

Transaction Guide

BlueCross BlueShield of New Mexico Eligibility

Key Version NM 2.06 and BCBSNM 1.02

April 17, 2008

Overview

The eligibility and benefit transactions allow you to verify a subscriber's or dependent's eligibility status and benefits for BlueCross BlueShield of New Mexico for a date of service range.

Date of Service Restrictions

- BCBS New Mexico responds with eligibility for current date only.
- If the date of service submitted is prior to the most recent policy change, BCBS Mexico responds with the error message "RH0629 - Date of Service Not Within Allowable Inquiry Period."
- When benefit information retrieved is the same as the current day, the benefit information is returned.

Special Considerations

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

To Enter Letters

1. Press the number key on which the letter appears.
2. Press <Alpha> once, twice, or three times, until the letter appears.
3. Special characters are on the * and # keys. Q and Z are on key 1.

Other Usage Tips

To print a list of transactions on each key, press <Func> then 2.

Request

Step:	POS Display:	Enter:
1	idle	2 (idle prompt AZV). <i>Go to step 2.</i> 8 (idle prompt COV). <i>Go to step 3.</i> 4 (idle prompt TXV). <i>Go to step 2.</i>
2	1=NM MEDICAID 2=PHP 3=BCBS NM	3.
3	1=SUB 2=DEP	1 <Enter> if the subscriber is the patient 2 <Enter> if the dependent is the patient
4	PROVIDER ID	inquiring provider ID <Enter> <i>(skips if defaulted)</i>
5	FACILITY TYPE	Enter a place of service code <Enter>. See Facility Type on page 2.
6	PROVIDER TYPE	Enter a provider type code <Enter>: See Provider Types on page 2 for a list of values.
7	SUBSCRIBER ID	patient's subscriber ID <Enter>
8	LAST NAME	patient's last name <Enter>
9	FIRST NAME	patient's first name <Enter>
10	DOB MMDDCCYY	patient's date of birth (mmddccyy) <Enter>
11	SERVICE TYPE	Enter the service type code <Enter>. See Service Types on page 2 for a list of values.
12	BEGIN DOS MMDDYY	begin date of service (mmddy) <Enter> or just <Enter> for today's date
13	END DOS MMDDYY	end date of service (mmddy) <Enter> or just <Enter> to repeat begin date.

Service Types

Code	Description
79	Allergy Testing
71	Audiology Exam
78	Chemotherapy
33	Chiropractic
3	Consultation
5	Diagnostic Lab
73	Diagnostic Medical
4	Diagnostic X-Ray
12	Durable Medical Equipment Purchase
18	Durable Medical Equipment Rental
86	Emergency Services
42	Home Health Care
45	Hospice
53	Hospital – Ambulatory Surgical
48	Hospital – Inpatient
50	Hospital – Outpatient
80	Immunizations
59	Licensed Ambulance
69	Maternity
1	Medical Care
62	MRI/CAT Scan
65	Newborn Care
AD	Occupational Therapy
BH	Pediatric
AE	Physical Medicine
32	Plan Waiting Period
93	Podiatry
74	Private Duty Nursing
99	Professional (Physician) Visit – Inpatient
98	Professional (Physician) Visit – Office
A0	Professional (Physician) Visit – Outpatient
A7	Psychiatric – Inpatient
A8	Psychiatric – Outpatient
A6	Psychotherapy
6	Radiation Therapy
81	Routine Physical
AG	Skilled Nursing Care
AF	Speech Therapy
AI	Substance Abuse

Code	Description
2	Surgical
AL	Vision (Optometry)
68	Well Baby Care

Provider Types

Code	Description
BI	Billing
CO	Consulting
H	Hospital
HH	Home Health Care
LA	Laboratory
P2	Pharmacy
PC	Primary Care Physician
PE	Performing
R	Rural Health Clinic
SK	Skilled Nursing Facility

Facility Type

Code	Description
11	Office
12	Home
21	Inpatient Hospital
22	Outpatient Hospital
23	Emergency Room - Hospital
25	Birth Center
99	Other Unlisted Facility

Response

The following section describes each section of information that your payer can return. Individual responses can vary in content. For a detailed dictionary of response data, see the **POS Standard Eligibility Response Dictionary (Fax-on-Demand #5994)**.

To reprint the last response, press <Func> then 1.

Input Information

The information you entered in your request.

BCBS of New Mexico Information

Basic information about the transaction, such as:

The Submit ID used for tracking

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

Y = Medicare information is present

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. Includes:

The transaction audit (trace) numbers and origins

The subscriber's primary ID

Demographic information, such as name, date of birth, gender; returned when the subscriber is the patient

Subscriber 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

The patient's primary ID

Demographic information, such as name, date of birth, gender

Relationship of patient to subscriber

Patient identification numbers other than the primary ID

Eligibility or benefit dates. Dates can also appear in the Eligibility/Benefit section

Eligibility or Benefit Details

The eligibility and benefit sections give details about the patient's eligibility status and other types of benefits. There can be several eligibility and benefit sections.

Each section header describes the eligibility status or benefit type to which the section applies. See **Eligibility/Benefit Types** for a list of possible sections.

Note: A row of all dashes designates the beginning of another section of data of the same eligibility/benefit type as the preceding section.

Information for each type of eligibility status or benefit section can include:

Coverage type

Service types¹

Applicable dollar amount or percentage

Insurance type¹

Plan coverage information

Benefit period

Benefit quantity

Authorization or certification required

In-network indicator

Product or service ID

Procedure Modifiers
 Health care service delivery details
 Additional identifiers
 Benefit-specific eligibility dates
 Limitations
 Information used to determine eligibility
 Benefit-related entity and entity contact information

¹see **Service Types (HIPAA), Fax-on-Demand #5998**

²see **Insurance Types (HIPAA), Fax-on-Demand #5999**

Eligibility/Benefit Types

Actv Cvg	Cost Containment
Actv – Full Risk Capitation	Rsv (<i>Reserve</i>)
Actv – Srvcs Capitated	PCP
Actv – Srvcs Capitated to PCP	Pre-existing Cond
Actv – Pend Investigation	MC Coord (<i>Managed Care Coordinator</i>)
Inactv	Svces Restricted to Following
Inactv – Pend Elig Updte	Not Deemed a Med Necessity
Inactv – Pend Investigation	Bene Disclmr
Co-Ins	2nd Surg Opinion Reqd
Co-Pay	Other/Addl Payer
Deductible	Prior Year(s) History
Cvg Basis	Card(s) Rptd Lost/Stolen
Bene Descrip	Contact Following for Elig/Bene
Exclusions	Cannot Process
Limitations	Other Sce of Data
Out of Pckt (Stop Loss)	Health Care Facility
Unlim	Spend Down
Non-Cvd	

Error Messages

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

For a comprehensive description of all error messages, see the document **Dictionary of Transaction Error Messages (Fax-on-Demand # 5997)**.