

How to Submit a Claim in Availity

If you have any questions or need help with submitting a claim, feel free to contact Availity Client Services at **1-800-AVAILITY (800-282-4548)** or select **Help Topics and Training** from top navigation *Help & Training*.

1. Go to [Availity.com](https://www.availity.com) and select **Log in to Essentials**. Log in using your credentials.
2. Select **Claims & Payments** from the top toolbar, then select **Claims & Encounters**.
3. You are now on the **Claims & Encounters** page. Complete the following:
 - *Organization*: Select the appropriate organization based on your Availity account.
 - Claim type: Select Professional Claim.
 - Payer: Select **Colorado Community Health Alliance (CCHA)**.
 - Responsibility sequence: Select **Primary**.
4. Complete **Patient Information** section:
 - Select the blue question mark (?) if you need help determining what information is needed for a field.
5. Complete **Subscriber Information**:
 - Note: If you submit an eligibility and benefits (E&B) inquiry first, the subscriber data will persist to the claims submission and populate fields for you. Otherwise, use the ID number returned in the E&B inquiry as the subscriber ID, and select **Yes** for the *Authorized Plan to Remit Payment to Provider* field.
6. Complete **Billing Provider Information** with your organization's information. You can manage the information that auto-populates under *My Providers* and then *Manage My Organization* from the top toolbar. You must select **Add Rendering Provider** in this section.
7. Complete **Rendering Provider** fields.
8. Complete **Claim Information**:
 - *Patient Control Number/Claim Number*:
 - Patient control number is the internal number the provider office uses to identify the client in the office's billing records and computer system.
 - This number is not assigned by CCHA.
 - *Frequency Type*: Select one of the following options:
 - Select **1 – Admit through Discharge Claim** for an initial claim
 - Select **7 – Replacement of Prior Claim** for a corrected claim
 - Note: You will be prompted to enter the payer control number (ICN/DCN). This is the claim number received from the payer.
 - You will need to finish all the remaining steps of submitting the claim with the corrected claim information.
 - Select **8 – Void/Cancel of Prior Claim** for voiding the claim completely:
 - Note: You will be prompted to enter the payer control number (ICN/DCN). This is the claim number received from the payer.
 - You will need to finish all the remaining steps of submitting the claim with the claim information that is being voided.
 - Provider accepts assignment: Select **A-Assigned**:
 - *Provider Signature on File*: Select **Yes**.

- *Diagnosis code pointers:*
 - These will populate in a drop-down format.
- Pick the appropriate code based on diagnosis code entered.
- *Charges:*
 - In the *Charges* field, you'll enter the total charges.

You can add multiple service lines for the patient by selecting **Add a Line**. Once you have entered all claim lines for the patient, select **continue** to submit the claim:

9. Congratulations — You're done submitting the claim! Now, you just need to verify the claim made it to the payer.

Verifying Accept/Reject Reports

Note: Be sure that the administrator has set up EDI **File Management** to send and receive files to determine if the claim made it to the payer. If it was rejected, the reject reason will be included so the claim can be resubmitted.

If submitting claims through the Availity Essentials, view your accept/reject reports by following these steps:

- Select **Claims & Payments**, then select **Send and Receive EDI Files**.

For further assistance visit the Provider Learning Hub to take On-Demand training

Contact Availity at **1-800-AVAILITY** for further assistance viewing or reading files.