

APPENDIX E2

TEXAS BLUE SHIELD ELECTRONIC REMITTANCE NOTICE (ERN) NATIONAL STANDARD FORMAT VERSION 002.00

Blue Shield providers who submit their claims electronically can now take advantage of Electronic Remittance Notices (ERN). This service offered by Texas Health Information Network (THIN) provides the following benefits:

- Blue Shield payments can be posted to your patient accounts automatically by programming an interface which will allow for the exchange of data;
- ERN's produced weekly on tape or for mailbox. The remittance includes all paid claims for both electronic and paper claims;
- There are several media choices available for receiving ERN. You can choose magnetic tape utilizing 1600 or 6250 B.P.I. or cartridge: 1/2" that is IBM 3480 compatible. You will need specific hardware to take advantage of these media types;
- An electronic mailbox can be utilized to access remittance notices weekly for your convenience. rEDI-link Blue will provide a direct mailbox system in NSF. You will need a single analog telephone line and an asynchronous modem and communication software;
- You can save time and money by utilizing ERN to eliminate manual posting of claims payments.

If you have any questions regarding these specifications, you may contact Ann Shelton at 972/766-6311.

RECORD NAME: FILE HEADER RECORD "RECEIVER DATA"
RECORD TYPE: 100

<u>FIELD NO.</u>	<u>FIELD NAME</u>	<u>FIELD LENGTH</u>	<u>TYPE</u>	<u>POSITIONS FROM THRU</u>	
01.0	Record ID "100"	3	X	001	003
02.0	Payor ID	10	X	004	013
03.0	Receiver ID	16	X	014	029
04.0	Reserved	9	X	030	038
05.0	Submitter ID	16	X	039	054
06.0	Reserved	6	X	055	060
07.0	Submitter Name	33	X	061	093
08.0	File Creation Date	8	D	094	101
09.0	Version Code - National	5	N	102	106
10.0	Filler - Local	214	X	107	320

<u>FIELD NO.</u>	<u>FIELD VALUES</u>
01.0	"100"
02.0	"84980"
03.0	ERN Receiver - Assigned by Provider Automation
04.0	Blank Filled
05.0	"84980"
06.0	Blank Filled
07.0	"Blue Cross / Blue Shield"
08.0	CCYYMMDD
09.0	NSF Version Code "002.00"
10.0	Blank Filled

RECORD NAME: BATCH HEADER RECORD "PROVIDER DATA"
RECORD TYPE: 200

<u>FIELD NO.</u>	<u>FIELD NAME</u>	<u>FIELD LENGTH</u>	<u>TYPE</u>	<u>POSITIONS FROM THRU</u>	
01.0	Record ID "200"	3	X	001	003
02.0	Payor ID	10	X	004	013
03.0	Source of Payment	1	X	014	014
04.0	EMC Provider ID	15	X	015	029
05.0	Batch No	4	X	030	033
06.0	Provider Name	33	X	034	066
07.0	Provider No	15	X	067	081
08.0	Check No/EFT Tracer No	15	X	082	096
09.0	Check / EFT Issue Date	8	D	097	104
10.0	Payor Process Date	8	D	105	112
11.0	RECR/PROV BANK ID NO	15	X	113	127
12.0	RECV Provider Acct #	15	X	128	142
13.0	Sender / Payor Bank ID No	15	X	143	157
14.0	Sender / Payor Acct No	15	X	158	172
15.0	Trans Handling Code	1	X	173	173
16.0	Payment Method Code	3	X	174	176
17.0	Payment Format Code	3	X	177	179
18.0	RECVR / Prov Type of Acct	2	X	180	181
19.0	Filler - National	139	X	182	320

<u>FIELD NO.</u>	<u>FIELD VALUES</u>
01.0	"200"
02.0	"84980"
03.0	"G" for Blue Shield, Regular Business
04.0	EMC Provider ID Group Number
05.0	Next Sequential Number begin with 0001 - 9999
06.0	Provider Name (for number in field 04.0)
07.0	Provider number if paid provider is different than field 04.0
08.0	Document control number on paper remittance
09.0	Check Date - CCYYMMDD

(Record Type 200 cont.)

<u>FIELD NO.</u>	<u>FIELD VALUES</u>
10.0	Remittance Date - CCYYMMDD
11.0	Blank Filled
12.0	Blank Filled
13.0	Blank Filled
14.0	Blank Filled
15.0	I = Remittance information only
16.0	Blank Filled
17.0	Blank Filled
18.0	Blank Filled
19.0	Blank Filled

RECORD NAME: PATIENT CLAIM DATA RECORD "PATIENT DATA"
RECORD TYPE: 400

<u>FIELD NO.</u>	<u>FIELD NAME</u>	<u>FIELD LENGTH</u>	<u>TYPE</u>	<u>POSITIONS FROM THRU</u>	
01.0	Record ID "400"	3	X	001	003
02.0	Payor ID	10	X	004	013
03.0	PAT Control No	17	X	014	030
04.0	Check No / EFT Tracer No	15	X	031	045
05.0	Check / EFT Issue Date	8	D	046	053
06.0	Group Policy No	20	X	054	073
07.0	Insured ID Number	25	X	074	098
08.0	Corrected Insured ID Ind	1	X	099	099
09.0	Insured Last Name	20	X	100	119
10.0	Insured First Name	12	X	120	131
11.0	Insured MI	1	X	132	132
12.0	Employee ID	12	X	133	144
13.0	Patient Last Name	20	X	145	164
14.0	Patient First Name	12	X	165	176
15.0	Patient Middle Initial	1	X	177	177
16.0	Patient Sex	1	X	178	178
17.0	Patient Date of Birth	8	D	179	186
18.0	Comp Insurance Flag	1	X	187	187
19.0	Claim Status	2	X	188	189
20.0	Payor Phone No	10	X	190	199
21.0	Medical Record No	17	X	200	216
22.0	Payor Claim Control No	17	X	217	233
23.0	Claim Message Code 1	5	X	234	238
24.0	Claim Message Code 2	5	X	239	243
25.0	Claim Message Code 3	5	X	244	248
26.0	Claim Message Code 4	5	X	249	253
27.0	Claim Message Code 5	5	X	254	258
28.0	Filler National	62	X	259	320

<u>FIELD NO.</u>	<u>FIELD VALUES</u>
01.0	"400"
02.0	"84980"
03.0	Patient Account Number - maximum of 10 digits are carried in the system
04.0	Document control number on paper remittance

(Record Type 400 cont.)

<u>FIELD NO.</u>	<u>FIELD VALUES</u>
05.0	Check Date CCYYMMDD
06.0	Policy Group Number
07.0	Insured's Subscriber ID Number
08.0	Blank Filled
09.0	Insured's Last Name
10.0	Insured's First Name
11.0	Insured's Middle Initial
12.0	Blank Filled
13.0	Patient's Last Name
14.0	Patient's First Name
15.0	Patient's Middle Initial
16.0	Patient Sex (M or F)
17.0	CCYYMMDD
18.0	Identifies complementary insurance N = claim not forwarded
19.0	70 = complete, paid or 80 = complete, no payment
20.0	Blank Filled
21.0	Blank Filled
22.0	Blue Shield Internal Control Number (left justified, length of 14)
23.0	Blank Filled
24.0	Blank Filled
25.0	Blank Filled

(Record Type 400 cont.)

<u>FIELD NO.</u>	<u>FIELD VALUES</u>
26.0	Blank Filled
27.0	Blank Filled
28.0	Blank Filled

RECORD NAME: SERVICE DATA RECORD
RECORD TYPE: 450

<u>FIELD NO.</u>	<u>FIELD NAME</u>	<u>FIELD LENGTH</u>	<u>TYPE</u>	<u>POSITIONS FROM THRU</u>	
01.0	Record ID "450"	3	X	001	003
02.0	Payor ID	10	X	004	013
03.0	Pat Control No	17	X	014	030
04.0	Line Control No	17	X	031	047
05.0	Service Line No	3	X	048	050
06.0	Line Item Status Code	2	X	051	052
07.0	Service From Date	8	D	053	060
08.0	Service To Date	8	D	061	068
09.0	Payor Receipt Date	8	D	069	076
10.0	Reserved	15	X	077	091
11.0	Place of Service	2	X	092	093
12.0	Type of Service	2	X	094	095
13.0	Procedure Code	5	X	096	100
14.0	Modifier 1	2	X	101	102
15.0	Modifier 2	2	X	103	104
16.0	Modifier 3	2	X	105	106
17.0	Units of Service	4	X	107	110
18.0	Submitted Line Charge	7	N	111	117
19.0	Disallowed Cost Containment	7	N	118	124
20.0	Disallowed / Noncovered	7	N	125	131
21.0	Allowed / Contract Amount	7	N	132	138
22.0	Deductible Amount	7	N	139	145
23.0	Coinsurance Amount	7	N	146	152
24.0	Interest Amount	7	N	153	159
25.0	Gramm-Rudman Reduction	7	N	160	166
26.0	Amt Paid by Other Payor	7	N	167	173
27.0	Prov Adjustment	7	N	174	180
28.0	Calc Pay to Prov	7	N	181	187
29.0	Calc Pay to Payee	7	N	188	194
30.0	Prev Pay to Prov	7	N	195	201
31.0	Prev Pay to Payee	7	N	202	208
32.0	Actual Pay to Prov	7	N	209	215
33.0	Actual Pay to Payee	7	N	216	222
34.0	Payment Level by Percent	5	N	223	227
35.0	PPO / HMO Ind	1	X	228	228
36.0	Facility / Supplier ID	15	X	229	243
37.0	Performing Provider ID	15	X	244	258
38.0	Reason Code 1	6	X	259	264
39.0	Reason Code 2	6	X	265	270
40.0	Reason Code 3	6	X	271	276

(Record Type 450 cont.)

<u>FIELD NO.</u>	<u>FIELD NAME</u>	<u>FIELD LENGTH</u>	<u>TYPE</u>	<u>POSITIONS FROM THRU</u>	
41.0	Reason Code 4	6	X	277	282
42.0	Reason Code 5	6	X	283	288
43.0	Reason Code 6	6	X	289	294
44.0	Reason Code 7	6	X	295	300
45.0	Payor Claim Control No	17	X	301	317
46.0	Filler National	3	X	318	320

<u>FIELD NO.</u>	<u>FIELD VALUES</u>
01.0	“450”
02.0	“84980”
03.0	Patient Account Number
04.0	Blank Filled
05.0	Identifies Detail Line Number (010 - 090)
06.0	Blank Filled
07.0	First Date of Service - CCYYMMDD
08.0	Last Date of Service - CCYYMMDD
09.0	Date Claim was Received by Payor - CCYYMMDD
10.0	Blank Filled
11.0	Blue Shield Place of Service
12.0	Blue Shield Type of Service
13.0	Procedure Code
14.0	Blank Filled
15.0	Blank Filled

(Record Type 450 cont.)

<u>FIELD NO.</u>	<u>FIELD VALUES</u>
16.0	Blank Filled
17.0	Zero Filled
18.0	Submitted Charges for this Service
19.0	Zero Filled
20.0	Charges Noncovered
21.0	Allowed Amount
22.0	Deductible Amount for Line Item
23.0	Coinsurance Amount
24.0	Zero Filled
25.0	Zero Filled
26.0	Zero Filled
27.0	Zero Filled
28.0	Calculated payment to Provider
29.0	Zero Filled
30.0	Zero Filled
31.0	Zero Filled
32.0	Actual Payment to Provider
33.0	Zero Filled
34.0	Zero Filled
35.0	Blank Filled
36.0	Blank Filled

(Record Type 450 cont.)

<u>FIELD NO.</u>	<u>FIELD VALUES</u>
37.0	Blue Shield Performing Provider Number
38.0	EOB Code 1, left justified, blank fill last 2 positions
39.0	Blank Filled
40.0	Blank Filled
41.0	Blank Filled
42.0	Blank Filled
43.0	Blank Filled
44.0	Blank Filled
45.0	Blue Shield Internal Control Number (left justified, 14 digits)
46.0	Blank Filled

RECORD NAME: PATIENT CLAIM TRAILER
RECORD TYPE: 500

<u>FIELD NO.</u>	<u>FIELD NAME</u>	<u>FIELD LENGTH</u>	<u>TYPE</u>	<u>POSITIONS FROM THRU</u>	
01.0	Record ID "500"	3	X	001	003
02.0	Payor ID	10	X	004	013
03.0	Pat Control No	17	X	014	030
04.0	CT Line Items	3	X	031	033
05.0	CT Submitted Charges	7	N	034	040
06.0	CT Disallow-Cost Cont	7	N	041	047
07.0	CT Disallow / Noncover	7	N	048	054
08.0	CT Allowed	7	N	055	061
09.0	CT Deductible	7	N	062	068
10.0	CT Coinsurance	7	N	069	075
11.0	CT Interest Paid	7	N	076	082
12.0	CT Gramm-Rudman Red	7	N	083	089
13.0	CT Amt Other Payor	7	N	090	096
14.0	CT Prov Adjustment	7	N	097	103
15.0	CT Calc Pay to Prov	7	N	104	110
16.0	CT Calc Pay to Payee	7	N	111	117
17.0	CT Prev Pay to Prov	7	N	118	124
18.0	CT Prev Pay to Payee	7	N	125	131
19.0	CT Actual Pay to Prov	7	N	132	138
20.0	CT Actual Pay to Payee	7	N	139	145
21.0	Payor Claim Control No	17	X	146	162
22.0	CT Late Filing Reduction	7	N	163	169
23.0	CT Amount Patient Owes	7	N	170	176
24.0	Claim Filing Ind	1	X	177	177
25.0	Carrier / Suppl Insurer Name	33	X	178	210
26.0	Identification Number 1	15	X	211	225
27.0	Carrier / Suppl Insurer Name	33	X	226	258
28.0	Identification Number 2	15	X	259	273
29.0	CT Amount Patient Paid	7	N	274	280
30.0	Claim Reason Code 1	6	X	281	286
31.0	Claim Reason Code 2	6	X	287	292
32.0	Claim Reason Code 3	6	X	293	298
33.0	Dollar Amount 1	7	N	299	305
34.0	Dollar Amount 2	7	N	306	312
35.0	Dollar Amount 3	7	N	313	319
36.0	Filler National	1	X	320	320

(Record Type 500 cont.)

<u>FIELD NO.</u>	<u>FIELD VALUES</u>
01.0	“500”
02.0	“84980”
03.0	Patient Account Number
04.0	Sum of 450 Records for this Patient
05.0	Total Submitted Charges for this claim
06.0	Zero Filled
07.0	Total of Noncovered Charges for this claim
08.0	Total Allowed Charges for this Claim
09.0	Total Deductible Taken for this Claim
10.0	Total coinsurance / patient’s share applied
11.0	Zero Filled
12.0	Zero Filled
13.0	Zero Filled
14.0	Zero Filled
15.0	Total sum calc amounts paid to provider
16.0	Calculated Payment to Payee
17.0	Zero Filled
18.0	Zero Filled
19.0	Total actual amount paid to provider - same as 15.0 above
20.0	Total actual amount paid to payee - same as 16.0 above
21.0	Internal Control Number (left justified, length of 14)

(Record Type 500 cont.)

<u>FIELD NO.</u>	<u>FIELD VALUES</u>
22.0	Zero Filled
23.0	Zero Filled
24.0	Blank Filled
25.0	Blank Filled
26.0	Blank Filled
27.0	Blank Filled
28.0	Blank Filled
29.0	Zero Filled
30.0	Blank Filled
31.0	Blank Filled
32.0	Blank Filled
33.0	Zero Filled
34.0	Zero Filled
35.0	Zero Filled
36.0	Blank Filled

RECORD NAME: BATCH TRAILER RECORD
RECORD TYPE: 800

<u>FIELD NO.</u>	<u>FIELD NAME</u>	<u>FIELD LENGTH</u>	<u>TYPE</u>	<u>POSITIONS FROM THRU</u>	
01.0	Record ID "800"	3	X	001	003
02.0	Payor ID	10	X	004	013
03.0	Source of Payment	1	X	014	014
04.0	EMC Prov ID	15	X	015	029
05.0	Batch No	4	X	030	033
06.0	BT Claim Records	5	N	034	038
07.0	BT Serv Data Rec	5	X	039	043
08.0	BT Submitted Charges	9	N	044	052
09.0	BT Disallow-Cost Cont	9	N	053	061
10.0	BT Disallow/Noncover	9	N	062	070
11.0	BT Allowed	9	N	071	079
12.0	BT Deductible	9	N	080	088
13.0	BT Coinsurance	9	N	089	097
14.0	BT Interest Paid	9	N	098	106
15.0	Gramm-Rudman Red	9	N	107	115
16.0	BT Amt Paid Other Payor	9	N	116	124
17.0	BT Prov Adjustment	9	N	125	133
18.0	BT Calc Pay to Prov	9	N	134	142
19.0	BT Calc Pay to Payee	9	N	143	151
20.0	BT Prev to Prov	9	N	152	160
21.0	BT Prev Pay to Payee	9	N	161	169
22.0	BT Actual Pay to Prov	9	N	170	178
23.0	BT Actual Pay to Payee	9	N	179	187
24.0	BT Late Filing Reduction	9	N	188	196
25.0	BT Amount Patient Owes	9	N	197	205
26.0	Filler	23	X	206	228
27.0	BT Total Prov Adj Recs	5	X	229	233
28.0	BT Total Prov Adj Amt	9	N	234	242
29.0	BT Amt Patient Paid	9	N	243	251
30.0	Filler National	69	X	252	320

<u>FIELD NO.</u>	<u>FIELD VALUES</u>
01.0	"800"
02.0	"84980"
03.0	"R" for Blue Shield, Regular Business

(Record Type 800 cont.)

<u>FIELD NO.</u>	<u>FIELD VALUES</u>
04.0	Same as 04.0 in Record 200
05.0	Sequential Batch Number - should be same as in Record 200
06.0	Sum of 400 Records for this Batch
07.0	Sum of 450 Records for this Batch
08.0	Total Submitted Charges for this Batch
09.0	Zero Filled
10.0	Total of noncovered charges for batch, the sum of 07.0 in 500 Records
11.0	Total allowed charges for batch, the sum of 08.0 in 500 Records
12.0	Total deductible taken for batch, the sum of 09.0 in 500 Records
13.0	Total coinsurance applied for batch, the sum of 10.0 in 500 Records
14.0	Zero Filled
15.0	Zero Filled
16.0	Zero Filled
17.0	Zero Filled
18.0	Total sum of calc amounts paid to provider for batch, the sum of 15.0 in 500 Records
19.0	Total of 16.0 in 500 Records
20.0	Zero Filled
21.0	Zero Filled
22.0	Total actual amount paid to provider for batch, same as 18.0 above
23.0	Total actual amount paid to patient for batch, same as 19.0 above
24.0	Zero Filled

(Record Type 800 cont.)

<u>FIELD NO.</u>	<u>FIELD VALUES</u>
25.0	Zero Filled
26.0	Blank Filled
27.0	Zero Filled
28.0	Zero Filled
29.0	Zero Filled
30.0	Blank Filled

RECORD NAME: FILE TRAILER RECORD
RECORD TYPE: 900

<u>FIELD NO.</u>	<u>FIELD NAME</u>	<u>FIELD LENGTH</u>	<u>TYPE</u>	<u>POSITIONS FROM THRU</u>	
01.0	Record ID "900"	3	X	001	003
02.0	Payor ID	10	X	004	013
03.0	Receiver ID	16	X	014	029
04.0	Reserved	9	X	030	038
05.0	Submitter ID	16	X	039	054
06.0	Reserved	6	X	055	060
07.0	FT Batches	5	N	061	065
08.0	FT Patient Records	6	N	066	071
09.0	FT Submitted Charges	11	N	072	082
10.0	FT Disallow-Cost Cont	11	N	083	093
11.0	FT Disallow/Noncover	11	N	094	104
12.0	FT Allowed	11	N	105	115
13.0	FT Deductible	11	N	116	126
14.0	FT Coinsurance	11	N	127	137
15.0	FT Interest Paid	11	N	138	148
16.0	FT Gramm-Rudman Red	11	N	149	159
17.0	FT Amount Paid Other Payor	11	N	160	170
18.0	FT Provider Adjustment	11	N	171	181
19.0	FT Calc Pay to Provider	11	N	182	192
20.0	FT Calc Pay to payee	11	N	193	203
21.0	FT Prev Pay to Prov	11	N	204	214
22.0	FT Prev Pay to Payee	11	N	215	225
23.0	FT Actual Pay to Prov	11	N	226	236
24.0	FT Actual Pay to Payee	11	N	237	247
25.0	FT Late Filing Reduction	11	N	248	258
26.0	FT Amount Patient Owes	11	N	259	269
27.0	FT Amount Patient Paid	11	N	270	280
28.0	Filler	17	X	281	297
29.0	FT Prov Adjust Records	6	N	298	303
30.0	FT Total Prov Adj Amount	11	N	304	314
31.0	Filler National	6	X	315	320

(Record Type 900 cont.)

<u>FIELD NO.</u>	<u>FIELD VALUES</u>
01.0	“900”
02.0	“84980”
03.0	ERN ID and Submitter ID
04.0	Blank Filled
05.0	“84980”
06.0	Blank Filled
07.0	Number of 200 Batch Records in this file
08.0	Sum of 400 Records in this file
09.0	Total submitted charges for this file, the sum of 08.0 in 800 Records
10.0	Zero Filled
11.0	Total of Non-covered charges for this file, the sum of 10.0 in 800 Records
12.0	Total of Allowed charges for this file, the sum of 11.0 in 800 Records
13.0	Total Deductible taken for this file, the sum of 12.0 in 800 Records
14.0	Total Coinsurance applied for this file, the sum of 13.0 in 800 Records
15.0	Zero Filled
16.0	Zero Filled
17.0	Zero Filled
18.0	Zero Filled
19.0	Total sum of calc amounts paid to provider for file, the sum of 18.0 in 800 Records
20.0	Sum of 19.0 in 800 Records

(Record Type 900 cont.)

<u>FIELD NO.</u>	<u>FIELD VALUES</u>
21.0	Zero Filled
22.0	Zero Filled
23.0	Total of check amounts from 800 Record for provider, the sum of 22.0 in 800 Records
24.0	Total of check amounts from 800 Record for subscriber, the sum of 23.0 in 800 Records
25.0	Zero Filled
26.0	Zero Filled
27.0	Zero Filled
28.0	Blank Filled
29.0	Zero Filled
30.0	Zero Filled
31.0	Blank Filled