

An Eligibility and Benefits Inquiry should be completed for each Blue Cross and Blue Shield of Montana (BCBSMT) patient prior to every scheduled appointment. The Availity® Essentials Eligibility and Benefits Inquiry includes important information regarding the patient's benefits, such as membership verification, coverage status, applicable co-payment, co-insurance, deductible amounts, etc. Additionally, the benefit quote may include information on applicable benefit prior authorization requirements.

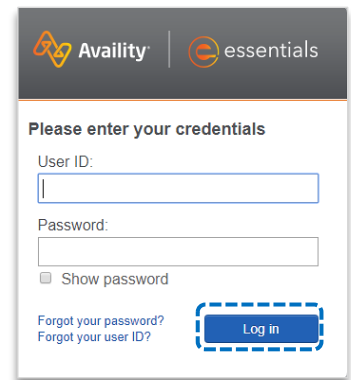
**Not yet registered with Availity Essentials?** Visit [Availity](#) and complete the online registration today, at no cost.

*Checking eligibility and/or benefit information is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility, any claims received during the interim period and the terms of the member's certificate of coverage applicable on the date services were rendered.*

## 1) Getting Started

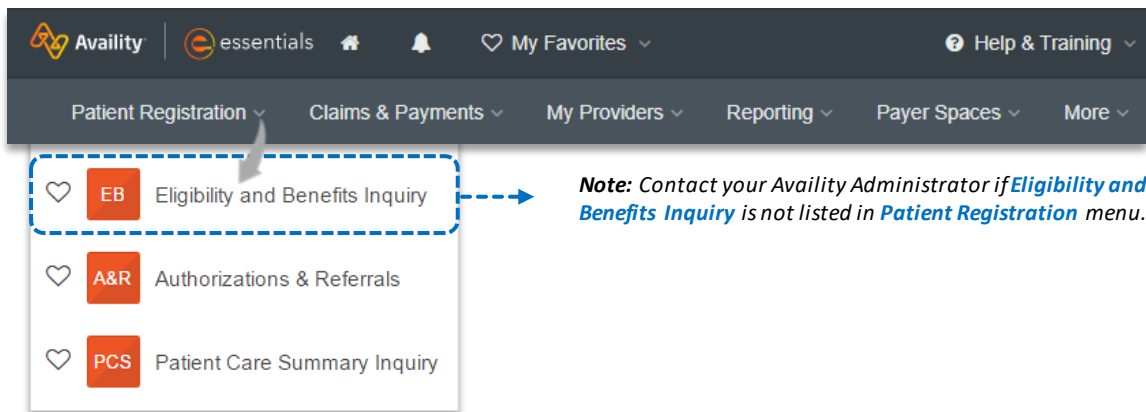
- ▶ Go to [Availity](#)
- ▶ Select [Availity Essentials Login](#)
- ▶ Enter [User ID](#) and [Password](#)
- ▶ Select [Log in](#)

**Note:** Only registered Availity users can access [Eligibility and Benefits Inquiry](#).



## 2) Eligibility and Benefits Inquiry

- ▶ Select [Patient Registration](#) from the navigation menu
- ▶ Select [Eligibility and Benefits Inquiry](#)



**Note:** Contact your Availity Administrator if [Eligibility and Benefits Inquiry](#) is not listed in [Patient Registration](#) menu.

**Important Note:** To ensure your provider information is available in the [Select a Provider](#) drop-down list, add your Billing and/or Rendering NPIs and Tax ID numbers to [Manage My Organization](#) under [My Account Dashboard](#) on the Availity Essentials homepage. For detailed instructions, refer to the [Manage My Organization User Guide](#).

3) Organization & Payer Selection

- ▶ Select your **Organization** and choose **BCBSMT** as the Payer from the drop-down list for local policies
- ▶ Other Payer Selections:
  - ▶ **Blue Cross Medicare Advantage**
  - ▶ **Other Blue Plans** (out-of-state policies)

**Quick Tip:**  
 → Contact the patient's home plan via 800-676-2583 for additional information pertaining to eligibility and benefits verification for out-of-state members.

Fields marked with an asterisk \* are required.

\* Organization \* Payer ?

ABC ORGANIZATION | v BCBSMT | v

4) Provider Information

- ▶ Select the applicable **Provider** name from **Select a Provider** drop-down list to auto populate the remaining field

**Note:** If the provider's name does not appear in the **Select a Provider** drop-down, enter the NPI and Tax ID numbers. Also, enter the street Address and Suite **ONLY** if multiple service locations are associated with the NPI number.

**Quick Tips:**

- Professional providers should utilize the treating physician's Rendering NPI (Type 1).
- Institutional providers should use the Billing NPI (Type 2).

- ▶ Select a **Provider Type** from the drop-down:
  - **Professional**
  - **Institutional**

[Clear Section](#)

Select a provider or enter one of the following: Provider NPI or Provider Tax ID

Provider ?

John Doe | v

Search for a provider by name, NPI, tax ID, taxonomy code, or address

<p>Provider NPI ?</p> <input type="text" value="1234567890"/>	<p>Provider Tax ID ?</p> <input type="text" value="999999999"/>
<div style="border: 2px dashed blue; padding: 5px;"> <p>* Provider Type</p> <p>Professional   v</p> </div>	
<p>Organization or Provider Last Name ?</p> <input type="text" value="DOE"/>	<p>Provider First Name</p> <input type="text" value="JOHN"/>
<p>Provider City</p> <input type="text" value="123 Anywhere St."/>	<p>Provider State</p> <input style="width: 100%;" type="text" value="Montana"/>   v
<p>Provider ZIP Code</p> <input type="text" value="12345"/>	

### 5) Single or Multiple Patient Inquiry

▶ Select the **Single Patient** tab and enter the following information:

- **Patient ID** (including three-character prefix)
- **Date of Birth**

**A** Select the **Patient Search Option** drop-down to incorporate additional search criteria (i.e., patient name, group number, etc.).

▶ Select the **Multiple Patients** tab and enter the following information for **2 to 50** patients in the same request:

- **Patient ID** (including three-character prefix)
- **Date of Birth**

**B** Enter each patient's information on a separate line. Press enter to start a new line. Separate each piece of information with a comma.

### 6) Service Information

▶ **As of Date** defaults to current date:

- The **As of Date** can be changed to submit inquiries for a **past** or **future** date of service.
- **Past** date inquiries can be received up to 12 months prior to the current date.
- **Future** date inquiries can be requested within the current month.

▶ Select **Place of Service** from the drop-down list

▶ Choose the applicable **Benefit/Service Type**

**C** A list of your most frequently used **Benefit/Service Types** will appear at the top of the drop down.

Enter up to **eight Procedure Codes** to confirm **prior authorization requirements ONLY**, as this is **NOT** a **code-specific quote of benefits** and select **Submit**

#### Important Notes:

- ▶ If a benefit/service Type is not selected, the place of service and at least one procedure must be submitted.
- ▶ If a procedure code is not entered, the place of service and benefit/service type are required.

▶ Procedure Code inquiry for prior authorization is **NOT yet supported** for BCBSMT Federal Employee Program® (FEP®) or Medicare Advantage members.

## 7) Patient History List

▶ Once an eligibility and benefits request is completed, a new **Patient Card** will appear in the **Patient History List**, including all members entered in the request:

- Transaction Error
- Inactive Membership
- Active Membership

**Notes:** To see all patients within your organization, uncheck "My Patients Only". Users can **Edit** or **Delete** the patient's eligibility and benefits search from the Patient History List. The Patient History List holds up to 200 patients for 24 hours.

**D** Locate the **Patient Card** by searching for Name, Date or Payer.

## 8) Eligibility Summary Results

▶ Real-time eligibility for the requested patient displays at the top portion of the page, including the following results:

- ▶ Patient Information
- ▶ Current Plan Effective Date
- ▶ Subscriber Address
- ▶ Group Number & Name (employer)
- ▶ Premium Paid to End Date (applies to Individual & Family Market plans only)
- ▶ Other or Additional Payer Information (if applicable)
- ▶ Requesting Provider Information
- ▶ Primary Care Provider (if applicable)

**Quick Tips:**

- Select **Member ID Card** if available to view and/or print the current patient's card. Refer to the next [page](#) for more information.
- If applicable, access the **Patient Care Summary** to view the patient's health care history, based on claims data.
- If applicable, use the **Patient Cost Estimator** to obtain real-time estimation of the requested services.

**Note:** Expand **Provider Information** to view the **Requesting Provider** and **Primary Care Provider** (if applicable) for the policy.

## 9) Individual & Family Market Plans – Grace Period

- ▶ Some individuals who purchase Individual & Family Market plans may receive an advance premium tax credit (APTC). These members qualify for a three-month grace period to pay their premium—provided they have already paid at least one month’s premium in full.
- ▶ All allowable services provided during the first month of the grace period will be the responsibility of BCBSMT, subject to member cost sharing. BCBSMT will pend all claims incurred during the second and third months of the grace period. If the member pays all outstanding premium payment(s) in full, the claims will process according to the member’s benefits.
- ▶ The **Plan Maximum and Deductibles** section will provide a grace period indicator for applicable members, including grace period start and end dates, as shown in the below example.

**Active Coverage**

**Period Start Date:** Mar 1, 2023

**Period End Date:** May 31, 2023

- POLICY IS IN FEDERAL REQUIRED THREE MONTH APTC GRACE PERIOD FOR PREMIUM NON PAYMENT. IF THE MEMBER DOES NOT BECOME CURRENT ON ALL OUTSTANDING PREMIUMS DUE, ANY SERVICES INCURRED AFTER THE FIRST DATE OF THE MONTH FOLLOWING THE PERIOD START DATE WILL BE DENIED.

**Note:** Not all members who purchase Individual & Family Market plans will receive the APTC.

## 10) Member ID Card

- ▶ Select **Member ID Card** at the top of the Eligibility and Benefit results, if available\*
- ▶ View, download and/or print the member’s BCBSMT medical ID card

DOE, JANE A

123 ANYWHERE ST.  
CITY, STATE, ZIP

[Edit](#) [Print](#) [Feedback](#)

Member Status	Date of Birth	Gender	Current Plan Effective Date
Active Coverage	Jan 1, 1980	Female	Jul 1, 2019 - Dec 31, 9999

[Member ID Card](#)

**\*The online ID card is a courtesy feature offered to assist you. There may be instances when the BCBSMT member ID card is not readily available online. The eligibility and benefits response provides sufficient details to determine patient coverage and benefits in absence of an ID card.**

*Please note that Federal Employee Program (FEP) member ID cards are not currently available in the Availity eligibility and benefits results.*

**Member Card**

**Subscriber Name:** JOHN DOE  
**Identification Number:** ABC123456789

<b>Group Number:</b> 123456	<b>Office Visit:</b> \$35
	<b>Emergency Room Specialist:</b> \$99

**BCE**  
Pediatric Dental (under age 19)

<b>RxBIN:</b> 011552	<b>RxPCN:</b> ILDR
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**PPO** **Rx**

**BlueCross BlueShield of Montana**

Prereq: Call before inpatient or skilled nursing facility admission, receiving home health care or private duty nursing; an emergency, maternity or for a mental health/substance abuse admission and specified outpatient services.  
File claims to BCBSIL - Non-Illinois Providers file medical claims with the local BCBS Plan.  
BlueCare Dental Claims P.O. Box 23059, Belleville, IL 62223-0059. Regulated by IL Dept of Ins.

<b>Customer Service:</b> 1-800-541-2767	<b>DNoA Pref Network:</b> 1-800-972-7665
<b>Preauth Med:</b> 1-800-635-1928	<b>Preauth MH/SA:</b> 1-800-851-7488
<b>Provider Locator:</b> 1-800-810-2953	<b>24/7 Nurseline:</b> 1-800-299-0274
<b>Pharmacy Program:</b> 1-800-423-1973	<b>Dental Services:</b> 1-800-367-6401

[www.MDLIVE.com/BCBSIL](http://www.MDLIVE.com/BCBSIL)

This card is provided by BlueCross BlueShield of Illinois, an independent licensee of the BlueCross BlueShield Association.

**PRIME**  
Pharmacy Benefits Manager

[Save to PDF](#) [Close](#)

## 11) Plan Maximums & Deductibles

- ▶ **Plan Maximums and Deductibles** section includes the patient’s policy coverage, as well as the applicable deductible and out of pocket benefit details for the selected Benefit/Service Type and will include the following results:
  - ▶ Policy Type
  - ▶ Coverage Level (*individual and/or family*)
  - ▶ Annual Deductible and/or Out-of-Pocket amounts (*patient responsibility including original and remaining balance*)
  - ▶ Time Period (*visit, calendar year, lifetime, etc.*)

In Network
All Networks

**Plan Maximums and Deductibles**

▼ Health Benefit Plan Coverage - 30

**Active Coverage**

**Insurance Type:** Preferred Provider Organization (PPO)

**Plan / Product:** PREFERRED PROVIDER OPTION PLUS MEDICAL

Information / Details	Individual	Family
<p><b>Annual Deductible</b></p> <p><span style="background-color: #0070c0; color: white; padding: 2px;">In Network</span> <span style="background-color: #d9534f; color: white; padding: 2px;">Auth Required</span></p> <p><b>Place of Service:</b> Inpatient Hospital</p> <p><b>Plan Start Date:</b> Jan 1, 2023</p> <ul style="list-style-type: none"> <li>DAILY ROOM AND BOARD</li> </ul>	—	<div style="display: flex; align-items: center;"> <div style="width: 100px; height: 15px; background: linear-gradient(to right, #0070c0, #ccc);"></div> </div> <p>\$3,000 / Calendar Year(s) <b>\$1,512.61 Remaining</b></p> <p>-\$1,487.39 Year to Date</p>
<p><b>Out Of Pocket</b></p> <p><span style="background-color: #0070c0; color: white; padding: 2px;">In Network</span> <span style="background-color: #d9534f; color: white; padding: 2px;">Auth Required</span></p> <p><b>Place of Service:</b> Inpatient Hospital</p> <ul style="list-style-type: none"> <li>DAILY ROOM AND BOARD</li> </ul>	<div style="display: flex; align-items: center;"> <div style="width: 100px; height: 15px; background: linear-gradient(to right, #0070c0, #ccc);"></div> </div> <p>\$3,000 / Calendar Year(s) <b>\$1,899.41 Remaining</b></p> <p>-\$1,100.59 Year to Date</p>	<div style="display: flex; align-items: center;"> <div style="width: 100px; height: 15px; background: linear-gradient(to right, #0070c0, #ccc);"></div> </div> <p>\$6,000 / Calendar Year(s) <b>\$4,359.37 Remaining</b></p> <p>-\$1,640.63 Year to Date</p>

**Benefit Descriptions**

- FACILITY BENEFIT

## 12) Procedure Code Information *Prior Authorization Requirement*

- ▶ Expand **Procedure Code Information** to confirm prior authorization requirements for procedure code(s) entered in the request
- ▶ If **Auth Required**, the prior authorization vendor contact information is provided in the response

**Procedure Code Information** Collapse

▼ 21245 - Reconstruction Of Jaw Auth Info Available

**Coverage Basis**

In Network Auth Required

**Place of Service:** Inpatient Hospital

- Procedure codes are supported for preauthorization requirement only and are not used for benefit determination

**Name:** BCBSMT

**Category:** Coverage Basis

**Type:** Utilization Management Organization

**Contact Information**

P: 555-555-5555

**Quick Tip:**

→ If no Procedure Code(s) are entered in the request, the **Procedure Code Information** section will not display code-specific prior auth requirements. Refer to the **Benefit Information** section to determine if the service type requires prior authorization.

### 13) Benefit Information

- ▶ Expand **Benefit Information** to view benefit details for the selected Benefit/Service Type, which includes the following results, if applicable:
  - ▶ Co-insurance
  - ▶ Co-Payment
  - ▶ Benefit Deductible *(select [Health Benefit Plan Coverage](#) to quickly toggle to the deductible and/or out-of-pocket details on the page)*
- ▶ Limitations
- ▶ Authorization requirements
- ▶ Benefit Descriptions and/or other requirements for the selected Benefit/Service type

**Benefit Information** Collapse

▼ Hospital - Room and Board - 49 Auth Info Available

Information / Details	Co-Insurance	Co-Payment	Benefit Deductible	Limitations	Authorization
<p><b>In Network</b></p> <p>Place of Service: Inpatient Hospital</p> <p>Coverage Level: Individual</p> <ul style="list-style-type: none"> <li>• DAILY ROOM AND BOARD</li> </ul>	20% / Visit(s)	—	Refer to: Health Benefit Plan Coverage	—	<b>Auth Required</b>

**Benefit Descriptions**

- Blue Cross Blue Shield Participating Providers are required to obtain preauthorization. If preauthorization is not obtained, the Participating Provider will be sanctioned based on the Blue Plan's contractual agreement with the Provider, and the member will be held harmless for the Provider sanction.

**Cost Containment**

**In Network** Auth Required

Place of Service: Inpatient Hospital

Coverage Level: Individual

- DAILY ROOM AND BOARD
- INDIVIDUAL DED IS \$500.00 PER CARE INTERVAL FOR ALL PLACES OF TRTMT. MSA PENALTY DEDUCTIBLE APPLIES TO INPATIENT ADMISSIONS.

\$500 / Admission(s)

**Quick Tip:**

→ Only applicable benefits will be displayed. This example does not show **Co-payment** or **Limitation**; therefore, **NQ** copay or limitations applies to the service.

### 14) Additional Information

- ▶ Expand **Additional Information** to obtain any added information regarding the patient's coverage and benefits

**Additional Information** Collapse

▼ Coverage Basis

**Auth Required**

**Place of Service:** Inpatient Hospital

- Procedure codes are supported for preauthorization requirement only and are not used for benefit determination

**Name:** BCBSMT

**Category:** Coverage Basis

**Type:** Utilization Management Organization

**Contact Information**

P: 555-555-5555

**Have questions or need additional education?** Email the BCBSMT [Provider Education Consultants](#).

*Be sure to include your name, direct contact information & Tax ID or billing NPI.*