



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 navigation bar with the BlueCross BlueShield of Alabama logo, the text 'ProviderAccess', and a welcome message 'Welcome, John Blue'. On the right side of the navigation bar, there are links for 'Profile', 'Users', and 'Log out', and a status indicator 'Logged in as: JBlue'. Below the navigation bar, there are several menu tabs: 'Home', 'Resources', 'Patient & Claim', 'Payment & Refund', and 'Profiles & Reports'. A search bar is located to the right of these tabs. The 'Patient & Claim' tab is active, and it contains three sub-sections: 'Patient', 'Claim', and 'Referrals'. The 'Claim' sub-section is highlighted with a yellow border, and the 'Claim Entry (eClaims)' option is highlighted with a yellow border and a circled '1' next to it. Other options in the 'Claim' sub-section include 'Advanced Explanation Of Benefits Request', 'Audit Report - eClaims', 'Audit Report - Vendor Submissions', 'Claim Status', and 'Medical Record Request'. The 'Patient' sub-section includes options like 'Biometric Screening Submission', 'Eligibility and Benefits', 'Health Risk 360', 'Patient Health Snapshot', 'Pre-Service Review', 'Pre-Service Review for Out-of-Area Members', 'Rx History', 'BlueAdvantagePrimaryCareTest', and 'Utilization Review - Hospital'. The 'Referrals' sub-section includes 'Covering Physicians', 'PCN Activity Report', 'PCSP Activity Report', and 'Referral (Submit/View)'.

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

The screenshot shows the 'Claim Entry (eClaims)' form. At the top, there are four dropdown menus: 'Business' (selected 'ABC PROVIDER'), 'Provider' (selected 'JOHN BLUE'), 'NPI' (selected '1234567890'), and 'Patient' (empty). To the right of these dropdowns is a 'Contract Number' field. Below the dropdowns, there is a section titled 'Claim Entry (eClaims)'. At the bottom of this section, there are three buttons: 'Saved Claims', 'Submitted Claims', and 'New Claim +'. A 'print' button is located to the right of these buttons.

- 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]

Select **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

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 in the following step, 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

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

Professional Claim

Patient Line Information Claim Information

Patient Information

Claim Type *

- Professional
 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**

5 Enter the Diagnosis Code(s) and click "Add" after each one has been entered. Repeat until all diagnosis codes for the date(s) of service have been added.

Professional Claim

Patient Line Information Claim Information

Professional Line Information

Codeset *
 ICD-9 ICD-10

Diagnosis Code(s)

Enter Code *

(up to 12)

Enter Claim Line

							ONE IS REQUIRED *	
DATE(S) OF SERVICE *	PLACE OF SERVICE *	PROCEDURE CODE *	MODIFIER(S)	DIAGNOSIS CODE POINTER(S) *	CHARGES *	EMERGENCY INDICATOR *	DAYS/ UNITS	ANESTHESIA MINUTES
<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"/>	No <input type="text"/>	<input type="text"/>	<input type="text"/>

* Required fields

6 Enter the Claim Line(s) and click “Add” after each one has been entered. Repeat until all claim lines for the date(s) of service have been added, then click “Next.” Do not click “Submit Claim” until the Claim Information tab in the next step has been completed.

Note: You may key up to 50 lines on this screen. Clicking “Back to Claims List” will place your claim in Saved Claims section so you can return to it later. A value is required in the Days/Units field. Enter the appropriate number of services for the service selected. Clicking the question mark above the Place of Service column will show you a list of codes.

***Required fields**

Professional Claim

Patient ✔
Line Information
Claim Information

Professional Line Information

Codeset *

ICD-9 ICD-10

Diagnosis Code(s)

Enter Code *

6
1. K35.20
✕

(up to 12)

Add

Place of Service Codes

Code Description

02	Telehealth
11	Office
12	Home
21	Inpatient Hospital
22	Outpatient Hospital
31	Skilled Nursing Facility
35	Adult Living Care Facility

Enter Claim Line

DATE(S) OF SERVICE *	PLACE OF SERVICE *	PROCEDURE CODE *	MODIFIER(S)	DIAGNOSIS CODE POINTER(S) *	CHARGES *	EMERGENCY INDICATOR *	DAYS/ UNITS	ANESTHESIA MINUTES
12/14/2023 📅	12/14/2023 📅	?	<input style="width: 20px; height: 20px; border: 1px solid #ccc;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #ccc;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #ccc;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #ccc;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid #ccc;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #ccc;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #ccc;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #ccc;" type="text"/>	\$ <input style="width: 40px; height: 20px; border: 1px solid #ccc;" type="text"/>	No ⬇	<input style="width: 40px; height: 20px; border: 1px solid #ccc;" type="text"/>	<input style="width: 40px; height: 20px; border: 1px solid #ccc;" type="text"/>

Add
Cancel

Claim Lines

Line #	Date(s) of Service	Place of Service	Procedure Code	Modifier(s)	Diagnosis Code Pointer(s)	Charges	Emergency Indicator	Days/ Units	Anesthesia Minutes	Delete Line
1	12/14/2023- 12/14/2023	11	99214		1	140.00	true	1.000		✕
2	12/14/2023- 12/14/2023	11	74177		1	550.00	true	1.000		✕

Next

Back to Claim List
Submit Claim

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.

Claim Information

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

1 to 1 of 1 < < Page 1 of 1 > >

- This is a corrected claim.
- The patient has made a payment toward this claim.
- This claim is related to an accident.
- The patient was hospitalized.
- This claim has an Onset of Current Illness or Symptoms.
- The patient is unable to work in current occupation.
- This claim has a Care Plan Oversight NPI.
- This claim has condition codes.
- The patient used an ambulance or non-emergency transportation.
- This claim has a referring physician.
- This claim is ESA related.
- This claim is for reporting purposes only (no payment is being requested).

[Back to Claim List](#) [Submit Claim](#)

Note: Check this box only if you are entering an informational claim to close a quality gap. This will display on your Audit Report but not your remittance.



7

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 caduceus symbol. To the right of the symbols, the text "BlueCross BlueShield of Alabama" is written in a bold, sans-serif font.

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