

eClaims Reference Guide

Professional Primary

Blue Cross and Blue Shield of Alabama requires healthcare providers to send claims electronically. Paper submission of claims are not accepted. Use this reference guide for filing electronic claims.

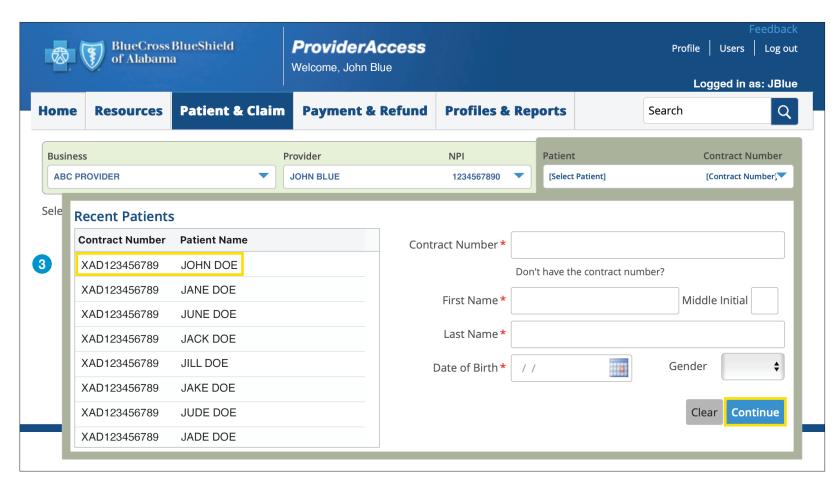
Log in to *ProviderAccess*, hover over **Patient & Claim** and click on "Claims Entry (eClaims)."



2 Choose the correct **Business** and **Provider** from the drop-down boxes. Next, click the "New Claim" tab.



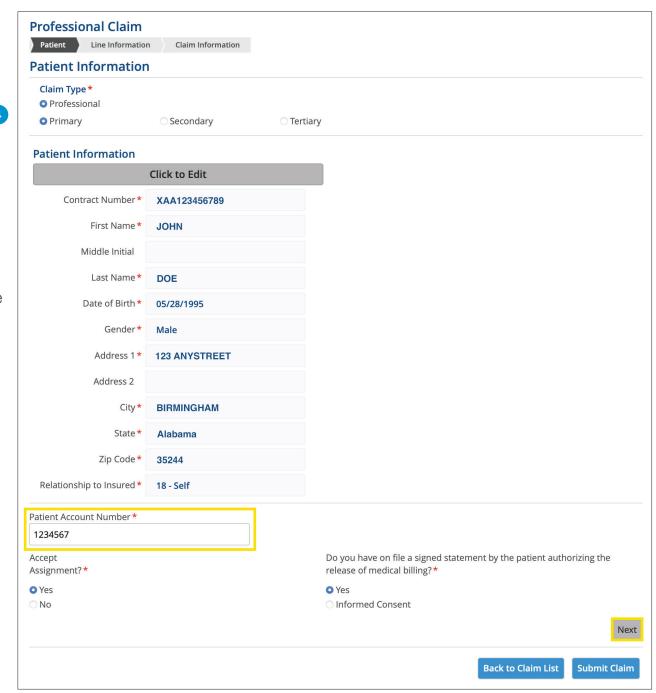
Choose your patient from the **Recent Patients** list and click "Continue" to populate the required fields. If your patient is not listed, enter the contract number, first and last name, and date of birth, then click "Continue."



Note: There may be a few exceptions where the patient cannot be located in the system (e.g., a new member or out-of-state member). There is an option to bypass this screen and manually enter the information. Hit the "Continue" button twice and then select "Bypass Verification" as shown in the image to the right. You will have to manually key the information in the following step, it will not be automatically populated.



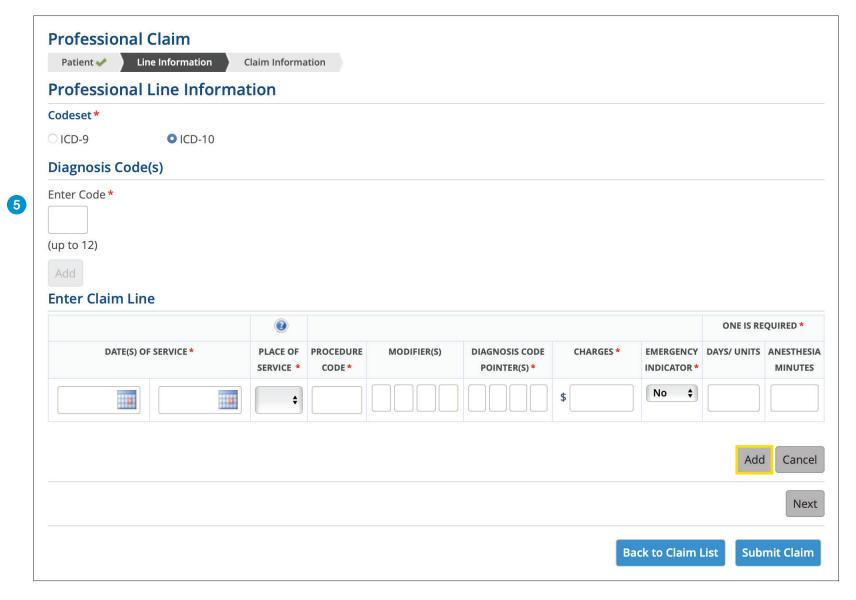
Choose "Primary" as your **Claim Type** and add your Patient Account Number. The **Patient Account Number** is a unique identifier assigned by you for your patients (e.g., chart number). The Patient Account Number entered will be returned on the Audit Report and remittance. Click "Next."



Note: Once you click the "Next" button, you will not be able to return to this page. If you realize you entered incorrect information on this page, delete the claim and start a **new claim**.

*Required fields

5 Enter the Diagnosis Code(s) and click "Add" after each one has been entered. Repeat until all diagnosis codes for the date(s) of service have been added.



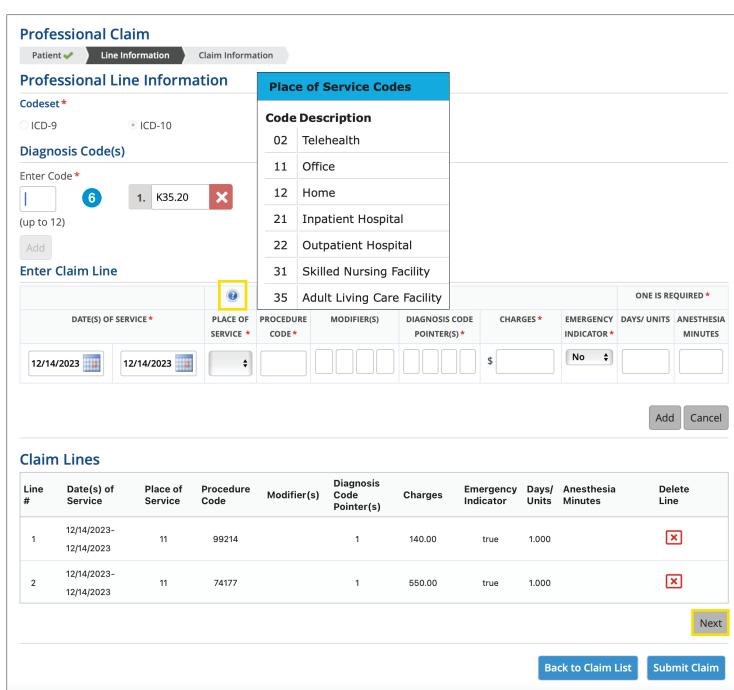
^{*} Required fields

Enter the Claim Line(s) and click "Add" after each one has been entered. Repeat until all claim lines for the date(s) of service have been added, then click "Next." Do not click "Submit Claim" until the Claim Information tab in the next step has been completed.

Note: You may key up to 50 lines on this screen. Clicking "Back to Claims List" will place your claim in Saved Claims section so you can return to it later.

A value is required in the Days/Units field. Enter the appropriate number of services for the service selected. Clicking the question mark above the Place of Service column will show you a list of codes.

*Required fields

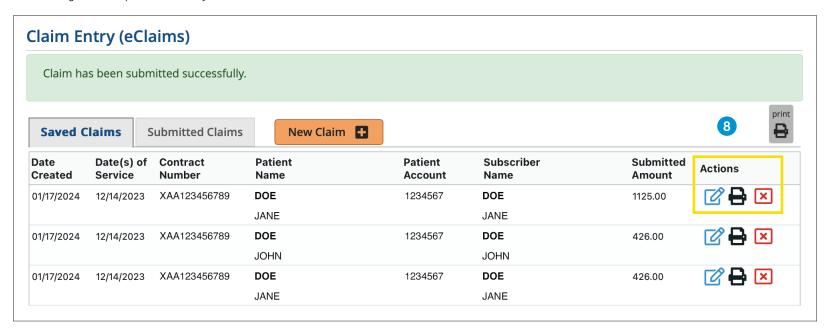


If multiple addresses appear, select the address where the service was provided and **choose any boxes that are applicable** on the **Claim Information** screen then click "Submit Claim." **Note:** If one of your locations is not present, contact Credentialing at 205-220-9545.

Select	Billing / Service Address	Primary Specialty Description / Facility Type(s) of Service
0	123 ANYSTREET, BIRMINGHAM, AL 35244	Hematology/Oncology
0	321 ANYSTREET, BIRMINGHAM, AL 35244	Hematology/Oncology
		1 to 1 of 1
This is	a corrected claim.	
The pa	atient has made a payment toward this claim.	
This cl	aim is related to an accident.	
The pa	atient was hospitalized.	
This cl	aim has an Onset of Current Illness or Symptoms.	
The pa	atient is unable to work in current occupation.	
This cl	aim has a Care Plan Oversight NPI.	
This cl	aim has condition codes.	
The pa	atient used an ambulance or non-emergency transportation.	
This cl	aim has a referring physician.	
This cl	aim is ESA related.	
This cl	aim is for reporting purposes only (no payment is being requested).	7
		Back to Claim List Submit Clair

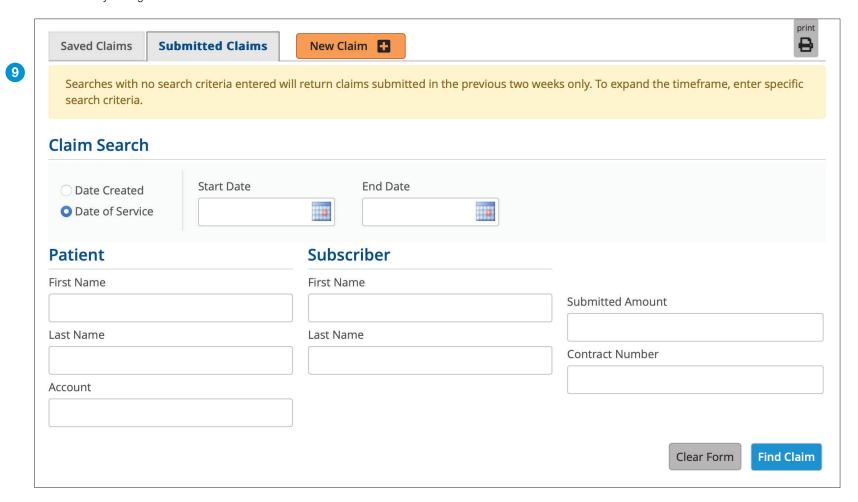
Note: Check this box only if you are entering an informational claim to close a quality gap. This will display on your Audit Report but not your remittance.

Claims in the **Saved Claims** list have not been submitted to us for processing. Under the Actions heading, you can **Edit**, **Create a PDF** or **Delete** the claim. Clicking the Edit option will allow you to submit the claim.



After the claim is submitted to Blue Cross, it will move into the **Submitted Claims** list. The last two weeks of submitted claims are shown by clicking the "Find Claim" button. You can also search for a specific claim using any of the search criteria.

You should also check your Audit Reports, located in the Patient & Claim tab, after a claim is submitted. Review for any rejected claims, make the necessary changes and submit the claim.



For additional help, please contact:

Provider eSolutions	1-205-220-6899
Provider Networks Consultant	1-866-904-4130



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