



EDI NEWS

September 2012

The new [ICD-10](#) page at Premera.com/provider offers information and resources for your ICD-10 transition.

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ICD-10 and EDI Resources for Providers

The new [ICD-10](#) page at premera.com/provider offers information and resources for your ICD-10 transition. We have also revamped the EDI page to help you easily locate information and resources. Find the links on the provider portal landing page under *Of Interest* and *Quick Links* (see below).

Provider portal landing page with ICD and EDI links:

New and improved EDI page:

Ancillary Claims Filing

Generally, healthcare providers should file claims for their Blue Cross and/or Blue Shield members to the local Blue Plan. However, there are unique filing guidelines for certain ancillary services.

For these ancillary services, you should submit your claim as follows:

- **Durable Medical Equipment (DME) suppliers**
– Submit your claim to the Blue Plan in the state* where the equipment was shipped or purchased at a retail store.
- **Independent clinical laboratories** - Submit your claim to the Blue Plan in the state* where the specimen was drawn.
- **Specialty pharmacies** – Submit your claim to the Blue Plan in the state* where the ordering physician is located.

If you have any questions about filing ancillary claims, please contact Physician and Provider Relations at 877-342-5258, option 4.

**If you contract with more than one Plan in a state for the same product type (i.e., Preferred Provider Organization or Participating), you may submit the claim to either Plan.*

Coordination of Benefits (COB), Premera is Secondary

Once the primary payer has processed a claim, you can send it electronically to Premera. This includes claims for: Premera Blue Cross, Federal Employee Program, and LifeWise health plans of Washington and Oregon claims.

For a successful submission, you must include the following primary payer information on the claim:

- Primary payer Name
- Primary payer Member ID
- Primary payer Allowed Amount
- Primary payer Payment Amount
- Primary payer reason for nonpayment (i.e., non-covered service, applied to deductible, benefit max, etc.)
- Primary payer adjudication date for claim

Premera secondary to Medicare claims are automatically sent to Premera by Medicare after Medicare has processed the claim. To prevent

duplicate claim submission, please do not bill these claims to Premera if your Medicare EOB indicates the claim was forwarded (or crossed over) to the secondary payer.

Bill Corrected/Replacement Claims Electronically

Be sure to include the following information when sending a Premera corrected/replacement claim electronically:

- Resend the claim in its entirety, including the corrections.
- Use frequency code 7 to indicate a replacement of prior claim, in Loop 2300, CLM05-3segment.
- Include a free-form note of explanation in Loop 2300 'Claim Note' NTE segment:
NTE01 must contain 'ADD' for professional claims
NTE01 must contain 'UPI' for institutional claims
NTE02 must contain the free-form note stating the reason for the corrected/replacement claim.
 - Example: NTE*ADD*corrected procedure code line 3
 - Example: NTE*UPI*revenue code 0300 units and charges corrected
- Provide the initial Premera claim reference number/claim number in Loop 2300, REF segment. REF01 must contain 'F8' and REF02 must contain the initial Premera claim number
 - Example: REF*F8*1234567890~

Note: Professional providers may need to contact their system vendor to have frequency code 7 added for use.

Premera along with other payers, providers and state agencies as subject matter experts for the Washington Healthcare Forum have developed Administrative Simplification Best Practice Recommendations (BPRs) for HIPAA 5010 electronic transactions, which can be found at the following link: <http://onehealthport.com/>

EDI Reports and Transactions

Avoid lost claims and eligibility errors by downloading and reviewing your online reports from Secure Transport (ST).

To effectively use the reports, remember:

- Reports are only available online via ST
- Retrieving your reports regularly ensures we have received your claims and alerts you to claim rejections.
- Rejected claims must be corrected and rebilled.

Electronic Claims Transaction Reports

This report displays all claims that were sent in your 837 electronic claims file. The report is sent on the same business day to your ST Download Directory.

Secure Transport users should follow these steps:

1. Go to your Download Directory.
2. Highlight the appropriate report file.
3. Select Download.
4. Report file will be downloaded to the appropriate report directory on your PC.

New Feature!

Once you view or download a report or transaction from the download directory it will automatically move to an 'archive' folder. You can continue to view reports and transaction within the archive folder for 30 days (after 30 days it will automatically be deleted).

This feature was added due to feedback from our trading partners.

EDI Report File Naming Convention

The EDI response reports and transactions are posted to your ST Download directory. Below is a list of each report/transaction and its file name:

997 Functional Acknowledgement

File name: 997_YYMMDDSSNNN (837, version 4010)

999 Functional Acknowledgement

File name: 999_GSXXXXXXXXXX_YYMMDDSSNNN (837, version 5010)

Electronic Claims Transaction Report

File name: 837RPT_YYYYMMDDHHMMSSNNN

835 Electronic Remittance Advice

File name: 835_YYYYMMDDHHMMSSNNN

271 Eligibility & Benefit Response

File name: 271_YYYYMMDDHHMMSSNNN

EDI Report File Naming Convention (cont.)

277 Claim Status Response

File name: 277_YYYYMMDDHHMMSSNNN

278 Review Response

File name: 278_YYYYMMDDHHMMSSNNN

270 Transaction Error Report

File name: 270REJECT_YYYYMMDDHHMMSSNNN

276 Transaction Error Report

File name: 276REJECT_YYYYMMDDHHMMSSNNN

278 Transaction Error Report

File name: 278REJECT_YYYYMMDDHHMMSSNNN

Note: The file name extension will be either: '.pdf' or '.txt' depending on your report format. YYYYMMDD is the date stamp, HHMMSSNNN is the time stamp in HH/hours, MM/minutes, SS/seconds and NNN/microseconds.

Does EDI Have Your Current Contact Information?

If your contact information has changed, please be sure to email edi@premera.com or call the number below, so we can update our records. Please include all email addresses and telephone numbers, including Tax ID and EDI Submitter ID.

Also, if you wish to delete or add access to our Secure Transport (ST) secure website (connectiva.com), call EDI at 800-435-2715, fax to 425-918-4234, or email your change to edi@premera.com.

How to Contact EDI

If you have questions or wish to obtain information about any of the articles in this newsletter, please call the EDI Team, 8 a.m. – 5 p.m. (PST), M-F
800-435-2715

- **Questions or problems:**
Email the EDI Team at edi@premera.com
- **Premera health plan information:**
Use our website at premera.com

2012 Company Closures

- Thursday, Nov. 22
- Friday, Nov. 23
- Monday, Dec. 24
- Tuesday, Dec. 25

Please post or circulate this newsletter in your office

EDI News — Premera.com/provider

EDI News is produced by Premera quarterly to provide important information related to electronic transaction processing for office billing staff, billing services, and software vendors from Premera. Please keep this newsletter for future reference.

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The EDI team is dedicated to providing excellent service.

