

LABOR BYTES



BlueCross BlueShield
of Illinois

A Newsletter for Shared Claims
Processing Technical Staff from
Blue Cross and Blue Shield of Illinois
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Fall 2006 Systems Enhancements

In August, all groups received documentation concerning the Fall 2006 system enhancements. These changes are a part of the Blue Cross and Blue Shield of Illinois (BCBSIL) semi-annual system updates. These enhancements require some changes for groups, and will be in production as of October 15, with changes appearing on the October 16 transmission file.

National Provider Identifier (NPI)

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandated the adoption of standard unique identifiers for health care providers. The National Provider Identifier (NPI) will replace the different provider identifiers currently assigned and used by health plans.

The NPI is a 10-digit all numeric identifier that does not carry any information about the health care provider it represents and will stay with a provider regardless of job or location changes. The Centers for Medicare & Medicaid Services (CMS) has developed the National Plan and Provider Enumeration System (NPPES) to assign these unique identifiers.

The purpose of the NPI is to improve the efficiency and effectiveness of the electronic transmission of health information. This will eliminate the need for health care providers to use different identification numbers when conducting standard transactions with multiple health plans. BCBSIL must use NPIs in standard transactions by May 23, 2007.

As of October 16, two new fields containing the NPI will appear on the Etr3 claims transmission file—one at the claim level and one at the service level. Below is a table which illustrates the new field names, remaining filler and other pertinent information.

Field Name	Cobol Picture	Column	Justify	Initial	Required/Optional
Etr3-Clm-NPI-Billing-Prov-No	PIC X(20)	1144	Right	Zeroes	0*
Etr3-Clm-Filler-Misc3	PIC X(594)	1164	n/a	Spaces	n/a
Etr3-Svc-NPI-Perf-Prov-No	PIC X(20)	2112	Right	Zeroes	0*
Etr3-Svc-Filler-Misc2	PIC X(363)	2132	n/a	Spaces	n/a

**These fields are currently optional and will not be validated by BCBSIL. BCBSIL will pass along the information if it is submitted by the provider. As of May 2007, BCBSIL will validate these fields and they will be required.*

Clients will have the option to take in the NPI at the service line level or claim level on both Illinois and BlueCard claims. *Please note that groups will continue to receive the BCBSIL Provider ID and Tax ID. Also, though BCBSIL currently requires groups to return the Provider ID and Tax ID on the disposition file, this is not the case with the NPI. There is no field on the disposition file to return this number.*

To view the most recent Etr3 layout and data dictionary, log on to our Web site at www.bcbsil.com/labor/eim.htm.

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New DF Message Codes

Seventeen new DF Message Codes are being added for BlueCard claim use. The following is a list of the new codes as well as the corresponding BCBSIL Ineligible Reason Code:

DF Code	DF Message Code Description	BCBSIL Code	BCBSIL Ineligible Reason Code Description
1114	Benefits reduced because a National Specialty Center provider was not utilized for the procedure performed.	H52	Benefits reduced because a National Specialty Center provider was not utilized for the procedure performed.
1115	Benefits not available because a National Specialty Center provider was not utilized for the procedure performed.	H53	Benefits not available because a National Specialty Center provider was not utilized for the procedure performed.
1116	Certificate or letter of medical necessity needed to complete claim process.	330	Certificate or letter of medical necessity needed to complete claim process.
1117	Emergency services records needed to complete claim process.	H54	Emergency services records needed to complete claim process.
1118	Onset date needed before claim can be processed.	113	Onset date needed before claim can be processed.
1119	Progress notes/report needed to complete claim process.	H55	Progress notes/report needed to complete claim process.
1120	Student certification information needed/need full time student status information before claim can be processed.	017	Student certification information needed/need full time student status information before claim can be processed.
1121	Completed subrogation/workers compensation questionnaire to complete claim process.	H56	Completed subrogation/workers compensation questionnaire to complete claim process.
1122	Discharge summary needed to complete claim process.	H57	Discharge summary needed to complete claim process.
1123	Medicare payment information needed to complete claim process.	H58	Medicare payment information needed to complete claim process.
1124	Other carrier payment information needed to complete claim process.	H03	Other carrier payment information needed to complete claim process.
1125	Laboratory report needed to complete claim process.	H59	Laboratory report needed to complete claim process.
1126	Operative/surgical report needed to complete claim process.	H60	Operative/surgical report needed to complete claim process.
1127	Pathology report needed to complete claim process.	H61	Pathology report needed to complete claim process.
1128	Claim cannot be processed because required pre-authorization is not on file.	H62	Claim cannot be processed because required pre-authorization is not on file.
1129	Radiology report needed to complete claim process.	H63	Radiology report needed to complete claim process.
1130	Treatment plan needed to complete claim process.	H64	Treatment plan needed to complete claim process.

For a complete list of the DF Message Codes, please contact your Marketing Support representative.

New Reject Reason Code

For credit adjustment claims involving other insurance payments (see below for a list of codes), groups may apply these dollars as other insurance savings.

- ◆ A07 = COB
- ◆ A13 = Medicare
- ◆ A20 = Worker's Compensation
- ◆ A24 = Subrogation
- ◆ A25 = Auto Insurance
- ◆ A26 = Blue on Blue COB

If, however, the credit adjustment does not involve other insurance payments, they may not apply the credit to other insurance savings. In these instances, groups must reduce the Provider Payment Amount (Edf2-Clm-Prov-Payment-Amt; position 506; 11 bytes) by the credit amount and make sure that all other dollar fields balance to that amount. Should dollar amounts for these credit adjustments appear in any of the other insurance savings fields (see table below for relevant field information), the claim will reject with a new Reject Reason Code, RC061 – Reason for adjustment was not due to OI savings. OI savings must equal zero.

Field Name	Cobol Picture	Column	Justify	Initial	Required/Optional
Edf2-Svc-OI-Savings-Amt	PIC X(11)	648	Right	Zeroes	0
Edf2-Svc-Mcare-Savings-Amt	PIC X(11)	659	Right	Zeroes	0
Edf2-Svc-Wcomp-Savings-Amt	PIC X(11)	670	Right	Zeroes	0

To view a complete list of Reject Reason Codes, log on to our Web site at www.bcbsil.com/labor/code_manual.htm.

For questions regarding any of these Fall 2006 systems enhancements, please contact your Marketing Support representative.

Dedicated Shared Claims Processing Help Desk Phone Number

In the Spring 2004 issue of *Labor Bytes*, BCBSIL announced a new Help Desk phone number of **(877) 242-1369**. This number was established specifically to accommodate Shared Claims Processing technical support inquiries. It is important to use this new number, as Shared Claims Processing system support is no longer available through the old number.

Please contact your Marketing Support representative should you have questions.

BCBSIL Systems Support Information and Holiday Schedule

Mainframe Hours

This includes Home Plan Aid, Line Item Link, LCSL, IMNU and TRMN:

- ◆ Monday through Friday: 7:00 a.m. - 11:45 p.m. (CST/CDT)
- ◆ Saturday: 7:00 a.m. - 3:30 p.m. (CST/CDT)
- ◆ Sunday and Holidays: Not available

As a general rule, groups should contact their Marketing Support representative if they plan to work on Saturday. BCBSIL frequently performs file conversions and production moves on weekends that may affect mainframe system availability.

EMCnet Availability

Transmission Files:

Transmission files are sent by BCBSIL via EMCnet Monday through Saturday. Groups receive them Tuesday through Saturday morning by 6:00 a.m. (CST/CDT) and on Sunday evening.

Disposition Files:

EMCnet is available to transmit disposition files any time. The processing of these files depends upon the time they are sent.

- ◆ Files sent before 10:00 p.m. (CST/CDT) will be processed the next business day
- ◆ Files sent after 10:00 p.m. (CST/CDT) will be processed the second business day

Transmission Files:

Transmission files are sent by BCBSIL via EMCnet Monday through Saturday. Groups receive them Tuesday through Saturday morning by 6:00 a.m. (CST/CDT) and on Sunday evening.

Help Desk Support Hours

Phone Number: (877) 242-1369

- ◆ **Full Support:** Monday through Friday, 7:00 a.m. - 10:00 p.m. (CST/CDT)
- ◆ **Limited Support:** Before/after hours listed above, Saturday, Sunday and BCBSIL Holidays



Blue Cross and Blue Shield of Illinois remaining holidays for 2006:

- ◆ **Thanksgiving Day – Thursday, November 23**
- ◆ **Day after Thanksgiving – Friday, November 24**
- ◆ **Christmas Day – Monday, December 25**

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