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Availity Gateway Update Enhances Claim Processing Experience
December Changes Resolve Issues before Submission

With the new update to Availity[1] Gateway, users will be able to see data issues before claims enter the system resulting in fewer claim holds. The changes are set to be implemented in December and make the processing experience smoother than ever.

By making it easier to identify and resolve data issues before a claim enters the system, the update eliminates the need for us to gather correct data with letters, denial Explanation of Benefits and other means.

Action to take

If you already include the data below in your claims, these changes may be transparent because the claim will pass without the need for additional information. However, if you do not include the appropriate diagnosis within the first two positions on the claim and submit a project ID, the claim will reject. The system will message you through the Electronic Batch Report (EBR) with details on how to correct and submit the claim. Just follow the steps in these bullets:

CLNT edit message: "Clinical trial diagnosis Z00.6 is required in diagnosis position 1 or 2 (loop 2300, HI01-2 or HI02-2) when loop 2300 REF01 contains P4."

- This edit applies to Professional claims
- This edit will hit when the claim contains a Demonstration Project Identifier and lacks diagnosis code Z00.6 in the first or second position
- Check loop/segment 2300 HI01-2 or HI02-2 for the diagnosis code
- Check loop/segment 2300 REF02 when REF01 contains the qualifier P4 (Project Code)
- Rebill the claim electronically with the correct diagnosis or without a Demonstration Project Identifier

Help is available

If you have questions about your EBR report or would like to learn more about how to submit claims, please visit availity.com or call Availity at 800-282-4548.

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