The Patient Cost Estimator is a tool in the Availity portal that provides real-time estimation of member responsibility. This feature can be utilized at the time of service, enabling professional providers to collect copayments, coinsurance and deductible amounts up front for Blue Cross and Blue Shield of New Mexico (BCBSNM) members. The following information instructs users how to access and use the Patient Cost Estimator via Availity.

Not yet registered with Availity? Visit Availity 🖅 and complete the online registration today, at no cost.

The Patient Cost Estimator tool is currently unavailable for Medicare Advantage members.

Patient Cost Estimator is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility, benefits, limitations and exclusions and the terms of the member's certificate of coverage in effect on the date services are rendered. Accumulated amounts, such as deductibles, may change as additional claims may have been processed after the estimate was provided.
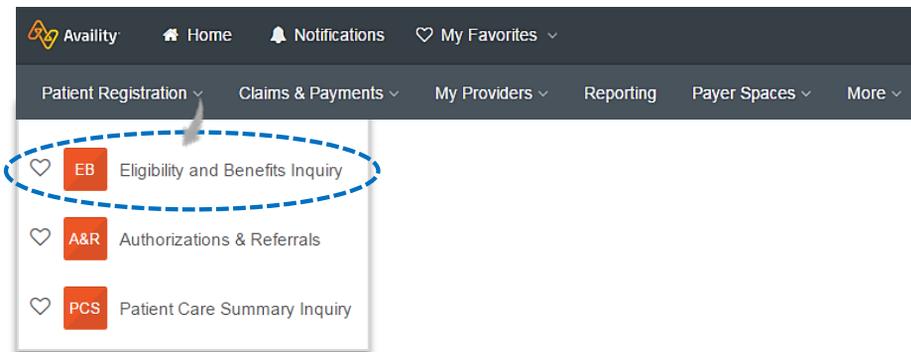
1) Getting Started

- ▸ Go to Availity 🖅
- ▸ Select **Availity Portal Login**
- ▸ Enter User ID and Password
- ▸ Select **Log in**

Note: Only registered Availity users can access the Patient Cost Estimator.

2) Accessing Patient Cost Estimator

- ▸ Select **Patient Registration** from the navigation menu
- ▸ Select **Eligibility and Benefits Inquiry**

*Note: Contact your Availity Administrator if you do not have access to the **Eligibility and Benefits Inquiry**.*

3) Eligibility and Benefits Inquiry

To access the Patient Cost Estimator, an eligibility and benefits transaction must be submitted.

▶ Complete the **Eligibility and Benefit Inquiry**

▶ Select **Submit**

Quick Tips:

→ *For the Patient Cost Estimator to return an accurate result, a valid Rendering NPI* must be used when submitting an Eligibility and Benefits Inquiry.*

→ *Refer to the **Eligibility and Benefits User Guide** 📄 to learn how to verify Eligibility & Benefits via Availity.*

* This does not apply to organizations whose Rendering and Billing NPI numbers are the same.

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* **Payer** ❓

BCBSNM

Provider Information

Select a Provider ❓

Search for a Provider

* **Provider Type**

Please Select a Provider Type

* **NPI** ❓

City

State | Zip Code

Please Select a ...

Service Information

* **As of Date** ❓

03/10/2021

* **Place of Service**

Please Select a Place of Service

Benefit / Service Type ❓

Please Select a Benefit/Service Type

Check Pre-Authorization
CPT/HCPCS Procedure Code ❓   [Add My Frequent Procedure Codes]   Clear All

Enter a Valid Procedure Code

Patient Information

Patient Search Option ❓   ☐ Add Multiple Patients

Patient ID, Date of Birth

* **Patient ID** ❓

* **Date of Birth**

__/__/____

Gender ❓

Please Select a Gender

Patient Relationship to Subscriber ❓

Self

☐ Submit another patient

Submit

4) Eligibility and Benefits Summary Results

▸ Select the **Patient Cost Estimator** button at the top of the Eligibility and Benefits Inquiry results screen

| Patient Cost Estimator | Patient Care Summary |

Note: The Patient Cost Estimator button is only available for eligible members. Reference page 7 for a listing of ineligible members and providers.

5) Patient and Subscriber Information

▸ Patient and Subscriber Information will populate with data received in the Eligibility and Benefits Inquiry results

Patient Cost Estimator

* indicates a required field

BlueCross BlueShield of New Mexico

Date of Estimate: 03/11/2021

Payer: BCBSNM

Organization: ABC Clinic

Patient Information

Benefit/Service Type: Physician Visit - Office: Sick

Patient Name: DOE, JOHN

Date of Birth: 01/25/1967

Gender: Male

Address: P.O. BOX 123
ANYWHERE, XX 12345 - 0123

* Relationship to Subscriber: ?   Self

Subscriber Information

Subscriber ID: ABC123456789

Subscriber Name: DOE, JOHN

Policy or Group Number: 123456

6)   Patient Information

Is the billing provider the same as the rendering provider?

▶ If your Rendering NPI (Type1) and Billing NPI (Type 2) are the same, answer **Yes** and enter the **Billing Provider** information

Provider Information

| * Is the billing provider the same as the rendering provider? | ◉ Yes |
| | ○ No |

Billing Provider

Select a Provider: ?	Select One ▼
* Organization / Provider Last Name: ?	ABC CLINIC
First Name:	
* NPI: ?	1234567890
Tax ID Type:	Employer Identification Number (EIN) ▼
* Tax ID: ?	999999999

Important: Enter the tax ID to which the claim should be paid.

▶ If your Rendering NPI (Type1) and Billing NPI (Type 2) are the NOT the same, answer **No** and enter the **Rendering** and **Billing Provider** information

Provider Information

| * Is the billing provider the same as the rendering provider? | ○ Yes |
| | ◉ No |

Rendering Provider

Select a Provider: ?	Select One ▼
* Organization / Provider Last Name:	DOE
First Name:	JANE
* NPI: ?	1999999999
Tax ID: ?	999999999

Billing Provider

Select a Provider: ?	Select One ▼
* Organization / Provider Last Name: ?	ABC CLINIC
First Name:	
* NPI: ?	1234567890
Tax ID Type:	Employer Identification Number (EIN) ▼
* Tax ID: ?	999999999

Important: Enter the tax ID to which the claim should be paid.

7) Diagnosis Code(s)

▶ Enter the **Principal Diagnosis Code**

Diagnosis Codes ?
* Principal Diagnosis Code: `D72819` ICD-10 Code Verification ?
[+] Add Another Code

> **Quick Tip:**
> → *For assistance with ICD-10 Code lookup, select **ICD-10 Code Verification**.*

8) Place of Service

▶ Select applicable **Place of Service** from the drop-down list:

- 11 – *Office*
- 22 – *On Campus Outpatient Hospital*

Procedure Information
* Place of Service: ?   `11 - Office  ▼`

9) Line-Item Entry

▶ Complete the following fields:
- **Procedure Code**
- **Modifier** *(if applicable)*
- **Diagnosis Code Pointers**
- **Charges**
- **Number of Units/Minutes**

▶ Select **Save to Service Line**

▶ After all services lines are added, select **Submit**

Line Number	Procedure Code CPT/HCPCS	Modifiers 1	2	3	4	Diagnosis Pointer	Charges	Minutes or Units	
No claims entered yet. Enter claim(s) below and click Add Another Line.									
						Total:	$0.00		

Line Number: 1

* Procedure Code: ? `99203`

Modifiers: [ ] [ ] [ ] [ ]
     1   2   3   4

* Diagnosis Code Pointers: ? `D72819 ▼` `Select One ▼` `Select One ▼` `Select One ▼`
  * 1   2   3   4

* Charges: `166.00`

* Number of: ? `1` `Units ▼`

(Save to Service Line)

> **Quick Tip:**
> → *Additional lines of service can be added after selecting **Save to Service Line**.*

(Submit) Clear

10) Results

▶ An estimation of the member's financial responsibility will display and include the following information:

- Charges
- Contractual Obligation
- Allowed Amount
- Co-Insurance
- Deductible
- Co-pay
- Non-Covered Amount
- Estimated Member Responsibility

Note: *Modifiers keyed on the entry screen will not be displayed in the results.*

Diagnosis Code	Description	Procedure Code	Description
D72819	Decreased white blood cell count unspecified		

Procedure Code	Description	Charges	Contractual Obligation	Allowed Amount	Co-Ins	Deductible	Co-pay	Non-Covered Amt	Remark Code
99203	OFFICE/OUTPATIENT VISIT NEW	$166.00	$39.59	$126.41	$0.00	$126.41	$0.00	$0.00	N506

	Charges	Contractual Obligation	Allowed Amount	Co-Ins	Deductible	Co-Pay	Non-Covered Amt	Estimated Member Responsibility
Total	$166.00	$39.59	$126.41	$0.00	$126.41	$0.00	$0.00	$126.41

11) Other Potential Responses

▶ Some diagnosis codes, procedures and/or group restrictions may prevent the members estimated responsibility from being calculated

▶ In these instances, the following message will return:

Error Message
- We are unable to complete the estimated financial responsibility in real-time.

Note: *An estimation of member responsibility is only available through the Patient Cost Estimator. BCBSNM Provider Customer Service does not supply this information.*

10) Transaction Tips

Ineligible Members:

→ Federal Employee Program® (FEP®)

→ Members with other insurance *(e.g., Medicare and/or Coordination of Benefits)*

→ BlueCard®

→ Medicare Advantage

Note: *Patient Cost Estimator is available for Blue Cross and Blue Shield of Illinois, New Mexico, Oklahoma, and Texas.*

Entry Screen:

→ Estimates are available for office and outpatient places of service only.

→ Patient Cost Estimator is for the current date of service.

→ Up to 8 diagnosis codes, including the principal diagnosis, can be added by selecting **Add Another Code**.

→ Up to 4 modifiers may be entered on each service line.

→ When applicable, enter anesthesia procedures using minutes instead of units.

Have questions or need additional education? Email the Provider Education Consultants

Be sure to include your name, direct contact information & Tax ID or billing NPI.