



TRIAL CLAIM ADVICE USER GUIDE

Version 1.0

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1.0 Introduction to Trial Claim Advice

BlueCross® BlueShield® of South Carolina and BlueChoice® HealthPlan work with Avalon Healthcare Solutions to administer a comprehensive suite of laboratory benefit management services. Avalon is an independent company that provides benefit management services on behalf of BlueCross and BlueChoice®.

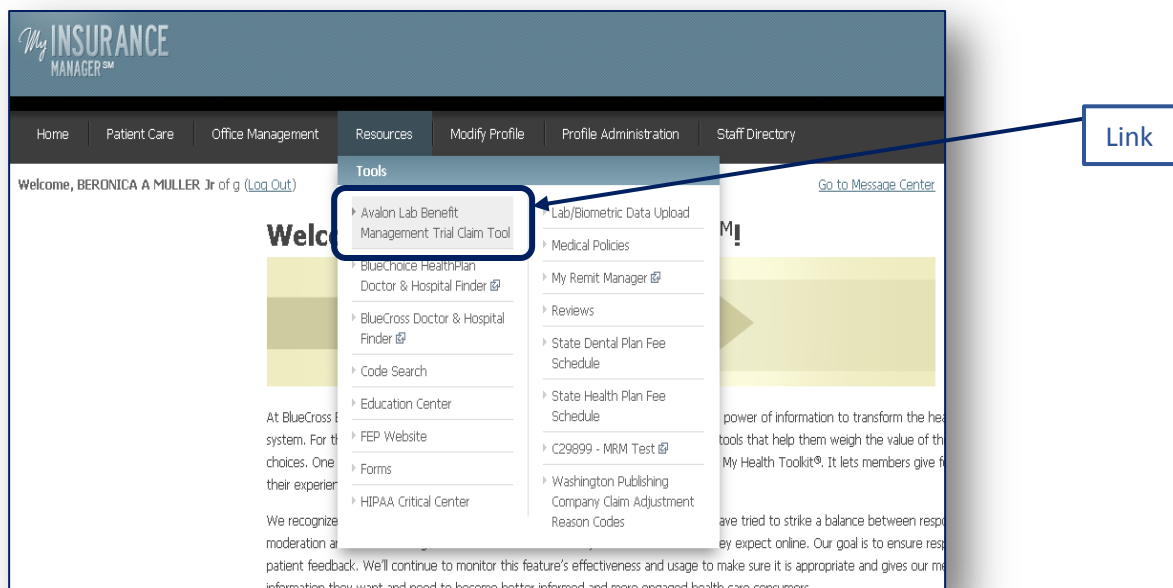
- *“It’s not ordering more tests or fewer tests that we should be aiming for, it’s ordering the right tests, however few or many that is,” Ramy Arnaout, Harvard Medical School assistant professor of pathology - <http://hms.harvard.edu/news/unnecessary-testing-11-18-13>*
- *“Large-scale analysis of 1.6 million results from 46 of medicine’s 50 most commonly ordered lab tests found that, on average, 30 percent of all tests are probably unnecessary.”*

BlueCross and BlueChoice are deploying Avalon claim editing technology to enhance the clinical quality and administration of medical coverage policies. The program applies to **all laboratory services performed in all places of service (POS), except for inpatient and emergency room settings.**

As claims adjudication occurs within a health plan, the Claim Editor returns advice on a specific claim’s compliance with the health plan’s policies. The Trial Claim Advice tool provides a means for providers to evaluate the Claim Editor’s advice in advance of the claim adjudication process. Importantly, the Trial Claim Advice does not incorporate benefit coverage, eligibility, or other claim edits by the health plan. Therefore, the advice shown through Trial Claim Advice only reflects the compliance with health plan payment and medical policies.

1.1 Logging into Trial Claim Advice

The Trial Claim Advice tool can be accessed on the BlueCross provider portal, My Insurance ManagerSM, in the Resources section. Clicking on the link opens the Avalon Provider Portal. The Trial Claim Advice tool can be accessed by clicking on the Trial Claim Advice button. Please contact Avalon Provider Services at 855-895-1676 if you have questions regarding the Trial Claim Advice tool.

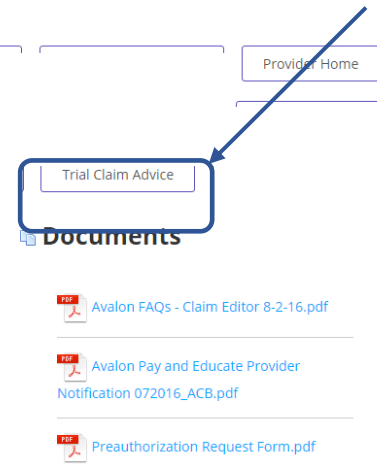




Provider Home

Welcome to the Avalon Healthcare Solutions provider portal. Avalon partners with BlueCross BlueShield of South Carolina and BlueChoice HealthPlan to administer a comprehensive suite of laboratory benefit management services. Currently, from this site you can access the Trial Claim Advice tool, training information and download any necessary documents and forms. Avalon continues to enhance the capabilities of the provider portal and we will keep you posted on new features as they become available.

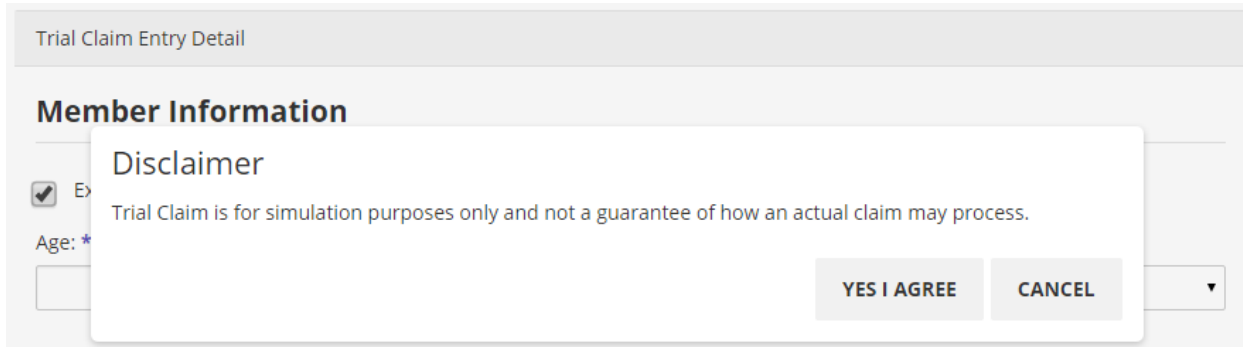
If you have any questions, please call Avalon's Provider Services at 1-888-847-1756. Provider service representatives are available to help you Monday through Friday, 8:00 AM – 8:00 PM Eastern Time.



When the Trial Claim Entry page loads initially, a disclaimer is displayed. The user must agree to the disclaimer message by clicking “Yes I Agree” button in order to proceed with Trial Claim entry.

Note: If user clicks the “Cancel” button, the user returns to the Avalon Portal homepage.

[Link](#)



2.0 Entering a Trial Claim

Trial Claim Advice tool offers two options for submitting a Trial Claim: without specific member information or with member information.

Trial Claim Advice defaults to evaluation without membership. **Avalon recommends providing membership information for all Trial Claims.** The specific member information enables a more complete evaluation of the Trial Claim information and Health Plan policies.

Required fields are indicated with an asterisk (*).

2.1 Entering a Trial Claim without specific member Information

This section steps through all fields in order to enter a Trial Claim without specific member information. (See section 2.2 for entering a Trial Claim with member specific information)

1. Check the Exclude Member Search box.
2. Enter Age, and press tab to go to the next field.
3. Select Gender from dropdown values, and press tab to go to the next field.

Trial Claim Entry Detail

Member Information

Exclude Member Search (Hint: Uncheck box to search for a specific member.)

Age: * Gender: *

2.2 Entering a Trial Claim with Specific Member Information

1. Uncheck the Exclude Member Search box. A new page opens for entering member specific information.
2. Enter a valid member ID Card Number, and press tab to go to the next field.
3. Select the Health Plan from the drop down.
 - a. Note “BCBS-South Carolina” includes BlueCross BlueShield of South Carolina and BlueChoice HealthPlan.
4. Click ‘Find Member’ button. A Results page opens with all the members associated with the ID card numbers.
5. From the Results page, click on the ID card number to select a specific member.

Note: Once a specific member is selected, the member specific information displays in a new window. The selected member data populates in the following fields in read-only mode: Health Plan, ID Card Number, First Name, Last Name, Date of Birth and Gender.

Member Information

ID Card Number: * Health Plan: *

Results

ID Card Number	Group ID	First Name	Last Name	Date Of Birth	Gender
AJI700092982826	716011803AFL	MINNIE	MOUSE	02/01/1974	F
AJI700092982826	716011803AFL	MICKEY	MOUSE	03/24/1972	M
AJI700092982826	716011803AFL	MANDY	MOUSE	06/25/1997	F

6. Select Blue Card Status from the drop down values, and press tab to go to the next field.

Trial Claim Entry Detail

Member Information

Health Plan: *	<input type="text" value="BCBS - South Carolina"/>	ID Card Number:	<input type="text" value="Ajl700092982826"/>
First Name:	<input type="text" value="MANDY"/>	Last Name:	<input type="text" value="MOUSE"/>
Date of Birth:	<input type="text" value="06/25/1997"/>	Gender:	<input type="text" value="Female"/>
		Blue Card Status: *	<input type="text" value="No Blue Card"/>

2.3 Provider Information section

1. Enter Billing Provider TIN, and press tab to go to the next field. The Billing Provider TIN contains nine digits.
2. Enter Billing Provider NPI, and press tab to go to the next field.
3. Enter Rendering Provider NPI, and press tab to go to the next field.
4. Select 'Yes' or 'No' to reflect the Network Status of the Rendering Provider. Select 'Yes' if the provider is contracted with Avalon Healthcare Solutions or BlueCross Blue Shield of South Carolina. Select 'No' if the Rendering Provider is out of network.

Provider Information

Billing Provider TIN: *	<input type="text" value="123456789"/>	Billing Provider NPI:	<input type="text" value="1234567899"/>
Rendering Provider NPI:	<input type="text" value="1234567899"/>	Participating Provider *	<input type="text" value="Yes"/>

2.4 Additional Criteria section

When the "Exclude Member Search" box is checked (Section 2.1 above), this section is in read-only mode and does not require any input.

Additional Criteria

<input type="checkbox"/> Secondary Claim	Primary Claim Number:	<input type="text"/>
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2.5 Diagnosis Codes section

The Diagnosis Code section mimics the header level documentation of diagnosis codes. The claim line section in 2.1.E below permits the assignment of diagnosis codes to an individual claim line. In order for a claim line assignment of a diagnosis code to occur, the diagnosis code must be documented in the Diagnosis Code Section. At least one diagnosis code is required and up to 24 diagnosis codes may be entered.

1. Enter a valid diagnosis code, and press tab. The description for the diagnosis code entered is displayed in the 'Description' field.

Note: 'Description' field is a read only display field, and does not require any user input.

- To enter additional diagnosis codes, click the '+Add Diagnosis Code' link. A new row is added for entering another diagnosis code.
- To delete any individual row, click delete icon from 'Action' column
 Note: To replace the diagnosis code entered in the first row, type over the existing data, and press tab.

Diagnosis Codes

Diagnosis Code *	Description	Action
A158	Other respiratory tuberculosis	N/A
A159	Respiratory tuberculosis unspecified	

[+ Add Diagnosis Code](#)

2.6 Claim Lines section

This section allows up to 999 claim lines to be entered. At least one line must be completed.

- Enter the Date of Service in "MM/DD/YYYY" format, or select from the calendar view. Press tab to go to the next field.
- Enter a valid Procedure Code, and press tab. The description for the Procedure Code entered displays in the description field. Press tab again to go to the next field.
 Note: Description field is a read only display field, and does not require any user input.
- Enter a valid Procedure Code modifier in Proc Mod field. You can enter up to four Procedure Code Modifiers. Press tab to go to the next field.
 Note: Procedure Code modifiers must be unique across the four fields and cannot be a duplicated.
- Select a Place of Service (POS) from the dropdown, and press tab to go to the next field.
 - POS 81 – Independent Laboratory
 - POS 11 – Physician Office
 - POS 19 – On Campus-Outpatient Hospital
 - POS 22 – Off Campus-Outpatient Hospital
- Select a Primary Diagnosis Code from the dropdown. Press tab to go to the next field.
 Note: The dropdown ONLY displays the lists of Diagnosis Codes entered in the Diagnosis Code field above. A primary diagnosis code is required for each claim line.
- Select the Related Diagnosis Code(s) from the dropdown. Press tab to go to the next field.
 Related Diagnosis Codes are optional.
 Note: The dropdown ONLY displays the lists of diagnosis codes entered in the Diagnosis Code section above.
- Enter the number of units associated with the procedure. Press tab.
- To enter additional claim lines, click the '+Add Claim Line' link. A new row is added to enter another claim line. To delete any individual row, click delete icon from Action column.
 Note: To replace data entered in the first row, type over the existing data and press tab.

9. Click Submit Claim button to process the information as a Trial Claim.

Claim Lines

#	Date of Service *	Procedure Code *	Description	Proc Mod 1	Proc Mod 2	Proc Mod 3	Proc Mod 4	Place of Service *	Primary Diagnosis Code *	Related Diagnosis Code	Units *	Action
1	09/12/2016	81227	CYP2C9 GENE COM VARIANTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	81 ▾	A158 ▾	<input type="text" value="A159"/>	1	N/A
2	09/12/2016	86480	TB TEST CELL IMMUN MEASUR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	81 ▾	A159 ▾	<input type="text" value="A158"/>	1	

[+ Add Claim Line](#)

Note: Clicking the “Cancel” button causes the user to return to the Avalon Portal homepage.

3.0 Trial Claim Result section

Once the claim is successfully processed, the results from the Claim Editor are displayed. Clicking on the “Trial Claim Entry Detail” bar toggles presentation of the information entered for the Trial Claim. Similarly, clicking on the “Trial Claim Results” bar toggles the results from the Avalon Claim Editor. Clicking on the “Close” button returns to the Avalon Portal Home Page.

Trial Claim Entry Detail											
Trial Claim Results ID: kerri.fritsch Transaction Date:09/15/2016 05:49:22 EST											
#	Procedure Code	Decision Type	Decision Rank	Decision Code	Decision Description	Medical Policy Tag	Medical Necessity Criteria	Requested Units	Approved Units	Pay and Educate	
<input type="checkbox"/>	1	81227	Approve per Pay & Educate	1	D01R	Experimental and Investigational Procedure	CAM20438	5d	1	1	Y
<input type="checkbox"/>	2	86480	Approve	1	A01R	No Avalon Claim Editor advice was rendered			1	1	N

After the Trial Claim is processed successfully, these fields display in the results section:

- +/- Symbol: Click on this symbol to expand/collapse the decision lines if more than one decision returned for the claim line.
- #: This column indicates the claim line number.
- **Procedure Code:** This column displays the Procedure Code entered.
- **Decision Type:** This column displays the Decision Type for the claim, and displays only for the first decision line of the claim line (Click the + button to see additional decisions for this code).
- **Decision Rank:** This column displays the ranking of multiple decisions for a claim line. For each procedure or claim line, multiple decisions could be returned.
- **Decision Code:** This column displays the Decision Code for the claim.

- **Decision Description:** This column displays the descriptive explanation of the decision. See below for a list of decision descriptions.
- **Medical Policy Tag:** This section displays the BlueCross BlueShield of South Carolina Medical Policy CAM number. The medical policies can be accessed at www.cam-policies.com.
- **Medical Necessity Criteria:** This section displays the Medical Necessity Criteria location.
- **Requested Units:** This section displays the Requested Units.
- **Approved Units:** This section displays only the Approved Units based on policy comparison.
- **Pay and Educate:** This section displays if this policy rule is currently in the Pay and Educate stage of the education process.

Note: other health plan requirements may override the advice provided by the Avalon Claim Editor.

4.0 Decision Code Descriptions

- No Avalon Claim Editor advice was rendered
- Code Requires PA, No Avalon Claim Editor advice was rendered
- Experimental and Investigational Procedure
- Insufficient time between procedures
- Maximum allowable units was exceeded
- Procedure is inappropriate for patient age
- Procedure is inappropriate for patient gender
- Procedure is allowed once per lifetime
- Procedure was performed at an incorrect Place of Service
- Procedure cannot be performed with another procedure
- Procedure was not appropriate for the clinical situation
- Too many procedures in one day
- Too many procedures within the required period of time
- Unlisted Code, No Avalon Claim Editor advice was rendered

For additional questions please contact:

- Avalon Provider Services at 855-895-1676
- BlueCross Provider Education at provider.education@bcbsc.com or by calling 803-264-4730