



Guide to PC-Based Transactions

BlueCross BlueShield of New Jersey (Horizon) Eligibility/Benefits

Subscriber v1.3
Dependent v1.3

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Overview

About the Transaction

This transaction allows you to verify a subscriber's or dependent's eligibility status and benefits for a BlueCross BlueShield of New Jersey (Horizon) for a single date of service.

Date of Service Restrictions

- In the past to January 1, two years prior to the current year (for example, if the current year is 2007, you can inquire back to January 1, 2005).
- No future dates.

National Provider Identifiers

In order for you to use a National Provider Identifier (NPI) as the provider ID, the following conditions must exist:

- The payer must be ready to accept NPI. Consult our payer lists at www.emdeon.com/PayerLists/payerlists.php for this payer's NPI-readiness status.
- The inquiring provider must have fulfilled all of the payer's NPI registration requirements.

Customer Support

Emdeon Customer Support

800.333.0263

customer.service@emdeon.com

Requests

Search Types

Subscriber Eligibility

ID+

- The **federal tax ID** or **provider ID** of the inquiring provider.
- The **Medicare ID** of the inquiring provider (optional).
- The **subscriber ID**.
- The subscriber's **date of birth**.
- The subscriber's **last name**.
- The subscriber's **first name**.
- The subscriber's **gender** (optional).
- The **service type**.
- The **date of service**.

Dependent Eligibility

ID+

- The **federal tax ID** or **provider ID** of the inquiring provider.
- The **Medicare ID** of the inquiring provider (optional).
- The **subscriber ID**.
- The dependent's **date of birth**.
- The dependent's **last name**.
- The dependent's **first name**.
- The dependent's **gender** (optional).
- The **service type**.
- The **date of service**.

Input Prompts

Prompts are listed in alphabetical order.

Account

Requirement: *Optional; not sent to the payer.*

The account number you have assigned to this account, for your internal use only.

Amount

Requirement: *Optional; not sent to the payer.*

The amount applicable to this inquiry, for your internal use only.

Date of Birth

Requirement: *Required.*

The patient's date of birth, in MMDDCCYY format.

Date of Service

Requirement: *Required.*

The date of service, in MMDDYY or MMDDCCYY format.

Note: The date of service can extend back as far as January 1, two years before the current year. It cannot be in the future.

First Name

Requirement: *Required.*

The patient's first name.

Gender

Requirement: *Optional.*

The patient's gender. Enter the gender or choose a value from the drop-down list:

M = Male

F = Female

Last Name

Requirement: *Required.*

The patient's last name.

Medicare ProviD

Requirement: *Optional.*

The Medicare provider ID of the inquiring provider.

Provider ID

Requirement: *Required.*

The inquiring provider's primary identifier. This can be the federal taxpayer's ID or the National Provider Identifier (NPI).

In order for you to use the National Provider Identifier (NPI), the payer must be ready to accept NPI. Additionally, the payer's NPI registration requirements must be fulfilled.

Service Type

Requirement: *Required.*

The type of service relating to your request. Enter a value from "Service Types" on page 12 or choose from the drop-down list.

Subscriber ID

Requirement: *Required.*

The patient's BCBS of New Jersey subscriber ID.

Responses

About Your Responses

All of the items described in the following response explanation may not appear in every response. Payers typically return only the information that is applicable to your query.

If the payer does not return a particular piece or section of information in a specific response, the headings for that information will not print. Items will shift position to fill the vacancy.

Your username appears in the upper left corner of the response. See your product **User's Guide** for information about creating usernames.

Additional Reference Documents

More information about your response can be found in the following documents:

- **PC-Standard-Eligibility-Response-Dictionary.pdf** - gives a more detailed description of data fields returned in the standard Emdeon response.
- **Dictionary-of-Transaction-Error-Messages.pdf** – a complete dictionary of error messages.
- **Common Response Abbreviations.pdf** – common abbreviations used in the standard Emdeon response, along with their full description.

These documents are available on your installation CD, and on the Web at:

http://www.emdeon.com/support/document_library.php

Note: The above documents are in Portable Document Format (.pdf). You must have the Adobe® Acrobat® Reader to view this document. If you do not have the Reader, you can download it for free at www.adobe.com.

Status

Closed

The patient is eligible or is on file. Read the response for clarification.

Retry

The patient is ineligible or is not on file, or you entered invalid information, or Emdeon did not receive a valid standard response. Read the message in the response for clarification.

Error

A communications-related error or error of greater severity occurred. Read the message in the response for clarification.

Indicators

This information appears on the top of the report. The indicators show the following:

Benefit

Indicates the presence or type of benefit information in the response.

Y = Benefit information exists

N = No benefit information exists

P = Pending

Q = QMB

S = Spenddown

Other Payer

Indicates the patient's Other Payer coverage.

Y = Patient has Other Payer coverage.

NA = Unable to determine if Other/Additional Payer information is present in the response from the payer.

Medicare

Indicates the patient's Medicare coverage.

A = Patient has Medicare Part A coverage.

B = Patient has Medicare Part B coverage.

A&B = Patient has Medicare Parts A and B coverage.

NA = Unable to determine if Medicare information is present in the response from the payer.

Input and Response Information

The input area shows the data you sent in the request. For some of the input fields, the response area displays what the payer actually has on file. This arrangement enables you to verify what you entered against what is on file.

Depending on your software product and report settings, response information fields can appear in one of two locations:

- They can appear in a column to the right of the input fields.
- They can appear beneath the input fields, with the heading (On File).

An asterisk to the left of an input field indicates that the mirrored response data did not match your input data.

The following response fields are displayed:

- The patient's BCBS of New Jersey member ID.
- The patient's date of birth.
- The patient's last name.
- The patient's first name.

Transaction Information

The Transaction Information section returns reference information for this particular transaction, such as:

- The Submit ID used for tracking.
- The date and time when the transaction was created.
- Benefit Indicator:
 - Y** = Benefit information exists.
 - N** = No benefit information exists.
 - P** = Pending.
 - Q** = QMB.
 - S** = Spenddown.
- Medicare Indicator:
 - A** = Patient has Medicare Part A coverage.
 - B** = Patient has Medicare Part B coverage.
 - A&B** = Patient has Medicare Parts A and B coverage.
 - NA** = Unable to determine Medicare coverage.
- Other Payer Indicator:
 - Y** = Patient has other payer coverage.
 - NA** = Unable to determine other payer coverage.

Information Source

Information about the payer, such as primary ID and name.

Information Source Contact

Payer contact information.

Information Receiver

Information about the requesting provider, such as primary ID and name.

Information Receiver Contact

Requesting provider contact information, such as phone numbers or email addresses.

Subscriber

Information about the subscriber, or the patient, when the patient is the subscriber. Includes:

- The transaction audit (**trace**) numbers and origins. **1220999690** represents BCBS of New Jersey.
- The subscriber's primary ID.
- Demographic information, such as:
 - Last, first, middle name
 - Prefix and suffix
 - Date of birth

Gender
Address

- Whether any identifying elements for the subscriber have changed from those submitted in the request (**Change**).
- Additional identification numbers other than the primary ID.
- Eligibility or benefit dates. Dates can also appear in the Eligibility/Benefit section.

Patient

Information about the patient, when the patient is a dependent. Includes:

- The transaction audit (**trace**) numbers and origins. **1220999690** represents BCBS of New Jersey.
- The dependent's primary ID.
- Demographic information, such as:
 - Last, first, middle name
 - Prefix and suffix
 - Date of birth
 - Gender
 - Address
 - Birth sequence
 - Relationship to subscriber
- Whether any identifying elements for the subscriber have changed from those submitted in the request (**Change**).
- Additional identification numbers other than the primary ID.
- Eligibility or benefit dates. Dates can also appear in the Eligibility/Benefit section.

Eligibility/Benefit

Each Eligibility/Benefit section gives details about the patient's eligibility status and other types of benefits. There can be several Eligibility/Benefit sections. Information includes:

- Eligibility Type: Identifies the type of information to which this section applies (see "Eligibility/Benefit Types" on page 10).
- Coverage type.
- Service types (see "Service Types" on page 12).
- Applicable dollar amount or percentage.
- Insurance type (see "Insurance Types" on page 17).
- Plan coverage information.
- Benefit-related entity and entity contact information.

For a complete description of the abbreviations appearing in this section, see **Common Response Abbreviations.pdf** on your installation CD and on the Web at

http://www.emdeon.com/support/document_library.php

Error Messages

Transaction-related error messages begin with CL, HT, RH, or another alphabetic prefix, followed by a number and a line or so of text. Messages are self-explanatory.

Note the following messages:

HT0079 – Invalid Provider ID

The Medicare provider ID submitted contains unacceptable characters or is not the correct length.

HT0594 – Invalid Tax ID

The federal tax ID submitted contains unacceptable characters or is not the correct length.

For a comprehensive description of all error messages, see the document **Dictionary of Transaction Error Messages**.

This document is available on your installation CD, and on the Web at:

http://www.emdeon.com/support/document_library.php

Values

Eligibility/Benefit Types

The payer can return any of the values listed below.

Value in Response	Description
Actv Cvg	Active Coverage
Actv – Full Risk Capitation	Active - Full Risk Capitation
Actv – Srvc's Capitated	Active - Services Capitated
Actv – Srvc's Capitated to PCP	Active - Services Capitated to Primary Care Physician
Actv – Pend Investigation	Active - Pending Investigation
Inactv	Inactive
Inactv – Pend Elig Updte	Inactive - Pending Eligibility Update
Inactv – Pend Investigation	Inactive - Pending Investigation
Co-Ins	Co-Insurance
Co-Pay	Co-Payment
Deductible	Deductible
Cvg Basis	Coverage Basis
Bene Descrip	Benefit Description
Exclusions	Exclusions
Limitations	Limitations
Out of Pckt (Stop Loss)	Out of Pocket (Stop Loss)
Unlim	Unlimited
Non-Cvd	Non-Covered
Cost Containment	Cost Containment
Rsv	Reserve
PCP	Primary Care Provider
Pre-existing Cond	Pre-existing Condition
MC Coord	Managed Care Coordinator
Svces Restricted to Following	Services Restricted to Following Provider
Not Deemed a Med Necessity	Not Deemed a Medical Necessity
Bene Disclmr	Benefit Disclaimer
2nd Surg Opinion Req'd	Second Surgical Opinion Required
Other/Addl Payer	Other or Additional Payer
Prior Year(s) History	Prior Year(s) History
Card(s) Rptd Lost/Stolen	Card(s) Reported Lost/Stolen

Value in Response	Description
Contact Following for Elig/Bene	Contact Following Entity for Eligibility or Benefit Information
Cannot Process	Cannot Process
Other Sce of Data	Other Source of Data
Health Care Facility	Health Care Facility
Spend Down	Spend Down

Service Types

The payer can return any of the service types listed below.

Abbreviation	Description	Code
Abortion	Abortion	84
Acupuncture	Acupuncture	64
Adjunctive Dntl Svcs	Adjunctive Dental Services	28
AIDS	AIDS	85
Air Transportation	Air Transportation	57
Alcoholism	Alcoholism	AJ
Allergy Testing	Allergy Testing	79
Alternate Method Dial	Alternate Method Dialysis	15
Anesth	Anesthesia	7
Anesthesiologist	Anesthesiologist	97
ASC Facility	Ambulatory Service Center Facility	13
Audiology Exam	Audiology Exam	71
Blood Charges	Blood Charges	10
Brand Name Rx Drg	Brand Name Prescription Drug	91
Cabulance	Cabulance	58
Cancer	Cancer	87
Cardiac	Cardiac	BL
Cardiac Rehab	Cardiac Rehabilitation	BG
CH	Chemotherapy	78
Chiropractic	Chiropractic	33
Chiropractic Office Visits	Chiropractic Office Visits	34
Cognitive Thrpy	Cognitive Therapy	BD
Consultation	Consultation	3
CRD Equipment	Chronic Renal Disease (CRD) Equipment	16
Day Care (PC)	Day Care (Psychiatric)	BC
Dial	Dialysis	76
DME Purchase	Durable Medical Equipment Purchase	12
DME Rent	Durable Medical Equipment Rental	18
Dntl Accident	Dental Accident	37
Dntl Care	Dental Care	35
Dntl Crowns	Dental Crowns	36
Donor Procedures	Donor Procedures	63
Drg Addiction	Drug Addiction	AK

Abbreviation	Description	Code
Dx Dntl	Diagnostic Dental	23
Dx Lab	Diagnostic Lab	5
Dx Medical	Diagnostic Medical	73
Dx X-Ray	Diagnostic X-Ray	4
Emergency Svcs	Emergency Services	86
Endocrine	Endocrine	BP
Endodontics	Endodontics	26
Experimental Drg Thrpy	Experimental Drug Therapy	AR
Eye	Eye	BR
FP	Family Planning	82
Frames	Frames	AM
Free Standing Rx Drg	Free Standing Prescription Drug	89
General Benefits	General Benefits	60
Generic Rx Drg	Generic Prescription Drug	92
GI	Gastrointestinal	BN
Health Bene Plan Cvg	Health Benefit Plan Coverage	30
HH Rxs	Home Health Prescriptions	43
HH Visits	Home Health Visits	44
HHC	Home Health Care	42
Hosp	Hospital	47
Hosp – Ambulatory Surg	Hospital – Ambulatory Surgical	53
Hosp – Emergency Accident	Hospital – Emergency Accident	51
Hosp – Emergency Medical	Hospital – Emergency Medical	52
Hosp – IP	Hospital – Inpatient	48
Hosp – OP	Hospital – Outpatient	50
Hosp – Room/Board	Hospital – Room and Board	49
Hspc	Hospice	45
Immunizations	Immunizations	80
Independent Medical Eval	Independent Medical Evaluation	BA
Infertility	Infertility	83
Inhalation Thrpy	Inhalation Therapy	72
Invasive Procs	Invasive Procedures	BS
IVF	In-vitro Fertilization	61
Lenses	Lenses	AO
Licensed Ambulance	Licensed Ambulance	59
LTC	Long Term Care	54
Lymphatic	Lymphatic	BM

Abbreviation	Description	Code
Mail Order Rx Drg	Mail Order Prescription Drug	90
Major Medical	Major Medical	55
Massage Thrpy	Massage Therapy	BE
Maternity	Maternity	69
Med Care	Medical Care	1
Medically Related Transportation	Medically Related Transportation	56
MFP	Maxillofacial Prosthetics	27
MRI/CAT Scan	MRI/CAT Scan	62
Neuro	Neurology	BQ
Newborn Care	Newborn Care	65
Nonmedically Necessary Physical	Nonmedically Necessary Physical	AQ
Nursery	Nursery	BI
Oral Surg	Oral Surgery	40
Orthodontics	Orthodontics	38
Orthopedic	Orthopedic	BK
OT	Occupational Therapy	AD
Other Medcl	Other Medical	9
Otological Exam	Otological Exam	77
Pa	Pathology	66
PC	Psychiatric	A4
PC – IP	Psychiatric – Inpatient	A7
PC – OP	Psychiatric – Outpatient	A8
PC – Room/Board	Psychiatric – Room and Board	A5
Peds	Pediatric	BH
Periodontics	Periodontics	24
Pharm	Pharmacy	88
Physical Medicine	Physical Medicine	AE
Plan Waiting Period	Plan Waiting Period	32
Pneumonia Vaccine	Pneumonia Vaccine	19
Podiatry	Podiatry	93
Podiatry – Nursing Home Visits	Podiatry – Nursing Home Visits	95
Podiatry – Office Visits	Podiatry – Office Visits	94
Pre-Admin Testing	Pre-Admission Testing	17
Private Duty Nursing	Private Duty Nursing	74
Professional (PHY)	Professional (Physician)	96
Professional (PHY) Visit – Home	Professional (Physician) Visit – Home	A3

Abbreviation	Description	Code
Professional (PHY) Visit – IP	Professional (Physician) Visit – Inpatient	99
Professional (PHY) Visit – Nursing Home	Professional (Physician) Visit – Nursing Home	A1
Professional (PHY) Visit – Office	Professional (Physician) Visit – Office	98
Professional (PHY) Visit – OP	Professional (Physician) Visit – Outpatient	A0
Professional (PHY) Visit – SNF	Professional (Physician) Visit – Skilled Nursing Facility	A2
Prosthetic Device	Prosthetic Device	75
Prosthodontics	Prosthodontics	39
Prtl Hospitalization (PC)	Partial Hospitalization (Psychiatric)	BB
Psychotherapy	Psychotherapy	A6
Pulmonary Rehab	Pulmonary Rehabilitation	BF
Radiation Thrpy	Radiation Therapy	6
Rehab	Rehabilitation	A9
Rehab – IP	Rehabilitation – Inpatient	AB
Rehab – OP	Rehabilitation – Outpatient	AC
Rehab – Room/Board	Rehabilitation – Room and Board	AA
Renal Supplies in the Home	Renal Supplies in the Home	14
Respite Care	Respite Care	46
Restorative	Restorative	25
Routine (Preventive) Dntl	Routine (Preventive) Dental	41
Routine Exam	Routine Exam	AN
Routine Physical	Routine Physical	81
SA	Substance Abuse	AI
Second Surg Opinion	Second Surgical Opinion	20
Skilled Nursing Care	Skilled Nursing Care	AG
Skilled Nursing Care – Room and Board	Skilled Nursing Care – Room and Board	AH
Skin	Skin	BJ
Smoking Cessation	Smoking Cessation	67
Social Work	Social Work	22
Spch Thrpy	Speech Therapy	AF
Surg	Surgical	2
Surg Asstnce	Surgical Assistance	8
Third Surg Opinion	Third Surgical Opinion	21
Transplants	Transplants	70
Used DME	Used Durable Medical Equipment	11

Abbreviation	Description	Code
Vision (Optometry)	Vision (Optometry)	AL
Well Baby Care	Well Baby Care	68

Insurance Types

The payer can return any of the values listed below.

Value in Response	Description
Mcare 2ndary Working Aged Beneficiary or Spouse with EGHP	Medicare Secondary Working Aged Beneficiary or Spouse with Employer Group Health Plan
Mcare 2ndary ESRD Beneficiary in the 12 mo coordination period with an EGHP	Medicare Secondary End-Stage Renal Disease Beneficiary in the 12 month coordination period with an employer group health plan
Mcare 2ndary, No-fault Ins including Auto is Primary	Medicare Secondary, No-fault Insurance including Auto is Primary
Mcare 2ndary Work Comp	Medicare Secondary Workers Compensation
Mcare 2ndary PHS or Other Federal Agency	Medicare Secondary Public Health Service (PHS) or Other Federal Agency
Mcare 2ndary Black Lung	Medicare Secondary Black Lung
Mcare 2ndary Vets Admin	Medicare Secondary Veterans Administration
Mcare 2ndary Disabled Beneficiary Under Age 65 with LGHP	Medicare Secondary Disabled Beneficiary Under Age 65 with Large Group Health Plan (LGHP)
Mcare 2ndary, Other Liability Ins is Primary	Medicare Secondary, Other Liability Insurance is Primary
Auto Ins Pol	Auto Insurance Policy
Comm	Commercial
COBRA	Consolidated Omnibus Budget Reconciliation Act (COBRA)
Mcare Conditionally Primary	Medicare Conditionally Primary
Disability	Disability
Disability Benes	Disability Benefits
Exclusive Provider Organization	Exclusive Provider Organization
Fam or Friends	Family or Friends
Grp Pol	Group Policy
HMO	Health Maintenance Organization (HMO)
HMO – Mcare Risk	Health Maintenance Organization (HMO) – Medicare Risk
Spcl Low Income Medicare Beneficiary	Special Low Income Medicare Beneficiary
Indemnity	Indemnity
Indiv Pol	Individual Policy
LTC	Long Term Care
Long Term Pol	Long Term Policy
Life Ins	Life Insurance
Litigation	Litigation
Mcare A	Medicare Part A
Mcare B	Medicare Part B
Mcaid	Medicaid
Mgap A	Medigap Part A
Mgap B	Medigap Part B

Value in Response	Description
Mcare Primary	Medicare Primary
Other	Other
Property Ins – Personal	Property Insurance – Personal
Personal	Personal
Personal Payment (Cash - No Ins)	Personal Payment (Cash - No Insurance)
PPO	Preferred Provider Organization (PPO)
POS	Point of Service (POS)
QMB	Qualified Medicare Beneficiary
Property Ins – Real	Property Insurance – Real
Supplemental Pol	Supplemental Policy
TEFRA	Tax Equity Fiscal Responsibility Act (TEFRA)
Work Comp	Workers Compensation
Wrap Up Pol	Wrap Up Policy