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A biannual newsletter for
Shared Claims Processing
Technical Staff



Fall 2011 Tech Specs

Fall 2011 System Enhancements

BCBSIL's Fall 2011 System Enhancements are aimed at ensuring that the Shared Claims Processing model is in compliance with the Blue Cross and Blue Shield Association's (BCBSA) mandates and aligned with the BCBSA strategic initiatives for health care delivery systems. [Learn more about the enhancements.](#)

FAQs for the Fall System Enhancements

[Read this article](#) to get answers on the most frequently asked questions regarding the fall system enhancements.

VPN — A Flexible, Secure Way for SCP Clients to Connect

Approximately one year ago, BCBSIL began an initiative to convert all accounts to VPN (virtual private network). Those accounts currently utilizing dial-up will need to convert to VPN within the upcoming month. [Learn more about VPN.](#)

Source of Payment

Effective Oct. 17, 2011, the "Source of Payment" field on the claims transmission record will no longer be populated. [Find out more in this article.](#)

[Systems Support](#)

[2011 System Holidays](#)

[Contacts](#)

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Fall 2011 Systems Enhancements

Blue Cross and Blue Shield of Illinois' (BCBSIL) Fall 2011 System Enhancements are aimed at ensuring that the Shared Claims Processing model is in compliance with the Blue Cross and Blue Shield Association's (BCBSA) mandates. The Fall 2011 System Enhancements are effective Oct.17, 2011.

New and Redefined Provider Type and Specialty Type Codes

Effective with the 2011 Fall System Enhancements, new and redefined provider types and provider specialty codes will be implemented. SCP Accounts must ensure their internal system can accept and recognize the new values.

BLUECARD		
ETR3	4010	5010
X	X	X

This enhancement is applicable to SCP Accounts utilizing the ETR3, HIPAA 4010 and 5010 layouts, and LCSL users. For a complete listing of provider types and specialty codes please contact your Marketing Support representative or refer to BCBSIL's [Labor website](#).

LOCAL		
ETR3	4010	5010
X	X	X

New Professional Provider Types

- WS Wellness Screening
- SS Home Sleep Study
- CB Imaging Center
- SI Free Standing Imaging Center
- SL Sleep Lab
- LP Licensed Professional Counselor
- LG Licensed Professional Counselor (Group)
- ID Independent Diagnostic Testing Facility
- TS Transportation Service

Redefined Professional Provider Types

- AI Audiologist (Individual)
- BI Audiologist (Group)
- PH Pharmacist Clinical
- A1, A6, AB Medical Genetics (Individual)
- A5, BB Medical Genetics (Group)
- BP Specialty Pharmacy

Provider Type ETR3

Claim Level:

- Position:101
- Field: ETR3-PRO-TYPE

Service Level:

Provider Type HIPAA 4010 837

Claim Level:

- Loop: 2300
- Segment: 2nd K3
- Data Element: K301
- Position: 11-22

Service Level:

- Loop: 2400
- Segment: 2nd PWK
- Data Element: PWK06
- Position: 1-2

Provider Type HIPAA 5010 837

Claim Level:

- Loop: 2300
- Segment: 2nd
K3
- Data Element: K301
- Position: 11-12

Service Level:

- Loop: 2400
- Segment: 2nd PWK
- Data Element: PWK06
- Position: 29-30

New Professional Provider Specialty Codes:

- 713 Wellness Screening
- 331 Home Sleep Study
- 716 Licensed Professional Counselor (Individual/Group)
- 717 Transportation Services Air
- 721 Transportation Services Land

New Imaging Centers/Free Standing Imaging Centers:

- 341 Imaging Center
- 342 Radiation Therapy Center
- 380 Mammography, Screening Center
- 720 Magnetic Resonance
- 719 X-Ray Computed Tomography

New Sleep Lab:

- 331 Sleep Studies

New Independent Diagnostic Testing Facility:

- 718 Testing Facility
- 713 Wellness Screenings
- 331 Sleep Studies
- 341 Imaging Center

Redefined Specialty Codes:

- 075 Audiologist (Individual/Group)
- 576 Clinical Pharmacy
- 550 Medical Genetics (Individual/Group)
- 094 Specialty Pharmacy

Specialty Code ETR3

Claim Level:

- Position: 1138
- Field: ETR3-CLM-PRO-SPECIALTY-CD

Service Level up to 39 occurs:

- Field: ETR3-SVC-PRO-SPECIALTY-CD

Specialty Code HIPAA 4010 837

Claim Level:

- Loop: 2300
- Segment: 2nd K3
- Data Element: K301
- Position: 13-15

Service Level:

- Loop: 2400
- Segment: 2nd PWK
- Data Element: PWK06
- Position: 3-5

Specialty Code HIPAA 5010 837

Claim Level:

- Loop: 2300
- Segment: 2nd K3
- Data Element: K301
- Position: 13-15

Service Level:

- Loop: 2400
- Segment: 2nd PWK
- Data Element: PWK06
- Position: 31-33

A New Field for Blue Distinction Centers

[Blue Distinction](#) (BD) is a national designation program that recognizes hospitals and medical facilities that have demonstrated expertise in delivering quality health care in the areas of bariatric surgery, cardiac care, complex and rare cancers and transplants.

LOCAL		
ETR3	4010	5010
		X

The designation is based on objective, evidence-based selection criteria established in collaboration with physician specialists and professional medical organizations.

Effective with the 2011 Fall System Enhancement, BCBSIL will be implementing a new field for Local and BlueCard processing to identify Blue Distinction program-related services. The new field will be used to pass a three-byte indicator, which will signal that the services on the claim are Blue Distinction program-related. When applicable, BCBSIL will begin passing the new Blue Distinction indicator starting Oct. 17, 2011. SCP Accounts utilizing the HIPAA 5010 837 record layout should ensure programming is in place to accept and recognize the Blue Distinction indicator. This enhancement does not apply to SCP Accounts utilizing the ETR3, HIPAA 4010 layout and LCSL users.

BLUECARD		
ETR3	4010	5010
		X

BlueCard Blue Distinction Indicator Values

- BAR Bariatric Surgery (SF Message Code 1018)
- CCC Cardiac Care (SF Message Code 1019)
- CRP Complex and Rare Cancers (SF Message Code 1020)
- SSP Spine Surgery (SF Message Code 1030)

- RHK Knee and Hip Replacement (SF Message Code 1032)
- TAM Transplant Alternate Models (SF Message Code 1037)

Local BD Indicator Values

- BAR Bariatric Surgery
- CCC Cardiac Care
- CBN Bone Tumor Cancer
- CPN Pancreatic Cancer
- CST Soft Tissue Sarcomas Cancer
- CES Esophageal Cancer
- CAL Acute Leukemia Cancer
- CHN Head and Neck Cancer
- CBL Bladder Cancer
- CGA Gastric Cancer
- CLV Liver Cancer
- CTH Thyroid Cancer
- COC Ocular Melanoma Cancer
- CBR Brain Tumor Cancer
- CRC Rectal Cancer
- SSP Spine Surgery
- RHK Knee and Hip Replacement
- TBS Alternate Bone Marrow
- THT Alternate Heart Transplant
- TLG Alternate Lung Transplant
- THL Alternate Combination of Heart & Lung Transplant
- TLV Alternate Liver Transplant
- TPA Alternate Pancreas Transplant
- TPK Kidney in Conjunction with SPK Transplant

BD Indicator Value Institutional HIPAA 5010 837

Claim Level:

- Loop: 2300
- Segment: 3rd K3
- Data Element: K301
- Position: 1-3

Coverage Expiration Date

During the 2011 Spring System Enhancements, the ANSI Coverage Expiration Date field was implemented for BlueCard processing. This enhancement required SCP Accounts to return the coverage expiration date for claims denied due to coverage termination. Please reference the 2011 Spring System Enhancement Customer Requirement Specifications (CRS) for additional details.

BLUECARD		
ETR3	4010	5010
X	X	X

Effective with the 2011 Fall System Enhancements, SCP Accounts utilizing the HIPAA 5010 835 layout will be required to return the coverage expiration date for claims denied due to coverage termination for Local processing. New edit RC070 will be implemented to ensure all required segments are returned. The Local processing enhancement does not apply to SCP Accounts utilizing the ETR3, HIPAA 4010 layout, and LCSL users.

LOCAL		
ETR3	4010	5010
		X

- Coverage Expiration Date:** The coverage expiration date required for records denied due to coverage termination.

Local HIPAA 5010 835

Expiration Date:

- Loop: 2100
- Segment: DTM
- Data Element: DTM01 with qualifier 036

- Data Element: DTM02 (Refer to HIPAA 835 Implementation Guide: Expiration Date)

ANSI Adjustment Code and Ineligible Amount:

- Loop: 2110
- Segment: CAS
- Data Element: CAS01 (Refer to HIPAA 835 Implementation Guide)
- Data Element: CAS02
 - ANSI Reason Code S 27
- Data Element: CAS03
 - Ineligible Amount

BCBSIL Proprietary Ineligible Reason Code:

- Loop: 2110
- Segment: REF
- Data Element: REF01 with qualifier RB
- Data Element: REF02 011

Corrected Priority Payer

During the 2011 Spring System Enhancements, the ANSI 5010 Corrected Priority Payer fields were implemented; however, BCBSIL requested that the SCP Accounts refrain from using the fields until the 2011 Fall System Enhancements. On Oct. 17, 2011, SCP Accounts can begin using the fields via HPA and ALIM when the SCP Account believes that another payer has priority for making a payment. Edits will not be associated with this enhancement.

Effective with the 2011 Fall System Enhancements, SCP Accounts utilizing the HIPAA 5010 835 layout will be required to return the corrected priority payer information for Local processing when applicable. As with BlueCard, the new fields will not have any edits associated with the changes. The Local enhancement does not apply to SCP Accounts utilizing the ETR3, HIPAA 4010 layouts, and LCSL users.

LOCAL		
ETR3	4010	5010
		X

- **Corrected Priority Payer:** Required field when the current payer believes that another payer has priority for making a payment. Corrected Priority Payer is identified as the Primary Payer or Primary Carrier of the claim.

Local HIPAA 5010 835

When SCP Accounts are **denying** charges for additional information, accounts will be required to pass the following Segments:

Corrected Priority Payer:

- Loop: 2100
- Segment: NM1 Corrected Priority Payer (Organization Name)
- Data Element: NM103 (Refer to HIPAA 835 5010 Implementation Guide pg. 76 (V7) for all required elements for Corrected Priority Payer Segment)

Note: Four additional fields must be passed when Corrected Priority Payer has been identified.

Other Subscriber Name and Identification:

- Loop: 2100
- Segment: NM1 Other Subscriber Name
- Data Element: NM103, 104,105,109 (Refer to HIPAA 835 5010 Implementation Guide pg. 78 (V7) for all required elements.) Segment should be used when Other Subscriber (Person) is known.

ANSI Adjustment Code and Ineligible Amount:

- Loop: 2110
- Segment: CAS
- Data Element: CAS01 (Refer to HIPAA 835 Implementation Guide)
- Data Element: CAS02
 - ANSI Reason Code - A1

- Data Element: CAS03
 - Ineligible Amount

BCBSIL Proprietary Ineligible Reason Code:

- Loop: 2110
- Segment: REF
- Data Element: REF01 with qualifier RB
- Data Element: REF02- F06

When SCP Accounts are **making payment**, SCP Accounts will now be required to pass all appropriate segments:

Corrected Priority Payer:

- Loop: 2100
- Segment: NM1 Corrected Priority Payer
- Data Element: NM103 (Refer to HIPAA 835 5010 Implementation Guide: Corrected Priority Payer)

Other Subscriber Name and Identification:

- Loop: 2100
- Segment: NM1
- Data Element: NM103,104,105,109

ANSI CAS Segment: *if applicable (reduction)*

BCBSIL Proprietary Ineligible Reason Code: *if applicable*

ANSI AMT Segment:

- Loop: 2110
- Segment: AMT
- Data Element: AMT01 with qualifier B6
- Data Element: AMT02

BlueCard Processing

When SCP Accounts are considering denying charges for additional information, SCP Accounts are required to pass the following:

SCP Accounts must use DF Message Codes

- 1124: Other carrier payment information needed before a final benefit determination can be made

or

- 1255: We are the member tertiary insurance carrier. Please submit claim to member primary and secondary coverage carriers.

Four additional fields must be passed when Corrected Priority Payer has been identified

New Fields:

- Other Subscriber Last Name
- Other Subscriber Middle Name
- Other Subscriber First Name
- Other Subscriber Identification Number

HIPAA 835 Enhancements

The current BCBSIL SCP design calculates the ineligible amount in the disposition process and does not require accounts to return this information. If the ineligible information is returned, the information is bypassed and is not considered in the edit process.

BLUECARD		
ETR3	4010	5010

Effective with the 2011 Fall System Enhancement, the SCP design will require a

LOCAL		

complete breakdown at the service level for HIPAA 835 4010 and 5010 users. SCP Accounts will be required to return the ineligible amount with the corresponding ANSI and proprietary ineligible reason code for both pricing and benefit ineligibles. New edit RC068 and RC069 will be implemented to ensure the required segments are returned. This information will be used by BCBSIL to generate a HIPAA compliant 835 for our providers.

ETR3	4010	5010
	X	X

For all services considered Ineligible, SCP Accounts must return the following:

ANSI Group Code:

- Loop: 2110
- Segment: CAS
- Data Element: CAS01

ANSI Adjustment Code:

- Loop: 2110
- Segment: CAS
- Data Element: CAS02

ANSI Ineligible Amount:

- Loop: 2110
- Segment: CAS
- Data Element: CAS03

BCBSIL Proprietary Ineligible Reason Code:

- Loop: 2110
- Segment: REF
- Data Element: REF01 with qualifier RB
- Data Element: REF02

New Reject Codes RC068 and RC069 will be effective with the Fall Release.

- RC068 Account must return Ineligible Amount on denied service.
 - If Loop 2110, CAS Segment is missing and service line payment SV203 is equal to 0 or 0.00. An Ineligible Amount must be returned, if not claims will reject RC068.
- RC069 - Account returned Ineligible Amt equal to zero, if segment is present Ineligible Amount must be present.
 - If Loop 2110, CAS Segment is present and CAS03 is equal to 0 or 0.00. An Ineligible Amount must be returned, if segment is populated, otherwise remove, if not claims will reject RC069.

New Ineligible Reason Codes

Effective with the 2011 Fall System Enhancements, new ineligible reason codes will be added. SCP Accounts must ensure their system can accept and recognize new values and have the ability to return the new values.

BLUECARD		
ETR3	4010	5010
X	X	X

LOCAL		
ETR3	4010	5010
X	X	X

This enhancement is applicable to SCP Accounts utilizing the ETR3, HIPAA 4010/5010 layouts, and LCSL users. For a complete listing of the ineligible reason codes, please contact your Marketing Support representatives or refer to the BCBSIL [Labor website](#).

New Ineligible Reason Codes:

- 497 Invalid Provider for type of procedure indicated (PPO)
- 498 Invalid Provider for type of procedure indicated (Non-PPO)

BCBSIL Proprietary Ineligible Reason Code:

- Loop: 2110
- Segment: REF

- Data Element: REF01 with qualifier RB
- Data Element: REF02 Ineligible Reason Code

HCSC handles up to two occurrences (Refer to HIPAA 835 Implementation Guide)

Real Time Claims ALIM only

Effective Dec. 12, 2011, there will be a new DCN design to identify Real time claims. Currently, an “R” is passed in positions 11-15 of the DCN. This enhancement would remove the limitation of one alpha letter and begin passing a “62” in the 9th and 10th digit. Please note, after December 12 you will no longer see an “R” in a DCN.

BLUECARD		
ETR3	4010	5010
X	X	X

For example, Real Time Claims will appear as 02011230**62**123450H.

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FAQs for the Fall 2011 System Enhancements

The following are answers to the most frequently asked questions regarding the fall system enhancements. Should you have additional questions, contact your Marketing Representative.

Q: Can accounts test the Blue Distinction Indicator (BD) value in October although the fields will not be populated in production until December?

A: Yes, HIPAA 5010 test claims can be created with the BD Value prior to December.

Post-Call Update

The BD Indicator value will be populated in October, not December.

Q: Is the Corrected Priority Payer information required when denying for additional information?

A: No, it is not required; however, providing this information will ensure proper provider filing in the future.

Q: With regards to Corrected Priority Payer, which DF Message codes must be returned when an account is denying a claim for additional information?

A: Accounts must use DF Message Codes:

- 1124: Other carrier payment information needed before a final benefit determination can be made
- or
- 1255: We are the member tertiary insurance carrier. Please submit claim to member primary and secondary coverage carriers.

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VPN — A Flexible, Secure Way for SCP Clients to Connect

Approximately one year ago, BCBSIL began an initiative to convert all accounts to VPN (virtual private network). This connectivity allows accounts to access HPA/ALIM without a T1 line or dial-up connection.

VPN connectivity is a flexible and secure solution for organizations to provide remote access. VPN is a private network that uses a public network (usually the Internet) to connect remote sites or users together. Instead of using a dedicated, real-world connection such as a T1 line, a VPN uses "virtual" connections routed through the Internet from the company's private network to the remote site or employee. Even though a VPN's data travels across a public network like the Internet, it is secure because of very strong encryption.

Those accounts currently utilizing dial-up will need to convert to VPN within the upcoming month. BCBSIL has a dedicated technical staff available to answer any questions that an account may have concerning VPN. For more information, please contact your Marketing representative to set up a call to discuss the implementation process for VPN.

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Source of Payment

Effective Oct. 17, 2011, the “Source of Payment” field on the claims transmission record will no longer be populated. This field is currently passed on the ETR3 layout only. If accounts require the Source of Payment for any processing needs, refer ICL6/IPL6 screens in IMNU. The two-byte field is located at the bottom of the screen (SRCOFPYMNT).

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