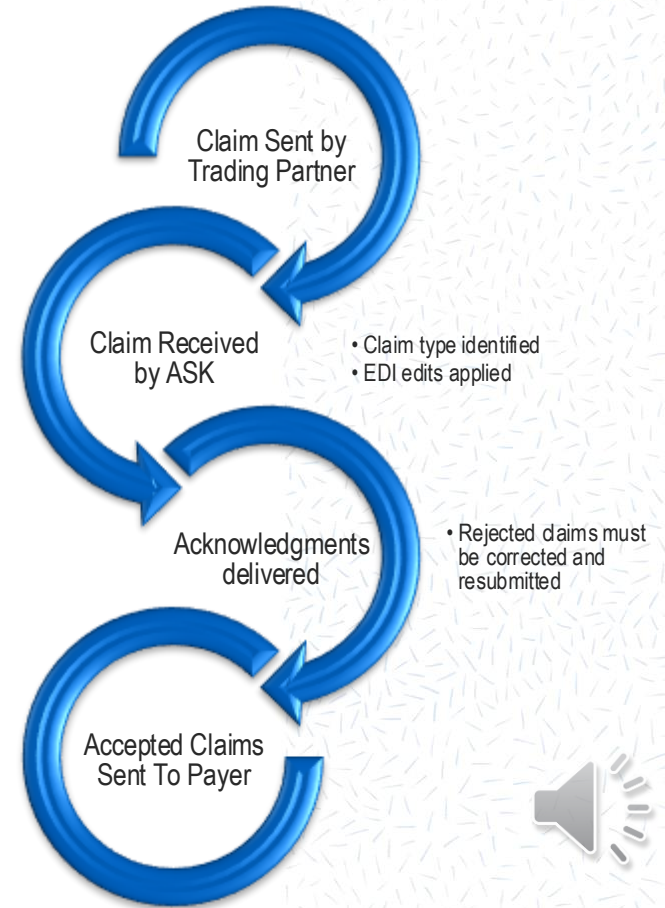# EDI Information

EDI Information

- Approximately 79% of dental claims submitted to BCBSKS are electronic
- Additionally, EDI handles all electronic transactions for BCBSKS
  - Claims
  - Remittance advice
  - Eligibility & Benefits
  - Claim Status

Claim Sent by Trading Partner

Claim Received by ASK

- Claim type identified
- EDI edits applied

Acknowledgments delivered

- Rejected claims must be corrected and resubmitted

Accepted Claims Sent To Payer

Reminders

Eligibility & Benefits – 270/271

- Eligibility & Benefit requests should only be submitted for members with scheduled services and based on the applicable service type code

- Requests should not be submitted for your full patient load, or for all available service types

- A minimum of 20 seconds should be allowed prior to resubmitting a request

- Member data should be validated using the member ID card to ensure the request is accurate and to avoid rejections

Claim Status – 276/277

- Claim Status requests should not be submitted until a claim has aged a minimum of 7 days

- Refer to the claim acknowledgment provided to confirm acceptance prior to submitting a claim status request
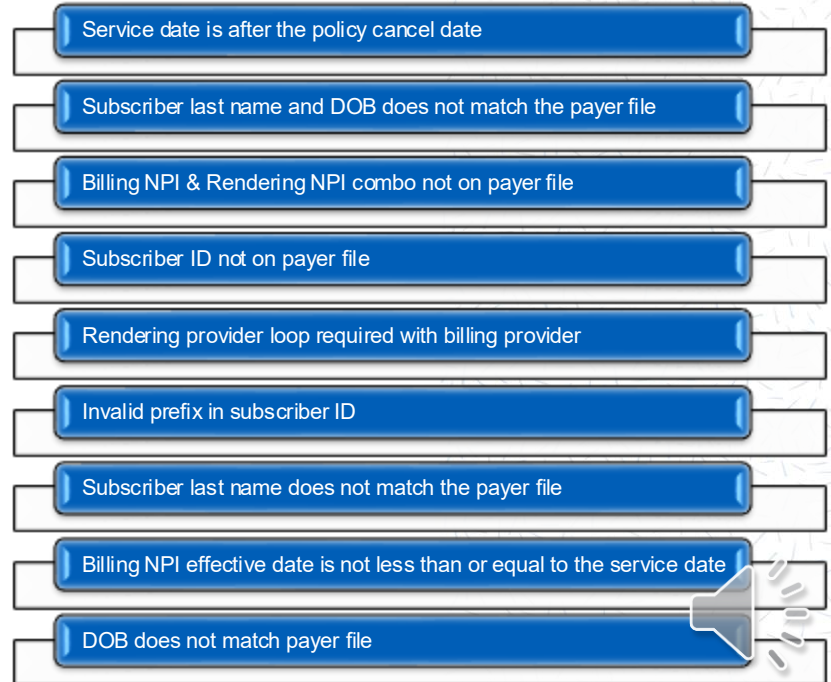
Dental Claim Errors

Electronic Claim Editing

EDI applies approximately 1100 edits per claim

- 6.5% of dental claims reject in EDI
- Rejected claims must be corrected and resubmitted error free before they are sent to BCBSKS
- EDI receives extract files from BCBSKS to validate against
  - Provider
  - Eligibility
- Results of claim editing are provided via acknowledgment transactions
  - 999 Implementation Acknowledgment
  - 277CA Claim Acknowledgment
- Assistance understanding rejections is available by contacting the EDI help desk

Top 10 Dental Claim Errors

- Service date is after the policy cancel date
- Subscriber last name and DOB does not match the payer file
- Billing NPI & Rendering NPI combo not on payer file
- Subscriber ID not on payer file
- Rendering provider loop required with billing provider
- Invalid prefix in subscriber ID
- Subscriber last name does not match the payer file
- Billing NPI effective date is not less than or equal to the service date
- DOB does not match payer file

Electronic Claim Attachments

Unsolicited Claim Attachments

📅 Effective May 19, 2025

What's New	Details
Claim Attachments Accepted	ANSI X12 275 Format (versions 5010 or 6020)
Applies to	BCBSKS commercial claims only (Payer ID 47163)
Not applicable to	Medicare Advantage or PC-Ace submitters
Setup required via ASK-EDI	None
Support Materials	Companion Guides located on the ASK-EDI website at: https://www.ask-edi.com/user-documentation

Next Steps for Providers

📞 Contact your Clearinghouse or Vendor

💬 Ask these key questions:

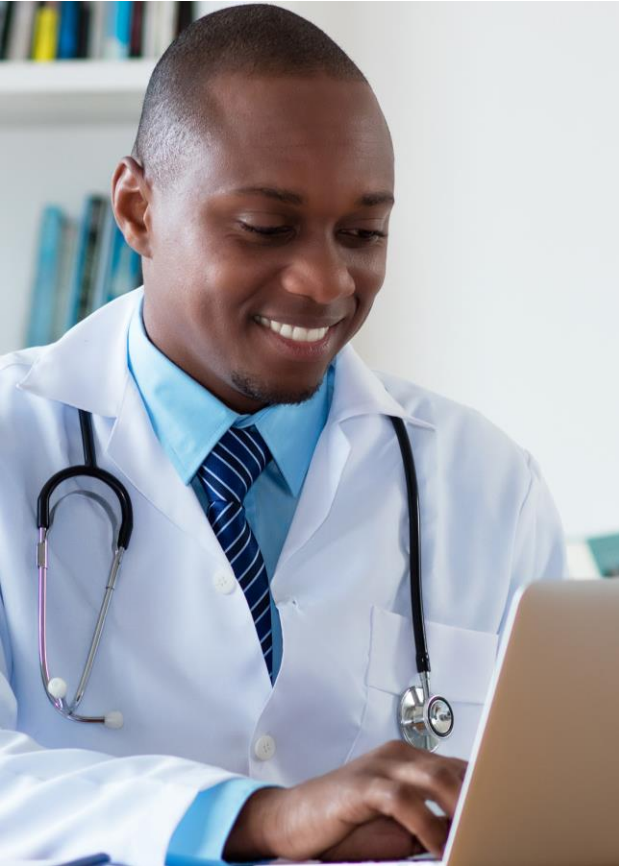| Question |
| --- |
| Do you support X12 275 claim attachments? |
| Which version do you support – 5010 or 6020? |
| Is there an additional fee? |
| Is extra configuration needed on their end? |

Dental Predeterminations

Dental Predeterminations

- Transaction Type 837D
- CLM19 – Claim Submission Reason Code = PB (Predetermination of Dental Benefits)
- Date of Service = blank

Blue Cross and Blue Shield of Kansas response process

BlueCross BlueShield of Kansas will return a remittance advice that includes a reference identification number (claim control number).

Claim Level - Linking to Claim

Loop	Element	Description	Value
2300	REF01	Reference ID Qualifier	G3 (Predetermination of Benefits Identifier)
2300	REF02	Reference ID	Predetermination Number from BCBSKS remittance advice

Service Line Level - Linking to Claim

Loop	Element	Description	Value
2400	REF01	Reference ID Qualifier	G3 (Predetermination of Benefits Identifier)
2400	REF02	Reference ID	Predetermination Number from BCBSKS remittance advice

Submission Guidelines

Loop	Element	Value	Description	Notes
2300	CLM05-3	7	Corrected Claim	Resubmission with updates
2300	CLM05-3	8	Void Claim	Cancels previously submitted claim
2300	REF01	F8	Payer claim control number identifier type	Identifies the REF02 contains the original claim number
2300	REF02*	[Claim #]	Original claim control number	Required; must match original claim number and cannot contain default values

*Claims will reject if the REF02 is missing or contains default values.

Common error: If 2300 CLM05-3 = 7 or 8, then the payer claim control number must be present

Secondary Claim Submission

Submitting Secondary Claims

Key Submission Information

- Primary remittance advice information must be included
- Software Automation Consideration:
  - Some systems auto-generate secondary claims after posting the primary payment
  - **Recommendation**: Contact your billing software/vendor to ensure primary remittance advice information is included

Common error: Claim check or remittance date is required when claim has been adjudicated.

High Level 837D COB Requirements

Loop	Notes
2000B	BCBSKS policy holder information
2320	• Other payer information • Primary claim subscriber demographics • Primary adjudication date • Primary payer claim level adjustments • Primary payer claim level paid amounts
2430	Service line details from the primary payer
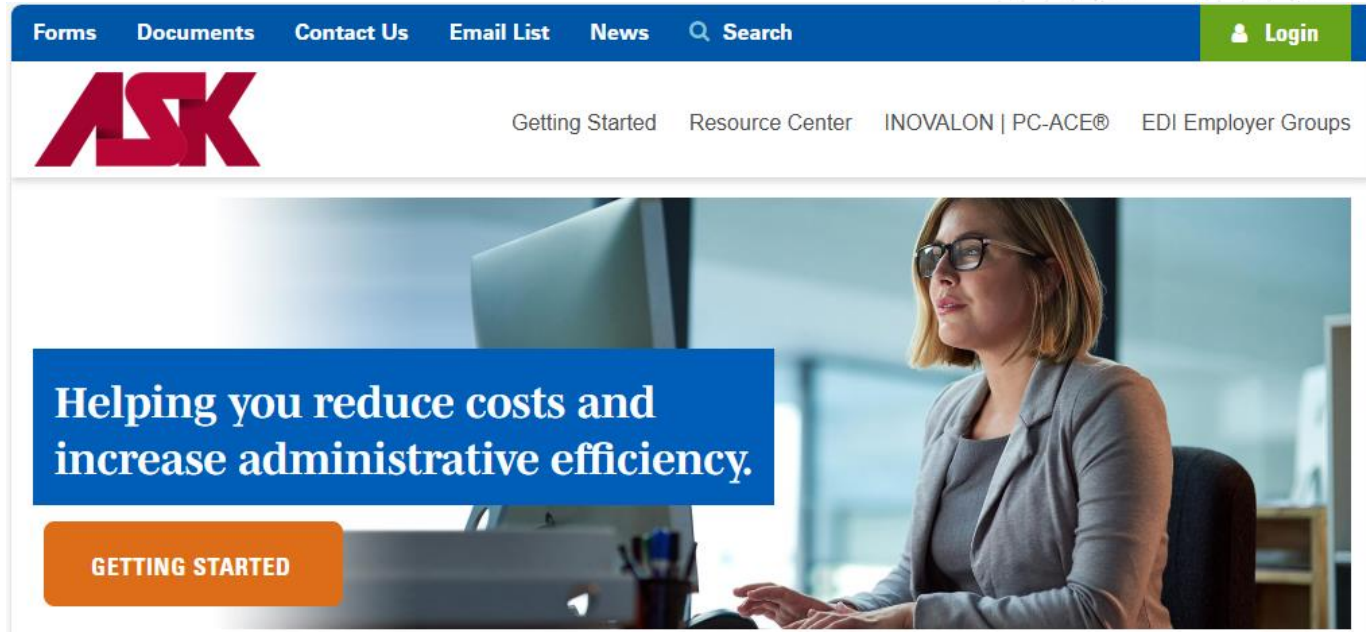
EDI Resources

www.ask-edi.com

Forms

- Sign up for electronic remittance advice 835s
- New trading partner applications
- Contact/vendor updates
- Submit questions securely using the online form

Documents

- Companion Guides
- Acknowledgments Manuals
- ICD-10 edit information

Resource Center

- Payer specific edit information
- ICD-10 edit information
- CAQH-CORE Operating Rule Information
- ANSI Testing Guidelines

Email/News/Contact Us

- Latest news updates
- System maintenance announcements
- Email list registration
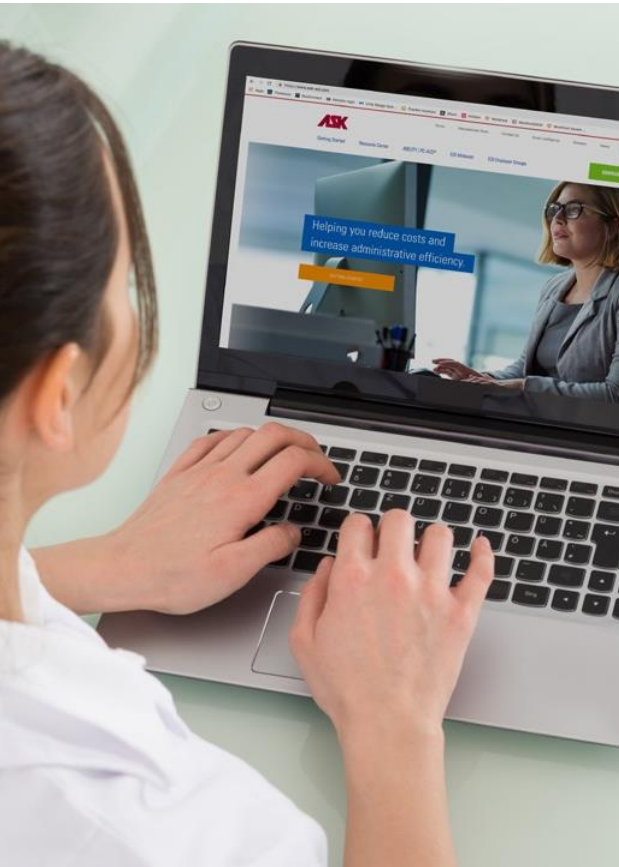- Help desk support hours and contact methods

EDI Help Desk

Available 7:00 a.m. – 4:30 p.m. Monday through Friday

1-800-472-6481 option 1

Email: askedi@ask-edi.com

Website: www.ask-edi.com

Useful information to have available:

All Inquiries	NPI 7-digit Trading Partner Number (if available)
Claims	Subscriber ID Claim Amount Date of Service
Remittance Advice	Check Date Check Amount Check Number