

# 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.

\* 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*.

# 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.

Instructions	Pages
<a href="#">Locate the claim</a>	3
<a href="#">Dispute a single claim decision</a> : Steps 1-4	5-10
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# Locate the claim using *Check claim status*

1. Log in to [www.blueshieldca.com/provider](http://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 **Search**.
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**.

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blue california Provider Connection Eligibility & benefits Authorizations Claims

Overview Real-time claims How to submit claims Claims Routing Tool **Check claim status** Manage electronic transactions

Search Other Blue plans Appeal status

All fields are optional

<b>Member information</b>	<b>Claim information</b>	<b>Provider information</b>
Member ID/Subscriber ID/Patient number	Check/EFT number	Claim EOB number
Last name	First name	Provider
Dates of service	Claim type	Claim status
Start date	End date	Payment information
		\$ 0.00 to \$ 0.00
	Status change	Provider tax ID
	Start date	End date
		Provider NPI
		Provider number

Start over

Showing 1-50 of 1,461 claims: Dates of service 01/02/2021-01/02/2024

Claim status	Claim number	Claim type	Dates of service	EOB	Member name	Member ID / Subscriber ID	Provider name	Claim amount billed	Claim amount paid	Patient responsibility	Check/EFT number
FINALIZED 12/06/2023	<a href="#">12345678910</a> (denied)	Medical	11/11/2023- 11/12/2023	<a href="#">View EOB</a>	CLAYTON, ELLIOT	919113568	BULLOCK, ANDREW C.	\$200.00	\$0.00	\$0.00	2334081000000005

### Claim 123456789101

Finalized 10/12/2023

Information is valid and up to date as of 10/12/2023 at 10:04 p.m.

Medical | Finalized – denied | [View EOB](#)

Possible next steps:  
[Attach supporting documents](#) **[Resolve claim issue or dispute](#)**

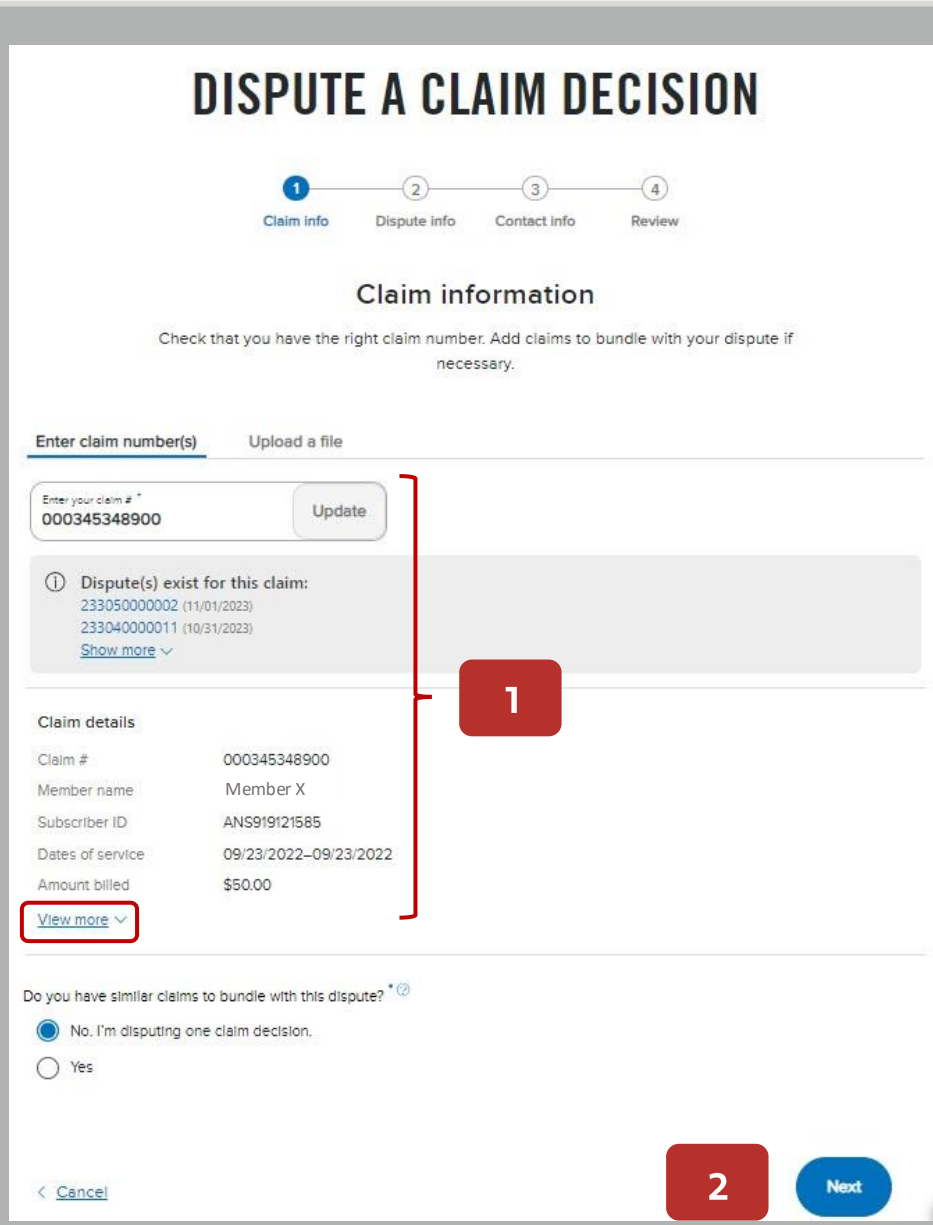
6. The *Resolving a claim issue* pop-up displays. It includes other options for consideration before you initiate a dispute.
7. To continue filing your dispute online, click **online dispute form**.

The screenshot shows the Blue Shield of California website interface. A pop-up window titled "Resolving a claim issue" is displayed over the main content. The pop-up has a red box with the number "6" in the top left corner. The main content in the background shows a claim status page for "Claim 00034" finalized on 12/06/2023. The pop-up text reads: "We may be able to help with a claim issue before you file a dispute. If your claim has been denied or not paid in full, here are your options." It lists three options: "Correct a claim" with a link to "Submit corrected claims", "Contact Provider Services" with a link to "Blue Shield of California Provider Services", and "Dispute a claim decision" with a link to "online dispute form" (highlighted with a red box and labeled "7"). A "Cancel" button is at the bottom of the pop-up. The background page also shows a table for "Claim data" with columns for "Dates of service", "Claim received", and "Provider".

## 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 **Dispute info** Contact info 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

**4**

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

**5**

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](#)

Continued next page.

# Dispute process – Step2: Dispute info (continued)

- 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.

The image illustrates the document attachment process in three stages:

- 6**: A pop-up window titled "Attach documents (1 of 4)" shows a file "supporting-doc-1.pdf" (198.20 KB) selected. A dropdown menu is set to "Medical record". A "Next document >" button is highlighted.
- 7**: The dropdown menu is expanded, showing options: "Medical record", "Contract/pricing", "Itemized bill", and "Other".
- 8**: The dropdown menu is set to "Other". A text field "Enter document type \* another type" is visible. The "Attach" button is highlighted.

The final screenshot shows the "Attach supporting documents" section with two items:

- 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

At the bottom, there is a "Back to claim info" link and a "Next" button.

## 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.

**DISPUTE A CLAIM DECISION**

Claim info Dispute info **Contact info** Review

### Contact information

You'll be notified at the email provided when acknowledgement and determination letters are ready to access on Provider Connection.

\* Required

First name: First MI: I Last name: Last

Contact phone: (123) 456-7890

Contact email: disputes@domain.com (40 characters max)

We recommend large providers with multiple Tax IDs use a dedicated email, e.g., disputes@inbox.com.

Street address: 1234 Mission Street

Suite/Floor/Apt.

City: San Francisco

State: CA ZIP code: 94110

[Back to dispute info](#) **12** **Next**



# 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**.

**DISPUTE A CLAIM DECISION**

Claim info Dispute info Contact info **Review**

**Review**

You're almost done. Review the information below and enter your e-signature when you're ready to submit your dispute.

<b>Claim information</b> <a href="#">Edit</a>	<b>Dispute information</b> <a href="#">Edit</a>
Claim # 000345349900	Description Your claim decision is incorrect because...
Provider XO Medical	Expected outcome The next steps needed are...
Provider ID FA123456	Supporting documents (f) All documents will be scanned for viruses
Tax ID 557470219	1. <a href="#">Approved_bulk_template_PRIV_Prov_...xlsx</a> (3738 kb) <span>Medical record</span>
Member name Member X	
Date of birth 11/30/1971	
Subscriber Name Member X	
Subscriber ID AN6919121595	
Dates of service 09/23/2022-09/23/2022	
Amount billed \$50.00	
Amount paid \$0.00	
<b>Contact information</b> <a href="#">Edit</a>	
Contact name Chris Donald	
Contact phone (974) 937-4374	
Contact email chrid@gmail.com	
Address 123 Calle Amistad San Clemente, CA 92673	

**13**

**14** \* Required  
Enter your full name and today's date.  
 I agree to receive dispute correspondence by email

Full name: Electronic signature **15**

Today's date **16**


A copy of your completed form will download after you sign and submit.

[Back to contact info](#) **Sign and submit**

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)

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**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.

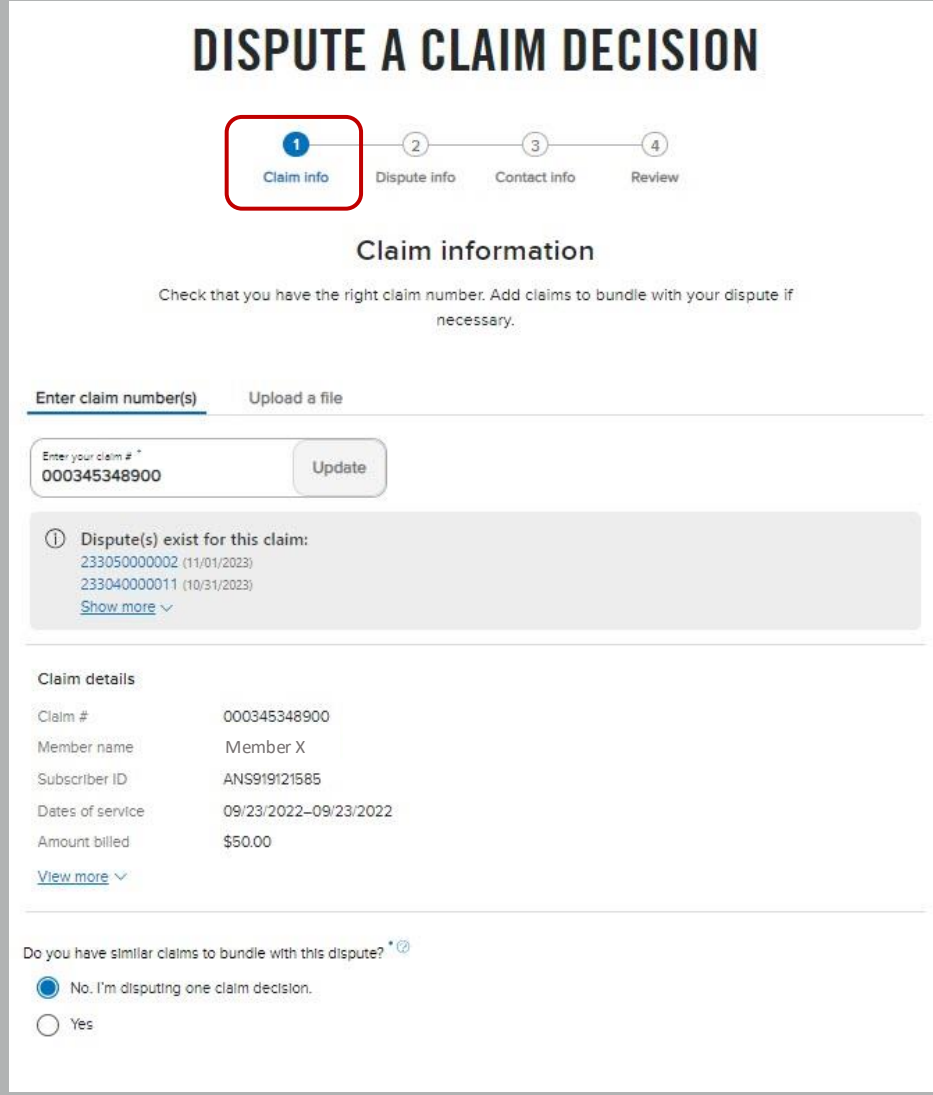
[View all claims](#) [View all disputes](#)

## 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.



Continued next page.

# 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](#).

Do you have similar claims to bundle with this dispute? \* ?

No. I'm disputing one claim decision.

Yes

**1**

You can enter up to 50 claims. If you have more, [upload a file](#).

Enter claim numbers \*  
230000674000

**2**

**Add** >

**3**

Claim #	Plan type	Service from	Member name	Billed amount
1. 000345354800	Medi-Cal Promise	09/11/2022	Last, First	\$1,900.00

< Cancel **Next**

! One or more claims can't be included with this dispute. If you've added claims of different plan types, you'll be asked to remove them before proceeding.

You can enter up to 50 claims. If you have more, [upload a file](#).

Enter claim numbers \*

**Add** >

Claim #	Plan type	Service from	Member name	Billed amount
1. 000345354800	Medi-Cal Promise	09/11/2022	Last, First	\$1,900.00
2. 230000674000	Commercial	09/01/2023	Lastn, Firstn	\$1,000.00

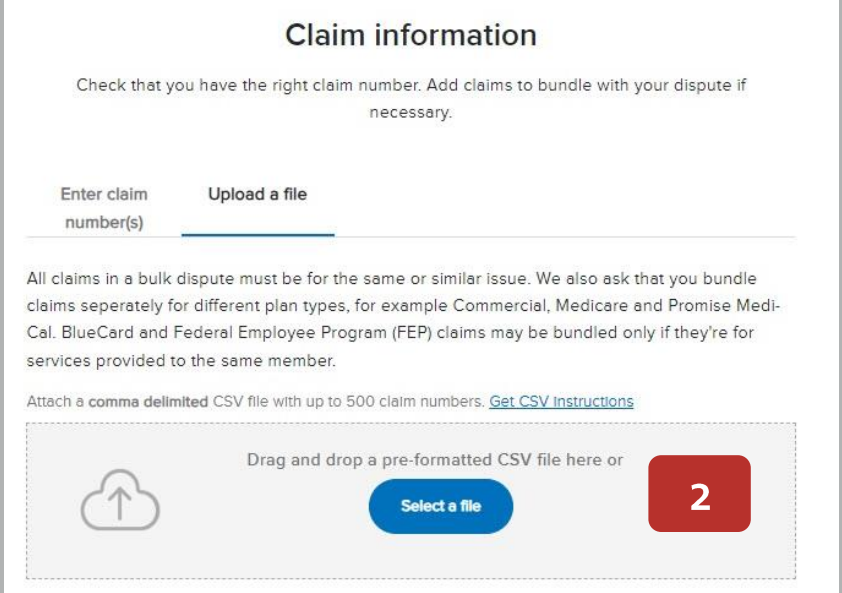
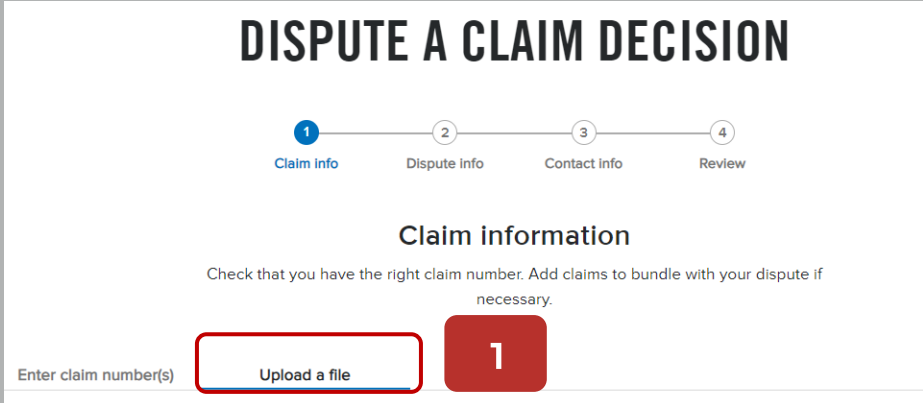
< Cancel **4** **Next**

# Dispute process – Step 1: Bundle disputed claims up to 500

## 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.



Continued next page.

# Dispute process – Step 1: Bundle disputed claims up to 500 (continued)

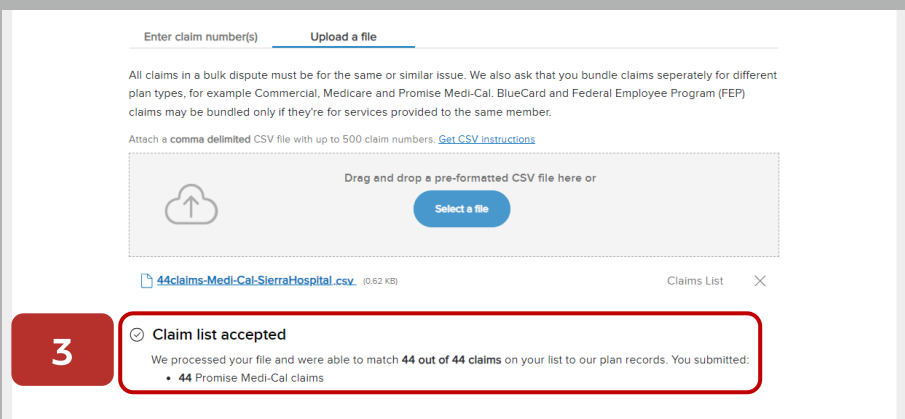
3. The *Claims list accepted* message displays.

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

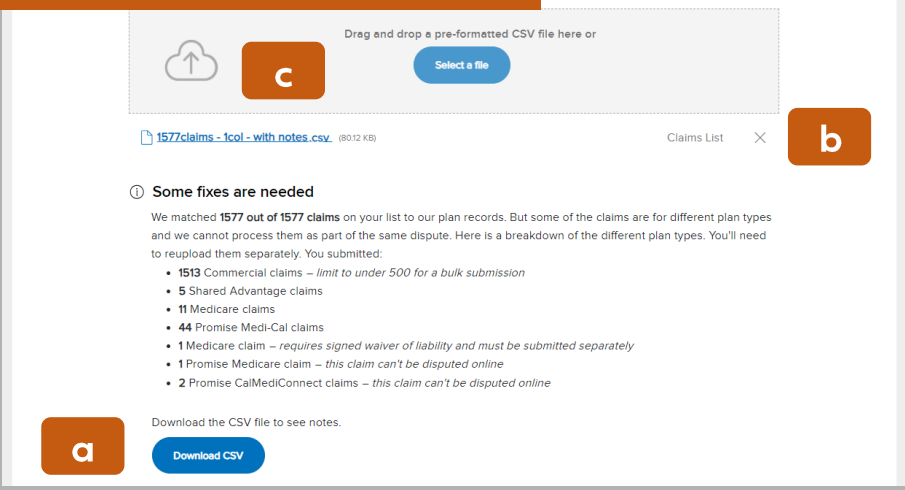
- a) Download your submitted CSV file. Claims will be labeled by plan type to help you sort and separate them. Save the corrected file(s).
- b) Click the **X** to remove the original CSV file with the errors and activate the *Select a file* button.
- c) Drag/drop or select to upload the corrected CSV 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



# 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.

The screenshot shows the 'Submitted Disputes' page with various filters and a table of results. A red box highlights the 'Submitted' filter in the 'Dispute type' section. Another red box highlights the 'Open' status in the table. A third red box highlights the dispute case number '23347000307' in the first column of the table. A fourth red box highlights the 'Show results' button. A fifth red box highlights the 'Claim issues & disputes' menu item in the top navigation bar.

Dispute case #	Provider (Tax ID)	Claim #	Member name	Dates of service	Submitted	Date received	Date closed	Dispute status
23347000307	UCD MEDICAL GRP	14 claims	Multiple	Multiple	Online (by me)	12/13/2023		Open

Continued next page.

## 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.