

## APPENDIX F - 1

### TEXAS - FAX/MAIL EMC DOCUMENTATION

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

Attached are the Texas 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 appropriate **FAX/MAIL EMC DOCUMENTATION** cover sheet (page F1.6 thru F1.9) 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.

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**TEXAS BLUE SHIELD  
DOCUMENTATION GUIDELINES**

<b>Procedure</b>	<b>Documentation Needed</b>
<b>Abdominoplasty and/or Panniculectomy</b>	<ul style="list-style-type: none"> <li>• Frontal and lateral photographs</li> </ul>
<b>Ambulance Air/Ground</b>	<ul style="list-style-type: none"> <li>• Mileage</li> <li>• Breakdown of charges filed with an open code</li> <li>• Trip sheet with history and physical/treatment for physician medical necessity documentation</li> </ul>
<b>Assistant Surgeon Modifier 80, 81, AS</b>	<ul style="list-style-type: none"> <li>• Operative report</li> </ul>
<b>Blepharoplasty</b>	<ul style="list-style-type: none"> <li>• Visual Fields, history and physical</li> <li>• Eye Level Pictures</li> </ul>
<b>Breast Implant Removal and Capsulectomy</b>	<ul style="list-style-type: none"> <li>• Mammography Report</li> <li>• Operative and Pathology Report</li> <li>• Physical and History</li> <li>• Photos to support medical diagnosis (i.e., contractures)</li> </ul>
<b>Cochlear Device Implantation</b>	<ul style="list-style-type: none"> <li>• Type of device</li> </ul>
<b>Co-Surgery Surgical Team Charges Modifier 62 or 66</b>	<ul style="list-style-type: none"> <li>• Operative Reports from all surgeons</li> <li>• Statement of Medical Necessity of co-surgery</li> </ul>
<b>Durable Medical Equipment (DME)</b>	<ul style="list-style-type: none"> <li>• Physician's prescription with first billing only</li> <li>• Description of the equipment</li> <li>• Estimated length of need</li> <li>• Invoice for customized items</li> </ul>
<b>Gastroplasty and other gastric bypass procedures</b>	<ul style="list-style-type: none"> <li>• History and Physical</li> <li>• Weight and Height and/or Body Mass Index (BMI)</li> <li>• Documentation of conservative treatment plan for the past 5 years</li> </ul>

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<b>Procedure</b>	<b>Documentation Needed</b>
<b>Growth Hormone</b> (Once Growth Hormone deficiency has been established in childhood, with Blue Cross Blue Shield no further documentation of need is required through age 18.)	<ul style="list-style-type: none"> <li>• Growth Hormone Form - page F1.7.</li> </ul>
<b>Gynecomastia</b>	<ul style="list-style-type: none"> <li>• Operative and Pathology Reports</li> <li>• Clinical notes documenting medical symptoms, failure of conservative treatment</li> <li>• Height, weight and body frame.</li> <li>• Endocrine study if performed</li> <li>• Photos – frontal view (photos must be mailed)</li> </ul>
<b>Home Infusion Therapy</b>	<ul style="list-style-type: none"> <li>• National Drug Code (NDC) for all medications- page F1.5</li> </ul>
<b>IVIG Therapy</b> (For continuous treatment, submit form at onset of treatment. For sporadic treatment, form must be submitted with each claim.)	<ul style="list-style-type: none"> <li>• IVIG form – pages F1.8-F1.9</li> </ul>
<b>Lupron for Non-Cancer Diagnoses in either men or women</b>	<ul style="list-style-type: none"> <li>• History and physical notes</li> <li>• Pathology report if diagnosis is Endometriosis</li> <li>• State size of fibroid if diagnosis is Fibroid tumor</li> <li>• Date of surgery, if applicable</li> </ul>
<b>Multiple Surgeries Modifier 51</b>	<ul style="list-style-type: none"> <li>• Operative report</li> </ul>
<b>Nasal Surgery</b>	<ul style="list-style-type: none"> <li>• Frontal and lateral photographs</li> <li>• Medical Information</li> </ul>
<b>Pre-existing condition</b>	
<b>Physical, Speech &amp; Occupational Therapy</b>	<p align="center"><b>Occupational Therapy</b></p> <ul style="list-style-type: none"> <li>• Progress Notes to include:               <ol style="list-style-type: none"> <li>1. Plan of Treatment</li> <li>2. Short Term Goals</li> <li>3. Long Term Goals</li> </ol> </li> <li>• Evaluation</li> </ul>
<b>Physician Standby charges</b>	<ul style="list-style-type: none"> <li>• Clinical information to justify medical necessity of standby services</li> </ul>

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<b>Procedure</b>	<b>Documentation Needed</b>
<b>Radioactive Seeds/Wires Brachy seeds</b>	<ul style="list-style-type: none"> <li>• Legible copy of invoice</li> <li>• Number of seeds/wires</li> <li>• Location of seeds/wires</li> </ul>
<b>Scar Revision or Keloid treatment (Surgical or otherwise)</b>	<ul style="list-style-type: none"> <li>• Photographs</li> <li>• Documentation of any medical symptoms or functional impairment</li> <li>• Operative Report</li> </ul>
<b>Sclerotherapy</b>	<ul style="list-style-type: none"> <li>• Skin changes such as statis ulcer or discoloration</li> <li>• Photos clearly showing varicose veins to be treated.</li> <li>• Medical information documenting patient symptoms, conservative treatment(s)</li> <li>• Description of the name and size of the vessels being treated</li> <li>• Which part of leg is involved</li> <li>• Result of the use of elastic stockings</li> </ul>
<b>Surgical Services Only Modifier 22</b>	<ul style="list-style-type: none"> <li>• Operative Report</li> </ul>
<b>Unlisted CPT Codes, Not otherwise classified codes,</b>	<ul style="list-style-type: none"> <li>• CLINICAL TRIAL Scientific literature supporting the safety, effectiveness and durability (where applicable) of procedure</li> <li>• SURGICAL PROCEDURE Operative report</li> <li>• ANESTHESIA CLAIM Anesthesia record</li> <li>• UNLISTED 99 CODE Description of charges</li> <li>• UNLISTED MEDICATION National Drug Code (NDC) for all medications- page F1.5.</li> </ul>
<b>UPPP - Treatment of Obstructive Sleep Apnea or Upper Airway Resistance Syndrome</b>	<ul style="list-style-type: none"> <li>• Complete polysomnogram and CPAP test results</li> </ul>

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**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.

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BLUE SHIELD OF TEXAS

REGULAR BUSINESS/MANAGED CARE  
FAX/MAIL EMC DOCUMENTATION COVER SHEET

To: Medical Suspense & Review  
EMC Medical Documentation  
P.O. Box 833801  
Dallas, TX 75083-3801

Fax: 1-800-992-9646  
Fax line available 24 hours a day.

Date:

Patient's ID#: \_\_\_\_\_  
(Group Number) (Certificate Number – 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 Charge of Claim: \_\_\_\_\_

From: Physician/Provider Name \_\_\_\_\_

Physician Number: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Total Number of Documentation Pages: \_\_\_\_\_

(Include this cover sheet in count)

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TEXAS Blue Shield  
GROWTH HORMONE FAX/MAIL FORM

Patient's ID#: \_\_\_\_\_  
(Group Number) (Certificate Number – Include Plan Route Code)

Patient's Name: \_\_\_\_\_

Height : \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg

Age: \_\_\_\_\_

1. Growth rate per year:  
< age 3 \_\_\_\_\_ cm  
Age 3 to puberty \_\_\_\_\_ cm  
Puberty \_\_\_\_\_ cm
2. Stimulated growth hormone (Insulin Clonidine, L-Dopa, Glucagon, Arginine)  
Maximum \_\_\_\_\_ ng/ml at \_\_\_\_\_ minutes
3. Growth Hormone Releasing Factor (HpGRF) Response Maximum \_\_\_\_\_ ng/ml
4. 24-Hour integrated concentration of growth hormone.  
Total \_\_\_\_\_ ng/ml  
Number of Peaks > 10 ng/ml \_\_\_\_\_
5. Somatedin C \_\_\_\_\_ >
6. Epiphyses open Y \_\_\_\_\_ N \_\_\_\_\_
7. Bone Age \_\_\_\_\_ years
8. Thyroid Function test results \_\_\_\_\_
9. Additional deficient pituitary hormones.
10. Turner Syndrome confirmed be Karyotype Y \_\_\_\_\_ N \_\_\_\_\_
11. Family history regarding stature.



