

ProviderAccess

www.bcbsal.com

User Manual

for

Professional, Dental &
Institutional Providers

Patient Information:
Eligibility and Benefits
Summary Plan Description

Claim Information:
Claim Status



BlueCrossBlueShield
Of Alabama

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CONTACT NAMES AND NUMBERS

1. For **connectivity** or **communication** problems, call all or e-mail the **Corporate Support Center** at 205-220-6134
(6:00 a.m. – 5:30 p.m. CST) SupportCenter@bcbsal.org
2. For other questions or problems,
 - Check **System Status** on the '**Hot Topics**' page under the '**Providers**' section of the Blue Cross and Blue Shield of Alabama web page at <http://www.bcbsal.com>.
 - Contact your Network Data Operations Representative at **205-220-2533**.

HARDWARE REQUIREMENTS

- *Minimum Browser Requirements*
Netscape or Internet Explorer 4.0 or higher
Adobe Acrobat Reader Version 4.0 or later
- *Minimum Hardware Requirements (for best results)*
Screen resolution: 640 x 480
Internet connection with at least 28,800 bps

HELPFUL HINTS

1. If you leave the PC for a long period of time, the application will “time out”. You will need to close and restart your browser **or** if you have previously “bookmarked” your Provider Access Sign In page, you may use your “Favorites” or “Bookmark” to access the Sign In page directly. If you were keying a claim, any information not previously saved will be lost.
2. Use the “Tab” key (not the “Enter” key) when navigating through a screen, however, don’t forget to select the “Continue” button to save your data prior to leaving the screen.
3. Be patient when selecting link and navigation buttons. Do **not** double click or click a link several times. Remember throughout ProviderAccess, you must *always* use the “Continue” and “Finish” buttons to save your data, prior to leaving the screen.
4. 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.
5. 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.
6. 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

Easy Steps to Provider Access

www.bcbsal.com

1 Click “Healthcare Providers” on the Blue Cross and Blue Shield of Alabama home page.

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FOR YOUR HEALTH Information For a Healthy, Safe Lifestyle

PROVIDING THE BEST HEALTH CARE COVERAGE WHILE RESPONDING TO OUR CUSTOMERS WITH A SENSE OF URGENCY AND COMPASSION.

- CUSTOMERS
- EMPLOYERS
- HEALTHCARE PROVIDERS**
- PRODUCTS & SERVICES
- ABOUT US

ALABAMA DOCTOR FINDER NATIONAL DOCTOR FINDER PHARMACY FINDER CAREER OPPORTUNITIES

EMERGENCY PATIENT INFORMATION PREFERRED LONG-TERM CARE COMMUNITY RELATIONS

INFO SOLUTIONSSM ELECTRONIC DATA INTERCHANGE SEARCH

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2 Click the “ProviderAccess” link.

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HEALTHCARE PROVIDERS

- PROVIDERACCESS**
- PROVIDER SERVICES
- POLICIES
- ELECTRONIC DATA INTERCHANGE
- PRESCRIPTION DRUG REFERENCE

HOT TOPICS UNIFORM PROVIDER APPLICATION INFO SOLUTIONSSM FRAUD & ABUSE ABOUT US CONTACT US SEARCH

Healthcare Providers

Blue Cross appreciates the opportunity to work with you in providing the best available health care for your patients and our subscribers. Below is a list of numbers that can help make it easier for you to reach us.

Frequently Used Phone Numbers

Provider Inquiry – Customer Service

- General Provider Inquiry:**
 - 205 988-2213 – Automated Voice Response Unit only
 - 800 649-9007 – Automated Voice Response Unit only
 - 205 733-7016 – Automated Voice Response Unit with Representative availability for providers who do not have access to the toll free number.
- Group Specific Provider Inquiry:**
 - Federal Employee Program (FEP - R prefix): 800 492-8872
 - DellSouth (SSO and BLS prefixes): 800 292-0032
 - FBX prefix: 800 248-4169
 - Unireal: 800 334-9041
 - Nasco: 800 548-0165
 - General Electric: 800 655-5392
- ITS (Inter-Plan Teleprocessing System) Eligibility and Benefits Inquiry:**

3 Enter your Sign-In and Password then click the “Submit” button.

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Return to Providers | [ProviderAccess User Manuals | Help](#)

providerACCESS
your secure link to Blue Cross

sign in
Enter your provider or clinic ID and password.

Sign-in: **51099999**

Password: *********

[Sign In](#) or [Register Now](#)

Welcome to *ProviderAccess*, your secure sign-in for all Blue Cross and Blue Shield of Alabama e-Practice Management and InfoSolutions transactions. Use this single, secure sign-in page for access to Claim Payment Information and Patient Account Information. Primary Care Physicians will also use this sign-in for access to Primary Care Network transactions.

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[Blue Cross and Blue Shield of Alabama](#)

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4 Select the desired ProviderAccess application by clicking the associated link.

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Welcome to *ProviderAccess* You are signed in as: 51099999

Please select the e-Practice Management application you would like to perform from the list below. To perform additional transactions, please return to this page to select your next function.

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 - [IS Patient Medical Information](#)
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- Payment Information**
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 - [Pharmacy Online Remittance Report](#)
 - [Payment History](#)
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 - [Download NSF Remittance File](#)
 - [Institutional Activity Summary Report](#)

TIP: You may bypass steps 1 and 2 by adding the above page to your list of favorites. Based on the browser you are using, select “Bookmark” or “Favorites” and select the add feature. This will allow you to access the ProviderAccess Sign In page directly.

Patient Information: Eligibility and Benefits

By selecting the “**Provider Access**” option you will be connected to Blue Cross and Blue Shield of Alabama’s web applications to retrieve patient, claim, and payment information for the Blue Cross Professional line of business.

From the “**Welcome to Provider Access**” main menu page, click the Patient Information: [Eligibility and Benefits](#) link.

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Welcome to ProviderAccess You are signed in as: 51099999

Please select the e-Practice Management application you would like to perform from the list below. To perform additional transactions, please return to this page to select your next function.

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 - [Preferred PET Fee Schedule](#)
 - [Preferred PT Fee Schedule](#)
 - [Fee Schedule \(Individual Code\)](#)
- **Guidelines and Policies**
 - [Fragmented Coding Edits](#)
 - [Medical Policies](#)
 - [CURP Medical Necessity Guidelines](#)
- **Primary Care Network (PCN)**
 - [Covering Physicians](#)
 - [PCN Cost Profile](#)
 - [Review Referral](#)
 - [Submit Referral](#)
 - [Unique Provider Identification Number \(UPIN\) Reference](#)

IMPORTANT NOTE: This field confirms the provider number that you are signed in as. If you wish to sign-in to ProviderAccess as a different provider number choose the Sign out option on the yellow menu bar, and sign in with another provider number.

Enter the appropriate information in the fields and click the “**Submit**” button.

TIP: When the name submitted is not an exact match to the name on the Blue Cross system, an attempt will be made to match using a portion of the name along with the date of birth.

TIP: If no date is entered in the “**Service Date**” field, today’s date will be defaulted.

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CUSTOMERS EMPLOYERS HEALTHCARE PROVIDERS PRODUCTS & SERVICES ABOUT US CONTACT US

[ProviderAccess Menu](#) | [Sign Out](#)

Professional Eligibility and Benefits You are signed in as: 51099999

Required fields are denoted with an asterisk (*).
Enter the patient's information whose history you wish to review.

Contract Number:

First Name:

Middle Initial:

Last Name:

Date of Birth: (MMDDYYYY)

Gender:

Enter the date a provider needs to verify a patient's eligibility and benefits. If no date is entered, today's date will be defaulted.

Service Date: (MMDDYYYY)

Disclaimer:
The information provided is only general benefit information and is not a guarantee of payment. Benefits are always subject to the terms and limitations of the plan, and no employee of Blue Cross and Blue Shield of Alabama has authority to enlarge or expand the terms of the plan. The availability of benefits is always conditioned upon the patient's coverage and the existence of a contract for plan benefits as of the date of service. A loss of coverage, as well as contract termination, can occur automatically under certain circumstances. There will be no benefits available if such circumstances occur.

TIP: Click “**ProviderAccess Menu**” link from any ProviderAccess application to return to the main menu.

TIP: Click “**View New Patient**” to return to the eligibility and benefits entry screen.

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Professional Benefits You are signed in as: 51099999

Contract Number:	XAA123456789
Date of Service:	10-08-2003
Patient Name:	JOHN Q. TEST
Birthday:	OCTOBER 16, 1970
Gender:	MALE

[View New Patient](#)

DEDUCTIBLE

MAJOR MEDICAL: THIS PATIENTS DEDUCTIBLE TAKEN FOR THIS CALENDAR YEAR IS \$0.00

CO-PAYMENT

PROFESSIONAL (PHYSICIAN) VISIT- OFFICE

ACTIVE COVERAGE

HEALTH BENEFIT PLAN COVERAGE: PATIENT IS PRIMARY ON CONTRACT.

PROFESSIONAL (PHYSICIAN)

MAJOR MEDICAL

Patient Information: Summary Plan Description (SPD)

A new application has been added called the Summary Plan Description (SPD). Through SPD, plan coverage information is available by group number and division. A default set of categories will be returned based upon the provider's specialty. Additional category groupings can also be selected to retrieve categories not returned in the default list.

There are two ways to access the Summary Plan Description:

1) Once Eligibility and Benefits are returned for a patient, at the **bottom** of the page, you can select the option to retrieve the Summary Plan Description (SPD) based on the group number and division associated with the current requested contract.

The screenshot shows the BlueCrossBlueShield of Alabama website interface. At the top, there is a navigation bar with links for CUSTOMERS, EMPLOYERS, HEALTHCARE PROVIDERS, PRODUCTS & SERVICES, ABOUT US, and CONTACT US. Below this is a yellow bar with 'ProviderAccess Menu' and 'Sign Out'. The main content area is titled 'Professional Benefits' and shows patient details for JOHN Q. TEST, including contract number XAA123456789, date of service 09-19-2003, birthday OCTOBER 16, 1970, and gender MALE. There is a 'View New Patient' link. Below the patient details are sections for DEDUCTIBLE, CO-PAYMENT, ACTIVE COVERAGE, MANAGED CARE COORDINATOR, and COVERAGE BASIS, each with descriptive text. At the bottom of the page, a red arrow points to a yellow button labeled 'Get Summary Plan Description'. The footer contains navigation links and copyright information.

The second way to access the Summary Plan Description:

2) From the main ProviderAccess Menu, select Summary Plan Description under the option for Eligibility and Benefits.

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Welcome to ProviderAccess You are signed in as: 51099999

Please select the e-Practice Management application you would like to perform from the list below. To perform additional transactions, please return to this page to select your next function.

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 - [Institutional Activity Summary Report](#)

Enter the Group Number and Group Division and then click "Submit".

If no date is entered in the "Service Date" field, today's date will be defaulted.

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[ProviderAccess Menu](#) | [Sign Out](#)

Professional Summary Plan Description Request You are signed in as:51099999

Required fields are denoted with an asterisk (*).

Enter the information of the group for which this request is being made.

Group Number:* 12345

Group Division:* ABC

Service Date: (MMDDYYYY)

Disclaimer:
The information provided is only general benefit information and is not a guarantee of payment. Benefits are always subject to the terms and limitations of the plan, and no employee of Blue Cross and Blue Shield of Alabama has authority to enlarge or expand the terms of the plan. The availability of benefits is always conditioned upon the patient's coverage and the existence of a contract for plan benefits as of the date of service. A loss of coverage, as well as contract termination, can occur automatically under certain circumstances. There will be no benefits available if such circumstances occur.

[Submit](#) [Reset](#)

The Professional Summary Plan Description will display the Group Number, Group Division, and the Service Date requested.

TIP: Select additional plan coverage information by category grouping by clicking on the drop down arrow and selecting one of the categories listed. Then click the option “Get Summary Plan Description by Category”.

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ProviderAccess Menu | Sign Out

Professional Summary Plan Description You are signed in as: 51099999

Group Number: 12345 [View New Patient](#)

Group Division: ABC

Service Date: 09/19/2003

Select one ... [Get Summary Plan Description by Category](#)

SUMMARY PLAN DESCRIPTION

ATTENTION: PLEASE REVIEW ALL DATA TO IDENTIFY APPLICABLE BENEFITS.
 END OF FILE IS NOTED BY: <END OF FILE>.
 <Exception Procedure Processing>
 This group and division has Bluecard PPO benefits. This allows members to access PPO networks available in each state that participates. There are two levels of benefits available, In-Network and Out-of-Network.
 <Exclusion>
 See specific categories for exclusions
 <Coordination of Benefits>
 (N06)C.O.B.- Non-Duplication (spousal carveout)- calculate primary benefits (hold to UCR or PMD payment) subtract OIC payment.
 Any claim submitted for secondary payment in which the primary insurance issued a denial due to non-compliance with the primary insurer guidelines will be paid on a carve-out basis. That is Blue Cross will pay 20% of the covered charge.
 <Pre-existing waiting period>

TIP: Click on drop down arrow to obtain list.

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Professional Summary Plan Description You are signed in as: 51099999

Group Number: 12345 [View New Patient](#)

Group Division: ABC

Service Date: 09/19/2003

Select one ... [Get Summary Plan Description by Category](#)

- Select one ...
- ACCIDENTAL INJURY
- ALLERGY TESTING AND TREATMENT
- AMBULANCE
- BABY YOURSELF
- BLOOD
- CANCER
- CHEMOTHERAPY
- CHIROPRACTIC
- COORDINATION OF BENEFITS - TA DA]
- CO-INSURANCE

IDENTIFY APPLICABLE BENEFITS.
 fits. This allows members
 e that participates. There
 nd Out-of-Network.

(N06)C.O.B.- Non-Duplication (spousal carveout)- calculate primary benefits (hold to UCR or PMD payment) subtract OIC payment.
 Any claim submitted for secondary payment in which the primary insurance issued a denial due to non-compliance with the primary insurer guidelines will be paid on a carve-out basis. That is Blue Cross will pay 20% of the covered charge.
 <Pre-existing waiting period>
 This group complies with HIPAA

Sample Deductible/Copays selected and returned below:

TIP: If you selected to view the Summary Plan Description after obtaining plan coverage information for a specific contract number then you will have the option to view a New Patient. Click on **View New Patient**.

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CUSTOMERS EMPLOYERS HEALTHCARE PROVIDERS PRODUCTS & SERVICES ABOUT US CONTACT US

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Professional Summary Plan Description You are signed in as: 51099999

Group Number: 12345 [View New Patient](#)

Group Division: ABC

Service Date: 09/19/2003

DEDUCTIBLE/COPAYS Get Summary Plan Description by Category

DEDUCTIBLE/COPAYS CATEGORY GROUPING

ATTENTION: PLEASE REVIEW ALL DATA TO IDENTIFY APPLICABLE BENEFITS.
END OF FILE IS NOTED BY: <END OF FILE>.
<Deductible>
In-Network: \$150.00 inpatient hospital deductible per admission.
Benefits are provided at 100% of the allowed amount after the deductible
Out-of-Network: \$150.00 inpatient hospital deductible per admission.
Benefits are provided at 80% of the allowed amount after the deductible
\$ 200.00 Major Medical deductible each benefit period with a maximum of

TIP: If you selected to view the Summary Plan Description from the ProviderAccess main menu, then you can choose to View a New Group. Click on **View New Group**.

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ProviderAccess Menu | Sign Out

Professional Summary Plan Description You are signed in as: 51099999

Group Number: 12345 [View New Group](#)

Group Division: ABC

Service Date: 09/19/2003

Select one ... Get Summary Plan Description by Category

SUMMARY PLAN DESCRIPTION

ATTENTION: PLEASE REVIEW ALL DATA TO IDENTIFY APPLICABLE BENEFITS.
END OF FILE IS NOTED BY: <END OF FILE>.
<Exception Procedure Processing>
This group and division has Bluecard PPO benefits. This allows members to access PPO networks available in each state that participates. There are two levels of benefits available, In-Network and Out-of-Network.
<Exclusion>
See specific categories for exclusions
<Coordination of Benefits>
(N06)C.O.B.- Non-Duplication (spousal carveout)- calculate primary benefit first to HCB or PMP equipment) submit CIG equipment

Patient Information: Claim Status

Click the [Claim Status](#) link from the *ProviderAccess* menu.

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Welcome to ProviderAccess You are signed in as: 51099999

Please select the e-Practice Management application you would like to perform from the list below. To perform additional transactions, please return to this page to select your next function.

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 - [Institutional Activity Summary Report](#)
- **Guidelines and Policies**
 - [Fragmented Coding Edits](#)
 - [Medical Policies](#)

Enter the appropriate information in the fields and click the “**Submit**” button.

If you need to clear all fields, click the “**Reset**” button.

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ProviderAccess Menu | Sign Out

Professional Claim Status You are signed in as: 51099999

Required fields are denoted with an asterisk (*).

Enter the patient's information whose history you wish to review.

Contract Number:* XAA123456789

First Name:* John

Middle Initial:

Last Name:* Brown

Date of Birth:* 10161970 (MMDDYYYY)

Gender:

Enter the claim information you wish to review.

Service From Date:* 09022003 (MMDDYYYY)

Service To Date:* 09022003 (MMDDYYYY)

Claim Number:

Once you click the Submit button, then the following message will be displayed:

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CUSTOMERS EMPLOYERS HEALTHCARE PROVIDERS PRODUCTS & SERVICES ABOUT US CONTACT US

Claim Status

Please wait while we process your request.

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Professional Claim Status Listing You are signed in as: 51099999

Contract Number: XAA123456789 [View New Patient](#) Service From Date: 09/02/2003
Provider ID: 51099999 Service Thru Date: 09/02/2003

Acknowledgement/Not Found-The claim/encounter can not be found in the adjudication system.

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NOTE: If you receive the message “**Acknowledgement/Not Found: The claim/encounter can not be found in the adjudication system**” and feel this is being returned to you in error, check that you are signed in as the appropriate provider number.

REMEMBER, you must be signed in under the provider number that the claim was originally submitted under in order to view claim status.

Claims Listing

When retrieving claim status by **Date of Service**, a list of summarized claims will be displayed in “Date of Service” order. The most recent date of service will be first. Each summary line is the total of all the individual claim lines.

If you wish to see the **Claims Detail** information, click the claim header (anywhere in the claim header including the columns for Service Date, Claim Number, Pat Init, Sex, Date of Birth, etc.. or click the expand  or collapse  buttons. 



The Caring Company

CUSTOMERS EMPLOYERS HEALTHCARE PROVIDERS PRODUCTS & SERVICES ABOUT US CONTACT US
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Professional Claim Status Listing

You are signed in as:51099999

Contract Number: XAA123456789 [View New Patient](#) Service From Date: 09/01/2003
 Provider ID: 51099999 Service Thru Date: 10/10/2003

These are the claims found for the information you entered sorted by date of service. To view the details for a Status Category or Status Code, place your mouse pointer over the code you wish to view. To view the line items details for a claim, click the claim header or the expand  or collapse  buttons.

Service Date:	Claim Number:	Pat Init:	Sex:	Date of Birth:	Submitted Charges:	Paid Amount:	Payroll Date:	Status Catgy:	Status Code:
10/06/2003	5510000003	JS	M	10/16/1970	\$48.00	\$0.00	00/00/0000	P2	20
09/16/2003	5510000001	JS	M	10/16/1970	\$133.00	\$84.60	10/16/2003	F1	65

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Claims Detail

When retrieving claim status by **Claim Number** OR when clicking any of the **claim header** from the **Claims Listing** screen, the detail of individual claim lines will be displayed.

Each line displays the procedure code and the charges associated with processing of the claim.

Contract Number: XAA123456789 [View New Patient](#) Service From Date: 09/01/2003
 Provider ID: 51099999 Service Thru Date: 10/10/2003

These are the claims found for the information you entered sorted by date of service. To view the details for a Status Category or Status Code, place your mouse pointer over the code you wish to view. To view the line items details for a claim, click the claim header or the expand  or collapse  buttons.

Service Date:	Claim Number:	Pat Init:	Sex:	Date of Birth:	Submitted Charges:	Paid Amount:	Payroll Date:	Status Catgy:	Status Code:																																								
10/06/2003	5510000003	JS	M	10/16/1970	\$48.00	\$0.00	00/00/0000	P2	20																																								
<table border="1"> <thead> <tr> <th>Line Item:</th> <th>Service From:</th> <th>Service To:</th> <th>Proc Code:</th> <th>Proc Type Code:</th> <th>Proc Mod:</th> <th>Rev Code:</th> <th># of Units:</th> <th>Submitted Charges:</th> <th>Paid Amt:</th> <th>Status Catgy:</th> <th>Status Code:</th> <th>Payroll Date:</th> </tr> </thead> <tbody> <tr> <td>001</td> <td>10/06/2003</td> <td>10/06/2003</td> <td>99213</td> <td>HC</td> <td></td> <td></td> <td>0000</td> <td>\$48.00</td> <td>\$0.00</td> <td>P2</td> <td>41</td> <td>00/00/0000</td> </tr> </tbody> </table>											Line Item:	Service From:	Service To:	Proc Code:	Proc Type Code:	Proc Mod:	Rev Code:	# of Units:	Submitted Charges:	Paid Amt:	Status Catgy:	Status Code:	Payroll Date:	001	10/06/2003	10/06/2003	99213	HC			0000	\$48.00	\$0.00	P2	41	00/00/0000													
Line Item:	Service From:	Service To:	Proc Code:	Proc Type Code:	Proc Mod:	Rev Code:	# of Units:	Submitted Charges:	Paid Amt:	Status Catgy:	Status Code:	Payroll Date:																																					
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The **Status Catgy** (Category) codes indicate the general category of the status (accepted, rejected, additional information requested, etc.) which is then further detailed in the **Status Codes**. Claim status codes communicate information about the status of a claim.

The Claim Status transaction returns standard codes which communicate information about the status of a claim. A complete list of these standard codes can be found on the Washington Publishing Company website for your reference: <http://www.wpc-edi.com/codes/Codes.asp>.

Service Date:		Claim Number:		Detail:				Payroll Date:		Status Catgy:		Status Code:	
09/16/2003		5510000003		F1 - Finalized/Payment-The claim/line has been paid. - 10/16/2003				0/16/2003		F1		65	
Line Item:	Service From:	Service To:	Proc Code:	Proc Type Code:	Proc Rev Mod:	# of Units:	Submitted Charges:	Paid Amt:	Status Catgy:	Status Code:	Payroll Date:		
001	09/16/2003	09/16/2003	99213	HC		0000	\$48.00	\$20.00	F1	65	10/16/2003		
002	09/16/2003	09/16/2003	72050	HC		0000	\$85.00	\$64.60	F1	65	10/16/2003		

Tip: By placing your mouse directly over the **Status Catgy**, a window is displayed obtaining the Detail of the code.

In this example, the Status category of F1 shows that the claim has been finalized/paid.

NOTE: Place your mouse directly over the Status Catgy option or the Status Code option to see the Detail.



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Professional Claim Status Listing

You are signed in as:51099999

Contract Number: XAA123456789 [View New Patient](#) Service From Date: 09/01/2003
 Provider ID: 51099999 Service Thru Date: 10/10/2003

These are the claims found for the **Detail:** view the details for a Status Category or Status Code, place your mouse over the Status Code or Status Catgy. view the line items details for a claim, click the claim header or the Status Code. P2 - Pending/In Review-The claim/encounter is suspended pending review. - 00/00/0000

Service Date:		Claim Number:		Pat Init:	Sex:	Date of Birth:	Submitted Charges:	Paid Amount:	Payroll Date:	Status Catgy:	Status Code:
10/06/2003		5510000003		JS	M	10/24/1960	\$48.00	\$0.00	00/00/0000	P2	20
Line Item:	Service From:	Service To:	Proc Code:	Proc Type Code:	Proc Rev Mod:	# of Units:	Submitted Charges:	Paid Amt:	Status Catgy:	Status Code:	Payroll Date:
001	10/06/2003	10/06/2003	99213	HC		0000	\$48.00	\$0.00	P2	41	00/00/0000

Service Date:		Claim Number:		Pat Init:	Sex:	Date of Birth:	Submitted Charges:	Paid Amount:	Payroll Date:	Status Catgy:	Status Code:
09/16/2003		5510000004		JS	M	10/24/1960	\$133.00	\$84.60	10/16/2003	F1	65
Line Item:	Service From:	Service To:	Proc Code:	Proc Type Code:	Proc Rev Mod:	# of Units:	Submitted Charges:	Paid Amt:	Status Catgy:	Status Code:	Payroll Date:
001	09/16/2003	09/16/2003	99213	HC		0000	\$48.00	\$20.00	F1	65	10/16/2003

Another example shows that if a claim is Pending/In Review, that the Paid Amount will be shown as \$0.00 and the Payroll Date will be shown as 00/00/0000.

Payment History

Click the [Payment History](#) link from the *ProviderAccess* menu.

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Welcome to **ProviderAccess** You are signed in as: 51099999

Please select the e-Practice Management application you would like to perform from the list below. To perform additional transactions, please return to this page to select your next function.

- **Patient Information**
 - [Eligibility and Benefits](#)
 - [Patient Medical Information](#)
- **Claim Information**
 - [Claim Entry \(WebClaims\)](#)
 - [Audit Trail](#)
 - [Audit Trail Error Descriptions](#)
 - [Claim Status](#)
 - [Upload NSF Claim File](#)
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 - [Blue Cross \(Institutional\) Online Remittance Report](#)
 - [Professional Online Remittance Report](#)
 - [Pharmacy Online Remittance Report](#)
 - [Payment History](#)
 - [PMD Fee Schedule](#)
 - [Chiropractor Fee Schedule](#)
 - [DME Fee Schedule](#)
 - [Home Health Fee Schedule](#)
 - [Hospice Fee Schedule](#)
 - [Preferred CAT Fee Schedule](#)
 - [Preferred MRI Fee Schedule](#)
 - [Preferred PET Fee Schedule](#)
 - [Fee Schedule \(Individual Code\)](#)
 - [Refund Billing Invoices](#)
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Professional Payment History You are signed in as: 51099999

1. Enter the date of payment for claims. The date must be entered in MMDDYYYY format. Provider payments are made weekly, usually on Thursdays. Payment history is available for approximately six months prior to the current date.

Payment Date:

Enter the date of payment for claims and click the "Submit" button.

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Professional Payment History You are signed in as: 51099999

[VIEW NEW DATE](#)

Payroll Date: May 15, 2003
Provider: TEST PROVIDER1, MD (51099999)
Payee: PROVIDER CLINIC
123 ANYWHERE STREET
ANYWHERE, AL 35298

Check Number: 123456789	Payroll Date
Total Submitted Charges: \$14,988.00	Payment: \$4,175.66
	Number of Claims: 37

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Blue Cross and Blue Shield of Alabama

Fee Schedule

Use this option to view or download a complete fee schedule.

Click an available [Fee Schedule](#) link from the *ProviderAccess* menu.



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 - [Medical Policies](#)

NOTE: Only Fee Schedule links associated with the provider's specialty will be displayed. The provider must be PMD or in a participating network.

Based on the [Fee Schedule](#) link clicked on the previous page, the associated Fee Schedule will be displayed.

NOTE: Click the desired “Series” link in the table of contents on the left. The appropriate “Series” will then be displayed in the screen on the right.

2003 PMD Fee Schedule Effective April 1, 2003
2002 PMD Fee Schedule Effective October 1, 2002

[PMD Fee Schedule Effective April 1, 2003](#)
[As of April 1, 2003](#)

Be sure to check e-Practice Management for the most current fee.

[Alpha Series](#)
[Anesthesia Series](#)
[Category III Code Series](#)
[Dental Surgery Series](#)
[10000 Series](#)
[20000 Series](#)

Alpha Series

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[Download 2003 PMD Fee Schedule](#)
(Double click on the downloaded executable file to extract the Fee Schedule file.)

To download a text document containing the entire fee schedule, click the “[Download 2003 PMD Fee Schedule](#)” link in the top right corner of the page.

Click the “Open” button on the *File Download* screen.

File Download

Some files can harm your computer. If the file information below looks suspicious, or you do not fully trust the source, do not open or save this file.

File name: PMDFeeSchedDownload.exe
File type: Application
From: www.bcbsal.org

⚠ This type of file could harm your computer if it contains malicious code.

Would you like to open the file or save it to your computer?

Open Save Cancel More Info

Always ask before opening this type of file

After the file download is complete, click the “Browse” button to choose the location of where the file will be unzipped.

TIP: The desktop is a convenient place to store the document. It can then be moved to a different location if desired.

WinZip Self-Extractor - PMDFeeSchedDownload[1].exe

To unzip all files in this self-extractor file to the specified folder press the Unzip button.

Unzip to folder: C:\WINDOWS\Desktop [Browse...]

Overwrite files without prompting

Unzip Run WinZip Close About Help

Open Open Folder Cancel

After the file is unzipped successfully, go to the location where you specified in the previous step. Double click on the text document to open the file.

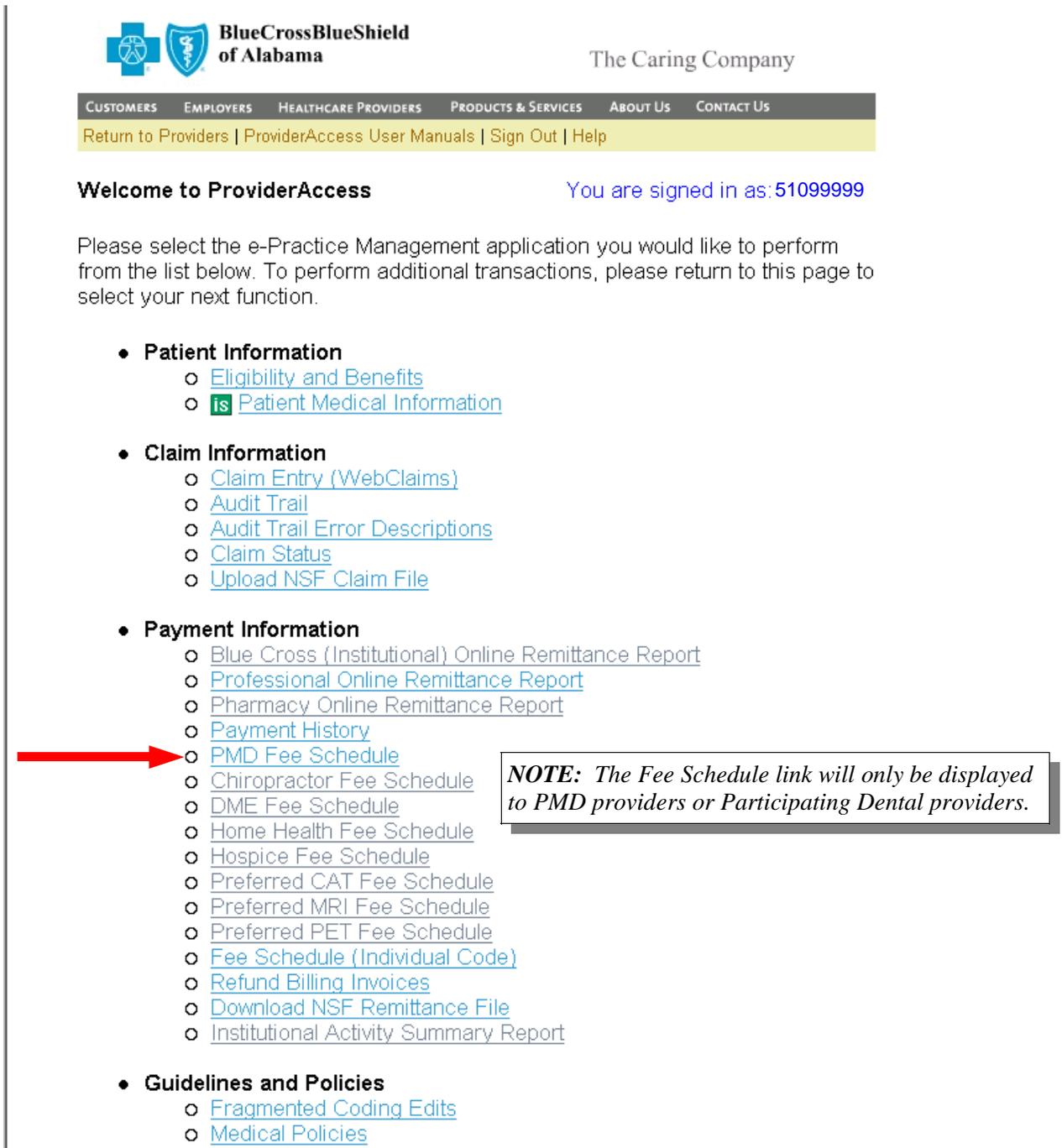
WinZip Self-Extractor

1 file(s) unzipped successfully

OK

Fee Schedule (Individual Code)

Click the [Fee Schedule \(Individual Code\)](#) link from the *ProviderAccess* menu.



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 - [Fragmented Coding Edits](#)
 - [Medical Policies](#)

NOTE: The Fee Schedule link will only be displayed to PMD providers or Participating Dental providers.

Enter the **Type of Service** and **Procedure Code** then click the “**Submit**” button.

Type of Service Codes

- 0 Surgical Assistant
- 2 Surgery
- 3 Maternity
- 4 Anesthesia
- 5 X-ray – Diagnostic (Total Fee)
- 6 Medical Care
- 7 Dental Care
- 8 Clinical Laboratory or Pathology (Total Fee)
- 9 Consultation
- A Emergency Medical Care
- B Concurrent Care
- C Psychiatric Care
- D Physical Therapy/Medicine (including Speech Therapy)
- E X-ray Therapeutic
- F Ambulance Service
- G Physical Accessories (Purchase)
 - Durable Medical Equipment
 - Medical Surgical Supplies
 - Optical Accessories
 - Orthopedic Accessories
 - Prosthetic Devices
- H Physical Accessories (Rental)
 - Durable Medical Equipment
 - Medical Surgical Supplies
 - Optical Accessories
 - Orthopedic Accessories
 - Prosthetic Devices
- I Dental Surgery
- J Home Care Program Services
- K Technical Component
- L Visiting Nurse Service
- M Vision Care
- N Emergency Accident Care
- P Radiology and Pathology (Professional Component)
- Q Chemotherapy (Antineoplastics)
- R Donor Surgery and Related Services
- T Radioimmunoassay (RIA) or Competitive Protein Binding Analysis
- U Supplemental Accident
- V Hearing Care
- W Second Opinion
- X Alcohol/Rehabilitation
- Z Portable X-ray (Technical)
- * Hospice Care
- # Prescription Drugs
- \$ Outpatient Hospital; Cardiac Rehab
- @ Private Duty Nursing (Home)
- & Private Room Allowance
Hospital Deductible

