billing provider the same as the rendering provider? Yes No

Billing Provider Information

Express Entry - Provider: --- Select One ---
 Tax ID:
 Last Name / Organization Name:
 First Name:
 NPI:

Rendering Provider Information

Express Entry - Provider: --- Select One ---
 Tax ID:
 Last Name / Organization Name:
 First Name:
 NPI:


Buttons: [Submit](#), [Clear Page](#), [Edit Inquiry](#), [Eligibility & Benefits Results](#)

CareCost Estimator Response

On the CareCost Estimator response screen the estimated member responsibility will be displayed for each service line entered as well as the entry as a whole.

CareCost Estimator - Member Responsibility Calculation Results

Eligibility & Benefits Results
Edit CareCost Estimator
Print Page

Patient Name:	Rendering Provider Name:	
Date of Birth:	Rendering Provider NPI:	
Gender:	Billing Provider Name:	
Member ID:	Billing Provider Tax ID:	
Payer: BCBSTX	Billing Provider NPI:	
Reference Number: 020101675004M620X		
Product Type:		

Member Responsibility Calculation Results

Diagnosis Code	Description
29040	VASCULAR DEMENTIA, UNCOMP

Procedure Code	Description	Charges	Contractual Obligation	Allowed Amount	Co-Ins	Deductible	Co-pay	Non-Covered Amt	Estimated Member Responsibility	Remark Code
99245	OFFICE CONSULTATION	\$350.77	\$77.41	\$273.36	\$6.83	\$200.00	\$5.00	\$0.00	\$211.83	N506
70250	X-RAY EXAM OF SKULL	\$142.08	\$96.98	\$45.10	\$4.51	\$0.00	\$0.00	\$0.00	\$4.51	N506
		Charges	Contractual Obligation	Allowed Amount	Co-Ins	Deductible	Co-Pay	Non-Covered Amt	Estimated Member Responsibility	
Total		\$492.85	\$174.39	\$318.46	\$11.34	\$200.00	\$5.00	\$0.00	\$216.34	

Display Messages

The estimated financial responsibility has been successfully determined.

Legend to Remark Codes

Remark Code	Description
N506	ALERT: THIS IS AN ESTIMATE OF THE MEMBER'S LIABILITY BASED ON THE INFORMATION AVAILABLE AT THE TIME THE ESTIMATE WAS PROCESSED. ACTUAL COVERAGE AND MEMBER LIABILITY AMOUNTS WILL BE DETERMINED WHEN THE CLAIM IS PROCESSED. THIS IS NOT A PRE-AUTHORIZATION OR A GUARANTEE OF PAYMENT.

Unless otherwise required by state law, this notice is not a guarantee of payment. Benefits are subject to all contract limits and the member's status on the date of service. Accumulated amounts such as deductible may change as additional claims are processed.

Transaction ID: 1000-021757

Eligibility & Benefits Results
Edit CareCost Estimator
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Displayed Fields:

User Inputs:

- **Diagnosis Code**
- **Procedure Code**
- **Charges**

Payer Response Fields:

- **Contractual Obligation** indicates the “write-off” amount agreed upon in the provider arrangements.
- **Allowed Amount** represents the contracted amount the provider would expect to receive under these circumstances.
- **Co-Ins** displays the amount anticipated for member’s Co-Insurance.
- **Deductible** specifies monies applicable for member’s Deductible.
- **Co-Pay** signifies copayment to be collected.
- **Non-Covered Amt** shows non-covered amounts that are patient share only.
- **Estimated Member Responsibility** is an accumulation of the fields which are the member’s liability.

CareCost Estimator Tips

At this time, the CareCost Estimator will be unavailable in these situations:

- Federal Employee Program (FEP) members
- Managed Care members – HMO or Point of Service
- Medicare-eligible members
- Members with other insurance (COB – Coordination of Benefits)
- BlueCard Members for all states, except Illinois, Florida, South Carolina, Oklahoma and New Mexico
(Additional BCBS Plans are targeted for participation by October 2010)
- Non-contracting providers
- Institutional providers

Please note: Additional program enhancements will be added throughout 2010 & 2011 addressing the above situations

Entry Screen:

- Use the same Tax ID and NPI(s) that you submit on a claim.
- Answer “No” to “Is the Billing Provider the same as the Rendering Provider?” when both a Type 1 and a Type 2 NPI are submitted on claims.
- Answer “Yes” to “Is the Billing Provider the same as the Rendering Provider?” when only a Type 1 NPI or only a Type 2 NPI are submitted on claims.
- Estimate available for office and outpatient places of service only.
- CareCost Estimator is for current date of service.
- Diagnosis codes must be for the highest specificity.
- Up to 8 diagnosis codes, including the Principal Diagnosis Code, can be used on a single CareCost Estimator by clicking **Add Another Code**.
- Up to 4 modifiers can be entered on each service line.
- Anesthesia must enter **Minutes** instead of **Units** for entry when applicable.
- To edit a service line previously entered, click the procedure code. Make the modification, and click **Save**.

#	Procedure Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Service From Date	# of Units	Diagnosis Code	Charges
1	99214	25				05/10/2010	1 Unit(s)	7840, 7020	\$150.00
2	73120	RT	LT			05/10/2010	1 Unit(s)	815.09	\$420.00

Response Screen:

- Modifiers entered will not be displayed here, though they were used in calculating the member's estimated responsibility.
- **Edit CareCost Estimator** can be used to return to the entry screen to make corrections, or get an estimate for different services.

Returned Messages:

- When an error is displayed, the estimated member responsibility could not be calculated without further information or interaction from BCBSTX. **Please do not attempt to resubmit** your transaction or contact Provider Customer Service, as they will not have access to the tool, nor the ability to determine what caused the error.

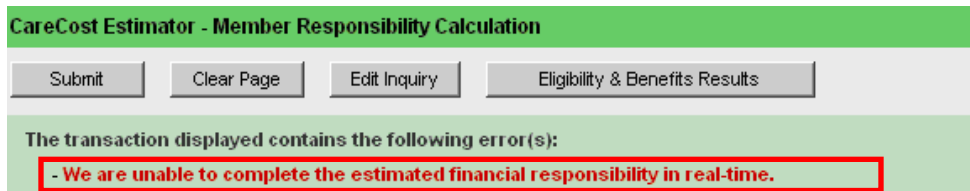
- "The estimated financial responsibility has been successfully determined" will display on the response screen when a successful CareCost Estimator transaction has been completed.

- "Verify that the correct service date(s) were entered. Please correct and resubmit."

- "Submitted Billing NPI is returned as Rendering. Please confirm Billing NPI and resubmit."

- "Verify entered billing/rendering NPI combination. Please correct and resubmit."

- "Verify entered Tax ID/NPI combination. Please correct and resubmit." "Verify entered Tax ID/NPI combination. Please correct and resubmit."



For assistance, to gain access to the CCE tool or find out about more free services available on Availity, call Availity Client Services at (800) AVAILITY (282-4548), or visit the [Availity website](#).

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