



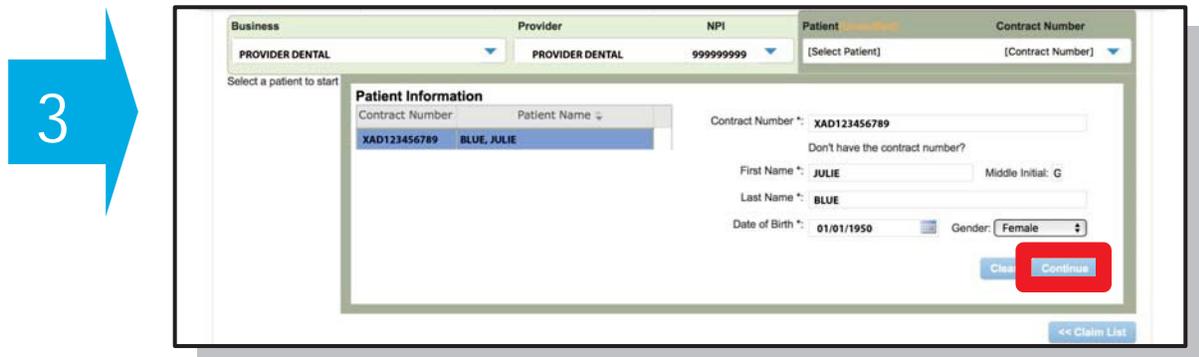
# eClaims Secondary Dental Quick Reference Guide



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



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



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.”

Business: PROVIDER DENTAL | Provider: PROVIDER DENTAL | NPI: 999999999 | Patient: JULIE BLUE | Contract Number: XAA123456789

### Dental Claim

Patient | Line Information | Claim Information

**Patient Information**

Claim Type:  Dental  Predetermination  Professional  
 Primary  Secondary

**Patient Information** [Edit]

Contract Number: XAA123456789  
 First Name: JULIE  
 M.I.:  
 Last Name: BLUE  
 Date of Birth: 01/01/1950  
 Gender: Female  
 Address 1: 123 MAIN STREET  
 Address 2:  
 City: ANYWHERE  
 State: AL  
 Zip Code: 00000  
 Relationship to Insured: SELF

Patient Account Number:

Accept Assignment?  Yes  No  
 Do you have on file a signed statement by the patient authorizing the release of medical billing?  Yes  Informed Consent

[Next] [Submit Claim]



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.”



Business: PROVIDER DENTAL | Provider: PROVIDER DENTAL | NPI: 999999999 | Patient: JULIE BLUE | Contract Number: XAA123456789

### Dental Claim

Patient | Line Information | Claim Information

**Dental Line Information**

**Enter Claim Line**

Date of Service*	Place of Service*	Oral Cavity Designation*	Tooth Number*	Tooth Surface(s)*	Procedure Code*	Number of Procedures*	Charges*
///							\$

[Add] [Cancel] [Next]

[Submit Claim]

Enter the **Claim Line** information and click “Add.”

*\*Required fields*

**Dental Claim**

Business: PROVIDER DENTAL | Provider: PROVIDER DENTAL | NPI: 999999999 | Patient: JULIE BLUE | Contract Number: XAA123456789

Navigation: Patient ✓ | **Line Information** | Claim Information | Other Insurance | Adjustments

**Dental Line Information**

Enter Claim Line

Date of Service*	Place of Service*	Oral Cavity Designation	Tooth Number	Tooth Surface(s)	Procedure Code*	Number of Procedures*	Charges*
01/08/2018	11						\$

Buttons: Add, Cancel

**Claim Lines**

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

Buttons: Next, << Claim List, Submit Claim

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.

**Dental Claim**

Navigation: Patient ✓ | Line Information ✓ | **Claim Information** | Other Insurance | Adjustments

**Claim Information**

Billing/Service Address	Primary Specialty Description / Facility Type
450 RIVERCHASE PKWY E, BIRMINGHAM, AL 35244-2858	General Dentistry

This is a corrected claim.  
 This claim has an attachment control number.

Button: Next

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



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

**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 PAYMENT INFORMATION 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 DUPLICATE PROVIDER ADJUSTMENT AMOUNTS (PAYMENTS AND CONTRACTUAL REDUCTIONS) THAT HAVE RESULTED FROM PRIOR PAYER(S) ADJUDICATION. (USE ONLY WITH GROUP CODES PR OR CO 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 REMARK CODE THAT IS NOT AN ALERT.) USAGE: REFER TO THE 835 HEALTHCARE POLICY IDENTIFICATION SEGMENT (LOOP 2110 SERVICE PAYMENT INFORMATION REF.), IF PRESENT.

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."

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Business	Provider	NPI	Patient	Contract Number
PROVIDER DENTAL	PROVIDER DENTAL	999999999		

Saved Claims		Submitted Claims	New Claim +				
Date Created	Date(s) of Service	Contract Number	Patient Name	Patient Account	Subscriber Name	Submitted Amount	Actions
06/09/2017	06/01/2017 06/02/2017	XAD123456789	BLUE, JULIE	0	BLUE, JULIE	100.00	

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 resubmitted with necessary changes.

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The screenshot shows the BlueCross BlueShield of Alabama ProviderAccess interface. The top navigation bar includes the logo, "ProviderAccess", and user information: "Welcome, April Olive" and "Logged in as: b9061". The main menu has tabs for Home, Resources, Patient & Claim, Payment & Refund, and Profiles & Reports. Below the menu is a search bar. The main content area shows the "Submitted Claims" tab selected. A search criteria form is displayed with the following fields:

- Search:** Radio buttons for "Date Created" and "Date of Service" (selected), followed by "between" and "and" options.
- Patient:** First Name, Last Name, and Account fields.
- Subscriber:** First Name and Last Name fields.
- Submitted Amount:** Text input field.
- Contract Number:** Text input field.

Buttons for "Clear Form" and "Find Claim" are located at the bottom right of the search form. A yellow informational box above the search form states: "Searches with no search criteria entered will return claims submitted in the previous two weeks only. To expand the timeframe, enter specific search criteria."

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.

For additional help, please contact:

Provider eSolutions 205-220-6899

Provider Networks Consultant 866-904-4130



BlueCross BlueShield  
of Alabama

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