

Claim Reconsiderations and Disputes – Provider Portal Desk Reference

Follow this process when you would like BCBSAZ Health Choice to re-adjudicate a claim.

Important information before you get started.

- The reconsideration and dispute features are enabled based on Tax Id number.
- The eligibility of a claim reconsideration is based on the original claim's date of service.
- Only claims that fall within the time frames indicated below will be eligible for reconsideration.
 - **Health Choice Arizona:** 12-month time frame from the date of service to file a reconsideration.
 - **Health Choice Pathway:** 18-month time frame from the date of service to file a reconsideration.
- The system is set up to ensure that only claims that meet these guidelines will allow you to proceed with a reconsideration through the provider portal.
- If your claim is outside the time frame, you will see the following disclaimer once your claim is located, "Please contact your Provider representative; the claim Date of Service has exceeded the time frame for reconsideration."
- Only claims in a **Paid** or **Denied** status are eligible for reconsideration and only claims in a finalized status for reconsideration are eligible for a dispute.
- The provider portal allows for up to two reconsiderations and one formal dispute per claim. If you would like to file a second formal dispute, review chapter 15 (BCBSAZ Health Choice Arizona and StandardHealth with Health Choice) or chapter 9* (Health Choice Pathway) of the Provider Manual for instructions. **Health Choice Pathway—a dispute is referred to as an appeal*

Logging In

1. Log in to the portal with your TIN, User ID, and password.
<https://providerportal.healthchoiceaz.com/>
2. Once logged in, your view will default to the "Home" screen.

Submitting a Claim Reconsideration

1. To start, select **CLAIMS** in the upper navigation bar, then **VIEW ALL CLAIMS**.

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• Our BCBSAZ Health Choice Arizona Prior Authorizations grid has been updated and will be effective 3/1/2025. [BCBSAZ HC AZ Prior Authorizations Grid](#)
 • Our BCBSAZ Health Choice Pathway Prior Authorizations grid has been updated and will be effective 3/1/2025. [BCBSAZ Health Choice Pathway Prior Authorizations Grid](#)
 • Our BCBSAZ ACA Standard Health with Health Choice Prior Authorizations grid has been updated and will be effective 3/1/2025. [BCBSAZ Standard Health with Health Choice Prior Authorization Grid](#)
 • BCBSAZ Health Choice has developed temporary, alternative solutions via our Provider Portal to allow providers to directly submit claims without the need for a clearinghouse, and to allow downloading and printing of remittance advices.
 • BCBSAZ Health Choice added an alternative solution to support electronic claims submissions on March 19, 2024. Providers can now submit electronic 837 claims to Optum IEDI, a clearinghouse that was developed outside the Change Healthcare environment. Please refer to the [provider notices for additional instructions. Change Healthcare Incident Solutions and Response](#)

Welcome to Health Choice Provider Portal

New & Upcoming Enhancements

- You can now submit Dental Prior Authorization and Dental Specialty Referral requests directly through your secure portal.
- Dental Claims History now provides member benefit balance.
- Medical Review Documents (reserved ONLY for approved Hospital Tax ID): Update process for file upload directly to a claim only. Pardon our dust as we continue maintenance on this feature.


Provider Reminders

- AHCCCS Medicaid Redeterminations are underway! Our BCBSAZ Health Choice assistants can help members Monday through Friday, 8 a.m. to 5 p.m. at 1-844-390-8935. Members can also visit [HealthEArizonaPlus.gov](#) to update their AHCCCS information.
- Member ID prefixes and EDI Payor ID#s: Health Choice Arizona is HCI (e.g. HCIA12345678); EDI Claim Payor #62179. Health Choice Pathway is MZH (e.g. MZHC1234567); EDI Claim Payor ID #62180. ACA StandardHealth with Health Choice is IAZ (e.g. IAZ987654321); EDI Payor ID#RP105.
- Paper Claim Submission Address for all lines of business: P.O. BOX 52033, PHOENIX, AZ 85072-2033
- Recent Member Admissions and/or Discharges
- Providers can submit credentialing requests via our Provider Portal. Forms will automatically be routed to our Credentialing or Contracting department for processing with an accessible PDF form for your records. Click the [Provider Demographic Request/AzAHP E-Apply Practitioner Data Form](#) link under Provider Tools.
- Opportunity for Practitioner Input: Health Choice values our network of providers and is interested in your input regarding Utilization Management (UM) Guidelines. If you have interest in assisting with development or review of UM criteria and technology, please send your contact information along with your field of practice to: HCHComments@azblue.com

Member Eligibility:

Click [here](#) to view eligibility and coordination of benefit details for a member

| Claims | Authorizations | Provider Tools |
|---|---|--|
| Use one of our convenient tools to learn more about our services. <ul style="list-style-type: none"> • Claims Lookup • Dental History / Benefits • Vision History / Benefits | Need information regarding authorizations? Choose one of the following options below. <ul style="list-style-type: none"> • View Your Medical Prior Authorization Status • View Your Dental Prior Authorization Status • Health Choice & Health Choice Pathway - Pharmacy Prior Authorization Request • Health Choice Arizona - Prior Authorization Grid • Health Choice Pathway - Prior Authorization Grid (Arizona) • ACA StandardHealth with Health Choice - Prior Authorization Grid | Use one of our convenient tools to manage your account or look up answers in our document library. <ul style="list-style-type: none"> • Provider Member Roster • Provider Resources • Health Choice Integrated Care Provider Portal • Provider Demographic Request/Electronic Credentialing - AzAHP Practitioner Data form |



BlueCross
BlueShield
of Arizona

Health
Choice

HOME

ELIGIBILITY

CLAIMS

MEMBER ROSTER

QUALITY

PRIOR AUTHORIZATIONS

DOCUMENTS

LOG OFF

70,219 Claims

Actions:

BULK RECONSIDERATION

EXPORT TO EXCEL

Select Filters:

Claim Number

Provider Name

Member Id

Member Name

Date Of Service

Received Date

Paid Date

Status

Lob

Billed

-- Please Select --

-- Please Select --

\$ 0.00

Allowed

Paid

Check #

Reconsideration Status

\$ 0.00

--Please Select --

APPLY FILTERS

CLEAR FILTERS

Show

10

 entries

Bulk

Claim Number

Provider Name

Member Id

Member Name

Date Of Service

Received Date

Paid Date

Status

LOB

Billed

Allowed

Paid

Check #

Reconsideration Status

Docs

▼

- Select the appropriate **Reason Code** for your request for reconsideration. A short note about your reconsideration in the **Custom Reason** box is required to help guide the processor when reviewing the claim. Then select the **RECONSIDERATION REQUEST** button.

| Bulk | Claim Number | Provider Name | Member ID | Member Name | Date Of Service | Received Date | Paid Date | Status | LOB | Billed | Allowed | Paid | Check # | Reconsideration Status | Docs |
|--------------------------|--------------|---------------|-----------|-------------|-----------------|---------------|------------|------------|-----|----------|----------|----------|---------|------------------------|------|
| <input type="checkbox"/> | | | | | 02/25/2025 | 03/01/2025 | | PROCESSING | HCA | \$0.01 | \$0.00 | \$94.47 | 0 | | |
| <input type="checkbox"/> | | | | | 02/25/2025 | 03/01/2025 | | PROCESSING | HCA | \$0.01 | \$0.00 | \$94.47 | 0 | | |
| <input type="checkbox"/> | | | | | 02/25/2025 | 03/01/2025 | | PROCESSING | HCP | \$442.92 | \$58.46 | \$58.46 | 0 | | |
| <input type="checkbox"/> | | | | | 02/25/2025 | 03/05/2025 | | PROCESSING | HCP | \$233.11 | \$0.00 | \$0.00 | 0 | | |
| <input type="checkbox"/> | | | | | 02/25/2025 | 03/01/2025 | | PROCESSING | HCA | \$0.01 | \$0.00 | \$94.47 | 0 | | |
| <input type="checkbox"/> | | | | | 02/25/2025 | 03/01/2025 | | PROCESSING | HCS | \$125.04 | \$73.56 | \$0.02 | 0 | | |
| <input type="checkbox"/> | | | | | 02/25/2025 | 03/01/2025 | | PROCESSING | HCP | \$564.65 | \$133.82 | \$133.82 | 0 | | |
| <input type="checkbox"/> | | | | | 02/25/2025 | 03/03/2025 | 03/07/2025 | DENIED | HCP | \$385.83 | \$0.00 | \$0.00 | 0 | | |

| Status | Date Of Service | Procedure | Quantity | Paid Date | Billed | Deductible | Allowed | COB | Co-Pay/Co-Ins | Paid | Reason Code |
|--------|-----------------|-----------|----------|------------|----------|------------|---------|--------|---------------|--------|---------------------------------|
| DENIED | 02-25-2025 | 99215 | 1 | 03-07-2025 | \$385.83 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 26 - MEMBER NOT ELIGIBLE ON DOS |

Reason Code

--Select a Reconsideration Reason--

RECONSIDERATION REQUEST

Custom Reason

The information will then be submitted and will be saved and attached to the original claim details.

| PAID | 11-04-2019 | 71046 | 1 | 01-14-2020 | \$602.00 | \$0.00 | \$66.63 | \$0.00 | \$0.00 | \$66.63 | OUTPATIENT LINE APPROVED FOR PAYMENT BASED ON AHCCCS ALLOWABLE | | | | | | | | | | | | |
|--|------------------------|----------------|-------------------------|---|----------|--------|---------|--------|--------|---------|--|------------|------------------------|----------------|--------|-------------|----------|-----|-----|-----------|-------------------------|---|--|
| <p>Claim Reconsideration Request</p> <table border="1"> <thead> <tr> <th>Request ID</th> <th>Reconsideration Status</th> <th>Date Submitted</th> <th>Reason</th> <th>Reason Text</th> <th>Response</th> </tr> </thead> <tbody> <tr> <td>702</td> <td>New</td> <td>9/22/2020</td> <td>CPT/HCPC Code underpaid</td> <td>Our claim with the total billed charges \$5,218 downgraded our Emergency Room charges for not</td> <td></td> </tr> </tbody> </table> | | | | | | | | | | | | Request ID | Reconsideration Status | Date Submitted | Reason | Reason Text | Response | 702 | New | 9/22/2020 | CPT/HCPC Code underpaid | Our claim with the total billed charges \$5,218 downgraded our Emergency Room charges for not | |
| Request ID | Reconsideration Status | Date Submitted | Reason | Reason Text | Response | | | | | | | | | | | | | | | | | | |
| 702 | New | 9/22/2020 | CPT/HCPC Code underpaid | Our claim with the total billed charges \$5,218 downgraded our Emergency Room charges for not | | | | | | | | | | | | | | | | | | | |

Bulk Reconsiderations

Reconsiderations can be submitted in bulk; however, all claims chosen in that reconsideration **must have the same reconsideration reason**.

- Start by locating the claims page that has multiple claims that need to be reconsidered for the same reason.
- Select the **Bulk** checkbox next to each claim that needs to be reconsidered.

Note: If the claim is not eligible for reconsideration, the **Bulk** checkbox will not be available next to the claim.

3. Then select the **BULK RECONSIDERATION** button.

70,219 Claims

Actions: **BULK RECONSIDERATION** EXPORT TO EXCEL

Select Filters:

Claim Number Provider Name Member Id Member Name Date Of Service Received Date Paid Date Status Lob Billed

Allowed Paid Check # Reconsideration Status

\$ 0.00 \$ 0.00 --Please Select-- --Please Select-- \$ 0.00

APPLY FILTERS CLEAR FILTERS

Show 10 entries

| Bulk | Claim Number | Provider Name | Member Id | Member Name | Date Of Service | Received Date | Paid Date | Status | LOB | Billed | Allowed | Paid | Check # | Reconsideration Status | Docs |
|-------------------------------------|--------------|---------------|-----------|-------------|-----------------|---------------|------------|------------|-----|------------|------------|------------|---------|------------------------|------|
| <input checked="" type="checkbox"/> | | | | | 02/22/2025 | 02/26/2025 | 03/06/2025 | PAID | HCA | \$732.93 | \$489.33 | \$489.33 | 123035 | | |
| <input checked="" type="checkbox"/> | | | | | 02/22/2025 | 02/26/2025 | 03/06/2025 | PAID | HCA | \$248.81 | \$120.24 | \$120.24 | 123035 | | |
| <input checked="" type="checkbox"/> | | | | | 02/22/2025 | 02/26/2025 | 03/06/2025 | PAID | HCA | \$633.35 | \$293.04 | \$293.04 | 123035 | | |
| <input checked="" type="checkbox"/> | | | | | 02/22/2025 | 03/05/2025 | | PROCESSING | HCA | \$8,576.00 | \$6,661.74 | \$6,661.74 | 0 | | |
| <input checked="" type="checkbox"/> | | | | | 02/22/2025 | 02/26/2025 | 03/06/2025 | PAID | HCA | \$633.35 | \$293.04 | \$293.04 | 123035 | | |
| <input checked="" type="checkbox"/> | | | | | 02/22/2025 | 02/26/2025 | 03/06/2025 | PAID | HCA | \$732.93 | \$489.33 | \$489.33 | 123035 | | |
| <input checked="" type="checkbox"/> | | | | | 02/22/2025 | 02/26/2025 | 03/06/2025 | PAID | HCA | \$633.35 | \$293.04 | \$293.04 | 123035 | | |

Status Date Of Service Procedure Quantity Paid Date Billed Deductible Allowed COB Co-Pay/Co-Ins Paid Reason Code

4. A pop-up window will appear with the selected claims and one **Reason Code** and one **Custom Reason** box. Select the appropriate reason code for your request for reconsideration that applies to all of the claims selected. A short note about your reconsideration in the **Custom Reason** box is required to help guide the processor when reviewing the claims. Then select **BATCH SUBMIT**.

Total Selected: 4

| Claim Number | Provider Name | Member ID | Member Name | Service Start Date | Service Receive Date | Status |
|--------------|---------------|-----------|-------------|--------------------|----------------------|--------|
| | | | | 2/22/2025 | 2/26/2025 | PAID |
| | | | | 2/22/2025 | 2/26/2025 | PAID |
| | | | | 2/22/2025 | 2/27/2025 | PAID |
| | | | | 2/22/2025 | 2/26/2025 | PAID |

Reason Code * --Select a Reconsideration Reason-- Custom Reason

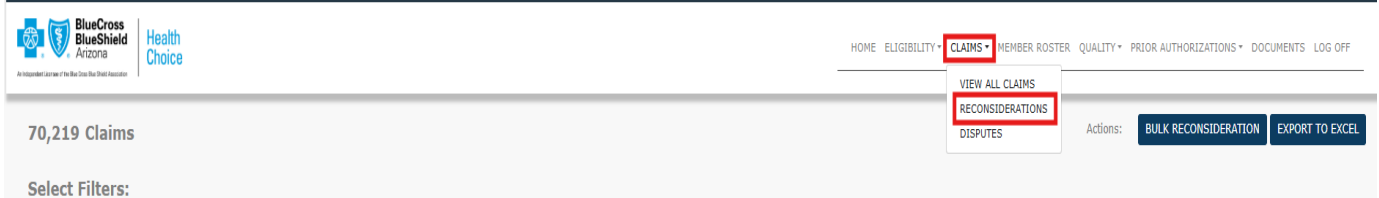
BATCH SUBMIT

CLOSE

Checking the Status of a Claim Reconsideration

The status of your request will be updated as it is worked. You should check back regularly to see where the request is in the process. Reconsiderations can take up to 30 calendar days to process.

1. Select **CLAIMS** in the upper navigation bar, then **RECONSIDERATIONS**.

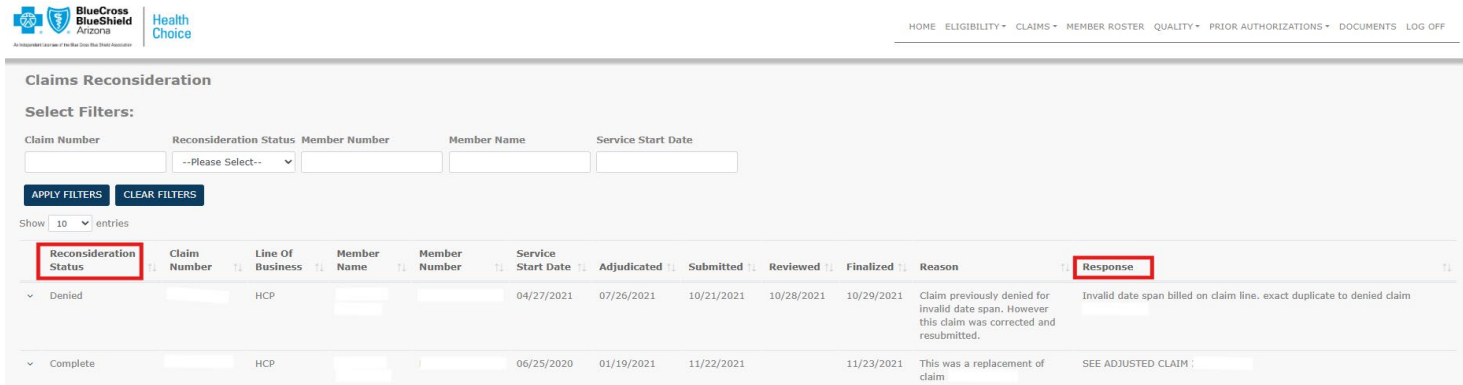


70,219 Claims

Select Filters:

2. All claims that have a reconsideration initiated in the provider portal will be listed here. Scroll through the list to locate the claim you would like to check the status on or use the filter above to narrow the results.

The columns labeled **Submitted**, **Reviewed**, and **Finalized** will be date stamped as it is worked. Additionally, once the reconsideration is processed, the status will change, and you will receive a note from the processor in the **Response** section with details on the decision. If the claim is reprocessed, you will receive a new claim number in addition to the note. If you receive a denied status, this means it was reviewed for reconsideration, and Health Choice agreed with its original decision.



| Reconsideration Status | Claim Number | Line Of Business | Member Name | Member Number | Service Start Date | Adjudicated | Submitted | Reviewed | Finalized | Reason | Response |
|------------------------|--------------|------------------|-------------|---------------|--------------------|-------------|------------|------------|------------|--|---|
| Denied | | HCP | | | 04/27/2021 | 07/26/2021 | 10/21/2021 | 10/28/2021 | 10/29/2021 | Claim previously denied for invalid date span. However this claim was corrected and resubmitted. | Invalid date span billed on claim line. exact duplicate to denied claim |
| Complete | | HCP | | | 06/25/2020 | 01/19/2021 | 11/22/2021 | | 11/23/2021 | This was a replacement of claim | SEE ADJUSTED CLAIM : |

- As stated previously, the provider portal allows for up to two reconsiderations and one formal dispute per claim. If the reconsideration is denied and you would like to submit a second reconsideration, click the down arrow next to the reconsideration status. Select the appropriate **Reason** for your request. A short note in the **Reason Text** box is required to help guide the processor when reviewing the claim. Then select the **RECONSIDERATION REQUEST** button. The information will then be submitted, and you can check the status of the second reconsideration by repeating the steps above.

| Reconsideration Status | Claim Number | Line Of Business | Member Name | Member Number | Service Start Date | Adjudicated | Submitted | Reviewed | Finalized | Reason | Response |
|------------------------|--------------|------------------|-------------|---------------|--------------------|-------------|------------|----------|------------|---|---|
| Denied | | HCA | | | 09/30/2024 | 11/20/2024 | 02/20/2025 | | 02/21/2025 | THIS IS NOT A DUPLICATE CLAIM, PLEASE PROCESS AS SEPARATE CLAIM- T1016 HO | This is bumping against: that paid 11/07/24 Both claims are for pos 53 with modifier HN. |

Reason Code

--Select a Reconsideration Reason--

RECONSIDERATION REQUEST

Custom Reason

-Or-


REQUEST DISPUTE

If you have exhausted two reconsiderations or have done one and want to move to a dispute, follow the step below to submit a formal dispute via the provider portal.

Submitting a Formal Dispute

Only claims in a finalized status for reconsideration (Denied or Complete) are eligible for a dispute.

- Select **CLAIMS** in the upper navigation bar, then **RECONSIDERATIONS**.

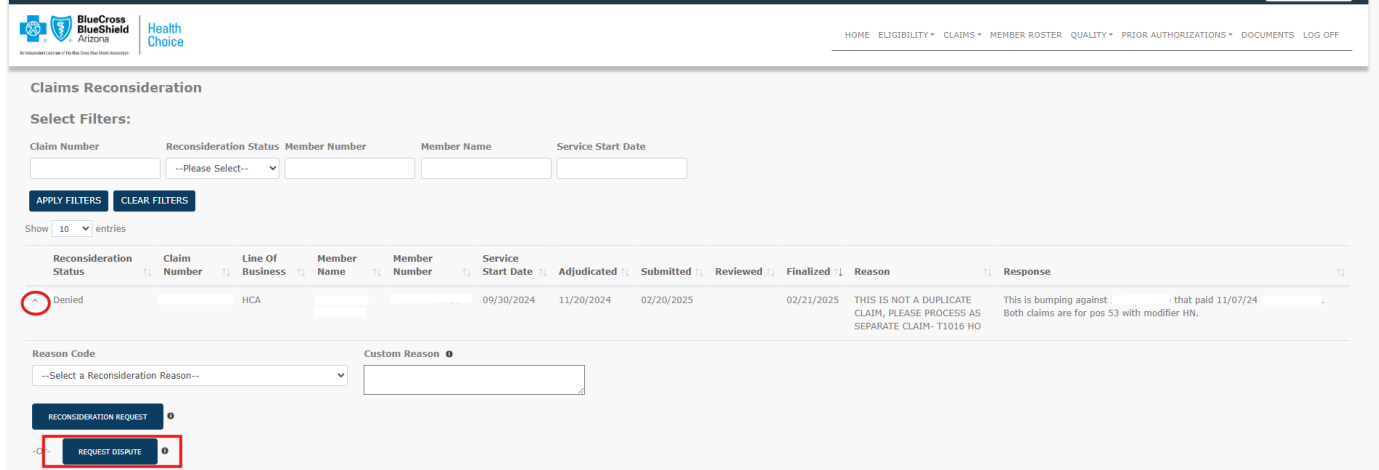



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[Claims Reconsideration](#)

2. Scroll through the list to locate the claim you would like to dispute or use the filters to narrow the results. Select the down arrow to expand the claim to see claim status details and the reconsideration section. Select **REQUEST DISPUTE**.



Claims Reconsideration

Select Filters:

Claim Number Reconsideration Status Member Number Member Name Service Start Date

Show entries

| Reconsideration Status | Claim Number | Line Of Business | Member Name | Member Number | Service Start Date | Adjudicated | Submitted | Reviewed | Finalized | Reason | Response |
|------------------------|--------------|------------------|-------------|---------------|--------------------|-------------|------------|----------|------------|---|--|
| Denied | | HCA | | | 09/30/2024 | 11/20/2024 | 02/20/2025 | | 02/21/2025 | THIS IS NOT A DUPLICATE CLAIM, PLEASE PROCESS AS SEPARATE CLAIM- T1016 HO | This is bumping against : that paid 11/07/24. Both claims are for pos 53 with modifier HN. |

Reason Code:

Custom Reason:

3. Complete the **Dispute a Claim** form. All fields must be completed to submit the dispute. Then attach supporting documentation* for the dispute by selecting **Choose Files**, then locate file and select **Open**. The file will then show attached to the dispute form. Select **SUBMIT**.

*Note: If you are submitting a dispute for Health Choice Pathway and answer “No” to **Contract**, a link will be displayed. Click the link to load a Waiver of Liability (WOL) form on a separate browser tab. Before submitting the dispute, complete the WOL form, and attach it to your dispute submission.



Dispute a Claim

Date Created 3/7/2025

Claim/EDI Tracking Number

1388

Claim Type

1388

Dispute Type

— Please Select —

Line Of Business

Health Choice Arizona

Start Date of Service

09/26/2024

End Date of Service

09/26/2024

Place Of Service

— Please Select —

Contracted

Contracted

Member ID Number

Member Name

Member Date of Birth

01/18/2015

Provider ID (TIN)

Provider NPI

Provider Phone Number

Provider Fax Number

Dispute Reason (explain why claim is being disputed) 10000 Character(s) Remaining

Relief Requested (provide the expected outcome of the appeal and why) 10000 Character(s) Remaining

Send Acknowledgement Letter To:

Contact Person

Address

City

State

AS

Postal Code

Supporting Documentation

Upload

Choose File No file chosen

File Name

File Upload Date

Delete

Cancel

Cancel

Checking the Status of a Claim Dispute

The status of your dispute will be updated as it is worked. You should check back regularly to see where the request is in the process. Formal disputes can take up to 30 calendar days for Health Choice Arizona and 60 calendar days for Health Choice Pathway.

- To locate a submitted dispute, select **CLAIMS** in the upper navigation bar, then **DISPUTES**.



Disputes

VIEW ALL CLAIMS
RECONSIDERATIONS
DISPUTES

- All claims that have a dispute initiated in the provider portal will be listed here. Scroll through the list to locate the claim you would like to check the status on or use the filter above to narrow the results.

The columns labeled **Submitted Date**, **Processing Date**, and **Mailed Date** will be date stamped as it is worked.

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Disputes

Select Filters:

Claim Number
Dispute Status
Dispute Type
Member Number
Member Name
Lob
Provider NPI

APPLY FILTERS CLEAR FILTERS

Show 10 entries

| Submitted Date | Appeal Status | Status Date | Dispute ID | Claim Number | Dispute Type | Decision Letter |
|----------------|---------------|-------------|------------|--------------|------------------------|-----------------|
| 01/09/2025 | Upheld | 02/05/2025 | | | Not Paid Correctly | |
| 11/15/2024 | Overturned | 12/12/2024 | | | Claim Processing Error | |
| 11/06/2024 | Dismissed | 01/01/1900 | | | No Prior Authorization | |
| 11/06/2024 | Overturned | 12/04/2024 | | | No Prior Authorization | |
| 09/12/2024 | Upheld | 10/04/2024 | | | Not Paid Correctly | |
| 08/13/2024 | Overturned | 08/26/2024 | | | Timeliness of Claim | |
| 08/05/2024 | Overturned | 08/08/2024 | | | Claim Processing Error | |
| 08/01/2024 | Upheld | 08/27/2024 | | | Not Paid Correctly | |
| 07/25/2024 | Upheld | 08/13/2024 | | | Not Paid Correctly | |

- The claim will only receive an **Upheld Date** or **Overturned Date** if it receives that final dispute status. If the claim is reprocessed, you will receive a new claim number. If you receive an Upheld status, it was reviewed, and Health Choice agreed with its original decision. Additionally, once a decision is made, a decision letter is attached to the claim in the **Decision Letter** column.

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Disputes

Select Filters:

Claim Number
Dispute Status
Dispute Type
Member Number
Member Name
Lob
Provider NPI

APPLY FILTERS CLEAR FILTERS

Show 10 entries

| Submitted Date | Appeal Status | Status Date | Dispute ID | Claim Number | Dispute Type | Decision Letter |
|----------------|---------------|-------------|------------|--------------|------------------------|-----------------|
| 01/09/2025 | Upheld | 02/05/2025 | | | Not Paid Correctly | |
| 11/15/2024 | Overturned | 12/12/2024 | | | Claim Processing Error | |
| 11/06/2024 | Dismissed | 01/01/1900 | | | No Prior Authorization | |
| 11/06/2024 | Overturned | 12/04/2024 | | | No Prior Authorization | |
| 09/12/2024 | Upheld | 10/04/2024 | | | Not Paid Correctly | |
| 08/13/2024 | Overturned | 08/26/2024 | | | Timeliness of Claim | |
| 08/05/2024 | Overturned | 08/08/2024 | | | Claim Processing Error | |
| 08/01/2024 | Upheld | 08/27/2024 | | | Not Paid Correctly | |
| 07/25/2024 | Upheld | 08/13/2024 | | | Not Paid Correctly | |

As noted in the beginning section, the provider portal allows for up to one formal dispute per claim. If you would like to file a second formal dispute, review chapter 15 (HCA and HCS) or chapter 9* (HCP) of the Provider Manual for instructions. **Health Choice Pathway—a dispute is referred to as an appeal*