CLOSING GAPS IN CARE BEST PRACTICES

BREAST CANCER SCREENING

April 2026

Submit a reporting claim through *ProviderAccess* to close a gap in care that was rendered by you or another provider prior to the patient having Blue Cross and Blue Shield of Alabama coverage. The gap in care must be documented in the patient's medical record.

Submission Process: *ProviderAccess* Claim Entry (eClaims)

1. Select the business and provider
2. Enter patient information
3. Enter the applicable ICD-10 code

   Note: If diagnosis is in the medical record, enter that code. If not, enter an encounter screening code or a diagnosis code from a recent visit.
4. Enter date of procedure or test
5. Use POS 11
6. Enter the procedure code listed in the medical record. If the code is not listed in the medical record, use a code from the Coding Guides that best matches the description. The code must be active for the date of service.
7. Leave modifiers blank
8. Point to the diagnosis code(s)
9. Use $.00 or $.01 charge amount
10. Enter 1 in the days and units fields
11. Click Add
12. Click Next to go to the Claim Information tab
13. **IMPORTANT! Select "This claim is for reporting purposes only (no payment is being requested)."**
14. Click Submit

After Claim Submission:

- Check audit report.
  - Accepted: Informational Claim accepted. No further processing will occur and no payment will be made.
  - Rejected: Make corrections and submit a new claim.

Note: For Blue Advantage® claims, the gap should close in 7 to 14 days. For commercial claims, the gap should close in 30 to 60 days.

Additional Resources:

- Coding Guides
  - Adult Primary Care Coding Guide
  - Blue Advantage Quality Measures Coding Guide
- Quality Measures
- Quality Measures – Blue Advantage

Available on
AlabamaBlue.com/Providers

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