Submit claims disputes online and view status

A dispute is a request to reconsider a claim that has been denied, adjusted, or contested. *****

What you'll need to get started:

- Username and password to log in to your Provider Connection account.

- Access to claims data.
    - All Account Managers have access to claims data.
    - Account managers can enable claims access for Users at *Account Management > Manage user accounts*.
    - You must be linked to the Tax ID (or SSN) and Provider ID (TIN/PIN) of the claim for which you are searching.

- New dispute, not previously filed with Blue Shield.

- Claim number(s) and supporting documentation.

- Email where you will receive automated notifications.

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* Do not use the online dispute functionality to [attach documents to a finalized claim](#). Click the link provided to access instructions for this activity.

* For dispute fundamentals, go to [Claims issues & disputes](#) and scroll to *Learn more about the dispute process.*

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Table of contents

There are four steps (screens) to filing a claim dispute online. You will enter:

1. Claim info
2. Dispute info
3. Contact info
4. And then review your entry and submit.

Disputes can be filed for a single claim or multiple claims in a bulk dispute for the same type of issue. Use the table of contents below to navigate to instructions for each option.

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Locate the claim using *Check claim status*

1. Log in to www.blueshieldca.com/provider.

2. Click **Claims** in the top menu, then click **Check claim status**.

3. Enter data into one or more search fields and click **Search3**.

4. Results will display in the table below the blue header. Click the claim number that displays under this column.

5. The *Claim detail* displays. Click **Resolve claim issue or dispute**.

6. The *Resolving a claim issue* pop-up displays. It includes other options for consideration before you initiate a dispute.

7. To continue filing your dispute online, click **online dispute form**.

Claim information screen

1. Claim details display.

   - The claim number will automatically populate. You can enter a new claim number and click **Update** if desired.

   - Filing a dispute for one claim is the default selection.

   - To see additional details about the claim, click **View more**.

2. Click **Next**.

   The *Dispute info* screen displays – see next page.
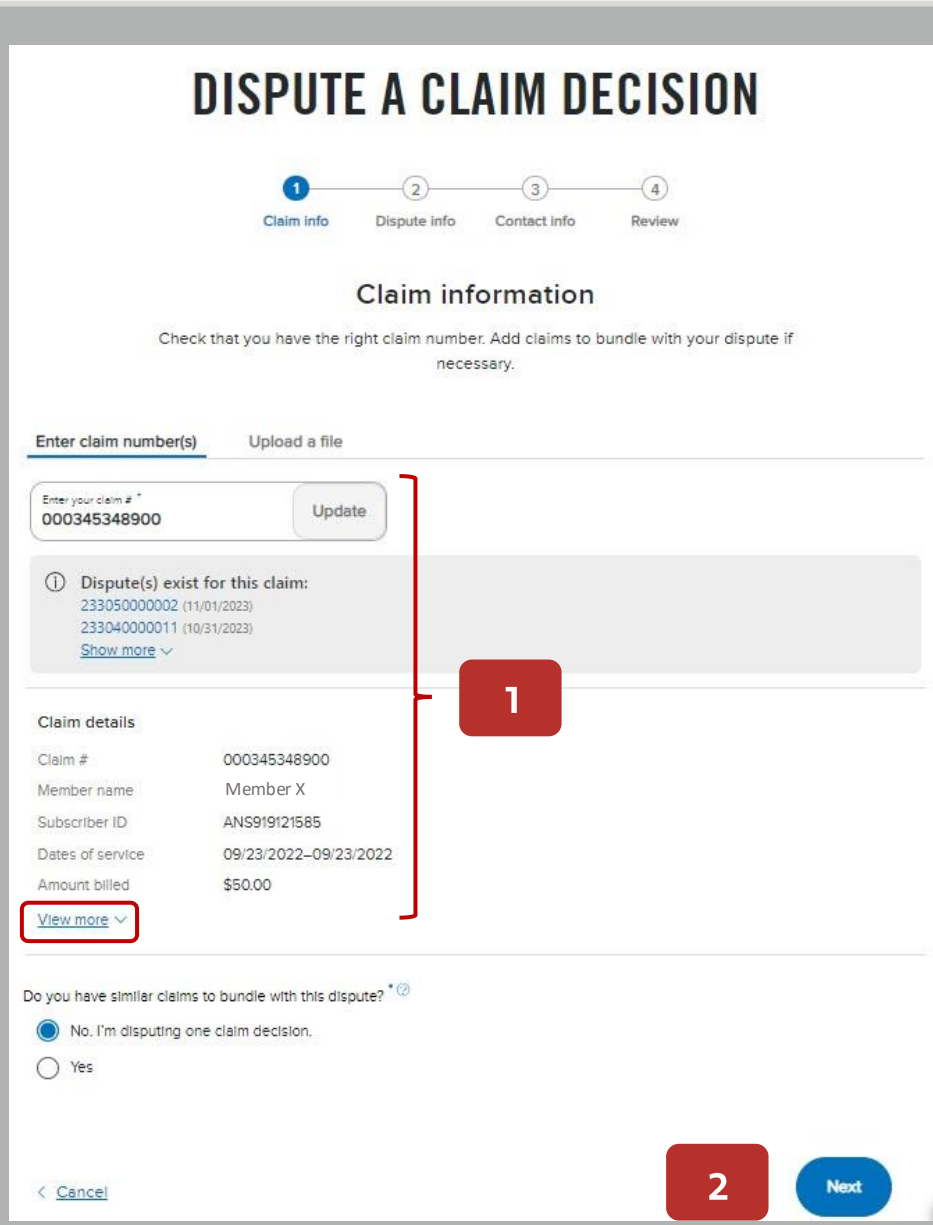
Dispute information screen

3. Describe the dispute and your expected outcome.

4. Review and answer the question(s). Questions will vary depending on the type of claim you are disputing. Your answers will help route the dispute to the correct team.

5. Attach supporting documents in the order you would like them reviewed.

   • Select up to five (5) files at a time for a total of 20 files.

	File types	File size (per file)	Max # of files
All plan types except BlueCard	PDF, Excel, Word	50 MB	20
BlueCard	PDF	10 MB	20

DISPUTE A CLAIM DECISION

Claim info — 2 Dispute info — 3 Contact info — 4 Review

Dispute information

Describe your dispute and the steps we can take to resolve it.

3

* Required

Please describe your dispute and why you believe our claim decision is incorrect.

Dispute description *
Describe the nature of your dispute.

36/1500

Please describe the steps you expect we can take to resolve your dispute.

Expected outcome *
Provide an expected outcome.

28/500

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Is this dispute related to a claim in which Blue Shield of California is **not** the primary payer?
No

Is this facility dispute related to trauma, stop loss, transplants, implant or drug exceptions?
No

Attach supporting documents *
(PDF, DOC, XLS, 50MB max, up to 20 files total)
All documents will be scanned for viruses.

Drag and drop up to 5 files at a time or
Select files

5

1. EXAMPLE - Itemized bill for Patient XYZ.pdf (198.20 KB)   Itemized bill   Remove
2. EXAMPLE - Med record for Patient XYZ.pdf (198.20 KB)   Medical record   Remove

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6. After dragging/dropping or selecting your supporting documentation, a pop-up box displays for each file.

7. Select a type for each file, then click **Attach**. Options are:

   - Medical record
   - Contract/pricing
   - Itemized bill
   - Other, with a field to add a description

8. Click **Next document** until you have identified all document types.

9. All documents will load in the supporting document section.

10. Click **Next**.

    The *Contact info* screen displays – see next page.

6

Attach documents (1 of 4)
What type of document are you attaching?

📄 supporting-doc-1.pdf (198.20 KB)

7 | Medical record ▼

Next document >

Cancel   Attach

Attach documents (4 of 4)
What type of document are you attaching?

📄 supporting-doc-4.docx (11.91 KB)

Other ▼

Enter document type *
another type

Cancel   Attach

8

Attach supporting documents *
(PDF, DOC, XLS, 50MB max, up to 20 files total)
All documents will be scanned for viruses.

Drag and drop up to 5 files at a time or
Select files

1. 📄 EXAMPLE - Itemized bill for Patient XYZ.pdf (198.20 KB)   Itemized bill   Remove 🗑
2. 📄 EXAMPLE - Med record for Patient XYZ.pdf (198.20 KB)   Medical record   Remove 🗑

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< Back to claim info   **10**   Next

Contact information screen

11. Make edits to contact information if necessary.

- Provider contact information can be updated in your Provider Connection profile so that corrected information populates in the future.

- Ensure an email address is included so that you receive notifications when dispute related documentation – acknowledgement, determination, update, etc. – is accessible on Provider Connection.

12. Click **Next**.

The *Review* screen displays – see next page.

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Dispute process – Step 4: Review

Review screen

13. Review your submission in full.

    - If needed, click **Edit** to return to a specific step and make changes. Page back by clicking the **Next** button.

14. Click the **checkbox** to consent to receiving electronic correspondence by email.

    - **Medicare note:** If you are not contracted with Blue Shield and you are submitting a Medicare dispute for a denied claim, a **waiver of liability checkbox** – CMS required – will also display, which you must check.

15. Enter your full name in the electronic signature field and select or enter the date in this format: MM/DD/YYYY.

    - **Note:** Your e-signature must be an EXACT match of the name entered in the Contact Information section.

16. Click **Sign and submit**.

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17. A confirmation screen displays with a case number for the submitted dispute.

- For each dispute you file whether initial or final, a new case number is assigned.

- A digital PDF copy of the dispute generates within 15 minutes of submission.

  - For a bulk filing, one case is created with an acknowledgement and determination letter.

- All dispute-related correspondence is available online under *Submitted disputes*.

- The *View all disputes* button will take you directly to *Submitted disputes*.

Next page: Bundle disputed claims in a bulk file.

17 **DISPUTE A CLAIM DECISION**

Dispute submitted

Thank you for submitting your dispute of 436 bundled claims.

Your new case number is
230760000271

It will take up to 15 minutes for us to create your dispute form PDF.
When it's ready, you can see it on the Submitted disputes page.

We'll notify you at the email provided when:

- Your acknowledgment letter is ready to view on Provider Connection (2 business days)
- Your dispute has been resolved and your determination letter is ready (45 business days)

Note: All supporting documents will be scanned for viruses. If they fail our scan, we'll notify you and send instructions on submitting them successfully.
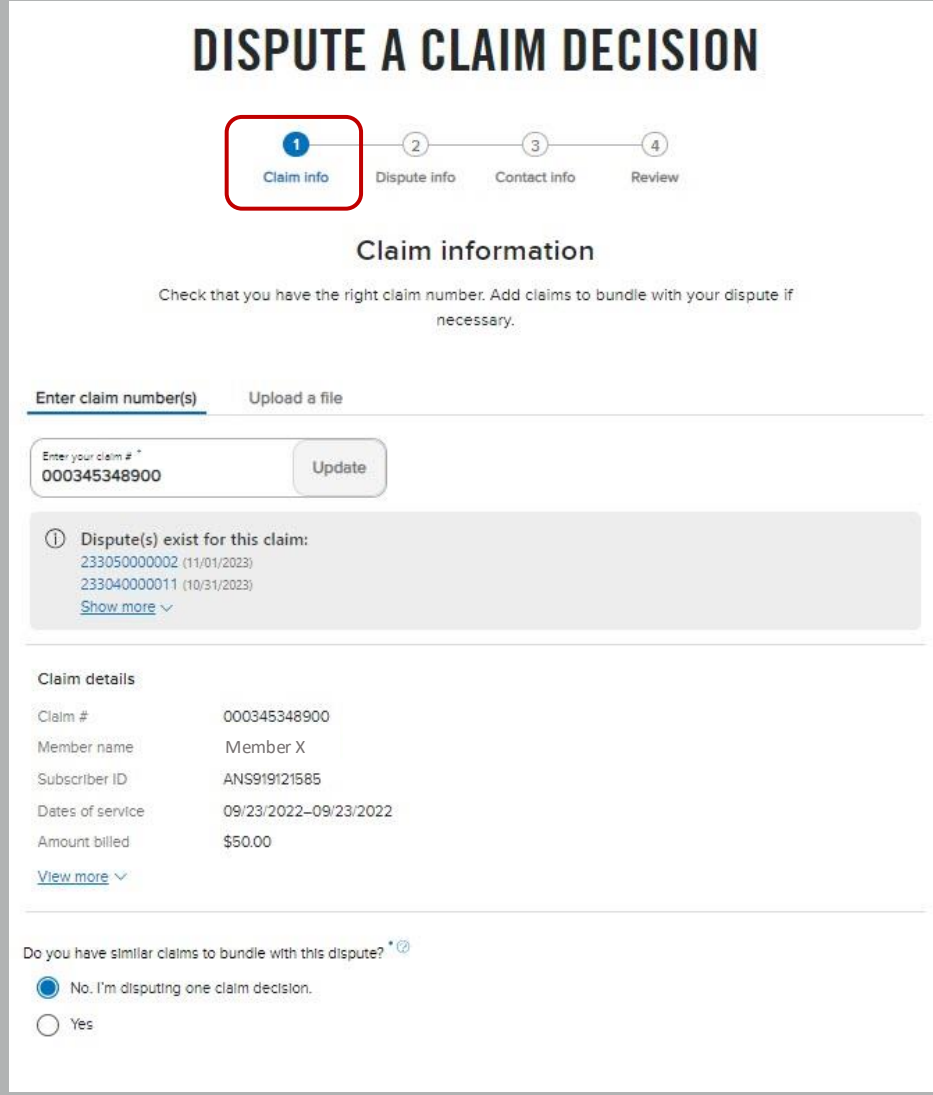
View all claims   View all disputes

Bulk submission bundling rules

- **Non-contracted providers cannot submit Medicare claims via a bulk file** – they must be submitted individually.

- **Bundle claims by plan type – do not mix plan types.** (i.e., claims for Commercial and FEP members cannot be bundled together.)

- All claims in a bulk dispute **must be for the same or similar issue.**

  - For FEP and BlueCard bulk submissions, all claims must be for the same or similar issue AND the same member.

The option to bundle claims is on Step 1: *Claim Information* screen. To bundle:

- [Enter or copy/paste claim numbers](#) up to 50

  OR

- [Create and upload a CSV file](#) up to 500 claims.

DISPUTE A CLAIM DECISION

Claim info — Dispute info — Contact info — Review

Claim information

Check that you have the right claim number. Add claims to bundle with your dispute if necessary.

Enter claim number(s)   Upload a file

Enter your claim # *
000345348900   [Update]

ⓘ Dispute(s) exist for this claim:
233050000002 (11/01/2023)
233040000011 (10/31/2023)
Show more ∨

Claim details

Claim #	000345348900
Member name	Member X
Subscriber ID	ANS919121585
Dates of service	09/23/2022–09/23/2022
Amount billed	$50.00

View more ∨

Do you have similar claims to bundle with this dispute? * ⊘
◉ No. I'm disputing one claim decision.
○ Yes

Continued next page.

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Dispute process – Step 1: Bundle disputed claims up to 50

Enter or copy/paste claim numbers up to 50.

1. Change the default from No to **Yes**. The *Enter claim numbers* field displays.

2. Enter or copy/paste claim numbers in the left-hand column.

3. Click **Add**. Each claim populates on the right.

   a) A yellow banner will display if your claim attachment does not comply with the bulk bundling rules. You can click the **X** to remove non-compliant claim(s), or they will be removed for you when you click Next.

4. Click **Next**.

   - The *Dispute info* screen displays. Continue to Step 2: Dispute info.

Upload a bulk file

Create a CSV file of claims you are disputing.

1. Click the **Upload a file** tab.

2. Drag/drop or select to upload the CSV file containing the claim numbers you are disputing.

   - **CSV instructions:** In Excel, export or save your file as a CSV (comma-separated values) file.

     - Include claim numbers in the first column and a header row at the top. In the header, label the first column *Claim number* or *ICN*. Claim numbers from the first column of your list will be checked against our records.

   - **To confirm plan types on your claims list, upload a CSV file.**

     - We'll return your list with plan types identified. You can then organize your list by plan type to submit for processing.

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3. The *Claims list accepted* message displays.

Note, if the attached claims do not comply with bundling rules, a "Some fixes are needed" message displays – see example. To address:

a) Download your submitted CSV file. Claims will be labeled by plan type to help you sort and separate them. Save the corrected file(s).

b) Click the **X** to remove the original CSV file with the errors and activate the *Select a file* button.

c) Drag/drop or select to upload the corrected CSV file. If no additional messages display, the *Next* button will activate.

4. Click **Next**.

- The *Dispute info* screen displays. Continue to [Step 2: Dispute info](#).
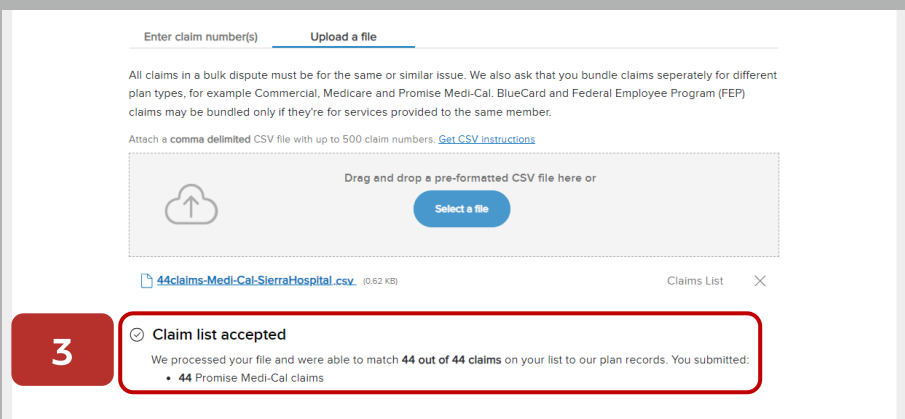
"Some fixes are needed" example

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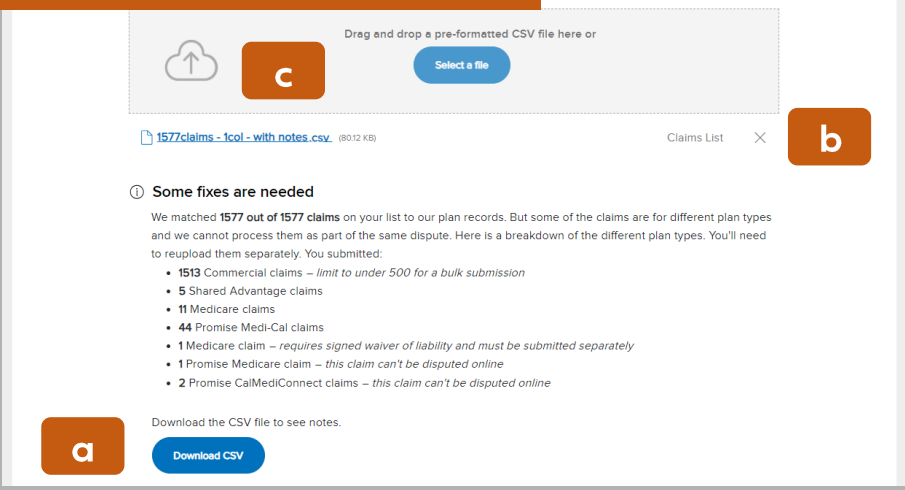
View the status of submitted disputes

1. Click **Claim issues & disputes** from the Claims section's blue sub-menu bar after log in.

2. Click **View my disputes**.

3. Enter data related to the dispute(s) in one or more fields and click **Show results**.

   - New field: Search by method of submission: Online (by me), Online (by others), By mail, and Other.

4. Results display under the light blue banner.

   - Click the arrow in a column to sort records in ascending or descending order.

5. Click the dispute case number to access dispute case details including letters.

Continued next page.

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Dispute case details screen

6. This screen displays all information and documentation connected to the dispute case number you selected.

   a) Dispute form and claim list (if bulk submission).

   b) Claim numbers included in the dispute submission.

   c) Each supporting document uploaded by you with option to add additional documents to an open claim.

   d) Correspondence and determination documentation related to the claim.

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