

APPENDIX F – 2

NEW MEXICO BLUE SHIELD - FAX/MAIL EMC DOCUMENTATION

The Fax/Mail EMC Documentation feature enables providers to submit 100% of their claims electronically.

Attached are the New Mexico Blue Shield Clean Claim Attachment Guidelines. Claims can be filed electronically which include these services and the required information may be entered in the narrative record of the electronic claim. The information / documentation may be faxed or mailed if it exceeds 80 bytes. The specific documentation requirements for each state/plan are listed for each specified service below.

If you wish to take advantage of this feature, complete the following steps:

- 1.) Electronic claims which require additional documentation that exceeds the 80 byte maximum must indicate the method of submission of the documentation (i.e., faxed or mailed) and the postmark or fax transmission date. Submit this information in the following fields in your software. If you are not sure where this should be entered in your system, please contact your software support personnel. At this time, the first eighty positions of the narrative fields are mapped into the Blue Shield claims processing system, therefore any information considered in the adjudication process, **must be entered in the first 80 positions of the fields indicated below.**

American National Standards Institute ASC-X12 837 - 2-485-NTE02

National Standard Format Versions 1.04, 2.0 and 3.01 - HA0 record, field 05.0

THIN Professional Claims Version T0301 – HA0 record, field 05.1 and 05.2

ENTER: **F-MMDDYY - if you are faxing the documentation**

M-MMDDYY - if you are mailing the documentation

- 2.) Complete the **FAX/MAIL EMC DOCUMENTATION** cover sheet (page F2.7) for **each** electronic claim for which you are submitting additional documentation. The cover sheet and the documentation must be faxed to the fax number listed on the appropriate cover sheet or mailed to the address listed on the appropriate cover sheet.

Note – The fax / mail process is only necessary if the information exceeds 80 bytes. Information that is less than 80 bytes should be submitted in the narrative record.

Documentation is expected to be received within 2 days of the electronic claims submission if faxed or 5 days if mailed. If an electronic claim is received which requires documentation but the documentation is not received within the designated time frames, the claim will be processed with the information at hand and developed/denied based on claims processing guidelines. If documentation is faxed or mailed but the electronic claim does not reflect the required information or the documentation was not submitted in the method indicated on the electronic claim, the claim will be processed with the information on the EMC claim only and developed/denied based on claims processing guidelines.

If you have any questions, please contact the Provider Automation EDI Helpline at (972) 766-5480.

NEW MEXICO BLUE SHIELD DOCUMENTATION GUIDELINES

(Documentation only required with electronic submission when prior approval was not obtained)

Procedure or Service	NEW MEXICO Documentation requirement Guidelines PRIOR APPROVAL, POST-SERVICE CLAIM, OR APPEAL
Abdominoplasty and/or Panniculectomy	<ul style="list-style-type: none"> • Weight, Height, H&P, frontal and lateral photographs and medical records (There are limited benefit plans that cover this procedure)
Ambulance Air/Ground	<ul style="list-style-type: none"> • Mileage • Origination & destination locations • Breakdown of charges filed with an 'open' code (miscellaneous, NOS) • Trip sheet with history and physical. Chart notes from receiving ER • Non-emergent air trips <u>must</u> be pre-authorized
Assistant Surgeon Modifier 80, 81, AS	<ul style="list-style-type: none"> • If two Assistant Surgeons billed for same procedure, Operative Report required to establish medical necessity of two assistant surgeons
Blepharoplasty	<ul style="list-style-type: none"> • Medical records • Visual Fields, H&P • Eye level pre-operative photographs
BRAC I/II testing for breast and ovarian cancer	<ul style="list-style-type: none"> • Medical records, documenting necessity for testing
Breast Implant Removal and Capsulectomy	<ul style="list-style-type: none"> • Type of device, invoice for device, if replaced • Documented reason for removal • Medical Records, H&P • Photographs – frontal view (if removal due to contractures)
Cochlear Device Implantation	<ul style="list-style-type: none"> • Operative Report • Type of device • Medical Records • Invoice for implanted device
Co-Surgery or Surgical Team Charges, Modifier 62 or 66	<ul style="list-style-type: none"> • Operative Reports from all surgeons

<p>Durable Medical Equipment (DME)</p> <p>* Description of the equipment required if an NOC, miscellaneous or temporary HCPCS code</p>	<ul style="list-style-type: none"> • Physician order for all purchase items over \$500.00 billed charges and for all rental items, regardless of dollar amount billed. • For rental, estimated length of need • Invoice for custom items • Appropriate HCPCS code
<p>Gastroplasty and other gastric bypass procedures</p>	<ul style="list-style-type: none"> • Medical records including any conservative treatments attempted • Pre-operative photographs • Height, weight and body frame type • Endocrine study results, if performed
<p>Growth Hormone (Once Growth Hormone deficiency has been established in childhood, with NM Blue Cross Blue Shield, no further documentation of need is required through age 18.)</p>	<ul style="list-style-type: none"> • Endocrine study if performed • Growth chart, labs and medical records. • Most plans cover under the pharmacy program, contact Pharmacy Benefit Manager
<p>Gynecomastia</p>	<ul style="list-style-type: none"> • Operative report and Pathology report • Clinical notes documenting medical symptoms, failure of conservative treatment, if attempted • Height, weight and body frame type • Endocrine study results if performed • Photographs – frontal view
<p>Home Infusion Therapy</p>	<ul style="list-style-type: none"> • Prior authorization required
<p>IVIG Therapy</p>	<p>Most plans have benefit through Pharmacy program, contact Pharmacy Benefit Manager.</p>
<p>Multiple Surgeries, Modifier 51</p>	<ul style="list-style-type: none"> • Nothing required for initial claim submission. If a provider request for reconsideration is submitted, an operative report is required for review.
<p>Nasal Surgery</p>	<ul style="list-style-type: none"> • Medical records • H&P from surgeon • Operative Report

Not Otherwise Classified Codes (NOC) (Including injections)	<ul style="list-style-type: none"> • *INFORMATION NEEDED DEPENDS ON PROCEDURE BEING PERFORMED. • Complete description of services or procedures rendered • If an injectable drug, invoice may be needed. Please refer to page F2.6 for submission of the NDC code, dosage and units. • Medical records may be needed.
Pre-existing condition	<ul style="list-style-type: none"> • Medical records to include dates to the original waiting period (6 to 18 months, depending upon member's plan design) • Pre-x review is determined after claim is submitted, not at time of prior approval or authorization.
Physical, Speech & Occupational Therapy	<ul style="list-style-type: none"> • Initial MD evaluation, initial MD order, initial therapy evaluation and treatment plan • To continue or extend therapy, provide therapist re-evaluation notes and current MD order <p style="text-align: center;">Maintenance therapy is not a covered benefit</p>
Physician Standby charges	<ul style="list-style-type: none"> • No information required, not a covered service.
Radioactive Seeds/Wires Brachy-Seeds	<ul style="list-style-type: none"> • Legible copy of invoice • Number of seeds/wires • Location of seeds/wires • Operative Report
Scar Revision or Keloid treatment (i.e.: surgical procedure, injection treatment)	<ul style="list-style-type: none"> • Photographs • Documentation records of any medical symptoms or functional impairment • Operative Report
Sclerotherapy	<ul style="list-style-type: none"> • Complete medical records from physician/surgeon must be submitted • Operative Report
Skilled Nursing Facility Care	<ul style="list-style-type: none"> • If Medicare primary coverage, provide the number of days Medicare paid (copy of EOMB) and last date of Medicare covered days • MD orders and notes • Admission assessment sheet from admitting facility with current diagnosis, need for skilled care, required therapies. <p><u>If already in facility:</u></p> <ul style="list-style-type: none"> • Nurse's notes • Medication sheets/treatment sheets • Physical/Occupational and Speech Therapy notes <p>(Limited or no benefits on most benefit plans)</p>

Unusual or By-Report, Modifier 22 (for surgical services only)	<ul style="list-style-type: none"> • Operative report
Unlisted CPT Codes INFORMATION NEEDED MAY DIFFER, DEPENDING UPON THE PROCEDURE OR SERVICE BEING PERFORMED.	<ul style="list-style-type: none"> • Complete description of services or procedures rendered • Medical records/chart • Invoice if necessary • Operative report if necessary • A comparable 'listed' code from the provider of service
UvuloPalatoPharyngo plasty (UPPP) Treatment of Obstructive Sleep Apnea or Upper Airway Resistance Syndrome	<ul style="list-style-type: none"> • Medical records • Sleep study results • Documentation of failed conservative treatment

New Procedures for Blue Shield of Texas, New Mexico, and Illinois

Not Otherwise Classified Drug Codes

In the past, services for Not-Otherwise-Classified (NOC) "J Code" drugs required narrative descriptions and/or submission using paper claims. We are pleased to provide the additional information below required by the HCSC Blue Shield adjudication system to process these services electronically.

The addition of these fields will expedite processing and accuracy. The following table defines the new fields and the location of the elements in the two professional electronic claim formats:

Field Name	Field Description	ANSI (Loop 2410)	NSF T0301
		Ref Description	Record/Field No.
NDC UNITS	National Drug Code Units: This field identifies the number of units administered of the prescription drug.	CTP04	FB0-16
NDC UNIT OF MEASURE	National Drug Code Unit of Measure: This field identifies the unit of measure of the drug administered. Values: F2 – international unit GR – gram ML – milliliter UN – unit	CTP05-1	FB0-32.1
NATIONAL DRUG CODE	National Drug Code: National code assigned to the drug administered.	LIN02 = "N4" LIN03 = the NDC Code	N/A FB0-15
NDC UNIT PRICE	Unit Price: Price per unit of measure for the administered drug.	CTP03	FB0-32.2

Modifications to provider billing systems or notification to billing vendors to make the above changes may be required. Please contact your software vendor to ensure your software will support the new data elements.

Blue Shield of New Mexico

FAX/MAIL EMC Documentation Cover Sheet (Information/documentation in support of an electronic submission)

**To: Health Services
EMC Medical Documentation
P.O. Box 27630
Albuquerque, NM 87125-7630**

**Fax: (505) 816-5115
Fax line available 24 hours a day.**

Date: _____

Patient's ID#: _____
(Group Number)

(Member Certificate – Include Plan Route Code)

Patient's Last Name: _____

Patient's First Name: _____

Patient's Middle Initial: _____

Date of Service on Claim: _____
(First From & To Dates of Service on Claim)

Total Charges on Claim: _____

From: Physician / Provider Name: _____

Provider's BCBSNM ID #: 00NM0_____

Contact at Provider's Office: _____

Provider Phone #: _____

Total Number of Documentation Pages: _____
(Including cover sheet in page count)