

Supplemental EDI Information



Share With Your Vendor

Providers are encouraged to share the following guidelines with your electronic software vendor to assist in the submission of electronic claims and to ensure accurate placement of data.

In an effort to streamline processing of claims requiring additional information the guidelines below should be applied. By providing this data electronically you can reduce the number of additional requests for information needed to process these claims and reduce the administrative burden of sending paper claims and attachments.

DME Invoice Data Billing Requirements

When DME invoice information is required, **all** of the following data elements are required.

In Loop 2400:

- **NTE01** must equal "ADD" **NTE02** must contain text from the invoice for each service line item in the following format: <manufacturer name>, <brand name>, <model number>, <description>, <quantity>.

Example: NTE*ADD*ABC CORP, WIDGETS, 1234567, GENERIC DME, 1 ITEM~

National Drug Code (NDC) Billing Requirements

When an NDC code is required, **all** of the following data elements are required, in addition to the HCPCS/CPT® code. Any missing element will result in the claim being returned unprocessed.

In Loop 2410:

- **LIN02** must equal "N4" and **LIN03** must contain an 11 digit NDC number.

Example: LINN4*01234567891~**

- **CTP04** must contain a numeric value, which quantifies the number of units, grams or milliliters administered. Decimal points are allowed in the event they are needed.
- **CTP05-1** must contain one of the NDC Quantity Qualifiers (**F2-International Unit, GR-Gram, ME-Milligram, ML-Milliliter, UN-Unit**)

Example: CTP*2*UN~**

Not Otherwise Classified (NOC) Drug Code Billing

When billing NOC J-codes in the ANSI 837 format you are required to provide a description of the drug in the 2400 Loop, SV101-7 (Professional), SV202-7 (Institutional).

Example: SV1/2*HC:J3490:::FOLIC ACID 5MG*5.62*UN*1*3~**

In order for BCBST to correctly reimburse NOC J-codes, providers must indicate the following in the electronic narrative: the name of the drug, total dosage (plus strength of dosage, if appropriate) and method of administration.

ANSI 837 Loop	Field Description	837P Segment	837I Segment
2400	Drug Name description information	SV101-7	SV202-7
2400	Drug Ingredient Billed Amount	SV102	SV203
2400	HCPCS Unit of Measure	SV103	SV204
2400	HCPCS Quantity	SV104	SV205
2410	NDC Qualifier of N4	LIN02	LIN02
2410	NDC code (11 digits)	LIN03	LIN03
2410	NDC Quantity	CTP04	CTP04
2410	NDC Unit of Measure (F2, GR, ME, ML, UN)	CTP05-1	CTP05-1

Miscellaneous EDI Information

Electronic Attachments Billing Requirements (PWK-Paperwork)

When paper documentation is necessary to support an electronically submitted claim, the documentation can be identified by using the PWK06 (paperwork) segment (Loop 2300). The submitter would separately fax the actual supporting documentation accompanied with a PWK Fax Sheet. BCBST will match the documentation to your electronic claim and utilize for claims processing and payment. To ensure we match the documents to your electronic claim for processing; the **documentation and fax sheet should be submitted the same day of claims submission.**

BCBST will only match on the first iteration of PWK06 (ACN) from the ANSI 837 data.

Ensure your first iteration at claim or line level matches the PWK06 (ACN)

ANSI 837 Loop	Field Description	837P/I Segment
2300	Attachment Report Type Code Use the values indicated in the IG to identify the type of attachment.	PWK01
	Attachment Transmission Code Use the values indicated in the IG to identify how the attachment will be sent. BCBST accepts supporting documentation by fax only, the value of FX (By Fax) in this data element is the only value accepted.	PWK02
	Identification Code Qualifier Use code value of AC (Attachment Control Number). This data element is required if PWK02 = FX.	PWK05
	PWK06 Attachment Control Number This is a value assigned by the provider to uniquely identify the attachment. This number must also be included on the "Attachment Fax Sheet".	PWK06

Example: PWK*M1*FX*AC*BCBS1234~**

- Only include your attachment control number (ACN) reported in the PWK06 segment of the claim.
- Complete **ONE (1)** Fax Cover Sheet for each electronic claim for which documentation is being submitted.

FAX PWK Fax Cover Sheet with documentation to 423-591-9481

For Technical Support assistance contact eBusiness Service at (423) 535-5717, Option 2
Email: eBusiness_Service@bcbst.com.



1 Cameron Hill Circle
Chattanooga, Tennessee 37402
bcbst.com

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