



An Independent Licensee of the Blue Cross and Blue Shield Association

EDI IMPLEMENTATION GUIDE

VERSION 3.01

OCTOBER 1, 1997

TABLE OF CONTENTS

<u>TITLE</u>	<u>PAGE</u>
SECTION 1 - GENERAL INFORMATION	
PROVIDER SIGNATURE REQUIREMENTS	1.2
AUTOMATED VENDOR/SUBMITTER DATABASE	1.2
DIAGNOSIS CODES - GENERAL	1.3
PROCEDURE CODES - GENERAL REQUIREMENTS	1.4
EDI DIRECTORY	1.5
TELECOMMUNICATION PHONE NUMBERS	1.6
OTHER IMPORTANT PHONE NUMBERS	1.6
SECTION 2 - TAPE AND CARTRIDGE SUBMISSION PROCEDURES	
EXTERNAL LABELING INSTRUCTIONS	2.2
ROUTING INSTRUCTIONS	2.3
EXTERNAL LABEL EXAMPLE	2.3
RETURN OF TAPES/CARTRIDGES	2.4
RECORD LENGTH	2.4
BLOCKING REQUIREMENTS FOR TAPES/CARTRIDGES	2.4
NUMERIC FIELDS	2.4
CHARACTER FIELDS	2.4
DATE FIELDS	2.4
MAGNETIC TAPE/CARTRIDGE SPECIFICATIONS	2.5
PHYSICAL MEDIA - CLAIM ACCEPTANCE RESPONSE	2.6
NOTIFICATION OF FAILURE TO PROCESS	2.7
IBM STANDARD LABEL FORMAT	2.8
SECTION 3 - ENROLLMENT AND TESTING PROCEDURES	
EDI PROVIDER ENROLLMENT PROCESS	3.2
EDI PROVIDER INFORMATION FORM	3.3
MEDICARE EDI ENROLLMENT FORM	3.5
EDI AGREEMENT	3.8
EDI AGREEMENT - ADDENDUM A	3.11
EDI AGREEMENT - ADDENDUM B	3.13
EDI AGREEMENT - ADDENDUM C	3.14
TESTING REQUIREMENTS	3.15
EXISTING SYSTEM VENDORS AND SUBMITTERS	3.15
NEW EDI SYSTEM VENDORS AND SUBMITTERS	3.15
TEST DATA - BLUE SHIELD OF TEXAS SPECIFIC	3.17
TEST DATA - AMBULANCE CLAIMS	3.17
TEST DATA - CLEARINGHOUSE CLAIMS IN TEXAS	3.17
EMC PRODUCTION REQUEST FORM	3.18
TRAILBLAZER - CONNECT FOR SUCCESS ELECTRONIC CLAIMS	
FILING STATUS FORM	3.19
THIN - CONNECT FOR SUCCESS ELECTRONIC CLAIMS	
FILING STATUS FORM	3.20

SECTION 4 - FILE SPECIFICATIONS

FILE CONTENTS	4.2
FILE STATUS - WHEN RECEIVER TYPE CODE IS "C" OR "G"	4.2
FILE STATUS - WHEN RECEIVER TYPE CODE IS "F"	4.2
FILE BATCHES	4.2
FILE LAYOUT - GRAPHIC ILLUSTRATION	4.2

SECTION 5 - TELECOMMUNICATIONS

rEDI-link Blue	5.2
ASYNCHRONOUS SUBMISSION	5.5
LOGIN & USER VALIDATION	5.5
MAIN MENU	5.6
UPLOAD	5.6
DOWNLOAD	5.7
LIST FILES	5.9
FUTURE ENHANCEMENTS	5.9
GENERAL BISYNCHRONOUS PROTOCOL INFORMATION	5.10
OVERVIEW	5.10
MASTER/SLAVE RELATIONSHIP	5.10
BUFFER OPERATION WHEN TRANSMITTING	5.10
BUFFER OPERATION WHEN RECEIVING	5.11
TIME-OUT CONTROLS	5.11
MODEMS	5.12
SAMPLE BISYNCHRONOUS TRANSMISSION SESSION	5.13
CHARACTER DEFINITION TABLE	5.14
BISYNCHRONOUS DATA LINK CONTROLS	5.15
BISYNCHRONOUS SUBMISSION	5.16
UPLOAD A FILE	5.17
DOWNLOAD A RESPONSE	5.18
BISYNC ACTIVATION FORM	5.19
rEDI-link Blue RESPONSE FILE	5.20
EXAMPLE - REPORT FORMAT	5.20
LEGEND	5.21
FILE FORMAT LAYOUT	5.23

SECTION 6 - NATIONAL STANDARD FORMAT

NATIONAL STANDARD FORMAT MATRIX	6.1
ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT	6.2
NSF FIELD REQUIREMENTS - SELECTED RECORDS	6.43

SECTION 7 - MEDICARE PART B

FILE LAYOUT - GRAPHIC ILLUSTRATION	7.2
RECORD OCCURRENCE CHART	7.3
NSF FIELD REQUIREMENTS	7.4
NSF FIELD DEFINITIONS	7.7
GENERAL INFORMATION	7.24
BENEFICIARY SIGNATURE REQUIREMENTS	7.24
DIAGNOSIS CODE REQUIREMENTS	7.25
EMC BILLING LIMITATIONS	7.26
CLAIMS REQUIRING SUPPORTING DOCUMENTATION	7.26

SECTION 7 - MEDICARE PART B - CONTINUED

SPECIFIC CLAIM TYPE REQUIREMENTS	7.26
AMBULANCE CLAIMS	7.26
ANESTHESIA CLAIMS	7.26
CARE PLAN OVERSIGHT	7.26
CHIROPRACTIC CLAIMS	7.26
CLINICAL PATHOLOGY CONSULTATIONS	7.26
INDEPENDENT PHYSICAL OR OCCUPATIONAL THERAPIST, OR PHYSICIAN PROVIDING ROUTINE FOOT CARE	7.27
INITIAL EPO CLAIMS	7.27
MEDICARE PRIMARY - NO SECONDARY	7.27
MEDICARE PRIMARY - MEDIGAP SECONDARY	7.28
MEDICARE PRIMARY - OTHER SECONDARY	7.28
MEDICARE PRIMARY - MEDICAID SECONDARY	7.29
MEDICARE PRIMARY - BLUE SHIELD SECONDARY	7.29
MEDICARE SECONDARY	7.29
MODIFIER 20 - MICROSURGERY	7.30
MODIFIER 22 - UNUSUAL SERVICES	7.30
MODIFIER 52 - REDUCED SURGERY	7.30
MODIFIER 99 - MULTIPLE MODIFIERS	7.30
MODIFIERS NOT FOR EMC USE	7.30
NOT OTHERWISE CLASSIFIED (NOC) PROCEDURE CODES	7.31
PACEMAKER SYSTEMS	7.31
POSTOPERATIVE MANAGEMENT ONLY	7.31
PURCHASE DIAGNOSTIC TESTS	7.31
REFERRAL LAB BILLING	7.32
MEDICARE PART B TEST DATA	7.33
MEDICARE PART B - ANSI IMPLEMENTATION GUIDELINES	7.34

SECTION 8 - TEXAS BLUE SHIELD

FILE LAYOUT - GRAPHIC ILLUSTRATION	8.2
RECORD OCCURRENCE CHART	8.3
NSF FIELD REQUIREMENTS	8.4
FIELD REQUIREMENT DEFINITIONS	8.6
GENERAL INFORMATION	8.17
DIAGNOSIS CODE REQUIREMENTS	8.17
EMC BILLING LIMITATIONS	8.17
CLAIMS REQUIRING SUPPORTING DOCUMENTATION	8.17
SPECIFIC CLAIM TYPE REQUIREMENTS	8.17
ANESTHESIA CLAIMS	8.17
BLUE SHIELD - SECONDARY	8.18
NOT OTHERWISE CLASSIFIED (NOC) PROCEDURE CODES	8.18
BLUE SHIELD TEST DATA	8.19
BLUE SHIELD - ANSI IMPLEMENTATION GUIDELINES	8.20

SECTION 9 - TEXAS BLUE SHIELD - DENTAL

FILE LAYOUT - GRAPHIC ILLUSTRATION	9.2
RECORD OCCURRENCE CHART	9.3
NSF FIELD REQUIREMENTS	9.4
FIELD DEFINITIONS	9.8
PROCEDURE CODES REQUIRING ADDITIONAL DATA	9.18
GENERAL INFORMATION	9.26
DIAGNOSIS	9.26
TYPE OF SERVICE	9.26
CLAIMS REQUIRING SUPPORTING DOCUMENTATION	9.26
PAPER BILL SERVICES	9.26
TEST DATA	9.27

SECTION 10 - CLEARINGHOUSE COMMERCIAL

NATIONAL STANDARD FORMAT VERSION	10.2
FILE LAYOUT - GRAPHIC ILLUSTRATION	10.2
RECORD OCCURRENCE CHART	10.3
ALL PAYERS	
NSF FIELD REQUIREMENTS	10.4
FIELD REQUIREMENT DEFINITIONS	10.6
PAYER HFOUND - CHAMPUS	
NSF FIELD REQUIREMENTS	10.18
FIELD REQUIREMENT DEFINITIONS	10.20
SPECIAL INSTRUCTIONS	10.30
SERVICES THAT CANNOT BE FILED ELECTRONICALLY	10.31
PAYER FPAPER - PRINT-TO-MAIL	
PAYER FTWCCP - TEXAS WORKERS' COMPENSATION	
NSF FIELD REQUIREMENTS	10.32
FIELD REQUIREMENT DEFINITIONS	10.34
RESPONSE FILE CHART	10.44
CLAIM REJECT AND STATUS MESSAGES - BY PAYER	
F60054 - AETNA	10.46
F61271 - PRINCIPAL	10.47
F68195 - PROVIDENT LIFE	10.48
F68241 - PRUDENTIAL	10.49
F87043 - FIRST HEALTH	10.50
F87726 - UNITED HEALTHCARE	10.51
F88030 - SCOTT & WHITE	10.53
F95885 - HUMANA	10.54
GENERAL INFORMATION	10.55
DIAGNOSIS CODE REQUIREMENTS	
EMC BILLING LIMITATIONS (NOC CODES)	
SPECIFIC CLAIM TYPES	
TEST DATA	
VENDOR PARTNER PROGRAM	10.56
ANSI IMPLEMENTATION GUIDELINES	10.57
ANSI DATA ELEMENT DEFINITIONS AND REQUIREMENTS	10.58

SECTION 11 - TEXAS MEDICAID

FILE LAYOUT - GRAPHIC ILLUSTRATION	11.2
RECORD OCCURRENCE CHART	11.3
NSF FIELD REQUIREMENTS	11.4
FIELD REQUIREMENT DEFINITIONS	11.6
GENERAL INFORMATION	11.16
DIAGNOSIS CODE REQUIREMENTS	11.16
EMC BILLING LIMITATIONS	11.16
ANESTHESIA SERVICES	11.16
HMO BLUE MEDICAID TEST DATA	11.17
MEDICAID	11.18

SECTION 12 - TEXAS NHIC MEDICAID

TEXAS NHIC MEDICAID	12.2
QUICK REFERENCE KEY	12.3

EXHIBIT 1 - TYPE OF SERVICE

EXHIBIT 2 - BLUE SHIELD TYPE OF SERVICE TO PROCEDURE CODE

EXHIBIT 3 - MODIFIERS

EXHIBIT 4 - PLACE OF SERVICE CODES

EXHIBIT 5 - STATUS AND REJECT MESSAGES

APPENDIX A - AMBULANCE - MEDICARE PART B

A.1

APPENDIX A1- AMBULANCE - BLUE SHIELD

A1.1

APPENDIX B - BENEFICIARY ELIGIBILITY INQUIRY

B.1

APPENDIX C - CLEARINGHOUSE PAYOR LISTS

C.1

APPENDIX D - THIN INQUIRY

D.1

APPENDIX E1- ERN/EFT - MEDICARE PART B

E1.1

APPENDIX E2- ERN - TEXAS BLUE SHIELD

E2.1

APPENDIX F1 - FAX/MAIL EMC DOCUMENTATION - MEDICARE PART B

F1.1

APPENDIX F2 - FAX/MAIL EMC DOCUMENTATION - TEXAS BLUE SHIELD

F2.1

