



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).”

The screenshot shows the ProviderAccess dashboard. At the top, there is a header with the BlueCross BlueShield of Alabama logo, the text "ProviderAccess", and a welcome message "Welcome, John Blue". On the right side of the header, there are links for "Feedback", "Profile", "Users", and "Log out". Below the header, there is a navigation bar with tabs for "Home", "Resources", "Patient & Claim", "Payment & Refund", and "Profiles & Reports". A search bar is located on the right side of the navigation bar. The "Patient & Claim" tab is active, and its sub-menu is displayed. The sub-menu is divided into three columns: "Patient", "Claim", and "Referrals". The "Claim" column has a circled "1" next to the "Claim Entry (eClaims)" item, which is highlighted with a yellow border. Other items in the "Claim" column include "Advanced Explanation Of Benefits Request", "Audit Report - eClaims", "Audit Report - Vendor Submissions", "Claim Status", and "Medical Record Request".

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

The screenshot shows the "Claim Entry (eClaims)" form. At the top, there is a header with a circled "2" and the text "Claim Entry (eClaims)". Below the header, there are five fields: "Business" (with a dropdown menu showing "ABC PROVIDER"), "Provider" (with a dropdown menu showing "JOHN BLUE"), "NPI" (with a dropdown menu showing "1234567890"), "Patient" (with an empty text input field), and "Contract Number" (with an empty text input field). Below the fields, there is a row of buttons: "Saved Claims", "Submitted Claims", and "New Claim +". A "print" button with a printer icon is located on the right side of the form.

- 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.”

BlueCross BlueShield of Alabama **ProviderAccess** Welcome, John Blue Feedback
Profile | Users | Log out

Logged in as: JBlue

Home Resources **Patient & Claim** Payment & Refund Profiles & Reports Search

Business: ABC PROVIDER Provider: JOHN BLUE NPI: 1234567890 Patient: [Select Patient] Contract Number: [Contract Number]

Recent Patients

Contract Number	Patient Name
XAD123456789	JOHN DOE
XAD123456789	JANE DOE
XAD123456789	JUNE DOE
XAD123456789	JACK DOE
XAD123456789	JILL DOE
XAD123456789	JAKE DOE
XAD123456789	JUDE DOE
XAD123456789	JADE DOE

Contract Number *

Don't have the contract number?

First Name * Middle Initial

Last Name *

Date of Birth * Gender

Clear 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.

Invalid/Missing Subscriber/Insured ID

Contract Number * XAA123456789

Don't have the contract number?

First Name * JOHN Middle Initial

Last Name * DOE

Date of Birth * 01/02/1960 Gender

Bypass Verification Clear Continue

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."

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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

Select	Billing / Service Address	Primary Specialty Description / Facility Type(s) of Service
<input checked="" type="radio"/>	123 ANYSTREET, BIRMINGHAM, AL 35244	General Short Term
<input type="radio"/>	321 ANYSTREET, BIRMINGHAM, AL 35244	General Short Term


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- 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 Admission Type * 

Admission Source  Discharge Hour Discharge Status * 

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

5

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)

Admitting

Patient Reason

E-Code POA
  
(up to 12)

Procedure Code(s)

Principal Date
 

Other

Code

Date



(up to 24)

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*

Other Information

Prior Authorization Code

Taxonomy ***

[Taxonomy Code List](#)

**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.

Institutional Claim

Patient ✓
Claim Information ✓
Line Information

Institutional Line Information

Enter Claim Line

REVENUE	PROCEDURE	MODIFIER(S)	DATE(S) OF SERVICE	SERVICE	QUANTITY *	ONE IS REQUIRED *		
CODE *	CODE			UNITS *		CHARGES	NON-COVERED	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>

Add
Cancel

Back to Claim List
Submit Claim

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*

Institutional Claim

Patient

Claim Information

Line Information

Institutional Line Information

Enter Claim Line

REVENUE	PROCEDURE	MODIFIER(S)				DATE(S) OF SERVICE		SERVICE	QUANTITY *	ONE IS REQUIRED *	
CODE *	CODE							UNITS *		CHARGES	NON-COVERED
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Add Cancel

Claim Lines

Total

\$ 3500.00

\$ 0

Line #	Revenue Code	Procedure Code	Modifier(s)	Date(s) of Service	Service Units	Quantity	Charges	Non-Covered Amount	Actions
1	270			12/14/2023- 12/15/2023	DA	1.000	\$ 3500.00		

7

Back to Claim List

Submit Claim

- 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



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.

Saved Claims**Submitted Claims**New Claim print

Searches with no search criteria entered will return claims submitted in the previous two weeks only. To expand the timeframe, enter specific search criteria.

Claim Search

Date Created
 Date of Service

Start Date

End Date

Patient

First Name

Last Name

Account

Subscriber

First Name

Last Name

Submitted Amount

Contract Number

Clear Form Find Claim

For additional help, please contact:

Provider eSolutions **1-205-220-6899**

Provider Networks Consultant **1-866-904-4130**

The logo for BlueCross BlueShield of Alabama, featuring a blue cross with a white circle in the center, and a blue shield with a white cross and a blue circle in the center. To the right of the icons is the text "BlueCross BlueShield of Alabama" in a bold, sans-serif font.

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