

provideraccess

your secure link to Blue Cross



BlueCross BlueShield
of Alabama

Professional eClaims User Manual

Go to
AlabamaBlue.com/providers.

Sign in to
ProviderAccess.

If you do not have a ProviderAccess User ID and Password,
please click **“Register Now”** or contact the ProviderAccess
administrator at your practice.

Click on
“Provider Functions.”

NPI	Provider Name	Location	Address
123456789	BLUE, JOHN Q.	12345678	123 MAIN STREET, SOMEWHERE
123456789	BLUE, SARAH	87654321	321 MAIN STREET, SOMEWHERE

Click on the **provider location** for you
which you are submitting claims.

BlueCross BlueShield of Alabama

Home > Providers > ProviderAccess > eClaims

Member Information

The Contract Number you entered does not appear to be a Blue Cross and Blue Shield of Alabama contract. We are unable to verify eligibility for non-BCBSAL contracts. You may bypass the eligibility verification process by clicking the "Skip Verification" button below. You will then be required to enter all insurance information.

Required fields are denoted by an asterisk (*)

Claim Type: *
☐ Anesthesia ☐ Dental ☐ Home Health ☒ Professional ☐ Institutional
☒ Primary ☐ Secondary ☐ Informational

Contract Number: * XAA123456789 [Skip verification](#)

First Name: * J
 Middle Initial:
 Last Name: * Smith
 Date of Birth: * 04/26/1956
 Gender: *
 Last date of service for this claim: * 06/17/2014

Next

For out-of-state Blue Cross members, the **"Skip Verification"** button will bypass the eligibility verification process. You will then be required to enter all insurance information.

Click **"Next."**

Payer Information

BlueCross BlueShield of Alabama

Home > Providers > ProviderAccess > eClaims

Payer Information

Payer Information cannot be modified once initially saved. If you need to make changes, delete this claim and create a new one.

Contract: XAA123456789 Date of Birth: 04/26/1956 Patient Name: JANE SMITH

Required fields are denoted by an asterisk (*)

Payer: OK Insurance: INC

Primary Payer: * BCBS
 Payer Name: * BCBS OF ALABAMA Member ID / HSDN: * XAA123456789
 Patient Relationship to Insured: * Self

Next

Click the **"Next"** button once you verify that all information is correct.

Insured/Patient Information

BlueCross BlueShield of Alabama

Home > Providers > ProviderAccess > eClaims

Insured/Patient Information

Contract: XAA123456789 Date of Birth: 04/26/1956 Patient Name: JANE SMITH

Required fields are denoted by an asterisk (*)

Payer: OK Insurance: INC

Insured Information

Name
 Last: * SMITH First: * JANE Middle:
 Address
 Street: * 123 PARK PLACE City: * SOMEWHERE State: * ALABAMA Zip: * 35244
 Other
 Date of Birth (MM/DD/YYYY): * 04/26/1956 Gender: * Female

Patient Information

Name
 Last: * SMITH First: * JANE Middle:
 Address
 Street: * 123 PARK PLACE City: * SOMEWHERE State: * ALABAMA Zip: * 35244
 Other
 Date of Birth (MM/DD/YYYY): * 04/26/1956 Gender: * Female
 Patient's Account Number: *
 Release of Information Code
 Release of Information Yes

Next

Click on the section heading to return to a previous screen.

Verify the Insured/Patient Information on this page. If the information is correct, press the **"Next"** button.

Claim Information

BlueCross BlueShield of Alabama

Home > Providers > ProviderAccess > eClaims

Claim Information

Contract: XAA123456789 Date of Birth: 04/26/1956 Patient Name: JANE SMITH

Is claim accident related? ☐ No ☐ Yes

Date of Accident: Hemoglobin:

Type of Accident: Hematocrit:

Auto Accident State: Onset Date of Current Illness:

Dates Patient unable to work in current occupation: First Name of Referring Physician or Other Source:

From: Last Name of Referring Physician or Other Source:

To: NPI of Referring Physician:

Hospitalization dates related to current services: Prior authorization number:

From: Care Plan Oversight NPI:

To: Patient Paid Amount:

Accept Assignment? ☐ Yes ☐ No Condition Codes (up to 12):

Corrected Claim?: ☐ No ☐ Yes

Original Claim Number:

Ambulance Pick Up Address Line 1:

Address Line 2:

City: State: Zip:

Ambulance Drop Off Address Line 1:

Address Line 2:

City: State: Zip:

Next

Review this screen and provide all information applicable to this claim. Once complete, click the **"Next"** button to save your information and advance to the next screen.

Line Item Information

BlueCross BlueShield of Alabama

Home > Providers > ProviderAccess > eClaims

Line Item Information

Contract: XAA123456789 Date of Birth: 04/26/1956 Patient Name: JANE SMITH

Required fields are denoted by an asterisk (*)

Diagnosis Codes (at least one required)

1	2	3	4
5	6	7	8
9	10	11	12

Was service rendered at an address different from the provider's address? ☐ No ☐ Yes

Dates of Service* From: To:

Facility Type Code (PCB)* CPT/HCPCS Modifiers

Diagnosis Code Pointer(s) Charges* Days or Units*

Add Note Delete

Add Note Delete

Add Note Delete

Add Note Delete

Add Note Delete

Add Note Delete

Add Line Item

Next

You can enter up to 12 diagnosis codes

Use the diagnosis code pointer to indicate which diagnosis applies to each line item.

Tip: Click on the help icon "?" to view additional information.

Required fields are denoted by an asterisk (*).

Note: You may key up to 10 line items on this screen. After entering all line items, click the **"Next"** button. If you have more than 10 line items, you must create a new claim to enter the additional line items.

Claims Administration

BlueCross BlueShield of Alabama

Home > Providers > ProviderAccess > eClaims

Claims Administration

Location: 12345678

New Claim

Submit All Pending Claims

Incomplete and Pending Claims							
Date Created	DOB	Claim Type	Contract Number	Patient Account Number	Patient Name	Claim Amount	Action
08/15/2014 02:20:45 PM	04/26/1956	Professional	XAA123456789	XAA123456789	SMITH, JANE	125.00	Pending Edit Submit Delete

Submitted and Processed Claims

Select all submitted claims or processed claims by date: Submitted Claims [Go](#)

Date Created	DOB	Claim Type	Contract Number	Patient Account Number	Patient Name	Claim Amount	Status	Action
08/15/2014 02:20:45 PM	04/26/1956	Professional	XAA123456789	XAA123456789	SMITH, JANE	125.00	Submitted	View

The claim that you just entered should now appear in the **"Incomplete and Pending Claims"** list. These claims have not yet been submitted to Blue Cross for processing.

To submit your claim for processing, you must click **"Submit"** or **"Submit All Pending Claims."**

The Claims Administration screen shows all claims that are in a "pending" status and all claims that have been submitted or processed on the current day. To view claims submitted on a previous day, select the date you submitted the claim and click **"Go."**

BlueCross BlueShield of Alabama

Home > Providers > ProviderAccess > eClaims

Claims Administration

Location: 12345678

New Claim

Submit All Pending Claims

Incomplete and Pending Claims							
Date Created	DOB	Claim Type	Contract Number	Patient Account Number	Patient Name	Claim Amount	Action
08/15/2014 02:20:45 PM	04/26/1956	Professional	XAA123456789	XAA123456789	SMITH, JANE	125.00	Submitted

Submitted and Processed Claims

Select all submitted claims or processed claims by date: Submitted Claims [Go](#)

Date Created	DOB	Claim Type	Contract Number	Patient Account Number	Patient Name	Claim Amount	Status	Action
08/15/2014 02:20:45 PM	04/26/1956	Professional	XAA123456789	XAA123456789	SMITH, JANE	125.00	Submitted	View

After a claim is submitted and received by Blue Cross, it will appear on the **"Submitted and Processed Claims"** list.

Secondary Claims

Secondary Claims: Member Information

BlueCross BlueShield of Alabama

Home > Providers > ProviderAccess > eClaims

Member Information

Required fields are denoted by an asterisk (*)

Claim Type: *
This claim is being submitted as: *
☐ Anesthesia ☐ Dental ☐ Home Health ☒ Professional ☐ Institutional
☐ Primary ☒ Secondary ☐ Informational

Contract Number: *

First Name: *

Middle Initial: *

Last Name: *

Date of Birth: *

Gender: *

Last date of service for this claim: *

Next

Choose the **"Claim Type."**

Choose **"Secondary."**

Required fields are denoted by an asterisk (*).

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

Secondary Claims: Payer Information

BlueCross BlueShield of Alabama

Home > Providers > ProviderAccess > eClaims

Payer Information

Contract: XAA123456789 Date of Birth: 04/26/1956 Patient Name: JANE SMITH

Required fields are denoted by an asterisk (*)

Primary Payer: *
☐ Commercial ☒ Payer ☐ Subscriber

Name: *
Address: *
City: *
State: *
Zip code: *

First Name: *
Middle Name: *
Last Name: *
Address: *
City: *
State: *
Zip code: *

Primary Member ID/HICN: *

Secondary Payer: *
☒ BCBS ☐ Payer Name: *
BCBS OF ALABAMA Member ID / HICN: *
XAA123456789 Patient Relationship to Insured: *
☒ Self ☐ Other

Next

Choose the **"Primary Payer."**

Key the **"Primary Payer"** information.

Key the Primary **"Subscriber"** information.

Choose the correct option for **"Patient Relationship to Insured."**

Click the **"Next"** button once you verify that all information is correct.

Required fields are denoted by an asterisk (*).

Secondary Claims: Insured/Patient Information

BlueCross BlueShield of Alabama

Home > Providers > ProviderAccess > eClaims

Insured/Patient Information

Contract: XAA123456789 Date of Birth: 04/26/1956 Patient Name: JANE SMITH

Required fields are denoted by an asterisk (*)

Insured Information

Name
Last: SMITH First: JANE Middle:

Address
Street: 123 PARK PLACE City: SOMEWHERE State: ALABAMA Zip: 35244

Other
Date of Birth (MMDDYYYY): 04/26/1956 Gender: Female

Patient Information

Name
Last: SMITH First: JANE Middle:

Address
Street: 123 PARK PLACE City: SOMEWHERE State: ALABAMA Zip: 35244

Other
Date of Birth (MMDDYYYY): 04/26/1956 Gender: Female

Patient's Account Number:

Release of Information Code
Release of Information: Yes

Next

Click on the section heading to return to a previous screen.

Verify the Insured/Patient Information on this page. If the information is not correct, press the **"Next"** button.

Required fields are denoted by an asterisk (*).

Secondary Claims: Claim Information

BlueCross BlueShield of Alabama

Home > Providers > ProviderAccess > eClaims

Claim Information

Contract: XAA123456789 Date of Birth: 04/26/1956 Patient Name: JANE SMITH

Is claim accident related? No

Date of Accident:

Type of Accident:

Auto Accident State:

Dates Patient unable to work in current occupation:
From: To:

Hospitalization dates related to current services:
From: To:

Accept Assignment? Yes

Corrected Claim? No

Original Claim Number:

First Name of Referring Physician or Other Source:

Last Name of Referring Physician or Other Source:

NPI of Referring Physician:

Prior authorization number:

Care Plan Oversight NPI:

Patient Paid Amount:

Condition Codes (up to 12):

Ambulance Pick Up
Address Line 1:
Address Line 2:
City:
State:
Zip:

Ambulance Drop Off
Address Line 1:
Address Line 2:
City:
State:
Zip:

Next

Review this screen and provide all information applicable to this claim. Once complete, click the **"Next"** button to save your information and advance to the next screen.

Secondary Claims: Line Item Information

You can enter up to 12 diagnosis codes

Use the diagnosis code pointer to indicate which diagnosis applies to each line item.

Tip: Click on the help icon "?" to view additional information.

Required fields are denoted by an asterisk (*).

Note: You may key up to 10 line items on this screen. After entering all line items, click the **"Next"** button. If you have more than 10 line items, you must create a new claim to enter the additional line items.

Secondary Claims: Line Level Information

Click **"here"** if you do not have line level payment information. It will take you to the claim level.

Tip: Click on the help icon "?" to view additional information.

Required fields are denoted by an asterisk (*).

Note: "Line Level Adjustments" plus "Payer Paid Amount" should equal "Total Charges."

Secondary Claims: Claim Level Information

Note: This page is returned **ONLY** if you do not have line level payment information.

BlueCross BlueShield of Alabama

Home > Providers > ProviderAccess > eClaims

Primary Payer Payment Information - Claim Level

Contract: XAA123456789 Date of Birth: 04/26/1956 Patient Name: JANE SMITH

Required fields are denoted by an asterisk (*)

Click here if you do not have line level payment information.

Enter the claim level payment information from the pPrimary payer.

Primary Payer Name: BCBSAL
Primary Payer Contract Number: XAA123456789

Line Level Adjustments - Line 1

Num	Group	Reason	Amount
1	?	?	
2	?	?	
3	?	?	
4	?	?	
5	?	?	

Payment Details:

Total Charges:*	
Payer Paid Amount*	
Payment Date:*	

Next

Click the **"Next"** button. You will be forwarded to the Claims Administration screen to submit pending claims.

Required fields are denoted by an asterisk (*).

Note: "Claim Level Adjustments" plus "Payer Paid Amount" should equal "Total Charges."

Corrected Claims

Corrected Claims: Claims Administration

BlueCross BlueShield of Alabama

Home > Providers > ProviderAccess > eClaims

Claims Administration

Location: 12345678

New Claim

Submit All Pending Claims

Data Created	DOB	Claim Type	Contract Number	Patient Account Number	Patient Name	Claim Amount	Status	Action
Submitted and Processed Claims								
Select all submitted claims or processed claims by date: Submitted Claims - 1 Go								
Data Created	DOB	Claim Type	Contract Number	Patient Account Number	Patient Name	Claim Amount	Status	Action

If the original claim was submitted through eClaims, locate the claim in the **"Submitted Claims"** list and **"Resubmit."** You will then be able to edit the claim.

Click on **"New Claim"** if the original claim was submitted electronically using a vendor/clearinghouse.

Corrected Claims: Member Information

BlueCross BlueShield of Alabama

Home > Providers > ProviderAccess > eClaims

Member Information

ProviderAccess Menu > Claims Administration

Required fields are denoted by an asterisk (*)

Claim Type: Anesthesia Dental Home Health Professional Institutional

This claim is being submitted as: Primary Secondary Informational

Contract Number:

First Name:

Middle Initial:

Last Name:

Date of Birth:

Gender:

Last date of service for this claim:

Next

Choose the **"Claim Type"** and indicate whether the claim being submitted is Primary, Secondary or Informational.

Click **"Next."**

Required fields are denoted by an asterisk (*).

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

Corrected Claims: Payer Information

BlueCross BlueShield of Alabama

Home > Providers > ProviderAccess > eClaims

Payer Information

ProviderAccess Menu > Claims Administration

Payer Information cannot be modified once initially saved. If you need to make changes, delete this claim and create a new one.

Contract: XAA123456789 Date of Birth: 04/28/1956 Patient Name: JANE SMITH

Required fields are denoted by an asterisk (*)

Primary Payer: BCBS

Payer Name: BCBS OF ALABAMA

Member ID / HIC2: XAA123456789

Patient Relationship to Insured: Self

Next

Click the **"Next"** button once you verify that all information is correct.

Corrected Claims: Insured/Patient Information

Click on the section heading to return to a previous screen.

Verify the Insured/Patient Information on this page. If the information is not correct, press the **"Next"** button.

Corrected Claims: Claim Information

To indicate this is a corrected claim, select **"Yes"** from the drop-down menu.

Enter the **"Original Claim Number."**

Review this screen and provide all information applicable to this claim. Once complete, click the **"Next"** button to save your information and advance to the next screen.

Corrected Claims: Line Item Information

BlueCross BlueShield of Alabama

Home > Providers > ProviderAccess > eClaims

Line Item Information

Contract: XAA123456789 Date of Birth: 04/26/1956 Patient Name: JANE SMITH

Required fields are denoted by an asterisk (*)

Diagnosis Codes (at least one required):

1	2	3	4
5	6	7	8
9	10	11	12

Was service rendered at an address different from the provider's address? (No)

Procedures, Services or Supplies

Dates of Service* From, To (mm/dd/yyyy)	Facility Type Code (ICD9)	CPT/HCPCS Code	Modifiers	Diagnosis Code ICD-9	ICD-10	Charges*	Days or Units*

Add Note

Add Line Item

Next

You can enter up to 12 diagnosis codes

Use the diagnosis code pointer to indicate which diagnosis applies to each line item.

Tip: Click on the help icon "?" to view additional information.

Required fields are denoted by an asterisk (*).

Note: You may key up to 10 line items on this screen. After entering all line items, click the **"Next"** button. If you have more than 10 line items, you must create a new claim to enter the additional line items.

Claims Administration

Edit, submit or delete any pending claims.

The screenshot shows the 'Claims Administration' interface. At the top, there's a navigation bar with 'Home > Providers > ProviderAccess > eClaims'. Below this, the 'Claims Administration' section is active, showing 'Location: 12345678'. A 'New Claim' link is visible. The main area is divided into two sections: 'Incomplete and Pending Claims' and 'Submitted and Processed Claims'. The 'Incomplete and Pending Claims' section contains a table with one row of data. The 'Submitted and Processed Claims' section has a dropdown menu set to 'Submitted Claims' and a 'Go' button.

Date Created	DOB	Claim Type	Contract Number	Patient Account Number	Patient Name	Claim Amount	Status	Action
08/15/2014 02:20:48 PM	04/26/1956	Professional	XAA123456789	XAA123456789	SMITH, JANE	125.00	Pending	Edit Submit Delete

Date Created	DOB	Claim Type	Contract Number	Patient Account Number	Patient Name	Claim Amount	Status	Action
--------------	-----	------------	-----------------	------------------------	--------------	--------------	--------	--------

The claim that you just entered should now appear in the **"Incomplete and Pending Claims"** list. These claims have not yet been submitted to Blue Cross for processing.

To submit your claim for processing, you must click **"Submit"** or **"Submit All Pending Claims."**

The Claims Administration screen shows all claims that are in a "pending" status and all claims that have been submitted or processed on the current day. To view claims submitted on a previous day, select the date you submitted the claim and click **"Go."**

The screenshot shows the 'Claims Administration' interface after a claim has been submitted. The 'Submitted and Processed Claims' section now contains a table with one row of data. The 'Incomplete and Pending Claims' section is empty. The 'Submitted and Processed Claims' section has a dropdown menu set to 'Submitted Claims' and a 'Go' button.

Date Created	DOB	Claim Type	Contract Number	Patient Account Number	Patient Name	Claim Amount	Status	Action
--------------	-----	------------	-----------------	------------------------	--------------	--------------	--------	--------

Date Created	DOB	Claim Type	Contract Number	Patient Account Number	Patient Name	Claim Amount	Status	Action
08/15/2014 02:20:48 PM	04/26/1956	Professional	XAA123456789	XAA123456789	SMITH, JANE	125.00	Submitted	View

After the claim is submitted and received by Blue Cross, it will appear on the **"Submitted and Processed Claims"** list.

Contact Information

If you need further assistance with an audit report rejection, contact your vendor/clearinghouse or EDI Services at 205-220-6899 or email Ask-EDI@bcbsal.org. Please include in your email the provider's NPI, Tax ID and a detailed description of your question.

Hardware Requirements

Minimum Hardware Requirements (for best results):

- Screen resolution: 640 x 480
- Internet connection with at least 28,800 bps

Minimum Browser Requirements:

- Internet Explorer 6.0 or higher

Software Requirements

Adobe® Acrobat® Reader®

It is necessary to have Adobe Acrobat Reader installed on your computer in order to view or print the remittances using the online application. If you do not have Adobe Acrobat installed on your computer, you may install it for free from the Adobe website at <http://www.adobe.com/products/acrobat/readstep.html>.

Helpful Hints

1. If you leave the PC for a long period of time, the application may "time out." You will need to close and restart your browser. If you have previously "bookmarked" the **ProviderAccess** sign-in page, you may use your "Favorites" or "Bookmark" to access the sign-in page directly. Refer to Page 1 of this manual for further instructions on how to reach **ProviderAccess**.
2. Use the "Tab" key (not the "Enter" key) when navigating through a screen.
3. To select a field using a mouse:
 - Move the mouse pointer to the information to be selected.
 - Depress or "click" the left mouse button once.
 - The item is selected if the information you choose is highlighted by color/shading.
4. To select a field without using a mouse:
 - Use the "Tab" key to move the cursor to the item you would like to select.
 - The item is selected if the information you choose is highlighted by color/shading.
5. To select a button, choose one of the following:
 - Move the mouse pointer to the button and depress the left mouse button once; or
 - Press the "Tab" key until a dotted line appears around the word and then press the "Enter" button.



**BlueCross BlueShield
of Alabama**

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Blue Cross and Blue Shield Association