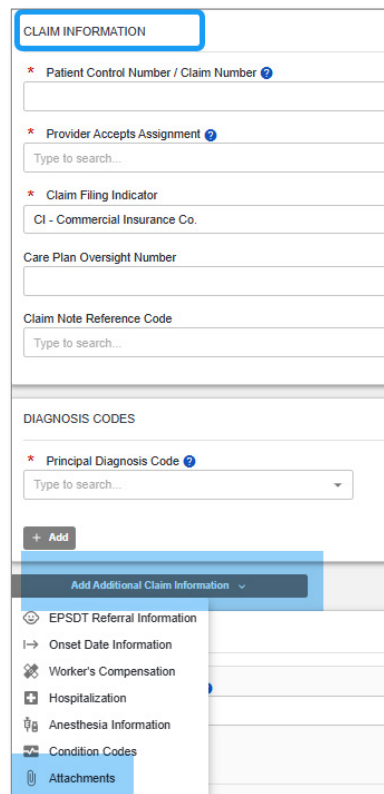


Submitting itemized bills in Availity

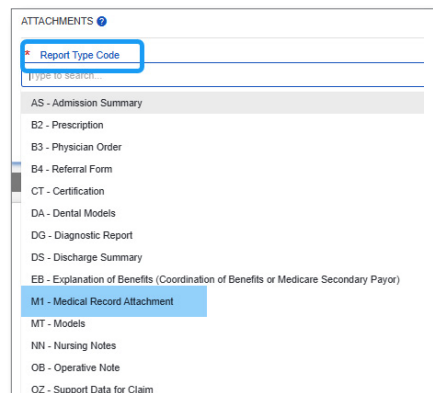
This guide provides a clear, step-by-step approach to streamlining the process of submitting itemized bills in Availity's claims platform. Following these steps will help ensure that your itemized bills are submitted correctly through Availity, leading to efficient claim processing and timely reimbursement.

- Navigate to the **Claims & Encounters** section and open one of the claim forms. Within the **Claim Information** section, select "Attachments" from the "Add additional claim information" dropdown menu.



The screenshot shows the 'CLAIM INFORMATION' section of the Availity claims platform. It includes fields for Patient Control Number / Claim Number, Provider Accepts Assignment, Claim Filing Indicator (set to CI - Commercial Insurance Co.), Care Plan Oversight Number, and Claim Note Reference Code. Below these is the 'DIAGNOSIS CODES' section with a Principal Diagnosis Code dropdown. The 'Add Additional Claim Information' dropdown menu is open, displaying a list of options: EPSDT Referral Information, Onset Date Information, Worker's Compensation, Hospitalization, Anesthesia Information, Condition Codes, and Attachments. The 'Attachments' option is highlighted in blue.

- Please select "Medical Record Attachment (M1)" from the **Report Type Code** dropdown, as an itemized bill is not available as an option.



The screenshot shows the 'ATTACHMENTS' section of the Availity claims platform. It features a 'Report Type Code' dropdown menu which is open, displaying a list of codes: AS - Admission Summary, B2 - Prescription, B3 - Physician Order, B4 - Referral Form, CT - Certification, DA - Dental Models, DG - Diagnostic Report, DS - Discharge Summary, EB - Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payer), M1 - Medical Record Attachment (highlighted in blue), MT - Models, NN - Nursing Notes, OB - Operative Note, and OZ - Support Data for Claim.

- On the **Report Transmission Code** dropdown, select FT- File Transfer.

The screenshot shows a dropdown menu titled "ATTACHMENTS" with a help icon. Below the title is a section for "Report Type Code" with a value of "AS - Admission Summary". Below that is a section for "Report Transmission Code" with a search bar and a list of options: "AA - Available on Request at Provider Site", "BM - By Mail", "EL - Electronically Only", "EM - E-mail", "FT - File Transfer" (highlighted in blue), and "FX - By Fax".

- Upload any necessary documentation that supports the itemized bill, such as medical records or receipts
- Ensure all documents are clear and legible

Important: Attachments can only be added:

- With the initial submission
- When a claim is pending/in process
- With a corrected claim

It is always best to attach an itemized bill with the initial claim.

The screenshot shows a form titled "CLAIM INFORMATION" with several sections: "Patient Control Number / Claim Number", "Provider Accepts Assignment", "Claim Filing Indicator", "Care Plan Oversight Number", and "Claim Note Reference Code". Below these is a section for "DIAGNOSIS CODES" with a "Principal Diagnosis Code" search bar and a list of options: "Add", "Add Additional Claim Information", "Attachments" (highlighted in blue), "EPSDT Referral Information", "Onset Date Information", "Worker's Compensation", "Hospitalization", "Anesthesia Information", and "Condition Codes". To the right of the "Attachments" section is a dropdown menu titled "ATTACHMENTS" with a help icon, containing "Report Type Code" and "Report Transmission Code" search bars.

If you are attaching an itemized bill to a previously submitted claim that is pending/in process:

- Use **Claim Status Inquiry** to find the correct claim, click it and view the Claim Details page
- You can access the **Attachments** section at the top right corner of the Claim Details page
- Select the type of attachment, click **Select File**, browse for the correct file and select Upload
- Repeat the above step until all appropriate files are loaded, then click **Submit Attachments**

When submitting a document in Availity for a claim that was not initially submitted from Availity and is in pending status, please ensure an attachment indicator is included using the PWK segment in loop 2300/2400 of 837. This will help link the document to the claim and prevent denial due to incorrect billing.

Use the **Corrected Claim** function to submit additional attachments for a claim with a **finalized (or denied)** status.

- Original claim reference must be added
- Frequency type must be selected as 7(replacement)

Note: If your organization is not currently registered for Availity Essentials, the designated Availity administrator should go to **Availity.com** and select Get Started.