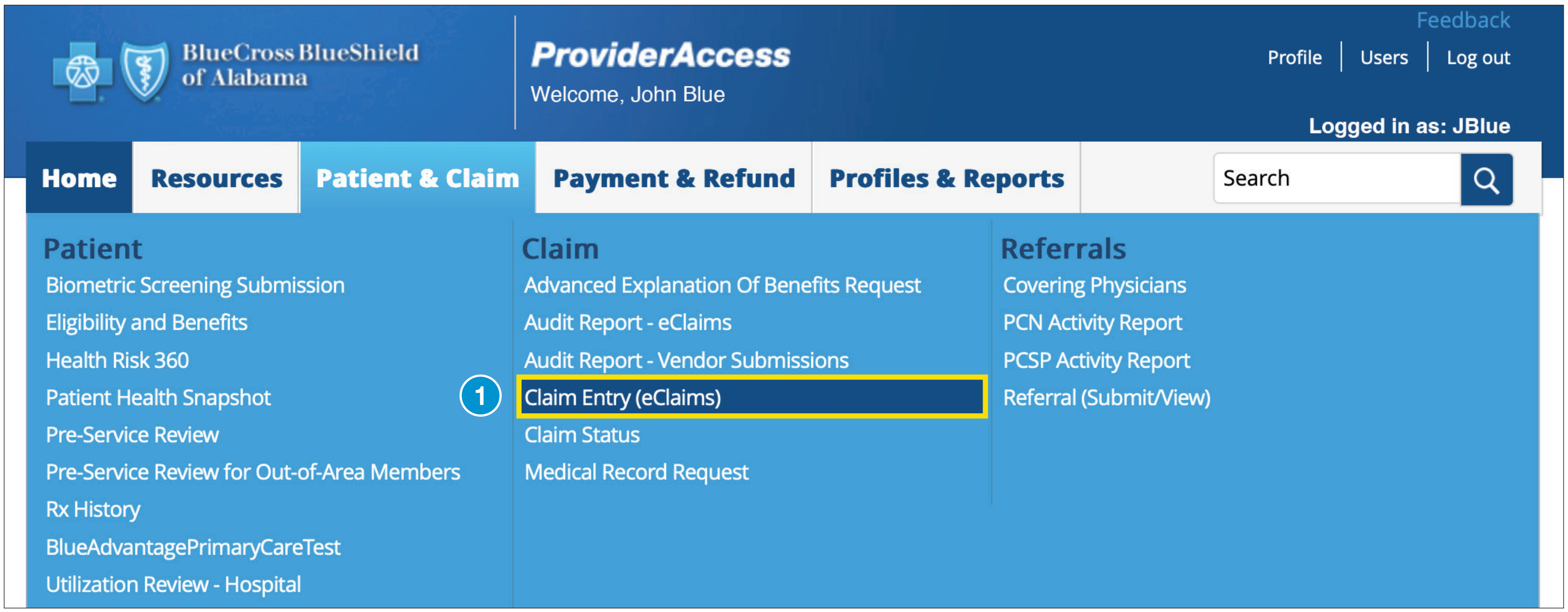
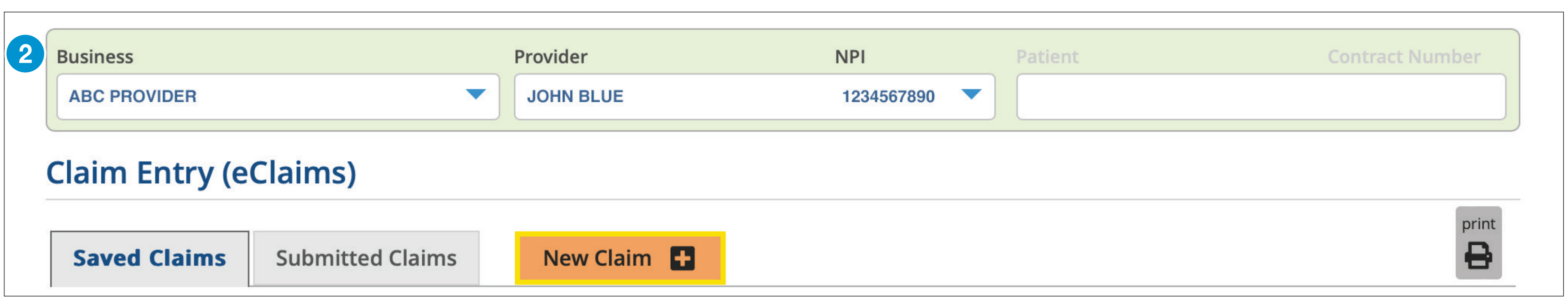
eClaims Reference Guide
Primary Institutional

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.

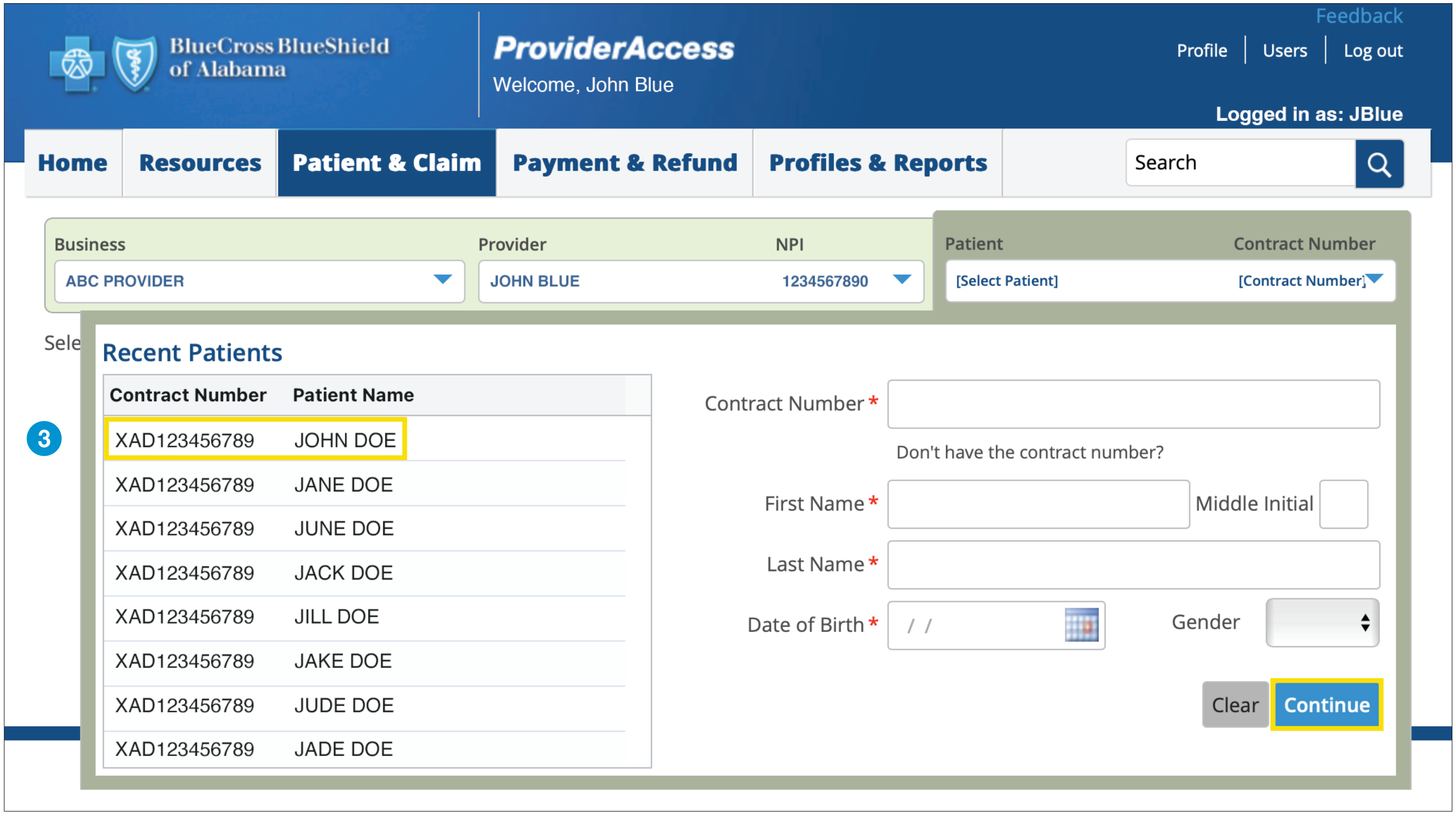
1 Log in to ***ProviderAccess***, hover over **Patient & Claim** and click on "Claims Entry (eClaims)."



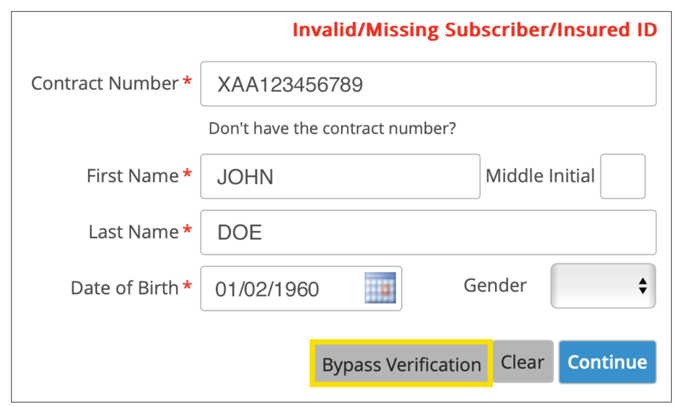
2 Choose the correct **Business** and **Provider** from the drop-down boxes. Next, choose the "New Claim" tab.



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."

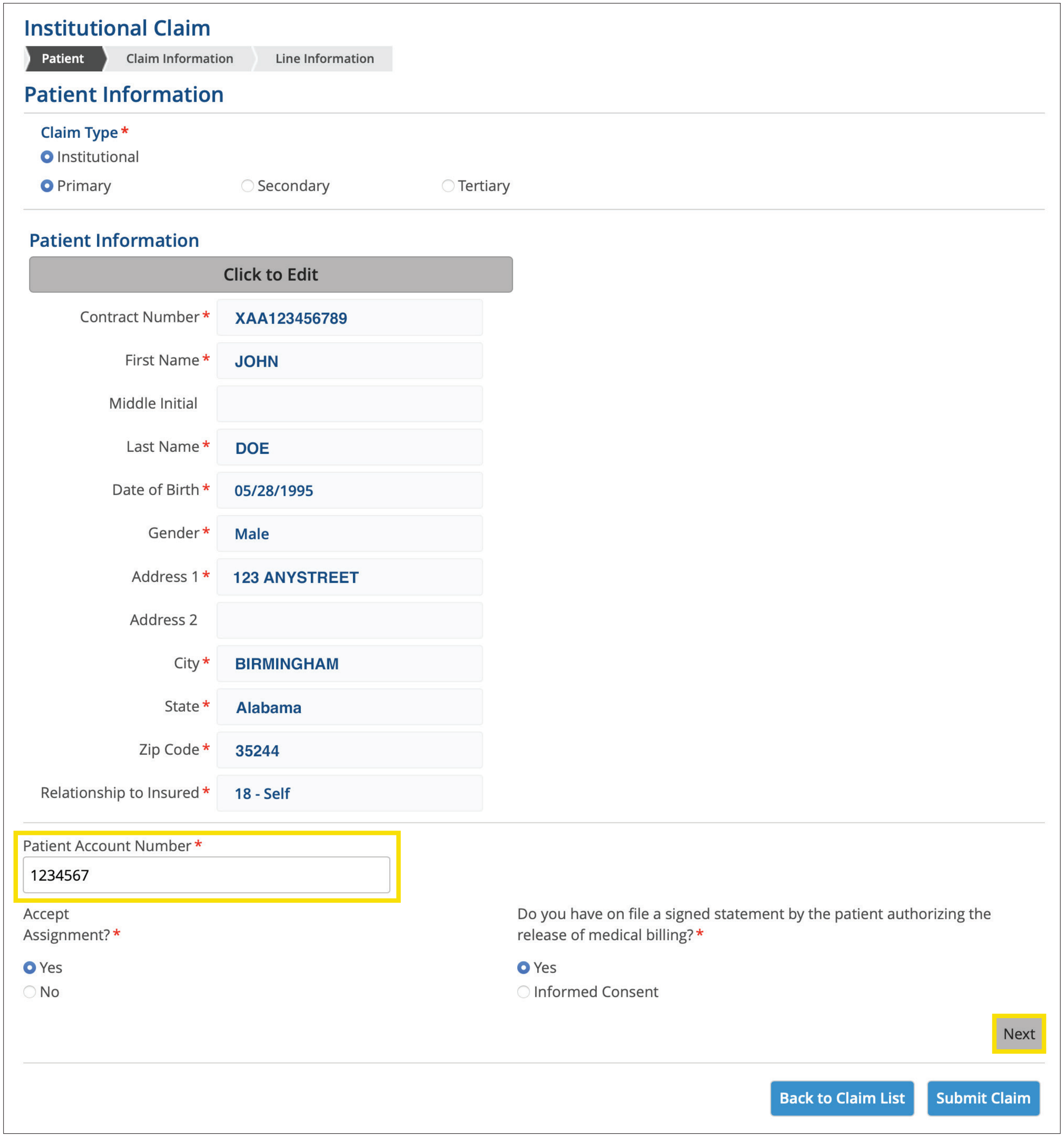


Note: There may be a few exceptions where the patient cannot be located in the system (e.g., a new member or out-of-state member). There is an option to bypass this screen and manually enter the information. Hit the "Continue" button twice and then select "Bypass Verification" as shown in the image to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



4 Choose “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.”

4



Institutional Claim

Patient | Claim Information | Line Information

Patient Information

Claim Type*

Institutional

Primary   Secondary   Tertiary

Patient Information

Click to Edit

Contract Number*	XAA123456789
First Name*	JOHN
Middle Initial	
Last Name*	DOE
Date of Birth*	05/28/1995
Gender*	Male
Address 1*	123 ANYSTREET
Address 2	
City*	BIRMINGHAM
State*	Alabama
Zip Code*	35244
Relationship to Insured*	18 - Self

Patient Account Number*

1234567

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

Back to Claim List   Submit Claim

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

5a Review this screen and provide all information applicable to this claim. If multiple addresses appear, select the address where the service was provided and choose any boxes that are applicable on the **Claim Information** screen. If one of your locations is not present, contact Credentialing at 205-220-9545.

Institutional Claim

Patient ✔ | **Claim Information** | Line Information

Claim Information

5

Select	Billing / Service Address	Primary Specialty Description / Facility Type(s) of Service
◉	123 ANYSTREET, BIRMINGHAM, AL 35244	General Short Term
○	321 ANYSTREET, BIRMINGHAM, AL 35244	General Short Term

1 to 1 of 1   Page 1 of 1

- ☐ Services were performed at an alternative address
- ☐ This is a corrected claim.
- ☐ This claim is related to an auto accident.

Admission Information

Statement covers period *

Type of Bill *

Start Date   End Date

Admission Date   Admission Hour Select   Admission Type *

Admission Source   Discharge Hour Select   Discharge Status *

- ☐ This claim has condition codes.
- ☐ Claim has occurrence codes
- ☐ Claim has occurrence span codes
- ☐ Claim has value codes

Note: Clicking the blue boxes with a question mark will show you a list of codes.

**Required fields*

5b Provide the diagnosis code(s) and procedure code(s) in this section. You may add up to 12 diagnosis codes and 24 procedure codes.
**Required fields*

Diagnosis Code(s)

Codeset *

ICD-9 ICD-10

Principal * POA --

Other POA --

(up to 24) Add

Admitting

Patient Reason

E-Code POA --

(up to 12) Add

Procedure Code(s)

Principal Date

Other

Code

Date

(up to 24) Add

5c Complete the physician's information in the section below.

Physicians Information

Attending Physician

First Name

MI

Last Name

NPI

NPI Lookup

Operating Physician

First Name

MI

Last Name

NPI

NPI Lookup

Rendering Physician

First Name

MI

Last Name

NPI

NPI Lookup

Referring Physician

First Name

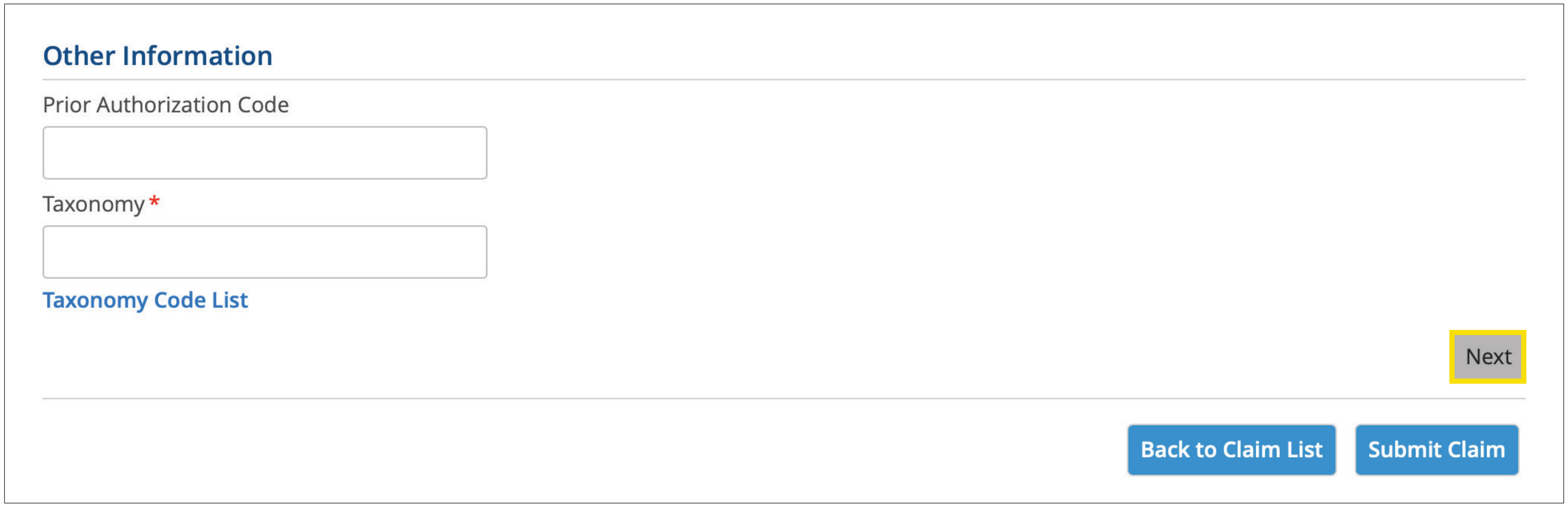
MI

Last Name

NPI

NPI Lookup

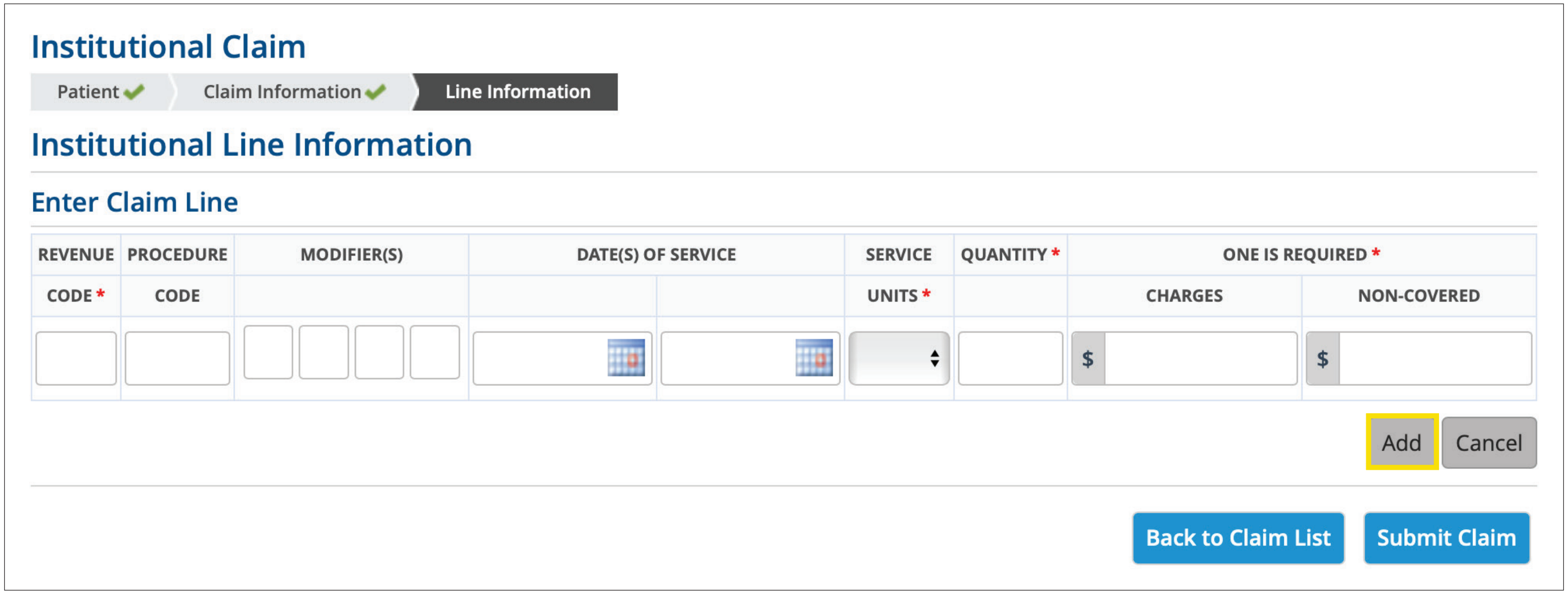
5d Provide the other information, including taxonomy code, and choose “Next.” You may click on the Taxonomy Code List link to see a listing of codes.
**Required fields*



**Required fields*

6 Enter the **Claim Line** information including the Revenue Code, Procedure Code, Modifier(s) (if applicable), Date(s) of Service, Service Units, Quantity and Charges. Click "Add" after each line is completed.

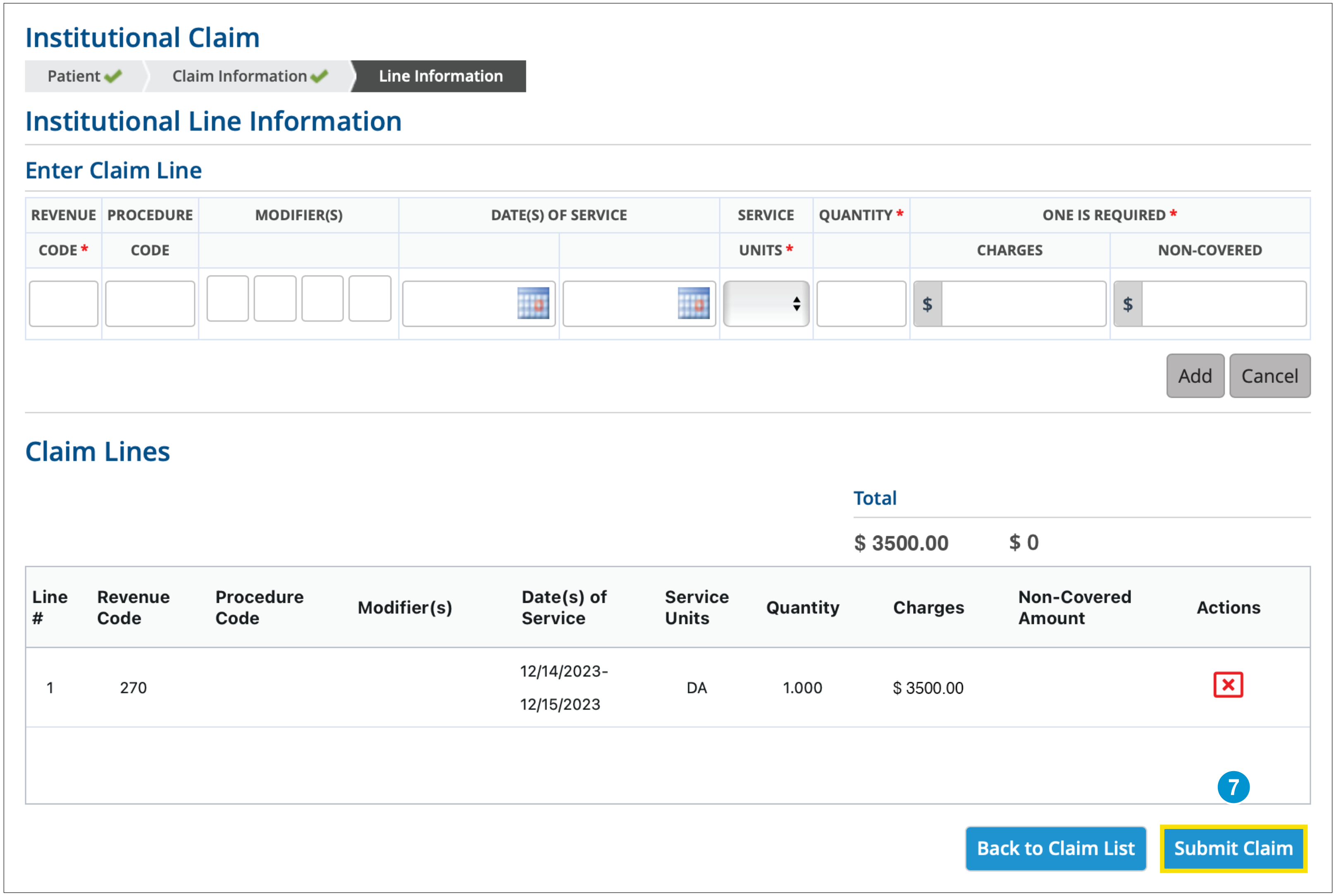
6



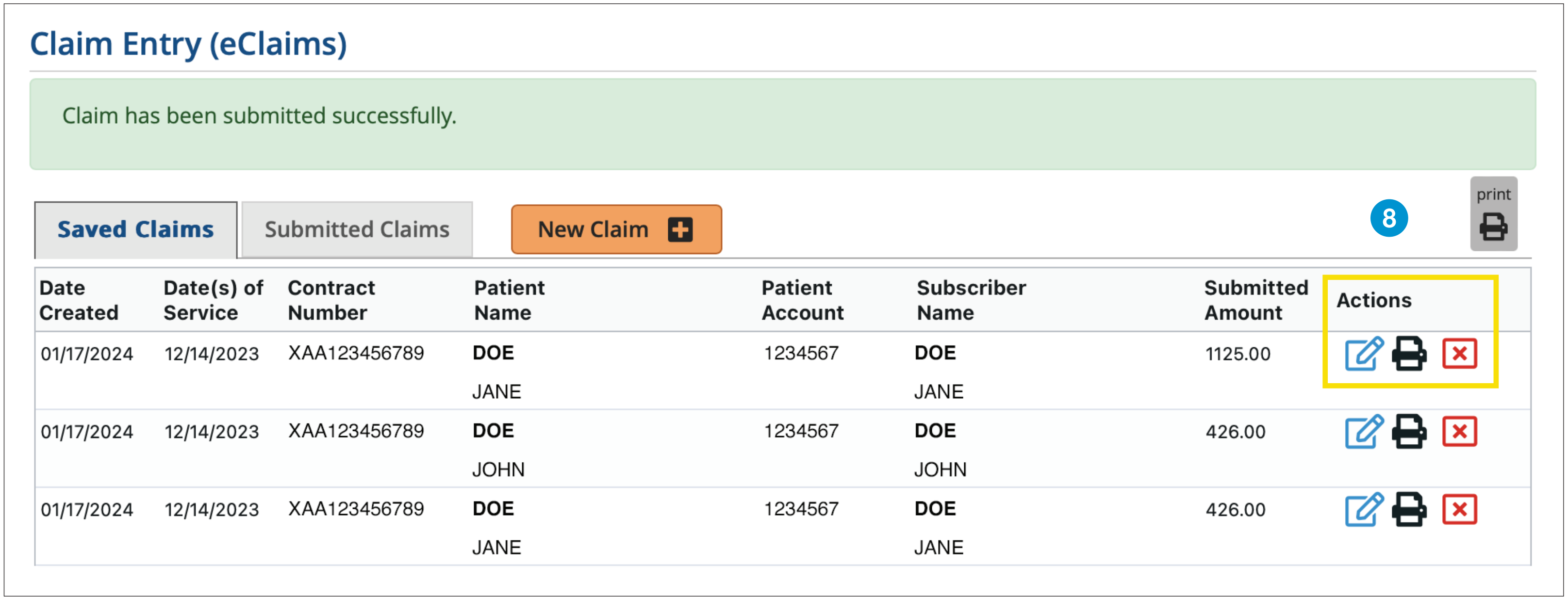
Note: You may key up to 99 line items on this screen. After entering all line items, click "Next." If you have more than 99 line items, you must create a new claim to enter the additional line items. Clicking "Back to Claim List" will place your claim in the Saved Claims section so you can return to it later.

**Required fields*

7 Once you have keyed all lines of your claim, click **Submit Claim**.
**Required fields*



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.



Claim Entry (eClaims)

Claim has been submitted successfully.

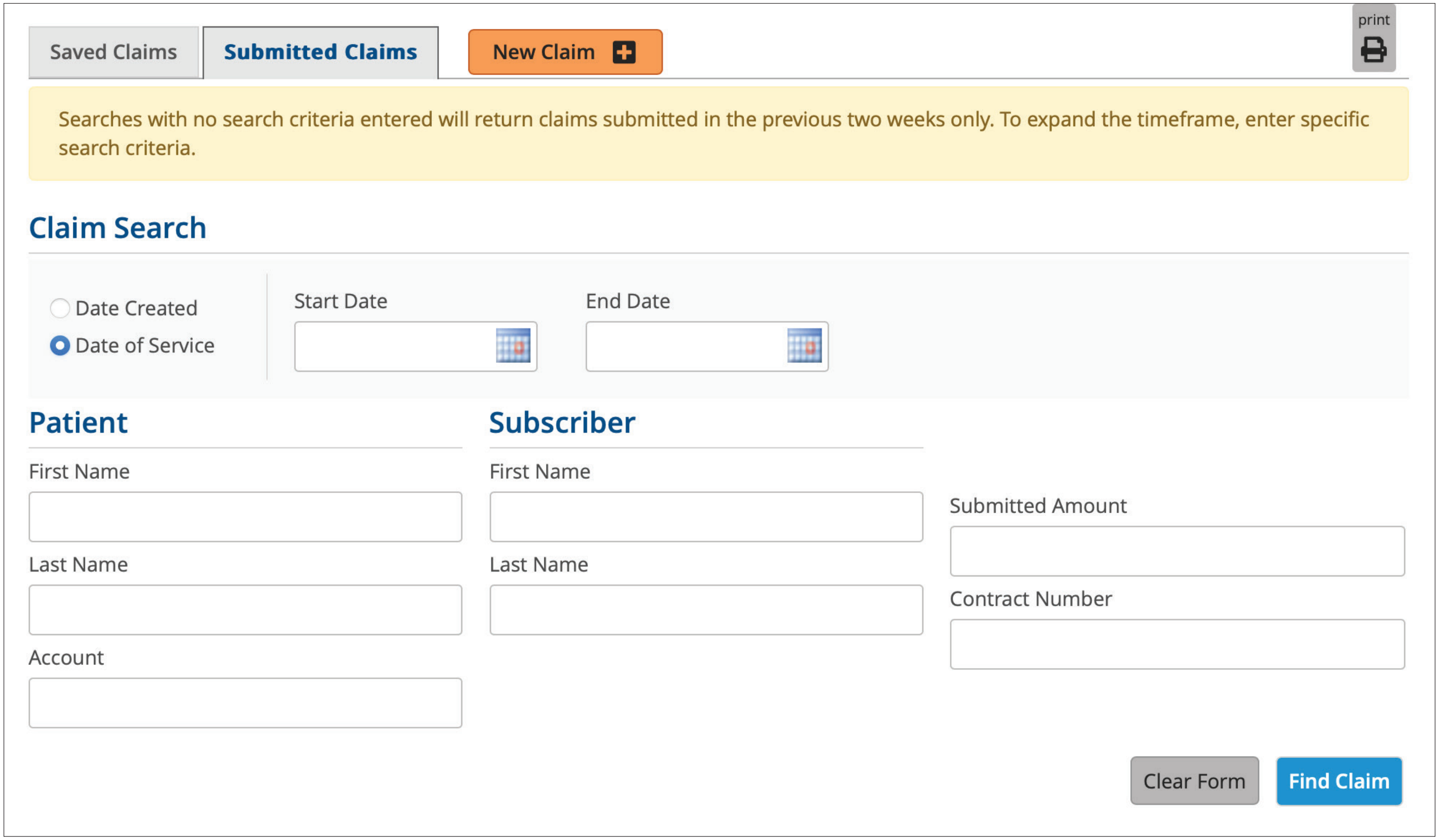
Saved Claims | Submitted Claims | New Claim | 8 | print

Date Created	Date(s) of Service	Contract Number	Patient Name	Patient Account	Subscriber Name	Submitted Amount	Actions
01/17/2024	12/14/2023	XAA123456789	**DOE** JANE	1234567	**DOE** JANE	1125.00	
01/17/2024	12/14/2023	XAA123456789	**DOE** JOHN	1234567	**DOE** JOHN	426.00	
01/17/2024	12/14/2023	XAA123456789	**DOE** JANE	1234567	**DOE** JANE	426.00	

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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