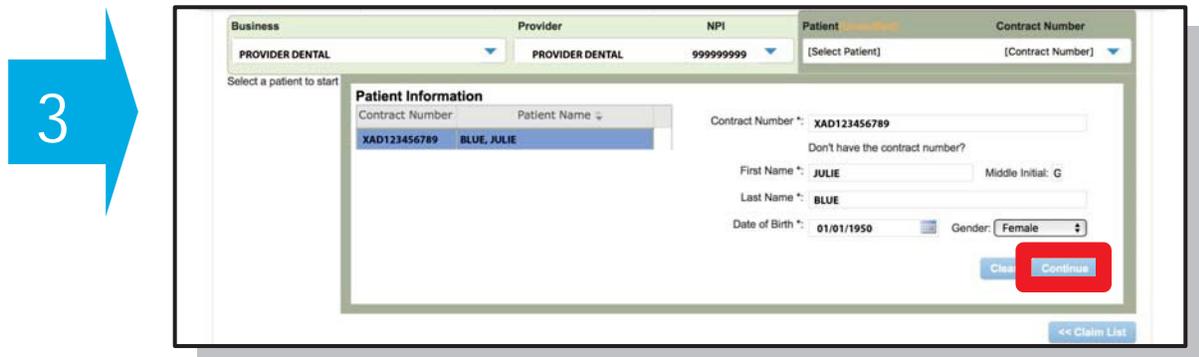# eClaims Secondary Dental Quick Reference Guide

1

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

2

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

3

Choose your patient from the **Patient Information** list and click "Continue." If your patient is not listed, enter the contract number, first and last name, and date of birth then click "Continue."

4

Choose "Dental" and "Secondary" as your **Claim Type** and add your **Patient Account Number**. The Patient Account Number is a unique identifier assigned by you, for your patients. Click "Next."

5

Enter the **Claim Line** information and click "Add."

*Required fields

6

Once you have keyed all lines of your claim, click "Next."

Note: *You may key up to 50 line items on this screen. After entering all line items, click "Next." If you have more than 99 line items, you must create a new claim to enter the additional line items.*

7

Choose any boxes that are applicable on the **Claim Information** screen and click "Next."

8

Dental Claim

Patient ✔ | Line Information ✔ | Claim Information ✔ | **Other Insurance** | Adjustments

Other Insurance
Primary Insurance

Payer

Name:*	XYZ Dental
Address 1:	
Address 2:	
City:	
State:	Select
Zip Code:	

Subscriber

Same As:	Patient / Subscriber
First Name:*	John
M.I.:	
Last Name:*	Blue
Address 1:	
Address 2:	
City:	
State:	Select
Zip Code:	
Primary Member ID:*	123456

Next

Enter the primary insurance information in the required fields indicated by an asterisk and click "NEXT."

9

Patient ✔ | Line Information ✔ | Claim Information ✔ | Other Insurance | **Adjustments**

Claim Adjustments
◉ Line Level ○ Claim Level

Selected Claim Line

Line	Date(s) of Service	Place of Service	Oral Cavity Designation	Tooth Number	Tooth Surface(s)	Procedure Code	Number of Procedures	Charges
1	01/08/2018	11		A	D M O	d2393	1.000	213.00

Enter Adjustments
Enter the line level payment information from the primary payer.

Line Level Adjustments

#	Group	Reason	Amount	Action
1				✖
2				✖
				✖

Up to 36) Add More

Primary Payer Information
Primary Payer:
Primary Member ID/HICN:
Amount Paid:* $
Payment Date:*

Adjustment Group Codes

Code	Description
CO	Contractual obligation
CR	Corrections and reversals
OA	Other adjustments
PI	Payor-initiated reductions
PR	Patient responsibility

Adjustment Reason Codes

1	Deductible Amount
2	Coinsurance Amount.
3	Co-payment Amount
4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING. USAGE: REFER TO THE 835 HEALTHCARE POLICY IDENTIFICATION SEGMENT (LOOP 2110 SERVICE PAYMENTINFORMATION REF), IF PRESENT.
45	CHARGE EXCEEDS FEE SCHEDULE/MAXIMUM ALLOWABLE OR CONTRACTED/LEGISLATED FEE ARRANGEMENT. (USE ONLY WITH GROUP CODES PR OR CO DEPENDING UPON LIABILITY) THIS CHANGE EFFECTIVE 11/1/2015: CHARGE EXCEEDS FEE SCHEDULE/MAXIMUM ALLOWABLE OR CONTRACTED/LEGISLATED FEE ARRANGEMENT. NOTE: THIS MUST NOT DUPLICATEPROVIDER ADJUSTMENT AMOUNTS (PAYMENTS AND CONTRACTUAL REDUCTIONS) THAT HAVE RESULTED FROM PRIOR PAYER(S) ADJUDICATION. (USE ONLY WITH GROUP CODES PR OCO DEPENDING UPON LIABILITY).
96	NON-COVERED CHARGE(S). AT LEAST ONE REMARK CODE MUST BE PROVIDED (MAY BE COMPRISED OF EITHER THE NCPDP REJECT REASON CODE, OR REMITTANCE ADVICE REMARKCODE THAT IS NOT AN ALERT.) USAGE: REFER TO THE 835 HEALTHCARE POLICY IDENTIFICATION SEGMENT (LOOP 2110 SERVICE PAYMENT INFORMATION REF), IF PRESENT.

Next Line

Visit Washington Publishing Company (WPC) for a complete listing of Adjustment Reason Codes.

Claim Lines

Line	Date(s) of Service	Place of Service	Oral Cavity Designation	Tooth Number	Tooth Surface(s)	Procedure Code	Number of Procedures	Charges	Complete
1	01/08/2018	11		A	D M O	d2393	1.000	213.00	✖
2	01/08/2018	11				d1110	1.000	125.00	✖
3	01/08/2018	11				d9223	1.000	100.00	✖

<< Claim List | Submit Claim

Enter the primary insurance payment, adjustment and contractual information and date of payment. Amounts entered in the Line Level Adjustments and Primary Payer Information fields MUST equal the total amount of the claim. Payment, adjustment and contractual amounts must be submitted for each line of the claim. Then click "NEXT." Once all lines are entered, click "SUBMIT CLAIM."

10

After the claim is submitted to Blue Cross, it will move into the **Submitted Claims** list. By clicking the "Find Claim" button, the last two weeks of claims are shown. You can also search for a specific claim using any of the search criteria. An eClaims Audit Trail is available the following business day to reflect Accepted and Rejected Claims. Rejected claims should be reviewed and resubmited with necessary changes.

11

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.