

Eligibility Gateway 270/271 Payer Guide Blue Cross Blue Shield (BCBS)

Version 5010

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Revision History

Change	Date
Origination of 5010 Payer Guide	11/25/2011
BCBS of North Carolina – BCBSN added	11/25/2011
Added BCBS of Utica-Watertown (NY) - 10470	3/27/2012
Added BCBS of the Rochester Area - 10469	3/27/2012
Added Blue Shield of California – 1044	3/27/2012
Added Blue Cross Pennsylvania (Capital) – 582	3/27/2012
Added BCBS of New York (Excellus) 2350	3/27/2012
Added Blue Cross Northeastern Pennsylvania 00000000981	3/27/2012
Added BCBS of Florida AV294	3/27/2012
Added BCBS of Illinois 00000000551	3/27/2012
Added BCBS of Minnesota 10039	3/27/2012
Added BCBS of New Mexico 4609	3/27/2012
Added BCBS of Texas 00000000562	3/27/2012
Added BCBS of Oklahoma 10582	3/27/2012
Added BCBS Arkansas BCARK	3/27/2012
Added BCBS of Massachusetts 00139	3/27/2012
Added BCBS of Alabama (Institutional) 00000000590	3/27/2012
Added BCBS Nebraska 10384	3/27/2012
Added BCBS South Carolina, BCBSS	3/27/2012
Added Carefirst BCBS, 10270	3/27/2012
Added BCBS of Tennessee, 10430	3/27/2012
Added BCBS of Oregon-772	3/27/2012
Added Blue Cross of California-BCCAL	3/27/2012
Added BCBS of Georgia-BCBSG	3/27/2012
Added BCBS of Wisconsin-BCBSW	3/27/2012
Added BCBS of Virginia-BCBSV	3/27/2012
Added BCBS of Ohio-4823	3/27/2012
Added BCBS of New York (empire)-00000002560	3/27/2012
Added BCBS of New Hampshire-4817	3/27/2012
Added BCBS of Nevada-10260	3/27/2012
Added BCBS of Missouri-4921	3/27/2012
Added BCBS of Maine-4818	3/27/2012
Added BCBS of Kentucky-4821	3/27/2012
Added BCBS of Indiana-4820	3/27/2012
Added BCBS of Connecticut -4816	3/27/2012
Added BCBS of Colorado-10029	3/27/2012
Added BCBS of Central New York- 10461	6/25/2012
Added BCBS of Kansas- 4923	6/25/2012
Added BCBS of Kansas City- 10473	6/25/2012
Added BCBS of Hawaii- 10530	6/25/2012
Added BCBS of West Virginia- 10462	6/25/2012
Added BC of Washington Alaska Premera- 2650	6/25/2012

Revision History cont.

Change	Date
Added BCBS of Louisiana- 564	6/25/2012
Added BCBS of Utah- 10618	6/28/2012
Added BCBS of North Dakota 10478	7/5/2012
Added BCBS of Vermont 10624	7/12/12
Added Blue Cross Independence Pennsylvania 00000002426	8/1/2012
Updated past date options for IL 00000000551, TX 00000000562, OK 10582	8/1/2012
Updated search option for NC BCBSN	8/1/2012
Added BCBC of WY	8/27/2012
All payers- removed non payer specific related information per the recommendation of ASC	10/19/2012
All payers – restructured table formatting of situational, required, and optional payer-specific data	1/28/2013
Added BCBS Iowa 10396	2/16/2013
Removed future date support for BCBS Arkansas BCARK	2/16/2013
Added BCBS Mississippi 00000000581	2/16/2013
Updated dependent search option for BCBS MI (Professional) – 00000000558 to include optional group #	2/16/2013
Updated BCBS Florida Search Criteria	3/3/2013
Added Blue Cross of Idaho 10638	4/14/2013
Added/Updated the following BCBS payers for 5010. They were previously available payers processing 4010 transactions. They have discontinued 4010 processing and only accept 5010. BCBS of Arizona 00000000567, BCBS of Iowa 10396, BCBS of Michigan Professional 00000000558, BCBS of Michigan Institutional 10519, BCBS of Mississippi 00000000581, BCBS of Pennsylvania (Highmark Professional) 10046, BCBS of Pennsylvania (Highmark Institutional) 10524, BCBS of Rhode Island 10304, BCBS of South Dakota (Wellmark) 10395, BlueChoice Healthplan South Carolina Medicaid 10504	10/30/2013
Updated search options to allow Optional Group Number – Blue Cross WA/AK (Premera) – 2650	11/14/2013
Updated search options to include Gender - BCBS of the Rochester Area (NY) – 10469	11/14/2013
Updated search options; no longer supports search without the Member ID for payer BCBS of Florida– AV294	8/29/2014
Added BCBS of Alabama (Institutional)- 10609	11/5/2015
Add Carefirst Blue Cross Blue Shield (DC)	3/14/2015
Updated Maintenance Schedule to assure the list of payers matches the contents and reflects the correct outage.	3/14/2015
Correct Payer ID numbers that are incorrect and remove invalid min/max	3/14/2015
Rebranding to Conduent applied	12/30/2016
Added new payer BlueCross Medicare Advantage - 11174	05/10/2017
Added new payer Blue Cross Community Options – 11183	05/10/2017
Updated search option for BCBS of Rhode Island 10304	05/10/2017
Updated STC Codes for Blue Shield of Washington (Regence)	08/18/2017
Updated STC Codes for Blue Cross of Washington and Alaska (Premera)	08/18/2017
Added new payer Blue Shield of Northeastern New York (HealthNow) – 10499	11/24/2017
Added new payer BCBS of Western New York (HealthNow) – 10498	11/24/2017
Added new payer BCBS Texas Medicaid STAR CHIP- 11196	11/24/2017
Updated service date for Payer BCBS of Kansas - 10034	11/24/2017
Updated service date for Payer BCBS of Arkansas – BCARK	02/16/2018
Updated search options for payers Carefirst BCBS - MD (10270) & Carefirst BCBS – DC (11102)	06/15/2018
Updated search options for BCBS of Arizona – 00000000567	04/23/2021
Updated search options: BlueCross Medicare Advantage -- 11174	04/23/2021
Added payer notation for BCBS of Illinois – 00000000551	04/23/2021
Added new payer BCBS of Minnesota Blue Plus Medicaid – 12259	04/23/2021
Added new payer BCBS of Arizona Advantage – 13290	04/23/2021
Added new payer Blue Cross Community Centennial – 14296	04/23/2021
Added BCBS LA Medicare Advantage	03/31/2023
Added BCBS of Montana to the TOC	04/10/2024

Revision History cont.

Change	Date
Updated payer notation and Allowed STC codes BCBS of Texas-00000000562	04/10/2024
Updated payer notation Blue Cross Pennsylvania (Capital)- 582	04/10/2024
Updated future service date parameters: BCBS of New Jersey 00087, Blue Cross Independence (Pennsylvania) 00000002426	04/10/2024
Added Note in all HCSC Payers BCBS of TX, IL, MT, NM, OK	04/10/2024

Introduction

4010 and 5010 Compatibility

This Companion Guide documents only those connections which are currently available in end-to-end 5010 format.

Submitters can send 5010 transactions to any of our payers from our existing 4010 Companion Guide, and our system will automatically convert to the necessary version. We will then return a 271 response matching the version you sent.

This guide will expand rapidly through the rest of the year, but we anticipate many plans not being accessible in end to end 5010 by 1/1/2012. Even if your software moves to a 5010 only platform, you can continue sending to those 4010 payers using the existing search types and 270 requirements until they complete their conversions.

Enrollment and Data Collection

While Conduent does not require enrollment of your providers with us, some payers do require special enrollment. For those payers you can work with our customer support team and they will step you through the process of getting your providers enrolled. You can email us at egateway@conduent.com. We can provide a full list of those payers.

Payers

BCBS LA Medicare Advantage – 14328

Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	
Subscriber S2	Member ID	Date of Birth		

Eligibility Date Options

Past	Future	Range
1 year	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 14328 Element = [NM108=PI] NM109	Service Type Code	1, 30, 33, 35, 47, 48, 50, 86, 88, 98, AL, MH, UC	NPI	Situational if NM108 = XX
Name Last or Organization Name	Required. No notes specified.				
Last Name	S1				
First Name	S1				
Member ID	S1,S2 Min = 10 Max= 12				
Date of Birth	S2				

BCBS of Alabama – 00000000590

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth

Eligibility Date Options		
Past	Future	Range
1 year	No	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 00000000590 Element = [NM108=PI] NM109	Service Type Code	Codes and Values = 30
NPI	Required. No notes specified.		

BCBS of Alabama (Institutional) – 10609

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth

Eligibility Date Options		
Past	Future	Range
1 year	No	Yes

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10609 Element = [NM108=PI] NM109	Service Type Code	Codes and Values = 30
NPI	Required. No notes specified.		
Member ID	Min/Max=24		

BCBS of Arizona – 00000000567

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Dependent D1	<i>Sub</i> : Member ID	<i>Dep</i> : Last Name	<i>Dep</i> : First Name	<i>Dep</i> : Date of Birth

***Note** - For members with “XBU” Prefix, please submit to BCBS of AZ Advantage (Payer 13290)

Eligibility Date Options		
Past	Future	Range
Up to 14 days in the past	Yes	Yes

Required		Optional/Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 00000000567 Element = [NM108=PI] NM109	Service Type Code	All
Member ID	S1 Min=9 Max=12	NPI	NPI if NM108 = XX

BCBS of Arizona Advantage – 13290

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber	Member ID	Last Name	First Name	Date of Birth

Note: This is an Advantage/HMO only program that is run by a BCBS Affiliate organization, Medisun, and not BCBS of AZ. It only supports Prefixes that start with ‘XBU’. It is completely separate from BCBS of AZ.

Eligibility Date Options		
Past	Future	Range
1 year	No	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 00000000567 Element = [NM108=PI] NM109	Service Type Code	30
Member ID	S1 Min=9 Max=12		
NPI	NPI required		

BCBS of Arkansas – BCARK

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth

Note: Health Advantage HMO can be accessed through BCBS AR.

Eligibility Date Options		
Past	Future	Range
No	No	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = BCARK Element = [NM108=PI] NM109	Service Type Code	Codes and Values = 30, 98
NPI	Required. No notes specified.		

BCBS of Central New York – 10461

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Option (con't)	Element 5			
Subscriber S1	Gender			
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth

Eligibility Date Options		
Past	Future	Range
Yes	Yes	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10461 Element = [NM108=PI] NM109	Service Type Code	Codes and Values = 30
NPI	Required. No notes specified.		

BCBS of Colorado – 10029

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth

Eligibility Date Options		
Past	Future	Range
1 year	End of current month	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10029 Element = [NM108=PI] NM109	Service Type Code	Codes and Values = 1,2,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21,22, 23,24,25,26,27,28,30,32,33,34,35,36,37,38,39,40,41,42, 43,44,45,46,47,48,49,50,51,52,53,54,55,56,57,60,61,62, 65,68,69,73,76,78,80,81,82,83,84,86,88,93,98,99,A0,A3, A6,A7,A8,AD,AE,AF,AG,AI,AL,BG,BH,MH,UC
NPI	Required. No notes specified.		

BCBS of Connecticut – 4816

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth

Eligibility Date Options		
Past	Future	Range
1 year	End of current month	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 4816 Element = [NM108=PI] NM109	Service Type Code	1,2,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21,22, 23,24,25,26,27,28,30,32,33,34,35,36,37,38,39,40,41,42, 43,44,45,46,47,48,49,50,51,52,53,54,55,56,57,60,61,62, 65,68,69,73,76,78,80,81,82,83,84,86,88,93,98,99,A0,A3, A6,A7,A8,AD,AE,AF,AG,AI,AL,BG,BH,MH,UC
NPI	Required. No notes specified.		

BCBS of Florida – AV294

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Subscriber S2	Member ID	Last Name	First Name	
Subscriber S3	Member ID	First Name	Date of Birth	
Subscriber S4	Member ID	Date of Birth		
Dependent D1	<i>Sub: Member ID</i>	<i>Dep: Last Name</i>	<i>Dep: First Name (optional)</i>	<i>Dep: Date of Birth</i>
Dependent D2	<i>Sub: Member ID</i>	<i>Dep: First Name</i>	<i>Dep: Date of Birth</i>	
Dependent D3	<i>Sub: Member ID</i>	<i>Dep: Last Name</i>	<i>Dep: First Name</i>	

Eligibility Date Options		
Past	Future	Range
1 year	Yes	Yes

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = AV294 Element = [NM108=PI] NM109	Service Type Code	1, 2, 4, 5, 30, 33, 47, 50, 69, 78, 98, A9, AG
NPI	Required. No notes specified.		

BCBS of Georgia – BCBSG

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth

Eligibility Date Options		
Past	Future	Range
No	No	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = BCBSG Element = [NM108=PI] NM109	Service Type Code	1,2,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,26,27,28,30,32,33,34,35,36,37,38,39,40,41,42,43,44,45,46,47,48,49,50,51,52,53,54,55,56,57,60,61,62,65,68,69,73,76,78,80,81,82,83,84,86,88,93,98,99,A0,A3,A6,A7,A8,AD,AE,AF,AG,AI,AL,BG, BH,MH,UC
NPI	Required. No notes specified.		

BCBS of Hawaii – 10530

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Date of Birth		
Subscriber S2	Member ID	Last Name	First Name	Date of Birth
Subscriber S3	Last Name	First Name	Date of Birth	
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth

Eligibility Date Options		
Past	Future	Range
2 years	Yes	Yes

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10530 Element = [NM108=PI] NM109	Service Type Code	30
NPI	Required. No notes specified.		

BCBS of Illinois – 00000000551

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth

Note – Members with BC Community Health Plans / Members with the prefix “XOG” should be submitted to Blue Cross Community Options Payer 11183

Note: Local and BlueExchange® (Out-of-state) Transactions “Local” (in this section) is used to refer to the following Blue Cross and Blue Shield (BCBS) Plans: Illinois, Montana, New Mexico, Oklahoma, and Texas. When local transactions are submitted, BCBSIL uses the provider type and/or provider specialty along with the providers contracting network status to determine the applicable benefits.

Eligibility Date Options		
Past	Future	Range
No	No	Yes

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 00000000551 Element = [NM108=PI] NM109	Service Type Code	30
NPI	Required. No notes specified.		

BCBS of Indiana – 4820

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth

Eligibility Date Options		
Past	Future	Range
1 year	End of current month	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 4820 Element = [NM108=PI] NM109	Service Type Code	1,2,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,26,27,28,30,32,33,34,35,36,37,38,39,40,41,42,43,44,45,46,47,48,49,50,51,52,53,54,55,56,57,60,61,62,65,68,69,73,76,78,80,81,82,83,84,86,88,93,98,99,A0,A3,A6,A7,A8,AD,AE,AF,AG,AI,AL,BG,BH,MH,UC
NPI	Required. No notes specified.		

BCBS of Iowa – 10396

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth

Eligibility Date Options		
Past	Future	Range
Policy begin date	Policy end date	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10396 Element = [NM108=PI] NM109	Service Type Code	30	Provider ID	Situational. Provider ID if NM108 = SV
Member ID	S1,D1 Max = 80 [NM108=MI] NM109			NPI	Situational. NPI if NM108=XX

BCBS of Kansas – 4923

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth

Eligibility Date Options		
Past	Future	Range
15 months	Only Current Month for Future dates	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 4923 Element = [NM108=PI] NM109	Service Type Code	30
NPI	Required. No notes specified.		

BCBS of Kansas City – 10473

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth

Eligibility Date Options		
Past	Future	Range
2 years	End of current month	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10473 Element = [NM108=PI] NM109	Service Type Code	30
NPI	Required. No notes specified.		

BCBS of Kentucky – 4821

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth

Eligibility Date Options		
Past	Future	Range
1 year	End of current month	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 4821 Element = [NM108=PI] NM109	Service Type Code	1,2,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18 19,20,21,22,23,24,25,26,27,28,30,32,33,34 35,36,37,38,39,40,41,42,43,44,45,46,47,48 49,50,51,52,53,54,55,56,57,60,61,62,65,68 69,73,76,78,80,81,82,83,84,86,88,93,98,99 A0,A3,A6,A7,A8,AD,AE,AF,AG,AI,AL,BG BH,MH,UC
NPI	Required. No notes specified.		

BCBS of Louisiana – 564

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth

Eligibility Date Options		
Past	Future	Range
No	No	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 564 Element = [NM108=PI] NM109	Service Type Code	30
NPI	Required. No notes specified.		

BCBS of Maine – 4818

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth

Eligibility Date Options		
Past	Future	Range
1 year	End of current month	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 4818 Element = [NM108=PI] NM109	Service Type Code	1,2,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18 19,20,21,22,23,24,25,26,27,28,30,32,33,34 35,36,37,38,39,40,41,42,43,44,45,46,47,48 49,50,51,52,53,54,55,56,57,60,61,62,65,68 69,73,76,78,80,81,82,83,84,86,88,93,98,99 A0,A3,A6,A7,A8,AD,AE,AF,AG,AI,AL,BG BH,MH,UC
NPI	Required. No notes specified.		

BCBS of Massachusetts – 00139

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth

Eligibility Date Options		
Past	Future	Range
Yes	No	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 00139 Element = [NM108=PI] NM109	Service Type Code	1,2,4,5,6,7,9,12,13,17,18,20,23,24,25,26,30 33,35,36,38,39,40,41,42,45,48,50,52,53,56, 62,66,68,69,71,72,75,76,77,78,81,82 83,86,88,93,98,99,A0,A7,A8,AB,AD,AE,AF, AG,AJ,AK,AL,BF,BG,BH
NPI	Required. No notes specified.		

BCBS of Michigan Institutional– 10519

Search Options					
Option	Element 1	Element 2	Element 3	Element 4	Element 5
Subscriber S1	Member ID	Last Name	First Name	Date of Birth	(Opt) Group #
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth	

Eligibility Date Options		
Past	Future	Range
2 years	End of current month	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10519 Element = [NM108=PI] NM109	Service Type Code	13,30,42,45,48,50,76,A8, AC,AG,AI
NPI	Required. No notes specified.	Group Number	Element=[REF01=6P]
Member ID	S1,D1 Element= [NM108=MI] Min=2 Max=20		

BCBS of Michigan Professional – 00000000558

Search Options					
Option	Element 1	Element 2	Element 3	Element 4	Element 5
Subscriber S1	Member ID	Last Name	First Name	Date of Birth	(Opt) Group #
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth	

Eligibility Date Options		
Past	Future	Range
2 years	End of current month	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 00000000558 Element = [NM108=PI] NM109	Service Type Code	13,30,42,45,48,50,76,A8, AC,AG,AI
NPI	Required. No notes specified.	Group Number	Element=[REF01=6P]
Member ID	S1,D1 Element= [NM108=MI] Min=2 Max=20		

BCBS of Minnesota – 10039

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Date of Birth		
Subscriber S2	Member ID	Last Name	First Name	
Subscriber S3	Last Name	First Name	Date of Birth	
Subscriber S4	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Sub: Member ID	Dep: Date of Birth		
Dependent D2	Sub: Member ID	Dep: Last Name	Dep: First Name	
Dependent D3	Dep: Last Name	Dep: First Name	Dep: Date of Birth	
Dependent D4	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth

Eligibility Date Options		
Past	Future	Range
2 years	No	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10039 Element = [NM108=PI] NM109	Service Type Code	30
NPI	Group NPI accepted. Individual NPI will return AAA43 for members of BCBS MN.		

BCBS of Minnesota Blue Plus Medicaid – 12259

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Subscriber S2	Member ID	Date of Birth		

Eligibility Date Options		
Past	Future	Range
1 year	No	Yes

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 12259 Element = [NM108=PI] NM109	Service Type Code	30
NPI	No notes specified.		
Member ID	S1, S2 Min/Max=10		

BCBS of Mississippi – 00000000581

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth

Eligibility Date Options		
Past	Future	Range
1 year	No	Yes

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 00000000581 Element = [NM108=PI] NM109	Service Type Code	1,2,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,26,27,28,30,32,33,34,35,36,37,38,39,40,41,42,43,44,45,46,47,48,49,50,51,52,53,54,55,56,57,60,61,62,65,68,69,73,76,78,80,81,82,83,84,86,88,93,98,99,A0,A3,A6,A7,A8,AD,AE,AF,AG,AI,AL,BG,BH,MH,UC
NPI	Required. No notes specified.		

BCBS of Missouri – 4921

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth

Eligibility Date Options		
Past	Future	Range
1 year	End of current month	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 4921 Element = [NM108=PI] NM109	Service Type Code	1,2,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,26,27,28,30,32,33,34,35,36,37,38,39,40,41,42,43,44,45,46,47,48,49,50,51,52,53,54,55,56,57,60,61,62,65,68,69,73,76,78,80,81,82,83,84,86,88,93,98,99,A0,A3,A6,A7,A8,AD,AE,AF,AG,AI,AL,BG,BH,MH,UC
NPI	Required. No notes specified.		

BCBS of Montana – 10516

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth

Note: Local and BlueExchange® (Out-of-state) Transactions “Local” (in this section) is used to refer to the following Blue Cross and Blue Shield (BCBS) Plans: Illinois, Montana, New Mexico, Oklahoma, and Texas. When local transactions are submitted, BCBSIL uses the provider type and/or provider specialty along with the providers contracting network status to determine the applicable benefits.

Eligibility Date Options		
Past	Future	Range
1 year	1 year	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10516 Element = [NM108=PI] NM109	Service Type Code	All
NPI	Required. No notes specified.		

BCBS of Nebraska – 10384

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth

Eligibility Date Options		
Past	Future	Range
No	No	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10384 Element = [NM108=PI] NM109	Service Type Code	30
NPI	Required. No notes specified.		

BCBS of Nevada – 10260

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth

Eligibility Date Options		
Past	Future	Range
1 year	End of current month	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10260 Element = [NM108=PI] NM109	Service Type Code	1,2,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18 19,20,21,22,23,24,25,26,27,28,30,32,33,34 35,36,37,38,39,40,41,42,43,44,45,46,47,48 49,50,51,52,53,54,55,56,57,60,61,62,65,68 69,73,76,78,80,81,82,83,84,86,88,93,98,99 A0,A3,A6,A7,A8,AD,AE,AF,AG,AI,AL,BG BH,MH,UC
NPI	Required. No notes specified.		

BCBS of New Hampshire – 4817

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth

Eligibility Date Options		
Past	Future	Range
1 year	End of current month	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 4817 Element = [NM108=PI] NM109	Service Type Code	1,2,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18 19,20,21,22,23,24,25,26,27,28,30,32,33,34 35,36,37,38,39,40,41,42,43,44,45,46,47,48 49,50,51,52,53,54,55,56,57,60,61,62,65,68 69,73,76,78,80,81,82,83,84,86,88,93,98,99 A0,A3,A6,A7,A8,AD,AE,AF,AG,AI,AL,BG BH,MH,UC
NPI	Required. No notes specified.		

BCBS of New Jersey (Horizon) – 00087

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth

Eligibility Date Options		
Past	Future	Range
2 years	End of current month	Yes

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 00087 Element = [NM108=PI] NM109	Service Type Code	All service types supported
NPI	Required. No notes specified.	Dependent Last Name, First Name, Date of Birth	D1

BCBS of New Mexico – 4609

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth

Note: Local and BlueExchange® (Out-of-state) Transactions “Local” (in this section) is used to refer to the following Blue Cross and Blue Shield (BCBS) Plans: Illinois, Montana, New Mexico, Oklahoma, and Texas. When local transactions are submitted, BCBSIL uses the provider type and/or provider specialty along with the providers contracting network status to determine the applicable benefits.

Eligibility Date Options		
Past	Future	Range
No	No	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 4609 Element = [NM108=PI] NM109	Service Type Code	30
NPI	Required. No notes specified.		

BCBS of New York (Excellus) – 2350

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth

Eligibility Date Options		
Past	Future	Range
90 days	No	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 2350 Element = [NM108=PI] NM109	Service Type Code	30
NPI	Required. No notes specified.		

BCBS of New York (Empire) – 00000002560

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth

Eligibility Date Options		
Past	Future	Range
1 year	End of current month	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 00000002560 Element = [NM108=PI] NM109	Service Type Code	1,2,4,5,6,7,8,9,10,11,12,13 14,15,16,17,18,19,20,21, 22,23,24,25,26,27,28,30, 32,33,34,35,36,37,38,39, 40,41,42,43,44,45,46,47, 48,49,50,51,52,53,54,55, 56,57,60,61,62,65,68,69, 73,76,78,80,81,82,83,84, 86,88,93,98,99,A0,A3,A6, A7,A8,AD,AE,AF,AG,AI,AL BG,BH,MH,UC	Provider ID	Situational. No notes specified.
Member ID	S1,D1 Note: Alphanumeric subscriber ID as it appears on the front of the ID card and must include the alpha prefix as submitted			NPI	Situational. No notes specified.

BCBS of North Carolina – BCBSN

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Subscriber S2	Last Name	First Name	Date of Birth	
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth

Note: Search option 2 excludes non local and FEP/IPP plans

Eligibility Date Options		
Past	Future	Range
3 years	No	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = BCBSN Element = [NM108=PI] NM109	Service Type Code	30
NPI	Required. No notes specified.		

BCBS of North Dakota – 10478

Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth

Eligibility Date Options

Past	Future	Range
30 days	If current date is 1 st - 15 th , inquiries allowed through the end of the current month. If current date is 16 th - 31 st , inquiry allowed through end of the next month.	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10478 Element = [NM108=PI] NM109	Service Type Code	30	Provider ID	Situational. No notes specified.
				NPI	Situational. No notes specified.

BCBS of Ohio – 4823

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth

Eligibility Date Options		
Past	Future	Range
1 year	End of current month	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 4823 Element = [NM108=PI] NM109	Service Type Code	1,2,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,26,27,28,30,32,33,34,35,36,37,38,39,40,41,42,43,44,45,46,47,48,49,50,51,52,53,54,55,56,57,60,61,62,65,68,69,73,76,78,80,81,82,83,84,86,88,93,98,99,A0,A3,A6,A7,A8,AD,AE,AF,AG,AI,AL,BG,BH,MH,UC	Provider ID	Situational. No notes specified.
Member ID	S1,D1 Note: Alphanumeric subscriber ID as it appears on the front of the ID card and must include the alpha prefix as submitted			NPI	Situational. No notes specified.

BCBS of Oklahoma – 10582

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth

Note: Local and BlueExchange® (Out-of-state) Transactions “Local” (in this section) is used to refer to the following Blue Cross and Blue Shield (BCBS) Plans: Illinois, Montana, New Mexico, Oklahoma, and Texas. When local transactions are submitted, BCBSIL uses the provider type and/or provider specialty along with the providers contracting network status to determine the applicable benefits.

Eligibility Date Options		
Past	Future	Range
1 year	End of current month	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10582 Element = [NM108=PI] NM109	Service Type Code	30	Provider ID	Situational. No notes specified.
Member ID	S1,D1 Min = 2 Max = 17			NPI	Situational. No notes specified.

BCBS of Oregon (Regence) – 772

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth

Note: Local transactions only, no connectivity to the Blues Exchange

Eligibility Date Options		
Past	Future	Range
3 years	1 year	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 772 Element = [NM108=PI] NM109	Service Type Code	30	Provider ID	Situational. No notes specified.
Member ID	S1,D1 Min = 2 Max = 17			NPI	Situational. No notes specified.
Date of Birth	S1				

BCBS of Pennsylvania (Highmark Institutional) – 10524

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth

Eligibility Date Options		
Past	Future	Range
1 year	6 months	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10524 Element = [NM108=PI] NM109	Service Type Code	10, 23, 24, 25, 26, 27, 28, 30, 32, 35, 36, 37, 38, 39, 41, 60, 73, 85, 87, AA, AR, BA, BL, BM, BN, BP, BQ, BR	NPI	Situational. No notes specified.
Member ID	S1,D1 Min = 2 Max = 17				
Date of Birth	S1				

BCBS of Pennsylvania (Highmark Professional) – 10046

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth

Eligibility Date Options		
Past	Future	Range
1 year	6 months	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10046 Element = [NM108=PI] NM109	Service Type Code	10, 23, 24, 25, 26, 27, 28, 30, 32, 35, 36, 37, 38, 39, 41, 60, 73, 85, 87, AA, AR, BA, BL, BM, BN, BP, BQ, BR	NPI	Situational. No notes specified.
Member ID	S1,D1 Min = 2 Max = 17				
Date of Birth	S1				

BCBS of Rhode Island – 10304

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth

Note: Alphanumeric Subscriber ID as it appears on the front of the ID card and must include the alpha prefix as submitted.

Eligibility Date Options		
Past	Future	Range
1 year	Up to end of current month for future dates	60 days

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10304 Element = [NM108=PI] NM109	Service Type Code	30	Provider ID	Situational. Provider ID if NM108=SV.
Member ID	S1,D1 Min = 4 Max = 20			NPI	Situational. NPI if NM108=XX

BCBS of South Carolina – BCBSS

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Subscriber S2	Member ID	Date of Birth		
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth
Dependent D2	Sub: Member ID	Dep: Date of Birth		

Eligibility Date Options		
Past	Future	Range
3 years	1 year	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = BCBSS Element = [NM108=PI] NM109	Service Type Code	1,2,4,5,7,8,12,18,20,30,33,35,42,45,47,48,49,50,51,52,53,60,61,62,65,68,69,73,76,80,83,86,88,98,99,A0,A3,A6,A7,A8,AG,AI,AL,BG,BH,BT,BU,BV,BY,BZ,CE,CF,CG,CH,DM,MH,UC	Provider ID	Situational. No notes specified.
Member ID	S1,S2,D1, D2 Min = 2 Max = 17			NPI	Situational. No notes specified.

BCBS of South Dakota (Wellmark) – 10395

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth

Eligibility Date Options		
Past	Future	Range
Yes	Yes	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10395 Element = [NM108=PI] NM109	Service Type Code	30	Provider ID	Situational. Provider ID if NM108=SV.
Member ID	S1,D1			NPI	Situational. NPI if NM108=XX

BCBS of Tennessee – 10430

Search Options						
Option	Element 1	Element 2	Element 3	Element 4	Element 5	Element 6
Subscriber S1	Member ID	Last Name	First Name	Date of Birth		
Dependent D1	Sub: Member ID	Sub: Last Name	Sub: First Name	Dep: Last Name	Dep: First Name	Dep: Date of Birth

Eligibility Date Options		
Past	Future	Range
1 year	30 days	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10430 Element = [NM108=PI] NM109	Service Type Code	1,2,4,5,7,8,12,18 20,30,33,35,42,45 47,48,49,50,51,52 53,60,61,62,65,68 69,73,76,80,83,86 88,98,99,A0,A3,A6 A7,A8,AG,AI,AL,BG BH,BT,BU,BV,BY,BZ CE, CF,CG,CH,DM MH,UC	Provider ID	Situational. No notes specified.
Member ID	S1,S2,D1, D2 Min = 2 Max = 17			NPI	Situational. No notes specified.

BCBS of Texas – 00000000562

Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Sub: Member ID	Sub: Last Name	Sub: First Name	Dep: Last Name

Note: Requests for future dates of service not falling within the current month will receive the following response: AAA Error Code 62 - Date of Service Not Within Allowable Inquiry Period.

Note: Local and BlueExchange® (Out-of-state) Transactions “Local” (in this section) is used to refer to the following Blue Cross and Blue Shield (BCBS) Plans: Illinois, Montana, New Mexico, Oklahoma, and Texas. When local transactions are submitted, BCBSIL uses the provider type and/or provider specialty along with the providers contracting network status to determine the applicable benefits.

Eligibility Date Options

Past	Future	Range
1 year	End of current month	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 00000000562 Element = [NM108=PI] NM109	Service Type Code	All- Only one Service type code per transaction is allowed
NPI	Required. No notes specified.		
Member ID	S1,D1 Min = 2 Max = 17		

BCBS Texas Medicaid STAR CHIP – 11196

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Subscriber S2	Member ID	Date of Birth	Last Name	
Subscriber S3	Member ID	Last Name	First Name	
Subscriber S4	Member ID	Date of Birth		

Eligibility Date Options		
Past	Future	Range
1 Year	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11196 Element = [NM108=PI] NM109	Service Type Code	1,2,4,5,6,7,8,12,13,18,20,33,35,40,42,45,47,48,50,51,52,53,59,60,61,62,65,69,70,73,76,78,80,81,82,83,84,86,88,93,98,99,A0,A3,A6,A7,A8,A9,AD,AE,AF,AG,AI,AL,BE,BH	NPI	Situational if NM108 = XX
Name Last or Organization Name	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
Last Name	S1, S2, S3				
First Name	S1,S3				
Member ID	S1,S2,S3,S4 Min = 10 Max= 12				
Date of Birth	S1, S2, S4				

BCBS of Western New York – 10498

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Sub: Member ID	Sub: Last Name	Sub: First Name	Dep: Last Name

Eligibility Date Options		
Past	Future	Range
Yes	Upto End of current month	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10498 Element = [NM108=PI] NM109	Service Type Code	1,2,3,4,5,6,7,8,9,10,11,12, 13,14,15,16,17,18,19,20,21, 22,23,24,25,26,27,28,30,32, 33,34,35,36,37,38,39,40,41, 42,43,44,45,46,47,48,49,50,51, 52,53,54,55,56,57,58,59,60,61, 62,63,64,65,66,67,68,69,70,71, 72,73,74,75,76,77,78,79,80,81, 82,83,84,85,86,87,88,89,90,91, 98,93,94,95,96,97,98,99,A0,A1,A2 ,A3,A4,A5,A6,A7,A8,A9,AA,AB, AC,AD,AE,AF,AG,AH,AI,AJ,AK, AL,AM,AN,AO,AQ,AR,B1,B2,B3, BA,BB,BC,BD,BE,BF,BG,BH,BI,BJ, BK,BL,BM,BN,BP,BQ,BR,BS,BT,BU, BV,BW,BX,BY,BZ,C1,CA,CB,CC,CD, CE,CF,CG,CH,CI,CJ,CK,CL,CM,CN,CO, CP,CQ,DG,DM,DS,GF,GN,GY,IC,MH, NI,ON,PT,TU, RN,RT,TC, TN,UC Note - See “BCBS of Western New York (10498) - Service Type Code List” below
NPI	Required. No notes specified.		
Member ID	S1,D1 Min = 2 Max = 17		

BCBS of Western New York (10498) - Service Type Code List			
Code	Description	Code	Description
1	Medical Care	73	Diagnostic Medical
2	Surgical	76	Dialysis
4	Diagnostic X-ray	78	Chemotherapy
5	Diagnostic Lab	80	Immunizations
6	Radiation Therapy	81	Routine Physical
7	Anesthesia	82	Family Planning

BCBS of Western New York (10498) - Service Type Code List

8	Surgical Assistance	83	Infertility
12	Durable Medical Equipment Purchase	84	Abortion
13	Ambulatory Service Center Facility	86	Emergency Services
18	Durable Medical Equipment Rental	88	Pharmacy
20	Second Surgical Opinion	91	Brand Name Prescription Drug
30	Health Benefit Plan Coverage	92	Generic Prescription Drug
33	Chiropractic	93	Podiatry
35	Dental Care	98	Professional (Physician) Visit - Office
40	Medical Oral Surgery	99	Professional (Physician) Visit – Inpatient
42	Home Health Care	A0	Professional (Physician) Visit – Outpatient
45	Hospice	A3	Professional (Physician) Visit – Home
47	Hospital	A6	Psychotherapy
48	Hospital – Inpatient	A7	Psychiatric-Inpatient
50	Hospital – Outpatient	A8	Psychiatric-Outpatient
51	Hospital – Emergency Accident	AD	Occupational Therapy
52	Hospital – Emergency Medical	AE	Physical Medicine
53	Hospital – Ambulatory Surgical	AF	Speech Therapy
60	General Benefits	AG	Skilled Nursing Care
61	In-vitro Fertilization	AI	Substance Abuse
62	MRI/CAT Scan	AL	Vision (Optometry)
65	Newborn Care	BG	Cardiac Rehabilitation
68	Well Baby Care	BH	Pediatric
69	Maternity		

BCBS of the Rochester Area (NY) – 10469

Search Options

Option	Element 1	Element 2	Element 3	Element 4	Element 5
Subscriber S1	Member ID	Last Name	First Name	Date of Birth	Gender
Dependent D1	Sub: Member ID	Sub: Last Name	Sub: First Name	Dep: Last Name	Dep: Gender

Eligibility Date Options

Past	Future	Range
1 year	30 days	No

Required

Optional

Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10469 Element = [NM108=PI] NM109	Service Type Code	30
NPI	Required. No notes specified.		
Member ID	S1,D1 Min = 2 Max = 17		
Date of Birth	S1, D1 F= Female M= Male		
Gender	S1, D1		

BCBS of Utah – 10618

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Subscriber S2	SSN	Last Name	First Name	
Dependent D1	Sub: Member ID/SSN	Dep: Last Name	Dep: First Name	Dep: Date of Birth

Eligibility Date Options		
Past	Future	Range
24 months	No	Yes

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10618 Element = [NM108=PI] NM109	Service Type Code	30
NPI	Required. No notes specified.		
Member ID	S1,D1 Min = 2 Max = 17		

BCBS of Utica Watertown (NY) – 10470

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Sub: Member ID	Sub: Last Name	Sub: First Name	Dep: Last Name

Eligibility Date Options		
Past	Future	Range
1 year	Yes	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10470 Element = [NM108=PI] NM109	Service Type Code	30
NPI	Required. No notes specified.		
Member ID	S1,D1 Min = 2 Max = 17		

BCBS of Virginia (Wellpoint) – BCBSV

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth

Eligibility Date Options		
Past	Future	Range
1 year	End of current month	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = BCBSV Element = [NM108=PI] NM109	Service Type Code	1,2,4,5,6,7,8,9,10,11 12,13,14,15,16,17,18 19,20,21,22,23,24,25 26,27,28,30,32,33,34 35,36,37,38,39,40,41 42,43,44,45,46,47,48 49,50,51,52,53,54,55 56,57,60,61,62,65,68 69,73,76,78,80,81,82 83,84,86,88,93,98,99 A0,A3,A6,A7,A8,AD AE,AF,AG,AI,AL,BG BH,MH,UC	Provider ID	Situational. No notes specified.
Member ID	S1,D1 Min = 2 Max = 17			NPI	Situational. No notes specified.

BCBS of Vermont – 10624

Search Options

Option	Element 1	Element 2	Element 3	Element 4	Element 5
Subscriber S1	Member ID	Last Name	First Name	Date of Birth	Gender
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth	Dep: Gender

Eligibility Date Options

Past	Future	Range
1 year	Yes	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10624 Element = [NM108=PI] NM109	Service Type Code	30
NPI	Required. No notes specified.		

BCBS of West Virginia – 10462

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Subscriber S2	Member ID	Date of Birth		
Subscriber S3	Member ID	Last Name	First Name	
Subscriber S4	Member ID	Last Name	Date of Birth	
Subscriber S5	Member ID	First Name	Date of Birth	
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth
Dependent D2	Sub: Member ID	Dep: Date of Birth		
Dependent D3	Sub: Member ID	Dep: Last Name	Dep: First Name	
Dependent D4	Sub: Member ID	Dep: Last Name	Dep: Date of Birth	
Dependent D5	Sub: Member ID	Dep: First Name	Dep: Date of Birth	

Eligibility Date Options		
Past	Future	Range
Yes	6 months	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10462 Element = [NM108=PI] NM109	Service Type Code	30
NPI	Required. No notes specified.		

BCBS of Wisconsin (Wellpoint Anthem) – BCBSW

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth

Eligibility Date Options		
Past	Future	Range
1 year	End of current month	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = BCBSW Element = [NM108=PI] NM109	Service Type Code	1,2,4,5,6,7,8,9,10,11 12,13,14,15,16,17,18 19,20,21,22,23,24,25 26,27,28,30,32,33,34 35,36,37,38,39,40,41 42,43,44,45,46,47,48 49,50,51,52,53,54,55 56,57,60,61,62,65,68 69,73,76,78,80,81,82 83,84,86,88,93,98,99 A0,A3,A6,A7,A8,AD AE,AF,AG,AI,AL,BG BH,MH,UC	Provider ID	Situational. No notes specified.
Member ID	S1,D1 Min = 2 Max = 17			NPI	Situational. No notes specified.

BCBS of Wyoming – 10480

Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth

Eligibility Date Options

Past	Future	Range
30 days	If current date is 1 st -15 th , inquiries allowed through the end of the current month. If current date is 16 th -31 st , inquiries allowed through end of the next month.	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10480 Element = [NM108=PI] NM109	Service Type Code	30	Provider ID	Situational. No notes specified.
Member ID	S1,D1 Min = 4 Max = 17			NPI	Situational. No notes specified.

Blue Cross Community Centennial – 14296

Search Options

Option	Element 1	Element 2	Element 3	Element 4	Element 5
Subscriber S1	Member ID	Last Name	First Name	Date of Birth	

Eligibility Date Options

Past	Future	Range
1 year	No	No

Note: This is a managed NM Medicaid plan offered by BCBS of New Mexico (HCSC).

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 14296 Element = [NM108=PI] NM109	Service Type Code	1, 30, 33, 35, 47, 48, 50, 86, 88, 98, AL, MH, UC
NPI	Required. No notes specified.		
Member ID	S1 Element= [NM108=MI] Min/Max = 9		

Blue Cross Community Options – 11183

Search Options					
Option	Element 1	Element 2	Element 3	Element 4	Element 5
Subscriber S1	Member ID	Last Name	First Name	Date of Birth	

Eligibility Date Options		
Past	Future	Range
No	No	No

Note: This is a Medicare/Medicaid dual benefit plan previously accessible via BCBS of IL. Subscriber IDs must be sent with the XOG prefix. This prefix indicates dual plans.

Area: IL

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11183 Element = [NM108=PI] NM109	Service Type Code	The operating rule set code
NPI	Required. No notes specified.		
Member ID	S1 Element= [NM108=MI] Min=2 Max=20		

Blue Cross Independence (Pennsylvania) – 00000002426

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth

Eligibility Date Options		
Past	Future	Range
2 years	Up to 6 months	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 00000002426 Element = [NM108=PI] NM109	Service Type Code	1,2,4,5,6,7,8,9,10,11 12,13,14,15,16,17,18 19,20,21,22,23,24,25 26,27,28,30,32,33,34 35,36,37,38,39,40,41 42,43,44,45,46,47,48 49,50,51,52,53,54,55 56,57,60,61,62,65,68 69,73,76,78,80,81,82 83,84,86,88,93,98,99 A0,A3,A6,A7,A8,AD AE,AF,AG,AI,AL,BG BH,MH,UC	Provider ID	Situational. No notes specified.
Member ID	S1,D1 Min = 2 Max = 17			NPI	Situational. No notes specified.

Blue Cross Northeastern Pennsylvania – 00000000981

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Date of Birth		
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth

Note: 13 counties in PA

Eligibility Date Options		
Past	Future	Range
2 years	18 months	Yes

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 00000000981 Element = [NM108=PI] NM109	Service Type Code	30
NPI	Required. No notes specified.		
Member ID	S1,D1 Min = 2 Max = 17		

Blue Cross of California – BCCAL

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Date of Birth		
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth

Eligibility Date Options		
Past	Future	Range
1 year	End of current month	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = BCCAL Element = [NM108=PI] NM109	Service Type Code	1,2,4,5,6,7,8,9,10,11 12,13,14,15,16,17,18 19,20,21,22,23,24,25 26,27,28,30,32,33,34 35,36,37,38,39,40,41 42,43,44,45,46,47,48 49,50,51,52,53,54,55 56,57,60,61,62,65,68 69,73,76,78,80,81,82 83,84,86,88,93,98,99 A0,A3,A6,A7,A8,AD AE,AF,AG,AI,AL,BG BH,MH,UC	Provider ID	Situational. No notes specified.
Member ID	S1,D1 Min = 2 Max = 17			NPI	Situational. No notes specified.

Blue Cross of Idaho – 10638

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth

Eligibility Date Options		
Past	Future	Range
Yes	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10638 Element = [NM108=PI] NM109	Service Type Code	30	NPI	Situational. No notes specified.

BlueCross Medicare Advantage – 11174

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Subscriber S2	Member ID	Last Name	First Name	
Subscriber S3	Member ID	First Name	Date of Birth	
Subscriber S4	Member ID	Date of Birth		

Eligibility Date Options		
Past	Future	Range
1 year	No	No

Note: For HCSC Blue payers (MT, OK, TX, IL, and NM) - Blue Cross Medicare Advantage Prescription Drug (MAPD).

Note: All alpha-prefix that begins with JLX, JYN, XOD, XOJ, YDJ, YDL, YDV, YID, YIJ, YUB, YUW, YUX, ZGD, ZGJ, or ZZT should be submitted to this BLUE CROSS MEDICARE ADVANTAGE Payer

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11174 Element = [NM108=PI]NM109	Service Type Code	The Operating Rule Codeset, 61,69,83,84	NPI	Situational if NM108 = XX
Name Last or Organization Name	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
Last Name	S1,S2				
First Name	S1,S2,S3				
Member ID	S1,S2,S3,S4 Min = 10 Max= 12				
Date of Birth	S1,S3,S4				

Blue Cross Pennsylvania (Capital) – 582

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Date of Birth		
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth

Note: 21 County area in PA - Fulton, Franklin, Adams, York, Lancaster, Cumberland, Perry, Dauphin, Lebanon, Berks, Lehigh, Northampton, Juniata, Mifflin, Centre, Union, Snyder, Northumberland, Montour, Columbia, Schuylkill Product: Personal Choice, Personal Choice 65, Keystone HMO, Keystone POS, Keystone 65 Notes: This payer requires special enrollment.

Eligibility Date Options		
Past	Future	Range
1 year	6 months	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 582 Element = [NM108=PI] NM109	Service Type Code	30	Federal Tax ID	Situational. No notes specified.
Member ID	S1,D1 Min = 2 Max = 17			NPI	Situational. No notes specified.

Blue Cross of Washington and Alaska (Premera) – 2650

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth

Eligibility Date Options		
Past	Future	Range
Yes	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 2650 Element = [NM108=PI] NM109	Service Type Code	All valid service types are supported as well as PT and AD	Provider ID	Situational. No notes specified.
Member ID	S1,D1 Min = 2 Max = 17	Group Number	Optional. Max=30	NPI	Situational. No notes specified.

Blue Shield of California – 1044

Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth

Note: Blue Shield of CA only accepts one service type code per request. If multiple codes are received, only the first service type code will be returned on the response.

Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 1044 Element = [NM108=PI] NM109	Service Type Code	1,2,3,4,5,6,7,8,9,10,11 12,13,14,15,16,17,18 19,20,21,22,23,24,25 26,27,28,30,32,33,34 35,36,37,38,39,40,41 42,43,44,45,46,47,48 49,50,51,52,53,54,55, 56,57,58,59,60,61,62, 63,64,65,66,68,69,70, 71,72,73,74,75,76,77, 78,79,80,81,82,83,84, 85,86,87,88,89,90,91, 92,93,94,95,96,A0,A1,A2 ,A3,A4,,A5,A6,A7,A8, A9,AB,AC,AD,AE,AF, AG,AI,AJ,AK,AL,AM, AO,AQ,AR,B1,B2,B3, BA,BB,BC,BD,BE,BF BG,BH,BI,BJ,BK,BL, BM,BN,BP,BQ,BR,BS, BT,BU,BV,BW,BX,BY, BZ,C1,CA,CB,CC,CD, CE,CF,CG,CH,CI,CJ,CK, CL,CM,CN,CO,CP,CQ, DG,DM,DS,GF,GN,GY, IC,MH,NI,ON,PT,PU,RN, RT,YC,YN,UC	Provider ID	Situational. No notes specified.
Member ID	S1,D1 Min = 2 Max = 17			NPI	Situational. No notes specified.

Blue Shield of Northeastern New York – 10499

Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Sub: Member ID	Sub: Last Name	Sub: First Name	Dep: Last Name

Eligibility Date Options

Past	Future	Range
Yes	Upto End of current month	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10499 Element = [NM108=PI] NM109	Service Type Code	1,2,3,4,5,6,7,8,9,10,11,12, 13,14,15,16,17,18,19,20,21, 22,23,24,25,26,27,28,30,32, 33,34,35,36,37,38,39,40,41, 42,43,44,45,46,47,48,49,50,51, 52,53,54,55,56,57,58,59,60,61, 62,63,64,65,66,67,68,69,70,71, 72,73,74,75,76,77,78,79,80,81, 82,83,84,85,86,87,88,89,90,91, 98,93,94,95,96,97,98,99,A0,A1,A2 ,A3,A4,A5,A6,A7,A8,A9,AA,AB, AC,AD,AE,AF,AG,AH,AI,AJ,AK, AL,AM,AN,AO,AQ,AR,B1,B2,B3, BA,BB,BC,BD,BE,BF,BG,BH,BI,BJ, BK,BL,BM,BN,BP,BQ,BR,BS,BT,BU, BV,BW,BX,BY,BZ,C1,CA,CB,CC,CD, CE,CF,CG,CH,CI,CJ,CK,CL,CM,CN,CO, CP,CQ,DG,DM,DS,GF,GN,GY,IC,MH, NI,ON,PT,TU, RN,RT,TC, TN,UC Note - See "BCBS of Western New York (10498) - Service Type Code List" below
NPI	Required. No notes specified.		
Member ID	S1,D1 Min = 2 Max = 17		

Blue Shield of Northeastern New York (10499) - Service Type Code List

Code	Description	Code	Description
1	Medical Care	73	Diagnostic Medical
2	Surgical	76	Dialysis
4	Diagnostic X-ray	78	Chemotherapy
5	Diagnostic Lab	80	Immunizations

Blue Shield of Northeastern New York (10499) - Service Type Code List

6	Radiation Therapy	81	Routine Physical
7	Anesthesia	82	Family Planning
8	Surgical Assistance	83	Infertility
12	Durable Medical Equipment Purchase	84	Abortion
13	Ambulatory Service Center Facility	86	Emergency Services
18	Durable Medical Equipment Rental	88	Pharmacy
20	Second Surgical Opinion	91	Brand Name Prescription Drug
30	Health Benefit Plan Coverage	92	Generic Prescription Drug
33	Chiropractic	93	Podiatry
35	Dental Care	98	Professional (Physician) Visit - Office
40	Medical Oral Surgery	99	Professional (Physician) Visit – Inpatient
42	Home Health Care	A0	Professional (Physician) Visit – Outpatient
45	Hospice	A3	Professional (Physician) Visit – Home
47	Hospital	A6	Psychotherapy
48	Hospital – Inpatient	A7	Psychiatric-Inpatient
50	Hospital – Outpatient	A8	Psychiatric-Outpatient
51	Hospital – Emergency Accident	AD	Occupational Therapy
52	Hospital – Emergency Medical	AE	Physical Medicine
53	Hospital – Ambulatory Surgical	AF	Speech Therapy
60	General Benefits	AG	Skilled Nursing Care
61	In-vitro Fertilization	AI	Substance Abuse
62	MRI/CAT Scan	AL	Vision (Optometry)
65	Newborn Care	BG	Cardiac Rehabilitation
68	Well Baby Care	BH	Pediatric
69	Maternity		

Blue Shield of Idaho (Regence) – 10052

Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth

Eligibility Date Options

Past	Future	Range
Yes	No	Yes

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10052 Element = [NM108=PI] NM109	Service Type Code	30	Federal Tax ID	Situational. Federal Tax ID if NM108 = FI
Member ID	S1,D1 Min = 2 Max = 17			NPI	Situational. NPI if NM108 = XX

Blue Shield of Washington (Regence) – 5504

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth

Note: Local BCBS transaction only. No connectivity to the Blues Exchange.

Eligibility Date Options		
Past	Future	Range
No	Yes	Yes

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 5504 Element = [NM108=PI] NM109	Service Type Code	30, PT, AD
NPI	Required. No notes specified.		
Member ID	S1,D1 Min = 2 Max = 17		
Date of Birth	S1		

BlueChoice Healthplan South Carolina Medicaid – 10504

Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID			
Subscriber S2	Last Name	First Name	Date of Birth	Gender

Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10504 Element = [NM108=PI] NM109	Service Type Code	30	Last Name	S2 Max=60
NPI	Required. No notes specified.			First Name	S2 Max=35
				Gender	S2 M=Male F=Female

Carefirst Blue Cross Blue Shield (MD) – 10270

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Sub: Member ID	Dep: Last name	Dep: First Name	Dep: Date of Birth

Eligibility Date Options		
Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10270 Element = [NM108=PI] NM109	Service Type Code	30	NPI	Situational. No notes specified.
Subscriber					
Member ID	S1				
Last name	S1,				
First name	S1				
Date of Birth	S1,				
Dependent					
Subscriber Member ID	D1				
Last name	D1,				
First name	D1				
Date of Birth	D1,				

Carefirst Blue Cross Blue Shield (DC) – 11102

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Sub: Member ID	Dep: Last name	Dep: First Name	Dep: Date of Birth

Eligibility Date Options		
Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11102 Element = [NM108=PI] NM109	Service Type Code	All	NPI	Situational. No notes specified.
Subscriber					
Member ID	S1				
Last name	S1,				
First name	S1				
Date of Birth	S1,				
Dependent					
Subscriber Member ID	D1				
Last name	D1,				
First name	D1				
Date of Birth	D1,				

Payer Maintenance Schedule

Payer	Stated Downtime
BCBS of Alabama	Mon – Fri 12:01 AM – 6:00 AM, Sat 12:00 pm – Mon 6:00 AM (Central)
BCBS of Alabama (Institutional)	No Stated Downtime
BCBS of Arizona	Sun 12:00 AM – 12:00 PM (Central)
BCBS of Arkansas	Mon – Sat 12 AM to 6 AM (Central) Sat (all day)
BCBS of Central New York	No Stated Downtime
BCBS of Colorado (Wellpoint)	No Stated Downtime
BCBS of Connecticut (Wellpoint)	No Stated Downtime
BCBS of Florida	No Stated Downtime
BCBS of Georgia	No Stated Downtime
BCBS of Hawaii	No Stated Downtime
BCBS of Illinois	Mon – Sat 12:00 AM – 6:30 AM, Sat 3:00 PM – Mon 6:30 AM (Central)
BCBS of Indiana (Wellpoint)	Sun 12 AM – Sun 11:59 PM (Eastern)
BCBS of Iowa	No Stated Downtime
BCBS of Kansas	Sat 12 AM – Mon 5 AM (Central)
BCBS of Kansas City	Sun 6 PM – Sun 11:59 PM, Mon 12 AM – Mon 2 AM, Tue 12 AM – Tue 2 AM, Wed 12 AM – Wed 2 AM, Thu 12 AM – Thu 2 AM, Fri 12 AM – Fri 2 AM, Sat 12 AM – Sat 2 AM (Central)
BCBS of Kentucky (Wellpoint)	Sun 12 AM – Sun 11:59 PM (Eastern)
BCBS of Louisiana	Sundays, all holidays
BCBS of Maine (Wellpoint)	No Stated Downtime
BCBS of Massachusetts	No Stated Downtime
BCBS of Michigan (Institutional)	Mon – Sat 1:00 AM – 6:59 AM, Sunday and Holidays 6:00 PM – 7:00 AM (Eastern)
BCBS of Michigan (Professional)	Mon – Sat 1:00 AM – 6:59 AM, Sunday and Holidays 6:00 PM – 7:00 AM (Eastern)
BCBS of Minnesota	BCBMN will be available 24 – 7 with exception of scheduled maintenance on Thursdays 8:00 PM to midnight and Sundays 2 AM to 7 AM CDT. BCSMN maintenance periods are utilized only if necessary.
BCBS of Mississippi	Mon 2 AM – 4 AM (Central)
BCBS of Missouri (Wellpoint)	Sun 12 AM – Sun 11:59 PM (Eastern)
BCBS of Montana	No Stated Downtime
BCBS of Nebraska	Mon – Sat 12 AM – 6 AM, Sunday (Central)
BCBS of Nevada (Wellpoint)	No Stated Downtime
BCBS of New HAMpshire (Wellpoint)	No Stated Downtime
BCBS of New Jersey (Horizon)	Sun 2 AM – Sun 5 AM, Sun 12 AM – Sun 5:40 AM, Sun 7 PM – Sun 10 PM, Mon 2 AM – Mon 5 AM, Tue 2 AM – Tue 5 AM, Wed 2 AM – Wed 5 AM, Thu 2 AM – Thu 5 AM, Fri 2 AM – Fri 5 AM, Sat 2 AM – Sat 5 AM (Central)
BCBS of New Mexico	Sun 5 PM – Sun 11 PM (Eastern)
BCBS of New York (Empire)	Sun 12 AM – Sun 9 PM, Mon 12 AM – Tue 3 AM, Tue 12 AM – Tue 12:45 AM, Wed 12 AM – Wed 12:45 AM, Thur 12 AM – 12:45 AM, Fri 12 AM – Fri 12:45 AM, Sat 12 AM – Sat 12:45 AM, and Sat 4 PM – 10:59 PM (Central)
BCBS of New York (Excellus)	Mon – Sat 5 AM – 6 AM, Sun 4 PM – Mon 6 AM (Eastern)
BCBS of North Carolina	Mon – Sun 1 AM – 4 AM (Eastern)
BCBS of North Dakota	Sun 6 AM – 12 PM
BCBS of Ohio (Wellpoint)	Sun 12 AM – Sun 11:59 PM (Eastern)
BCBS of Oklahoma	No Stated Downtime
BCBS of Oregon (Regence)	No Stated Downtime
BCBS of Pennsylvania (Highmark) Institutional	No Stated Downtime

Payer Maintenance Schedule cont.

Payer	Stated Downtime
BCBS of Pennsylvania (Highmark) Professional	No Stated Downtime
BCBS of Rhode Island	Sun 2 AM – 8 AM (Central)
BCBS of South Carolina	No stated Downtime
BCBS of South Dakota (Wellpoint)	No stated Downtime
BCBS of Tennessee	Mon – Sun 2:01 AM – 2:59 AM; Thur 7 PM – 10 PM (Eastern)
BCBS of Texas	No Stated Downtime
BCBS Texas Medicaid STAR CHIP	No Stated Downtime
BCBS of the Rochester Area (NY)	No Stated Downtime
BCBS of Utica-Watertown (NY)	No Stated Downtime
BCBS of Vermont	No Stated Downtime
BCBS of Virginia (Wellpoint)	Tue – Sat 1 AM – 4 AM, Sun 6 AM – 9 AM, Sun 1:30 PM – 8 PM (Eastern)
BCBS of West Virginia	No Stated Downtime
BCBS of Wisconsin (Wellpoint)	Sun 12 AM – Sun 11:59 PM (Eastern)
BCBS of Wyoming	Sun 6 AM – 12 PM
Blue Cross Independence (Pennsylvania)	No Stated Downtime
Blue Cross Northeastern Pennsylvania	No Stated Downtime; Occasionally 3 rd Sunday of the month, 8 AM – 12 PM (Eastern)
Blue Cross of California (Wellpoint)	No Stated Downtime
Blue Cross Community Options	No Stated Downtime
Blue Cross of Idaho	Mon 9 PM – Fri 7 AM (Mountain)
Blue Cross of Idaho	No Stated Downtime
Blue Cross of Washington and Alaska (Premera)	Mon – Sun 2 AM – 2:15 AM (Pacific)
BlueCross Medicare Advantage	No Stated Downtime
Blue Cross Pennsylvania (Capital)	Mon – Sun 5AM – 6AM (Eastern)
Blue Shield of California	Sat 10 PM – Sun 10 PM (Pacific)
Blue Shield of California	Mon – Sat 10 PM – 4 AM, Sunday (Pacific)
Blue Shield of Idaho (Regence)	Mon – Fri 9 PM – 7 AM (Mountain)
Blue Shield of Washington (Regence)	No Stated Downtime
BlueChoice Healthplan South Carolina Medicaid	Sun 6 AM – 12 PM
Carefirst Blue Cross Blue Shield (DC)	Mon – Fri 9 PM – 7 AM, Sat 4 PM – Mon 7 AM (Pacific)
Carefirst Blue Cross Blue Shield (MD)	Mon – Fri 9 PM – 7 AM, Sat 4 PM – Mon 7 AM (Pacific)