

SECTION 4 - FILE SPECIFICATIONS

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FILE SPECIFICATIONS

- FILE CONTENTS

All claims within a file must have a Claim Editing Indicator (CA0-23.0) that matches the Receiver Type Code (AA0-18.0).

Currently, BCBST only recognizes the following Receiver Type Codes:

C = Medicare
D = Medicaid
F = Commercial
G = Blue Shield

Additionally, when DA0-04.0 is "P", field DA0-05.0 on the same record must also match CA0-23.0.

- FILE STATUS - When Receiver Type Code is "C" or "G."

- If the file is designated as TEST by the submitter in AA0-21.0, the file will be routed to the test cycle.
- If the file is designated as PROD by the submitter in AA0-21.0, the file will be routed to the production cycle unless the provider is not designated as production in the THIN database. If the provider has not submitted all of the necessary agreements, his batch of claims will be routed to the test cycle.

- FILE STATUS - WHEN RECEIVER TYPE CODE IS "F."

- If the file is designated as TEST by the submitter in AA0-21.0, the file will be routed to the test cycle.
- If the file is designated as PROD by the submitter in AA0-21.0, the file will be routed to the production cycle unless the receiver (payor) is not designated as production in the THIN Receiver Control file. If the receiver is other than production status, this claim file will be routed to the test cycle.

- FILE BATCHES

- Maximum number of batches within a file is 9,999.
- Maximum number of claims within a batch is 9,999,999.
- A file may contain batches for different EMC providers.
- A batch must contain claims for only one EMC provider.

- FILE LAYOUT - GRAPHIC ILLUSTRATION

Refer to Section 6 for a graphic illustration of a valid file layout. Also refer to the specific Section for payor specific illustration of the file layout.

The required records are indicated in these Sections.

