



BlueCross BlueShield of Illinois
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A biannual newsletter for
Shared Claims Processing
Technical Staff

Tech SPECS

September 2009

Fall 2009 Systems Enhancements

Blue Cross and Blue Shield of Illinois (BCBSIL) is planning a number of enhancements to the Shared Claims Process (SCP) as a part of our semi-annual update. The Fall 2009 System Enhancements will be effective Nov. 9, 2009.

[Get the details](#)

Frequently Asked Questions for Fall 2009 System Enhancements

Do you have a question about any of the upcoming system enhancements?

[Read the FAQs](#)

SCP Re-Engineering Project Update

All system enhancements required for each Re-engineering phase, as well as changes to soft edits, HIPAA 837/835 file formats and HIPAA electronic inquiries are in production.

[Find out more](#)

DCN Change to Alpha Character

On May 15, 2009, BCBSIL implemented a change to the Illinois and BlueCard DCN. The 17-byte DCN now contains an alpha within a specific five-digit sequence.

[Get the whole story](#)

rEDI-link File Submission Time Change

Processing time has changed.

[Read it here first](#)

Non-Participating Facility Providers

Effective immediately, accounts that receive a claim from a non-participating facility without pricing must reference the Informational Notes field.

[Find out why](#)

[Support Information](#)

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Fall 2009 Systems Enhancements

Blue Cross and Blue Shield of Illinois (BCBSIL) is in the process of making a number of enhancements to the Shared Claims Process (SCP) as a part of our semi-annual update. The Fall 2009 System Enhancements will be effective November 9 (with the exception of the new Provider Types and Specialty Codes which will be effective December 21). Please find a detailed description of each enhancement below.

HIPAA 837 Claim Adjudication Date

BCBSIL will pass the HIPAA required DTP (Claim Adjudication Date) on the HIPAA 837 layout, which is the date that the other insurance carrier adjudicated the claim. The field will pass with the date BCBSIL received the COB claim.

837 Layout	837 Field Name	Loop/Segment/Field/Position
Professional/Institutional	Claim Adjudication Date	Loop 2430, Segment DTP, DTP01 Qualifier 573, DTP02 Qualifier D8, DTP03 enter valid date CYYMMDD format

HIPAA 837 ITS Provider Number

BCBSIL will pass the ITS Provider Number on the HIPAA 837 layout. Currently, the ITS Provider Number is passed on the ETR3 layout only.

837 Layout	837 Field Name	Loop/Segment/Field/Position
Professional/Institutional	ITS Provider	Loop 2300, Segment K3(2), Position 16-28

ETR3 Occurrence Code Indicator

Accounts currently receive two of 11 possible Occurrence Codes on the ETR3 layout and one Occurrence Code on the LDUES report. A new field indicator will be added to the ETR3 layout and LDUES report to notify accounts when additional Occurrence Codes are available. The field will be populated with either "Y" (Yes) or "N" (No). If an account receives a claim with a "Y" in the new indicator field, the additional Occurrence Codes will be available on IMNU at path 17, page 3.

Column	ETR3 Field Name	Field Value(s)
675	ETR3-CLM-OCCURR-CD-IND	Y/N

Alpha Prefix Edit

BCBSIL will pass the alpha prefix on the ETR3 and HIPAA 837 layouts for BlueCard claims. Accounts will be able to verify that the alpha prefix received on the ETR3 or HIPAA 837 layout matches the alpha prefix in HPA/ALIM.

If the incorrect alpha prefix was transmitted on the ETR3 or HIPAA 837 layout, the account will be able to correct the alpha prefix in the "Actual Sub ID" field in HPA (CA02 screen) and/or ALIM and deny the claim with a new DF Message Code 1083 – "SF submitted under incorrect prefix." BCBSIL will automatically send a new claim to the account with the correct alpha prefix. Please allow up to 10 business days to receive a new claim. Please note that the claim should be denied with DF Message Code 1083 at the claim level on HPA.

If an account corrects the alpha prefix without returning DF Message Code 1083, the claim will reject RC063 – "Alpha prefix updated, DF Message Code 1083 required." The account will resubmit a corrected claim including DF Message Code 1083 and the correct alpha prefix.

If an account sends DF Message Code 1083 without correcting the alpha prefix, Error Message Code UE037 – "Actual & Input Sub ID must not match 1083 present" will display, requiring the correct alpha prefix to be entered in the Actual Sub ID field before the claim is released.

Below are the ETR3 and HIPAA 837 alpha prefix field positions:

ETR3 Column	ETR3 Field Name
332	ETR3-MEMB-ALPHA-PREFIX

837 Layout	837 Field Name	Loop/Segment/Field/Position
Professional/Institutional	Alpha Prefix	Map to Loop 2010BA, Segment NM1, Data Element NM109, Position 10-12 (after member number) and to Loop 2330A, Segment NM1, Position NM109 after member number

DF Message Code Edit

A new edit will be implemented to prevent the use of retired DF Message Codes. If a disposition record is received with a retired code, the record will reject RC064 – "DF Message Code has been retired." The account will be required to reprocess the claim using a valid DF Message Code.

Please see below for a list of retired DF Message Codes:

Retired DF Message Codes	Description
0749	This provider is not eligible to bill for these services.
0762	Invalid CPT code (service referred to Par Plan for correction).
1055	This provider is not eligible.
1057	This service is ineligible in the reported place of service.
1078	Not eligible for BlueCard Program/ITS Delivery
1184	Do Not Use. This is a duplicate of 1165

R05 Adjustment – Up-Front Credit Amount Increase

On Illinois claims, the up-front credit amount is increasing to \$500.00. BCBSIL currently allows accounts to receive a credit of \$50.00 or less. The Reject Reason Code RC049 has been updated to read "Refund Request Amount Exceeds \$500.00."

Secondary to Primary Payer

A new enhancement will allow Institutional claims that were originally processed as secondary to be adjusted as primary. The adjusted claim will apply the discount when applicable.

New Provider Types and Specialty Codes

New Provider Types and Specialty Codes will be assigned to Skilled Nurses (CNM/CRNA/RN/ LPN) as of December 21.

Provider - Individual	Provider Types	Provider Specialty Codes
Certified Nurse Midwife	DW	074
Certified Registered Nurse Anesthetist	BL	082
Licensed Practical Nurse	FW	081

Provider - Group	Provider Types	Provider Specialty Codes
Certified Nurse Midwife	EW	074
Certified Registered Nurse Anesthetist	T9	082
Licensed Practical Nurse	TB	081

The ETR3 and HIPAA 837 positions for the Provider Types and Specialty Codes are as follows:

- ETR3-PRO-TYPE, column 101
- HIPAA Provider Type - Professional - Loop 2300, Segment K3, Data Element K301 and Loop 2400, Segment K3, Data Element K301, Position 1-2
- HIPAA Provider Type - Institutional - Loop 2300, Segment K3, Data Element K301 and Loop 2400, Segment K3, Data Element K301, Position 1-2

- ETR3-CLM-PRO-SPECIALTY-CD, column 1138
- HIPAA Provider Specialty Code - Professional - Loop 2400, Segment K3, Data Element K301, Position 3-5
- HIPAA Provider Specialty Code - Institutional - Loop 2400, Segment K3, Data Element K301, Position 3-5

Illinois COB Ineligible Reason Codes

Accounts will be able to deny Illinois claims using three new Ineligible Reason Codes to obtain COB information regarding the other insurance carrier:

Ineligible Reason Codes	Description
C03	This service cannot be processed until charges are filed with other insurance carrier (for non-ITS Claims).
C33	Subscriber has not responded to request for other coverage information.
C35	Provider has indicated there is other coverage. Our records do not indicate there is other coverage. This service cannot be processed until additional information has been received.

The ETR3 and HIPAA 837 positions for the Ineligible Reason Codes are as follows:

- ETR3- SVC-BASIC-INELG-RSN, column 1983
- HIPAA Ineligible Reason Code - Professional - 2400 Loop, K3 Segment, Position 28-30
- HIPAA Ineligible Reason Code - Institutional - 2400 Loop, PWK Segment, Position 29-31

Durable Medical Equipment (DME) Claims

Accounts currently pend DME claims while the pricing agreement information is being requested from the provider. Beginning November 9, BCBSIL is required to pass pricing information on both Illinois and BlueCard DME claims. New fields will be implemented on the

ETR3 layout, HIPAA 837 layout, ALIM Copybook, Home Plain Aid, IMNU inquiry screen, LCSL screen and the LDUES reports to accommodate this information.

ETR3 Column	ETR3 Field Name
1851	ETR3-SVC-DME-PRICE

837 Layout	837 Field Name	Loop/Segment/Field/Position
Professional	DME Price	2400 Loop, K3(2) Segment
Institutional	DME Price	2400 Loop, PWK Segment

The following new fields will be added to HPA (CA03 screen) and ALIM:

DME REM AMT = DME Remaining Amount field - HPA

REM DMU = Remaining Day/Months/Units - HPA

New SF Message Codes have been created to provide additional information regarding the contract arrangement:

SF Message Code	Definition
U290	DME Rental to Purchase (dollar amount and months whichever is reached first)
U291	DME Rental to Purchase (days)
U292	DME Rental to Purchase (months)
U293	DME Rental to Purchase (units)
U294	DME Rental to Purchase (dollar amount and day whichever is reached first)
U295	DME Rental to Purchase (dollar amount and months whichever is reached first)
U296	DME Rental to Purchase (dollar amount and units whichever is reached first)
U297	DME Rental Only
U298	DME Purchase Only
U299	DME No Contract Exists

The ETR3 and HIPAA 837 positions for the SF Message Codes are as follows:

- ETR3-SVC-SF-MSG-CD, Column 1895
- HIPAA SF Message Code -Professional - Segment K3/K301, Position 8-27
- HIPAA SF Message Code - Institutional - Segment PWK/PWK06, Position 9-28

There are three new DF Message Codes for DME claim processing:

DF Message Code	Definition
1258	Member is held harmless for the amount above the maximum allowance
1259	Coverage of this item is only considered when the item is purchased
1260	Coverage of this item is only considered when the item is rented

For updated copies of the ETR3 layout and data dictionary, Reject Reason Codes,

Codes refer to the SCP Web site at www.bcbsil.com/labor. For a sample LDUES report, IMNU screen print, DF Message Codes, SF Message Codes, HPA Batch Edit Error Codes and a DME Operational Guide, contact your Marketing Support representative.

For questions regarding the Fall 2009 Systems Enhancements, please e-mail BCBSENHANCEMENTS@bcbsil.com or contact your Marketing Support representative.



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Frequently Asked Questions for Fall 2009 Systems Enhancements

Q: Will a new DCN be transmitted when an account corrects the alpha prefix and denies the claim with DF Message Code 1083?

A: Yes, BCBSIL will automatically send a new DCN with the correct alpha prefix within 10 business days.

Q: Can the COB Ineligible Reason Codes be used in addition to the SMA Ineligible Reason Code?

A: The three Ineligible Reason Codes being added are to be used for denial purposes only. The Ineligible Reason Code "SMA" (over PPO allowance) should not be returned on a claim that is being denied. Accounts should use a more specific Ineligible Reason Code to match their denial.

Q: When can an R05 up-front credit amount of \$500.00 be initiated?

A: Beginning Nov. 9, 2009, an adjustment for an up-front credit of up to \$500.00 can be initiated regardless of when the original entry claim was processed or date of service.

Q: When will test files be available for the Fall 2009 System Enhancements?

A: Test files for the Fall 2009 Systems Enhancements are now available. Accounts should contact their Marketing Support representative for any fall changes they wish to test.

Q: Are there any changes to the EDF2 layout?

A: No, there are no changes to the EDF2 layout effective with the Fall 2009 System Enhancements.



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SCP Re-Engineering Project Update

After several years of planning and programming, all system enhancements for each of the re-engineering phases are in production and all accounts will be migrated to these enhanced processes by **July 2010**. Account Management will be contacting accounts that have not yet started the testing process to plan an implementation schedule.

Soft Edits

Membership soft editing on SCP claims is now available for all accounts with current membership data on the BCBSIL system. Please review the Fall 2007 and the Fall 2008 issues of *Tech Specs* for details on the necessary membership file and claim processing changes.

HIPAA 837/835 File Formats

SCP accounts can begin converting to HIPAA 837 and 835 formats. Companion guides and mapping documents for both file formats have been distributed. Accounts should contact their Account Management representative if they have not yet received the documentation.

HIPAA Electronic Inquiries/BlueExchange

In Fall 2008, a new feature was implemented that allows BCBSIL to assist accounts with Blue Cross and Blue Shield Association mandated responses to electronic inquiries from providers.

Please note these electronic responses include the disclaimer - *"Unless otherwise required by state law, this notice is not a guarantee of payment. Benefits are subject to all contract limits and the member's status on the date of service. Accumulated amounts, such as deductibles may change as additional claims are processed."*

This enhancement includes eligibility, benefit and accumulator inquiries.

Responses to *eligibility* inquiries are based on membership information housed on the BCBSIL system once an account has made their changes for the Soft Edits project.

Responses to *benefit* inquiries are based on benefit information housed on the BCBSIL system. Accounts have been asked to provide current benefit information (SPDs or Plan Benefit Booklets) for loading.

Responses to *accumulator* inquiries are based on accumulator information housed on the BCBSIL system. Accounts are required to transmit frequent electronic data files to BCBSIL with accumulator information for all members. File requirements will be available shortly on the SCP Web site at www.bcbsil.com/labor.

Please contact your Account Management representative with any questions.



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DCN Change to Alpha Character

Earlier this May, BCBSIL implemented a change to the BlueCard DCN, where an alpha was added within a specific five digit sequence. Currently, it has been established that this change will now impact both Illinois and BlueCard DCNs.

Previous: 0200912355**12345**0H

New: 0200912355**Z2345**0H

If you have any additional questions, please contact your Marketing Support representative.



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rEDI-link File Submission Time Change

Currently, files transmitted to rEDI-link prior to 10:00 p.m. (CST/CDT) are processed the next business day and any files transmitted after 10:00 p.m. (CST/CDT) are processed on the second business day. As of Aug. 31, 2009, this time was changed to 9:00 p.m. (CST/CDT).



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Non-Participating Facility Providers

Effective immediately, accounts that receive a claim from a non-participating facility, without pricing, must reference the Informational Notes field (ETR3-CLM-INFORMATIONAL-NOTES, Position 744; HIPAA 837: Loop 2300, Segment NTE, NTE01=ADD, Position 1-29). This field will indicate if the lack of pricing is a result of the facility not being licensed. Currently, BCBSIL does not indicate if a provider is unlicensed. Should an account wish to cover the charges, they may do so out of their office. BCBSIL will not have pricing available to suggest for an unlicensed facility.