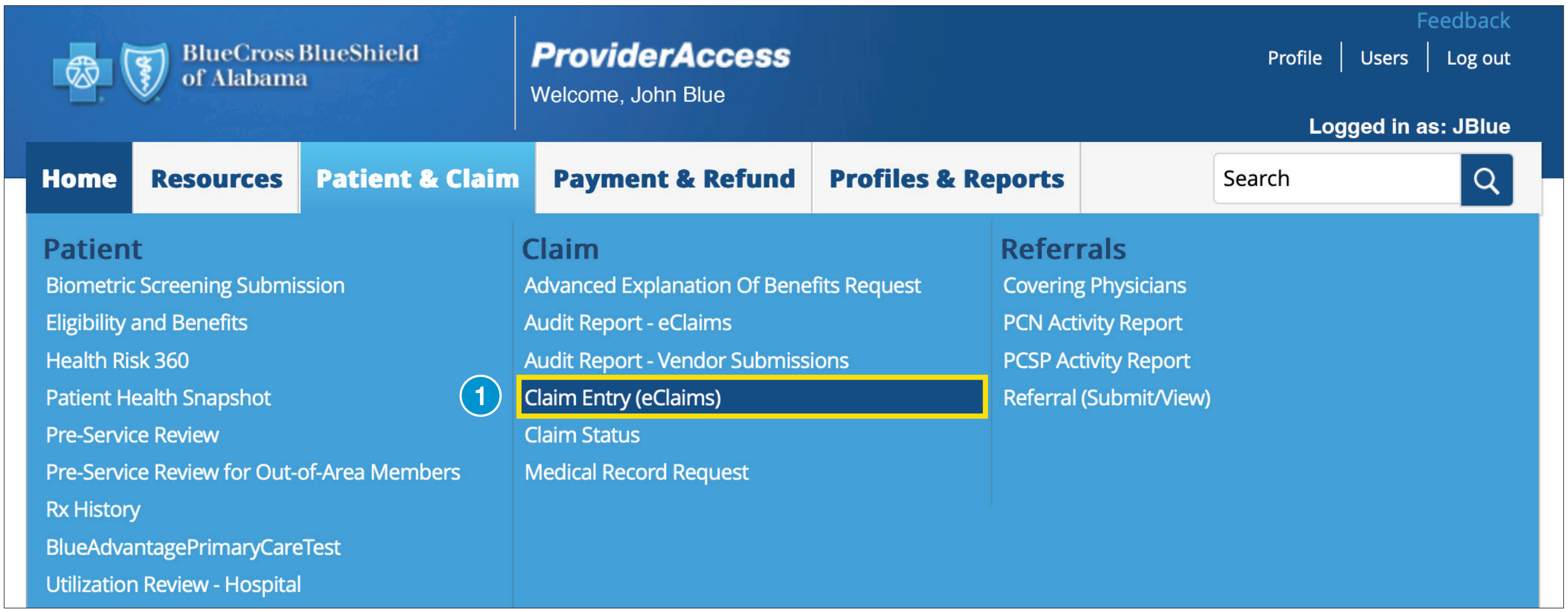
BlueCross BlueShield of Alabama

eClaims Reference Guide

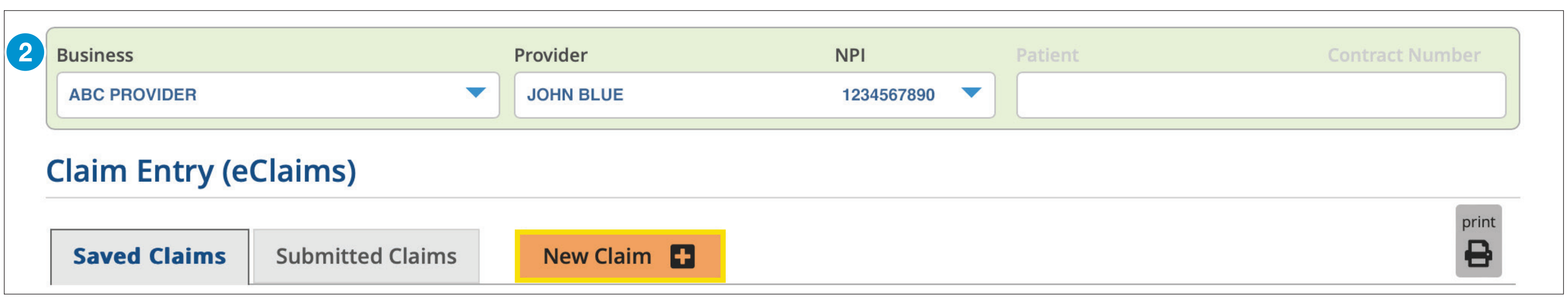
Dental Primary

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 dental claims.

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

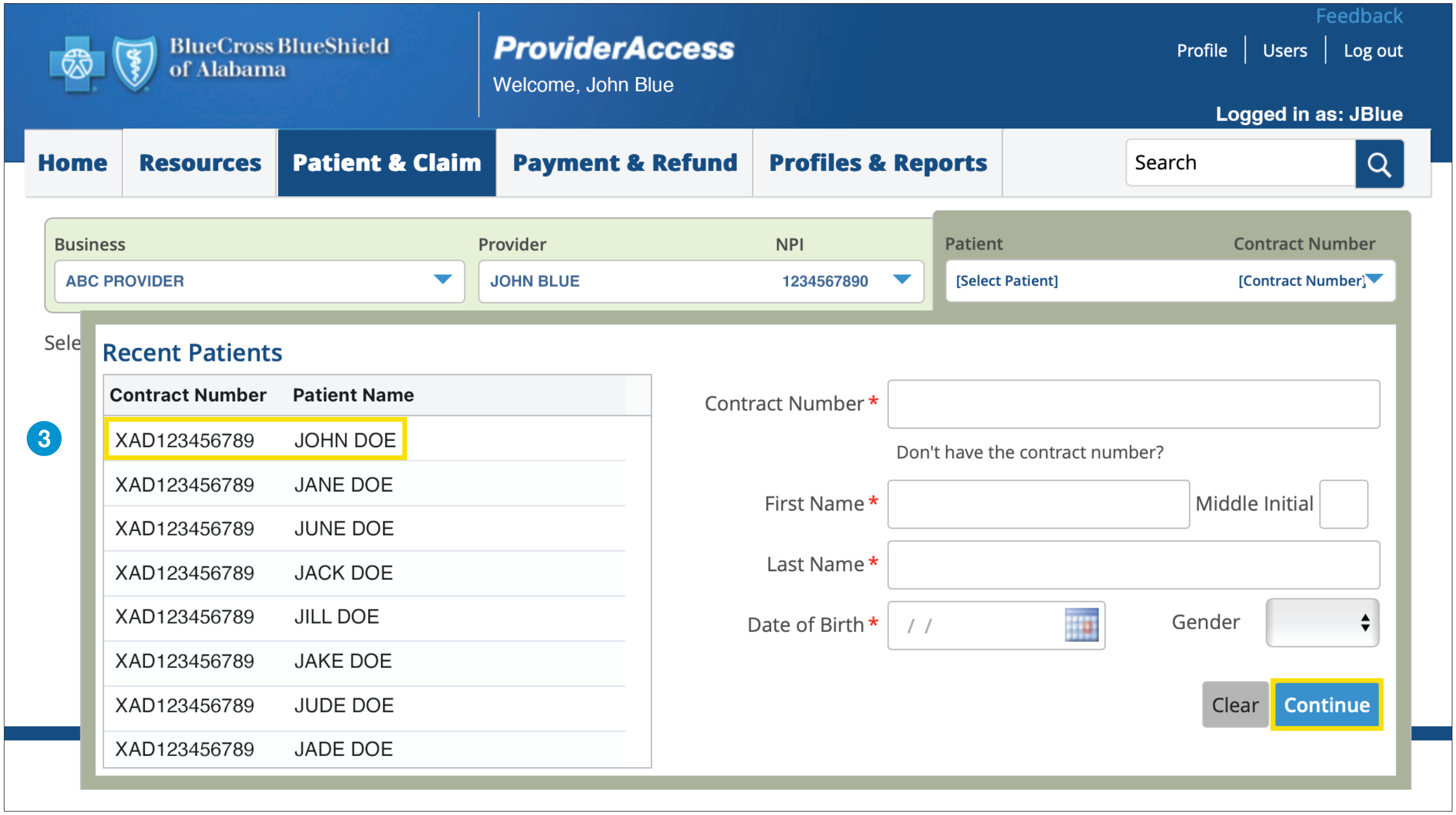


2 Choose the correct **Business** and **Provider** from the drop-down boxes. Next, click the “New Claim” tab.

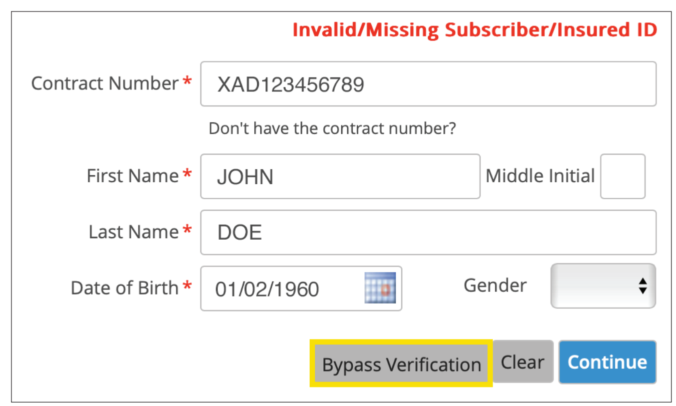


PRV20717-2403

3 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.”



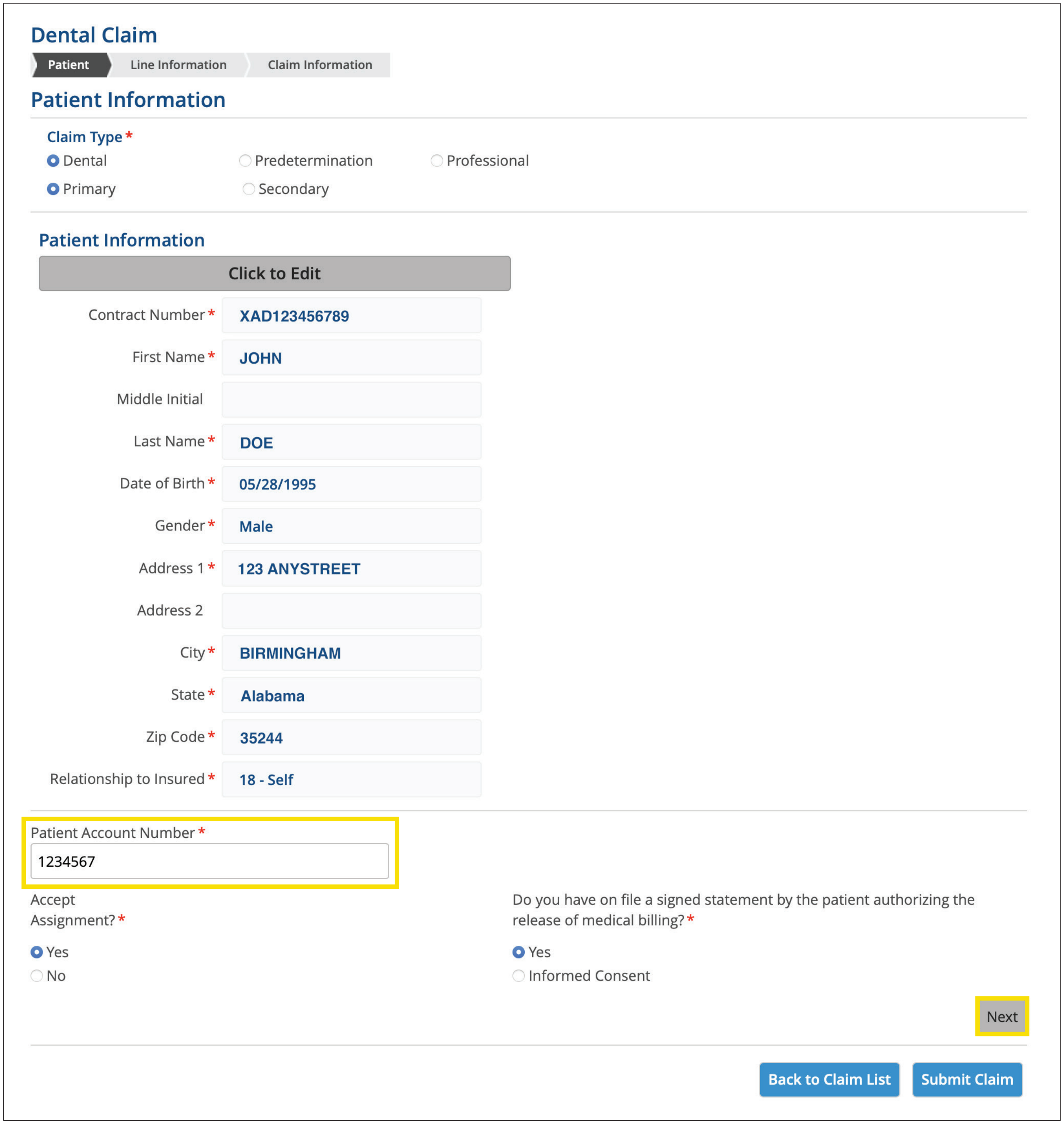
Note: There may be a few exceptions where the patient cannot be located in the system (e.g., a new member or out-of-state member). There is an option to bypass this screen and manually enter the information. Hit the “Continue” button twice and then select “Bypass Verification” as shown in the image to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



4 Choose the correct **Claim Type** and indicate that the claim being submitted is Dental and Primary, then add your **Patient Account Number**. This number is a unique identifier assigned by you for your patients (e.g., chart number). Click "Next."

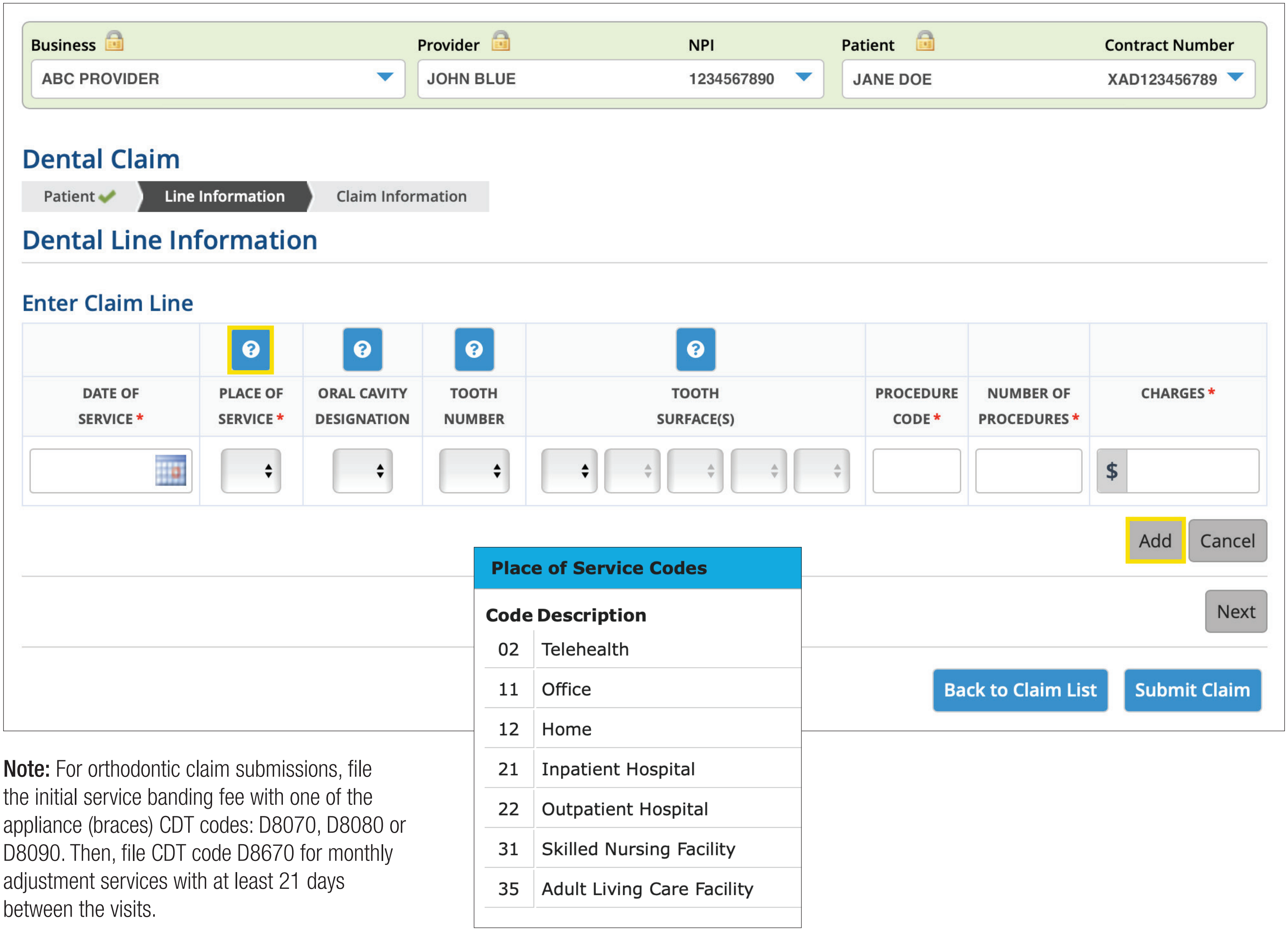
Note: Once you click the "Next" button, you will not be able to return to this page. If you realize you entered incorrect information on this page, delete the claim and start a **new claim**.

**Required fields*



5 Enter the **Claim Line** information and click "Add." Repeat until all lines for the date of service have been added. The blue boxes with a question mark can be clicked to provide additional assistance.

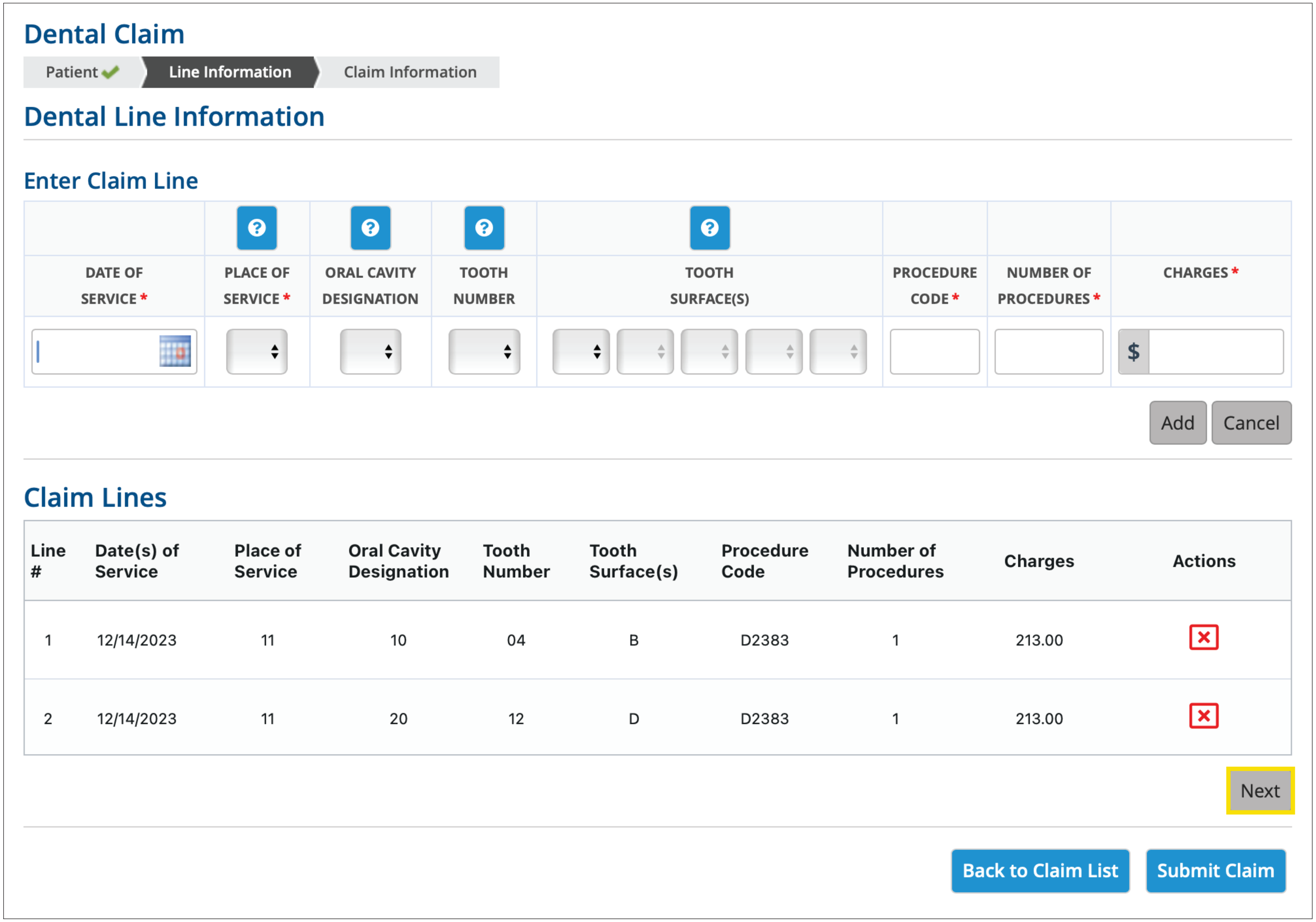
5



Note: For orthodontic claim submissions, file the initial service banding fee with one of the appliance (braces) CDT codes: D8070, D8080 or D8090. Then, file CDT code D8670 for monthly adjustment services with at least 21 days between the visits.

**Required fields*

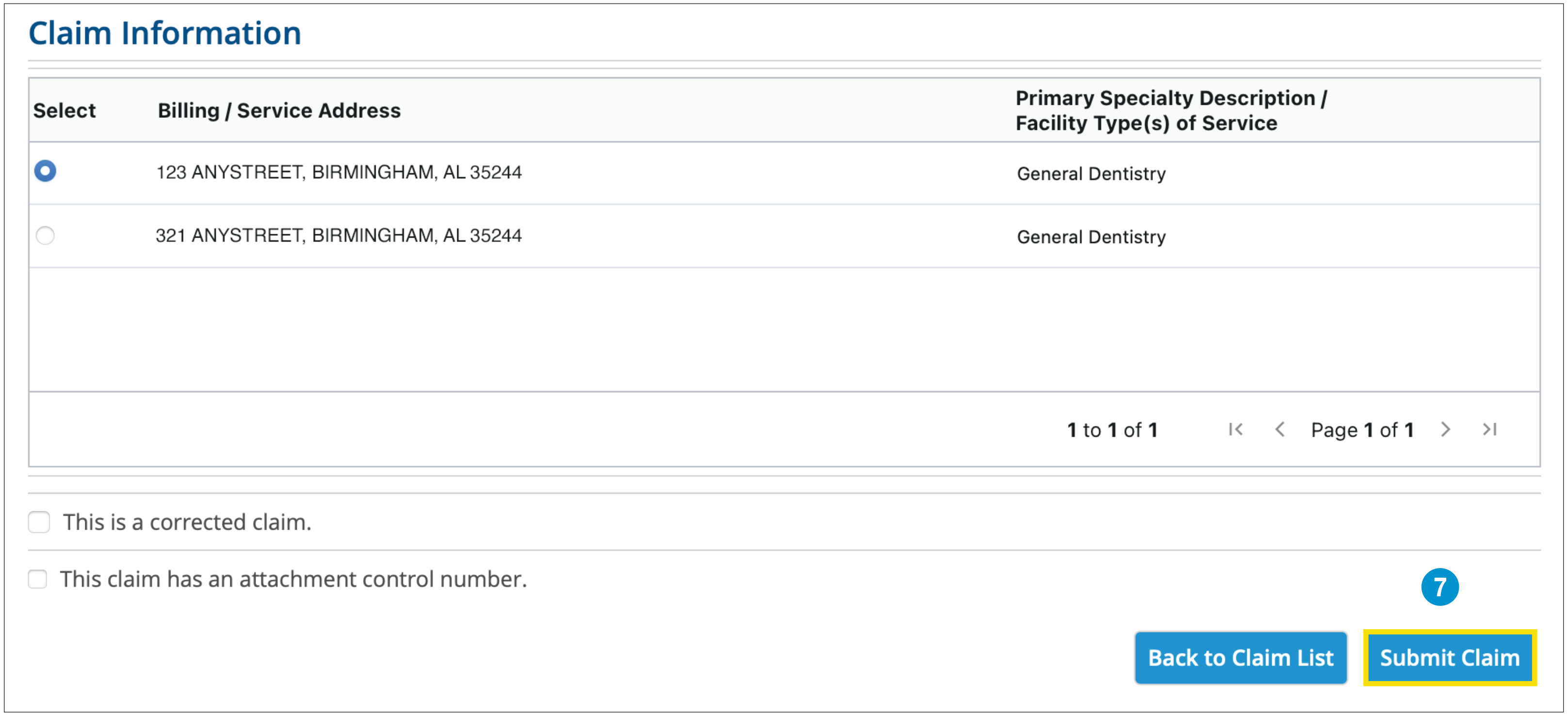
6 You may key up to 50 lines on this screen. After entering all lines, click “Next.”



6

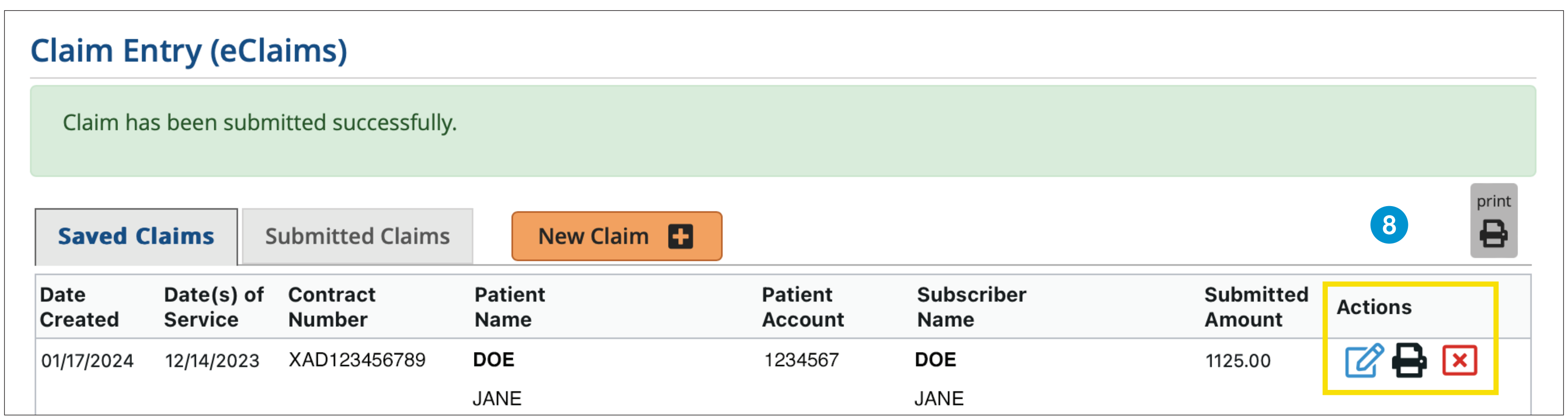
Note: Clicking “Back to Claim List” will place your claim in the Saved Claims section so you can return to it later.

7 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.



Note: If you send a dental attachment control number, you should only submit what is applicable to the claim for processing (e.g., X-rays, dental charting and notes).

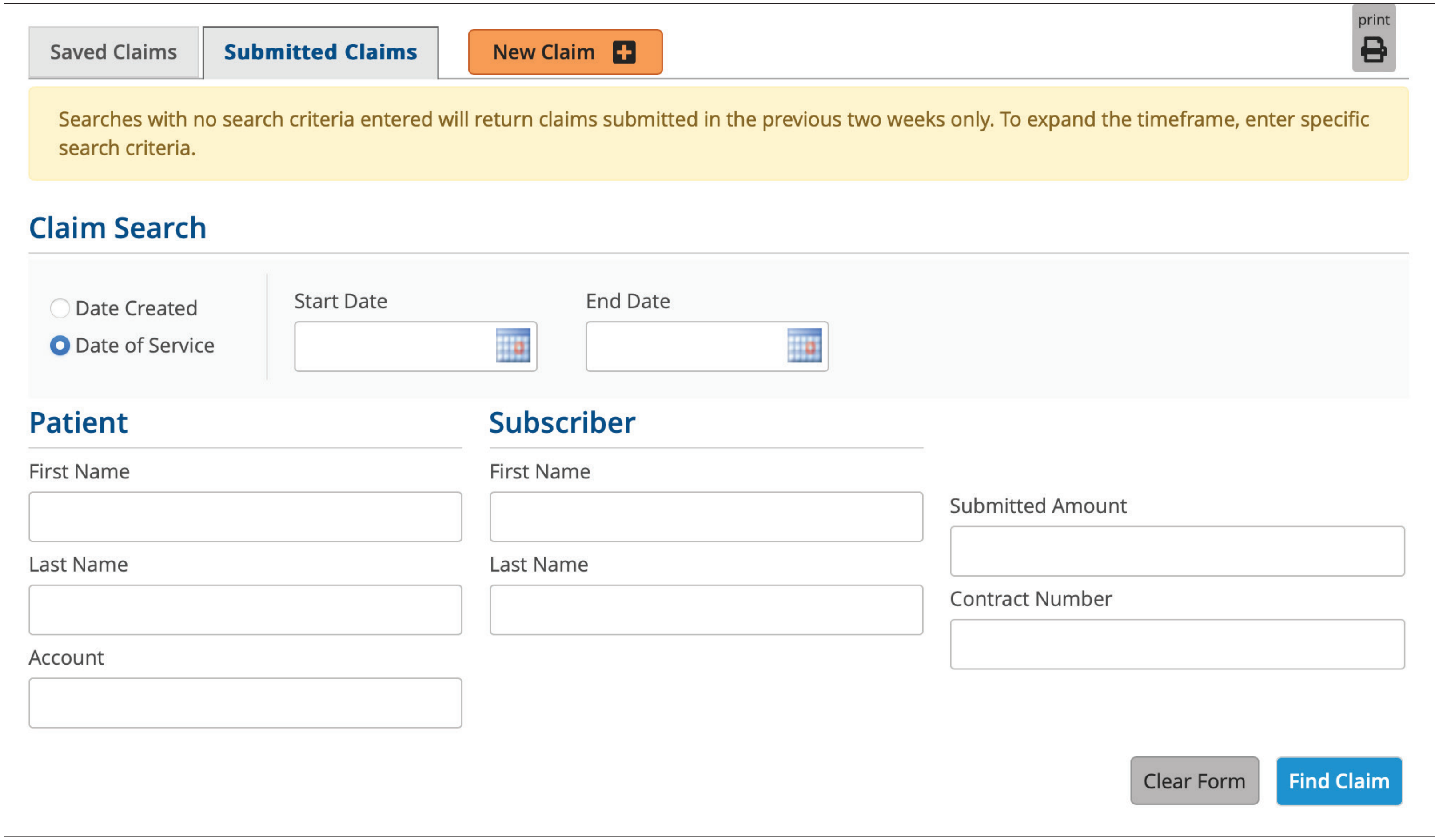
8 Claims in the **Saved Claims** list have not been submitted to us for processing. Under the Actions heading, you can **Edit**, **Create a PDF** or **Delete** the claim. Clicking the Edit option will allow you to submit the claim.



9 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.

9



For additional help, please contact:

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

BlueCross BlueShield of Alabama

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