

EDI Support Services

Understanding Blanket Approval Criteria

EDI Support Services (EDISS) defines a vendor as a software vendor, billing service or clearinghouse. EDISS only grants Blanket Approval (BA) to applicable Billing Services and Clearinghouses.

Trading Partners (TP) wishing to submit production claims electronically to EDISS must first pass a testing process. EDISS defines a TP as an entity that exchanges electronic health care information with EDISS. During the testing process, EDISS works closely with the TP to ensure the claim file meets the structure and format required, and that claim data contains specific requirements for claims processing. To alleviate the testing process, Billing Services and Clearinghouses have the option of applying for BA.

BA status indicates a Billing Service or Clearinghouse is no longer required to test each individual provider within a particular Line of Business (LOB), when the billing service or clearinghouse has the required amount of clients in production for that specialty type and state.

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Criteria for Blanket Approval Consideration

The following criteria must be met for Billing Services or Clearinghouses to be considered for BA:

- A Vendor Questionnaire must be on file with EDISS
- A Network Service Agreement must be on file with EDISS
- At least five active providers submitting claims with the approved vendor must be in production with EDISS
- A Blanket Approval Request form must be on file with EDISS
- Complete and accurate registration and enrollment forms must be on file with EDISS for each provider who will submit claims under the approved vendor.

Process for Achieving Blanket Approval

To achieve BA status, Billing Services and Clearinghouses must:

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- Submit test files containing all data identified on the Blanket Approval Request form. EDISS may request subsequent test files from the vendor if all data is not submitted;
 - Submit a minimum of 10 error free claims for three providers for each specialty type in which they are requesting BA. It is not required that the providers are located in the same state;
 - Submit a minimum of 10 error free claims for three providers for each state in which they are requesting BA;
 - Ensure claim files conform to Electronic Media Claims (EMC) format requirements for syntax and structure;
 - Submit test files with valid claim data including valid billing provider or clinic numbers, as well as, rendering provider numbers. Fictitious data is not acceptable data for the test file sampling.

As an example of the BA testing requirements for specialty, Billing Services and Clearinghouses may send a minimum of 10 claims for three of their providers from any state with the same specialty. If all claims are error free, the Billing Service or Clearinghouse is granted BA for that specialty. When specialty testing is complete, any state with three providers in production is granted BA for that specialty. If the state does not have three providers in production, the Billing Service or Clearinghouse is required to submit more test files with a minimum of 10 claims for each provider until three providers are granted production status. At that time, the state is granted BA.

Professional Blanket Approval Guidelines

For Professional LOBs, BA is granted per LOB for each specialty type. For a specialty to qualify, the state must be approved for BA.

Not every specialty type is required to test to achieve BA. Only those specialties listed below for the specified LOBs are required to pass testing. Providers listed with a Group Practice (70) specialty can be broken down to the rendering provider specialty level to qualify for BA for that specialty type.

Note: BA is only allowed for North Dakota (ND) Medicaid if the vendor uses PC-ACE Pro32.

Line of Business	State or Region	Specialty Types
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Blue Shield	ND	Ambulance Ambulatory Surgical Center Anesthesiology Chiropractic Durable Medical Equipment
	Wyoming (WY)	Independent Lab Medical Diagnostic and Therapeutic (excluding independent labs) Physical Therapy and Occupational Therapy Physiological Lab Podiatry Portable X Ray Supplier Surgery
Dental Service Corporation of ND	No state testing required	Dentist Endodontist Orthodontist
Medicaid	Iowa (IA)	Ambulance Anesthesiology Chiropractic Independent Lab Physical Therapy and Occupational Therapy Podiatry Waiver Claims
Medicare Part B	Alaska (AK)	Ambulance
	Arizona (AZ)	Anesthesiology
	Montana (MT)	Chiropractic

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	ND	Independent Lab Physical Therapy and Occupational Therapy Podiatry
	Oregon (OR)	
	South Dakota (SD)	
	Utah (UT)	
	Washington (WA)	
	Wyoming (WY)	
TRICARE	ND WY	New information coming soon!
Vision Services, Inc.	No state testing required	Vision
Workforce Safety and Insurance	No state testing required	Ambulance Anesthesiology Chiropractic Independent Lab Physical Therapy and Occupational Therapy Podiatry

Institutional Blanket Approval Guidelines

For Institutional LOBs, BA is granted per LOB and state for each facility type.

Note: Not every facility type is required to test to achieve BA. Only those specialties listed below for the specified lines of business are required to test. After a billing service or clearinghouse receives BA for one of the facility types, providers that fall into other facility types not listed may be moved to production without testing.

Note: BA is only allowed for North Dakota (ND) Medicaid if the vendor uses PC-ACE Pro32.

Line of Business	State or Region	Facility Types
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Blue Cross	ND	Comprehensive Outpatient Rehab Facilities End Stage Renal Disease
	WY	Home Health Agency Hospice Hospital and Skilled Nursing Facilities / Swingbed Inpatient and Outpatient
Medicaid	IA	Comprehensive Outpatient Rehab Facilities End Stage Renal Disease Home Health Agency Hospice Hospital and Skilled Nursing Facilities / Swingbed Inpatient and Outpatient Nursing Home Facilities
Medicare Part A	AK and WA	No facility type testing required.
	AZ	
	Idaho (ID) and OR	
	Minnesota (MN)	
	MT	
	ND	
	UT	
	WY	
TRICARE	ND	New information coming

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	WY	soon!
Workforce Safety and Insurance	No state testing required	Comprehensive Outpatient Rehab Facilities End Stage Renal Disease Home Health Agency Hospice Hospital and Skilled Nursing Facilities / Swingbed Inpatient and Outpatient

Granting Blanket Approval

After BA has been granted:

1. The Billing Service or Clearinghouse must submit the first production file for an approved client within five working days. When this is not possible, they must contact EDISS to discuss time frames for receipt of production files.
2. The Billing Service or Clearinghouse may only submit production claims electronically for those providers that have selected them as their vendor, have been assigned a Submitter ID, and have been approved for production. If this procedure is not followed, claim data will be rejected by the EDISS collection system.

Billing Services and Clearinghouses are required to retest when any of the following conditions apply:

- A new provider is added with a specialty or facility type not included in the original BA testing.
- New software is distributed, making programming changes or other modifications to their EDI system in a manner that impacts the accuracy or quality of the data submitted to EDISS.
- A new version of ANSI is implemented and they wish to upgrade to the new version.

Revocation of Blanket Approval

BA does not eliminate the need for Billing Services and Clearinghouses to obtain Submitter IDs for their new providers, nor does it eliminate the need for retesting when changes or problems occur. BA can be revoked, temporarily or

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permanently, for billing services and clearinghouses when any one of the following situations occur:

- Ongoing electronic submission problems exist, resulting in file or claim rejects.
- Production claims are submitted electronically resulting in frequent, ongoing claim processing and/or payment errors for EDISS and the provider.
- Failure to regularly monitor the receipt and success of EDI transmissions for their providers.
- System changes or distribution of software program updates adversely affect the quality of claim data and/or the structure of the data per American National Standards Institute (ANSI) 837 guidelines.
- Production claims are submitted electronically for providers who have not been assigned an EDI Submitter ID.
- Production claims are submitted electronically for billing provider or clinic numbers that do not belong to the EDI Submitter ID.
- Production claims are submitted electronically containing invalid billing provider or clinic numbers.
- Assignment indicators in claims are sent that do not accurately reflect the billing intentions of the provider.
- Submission of a different ANSI format that has not been tested previously begins.

When BA status is revoked, testing is again required and the requirements for BA must again be met for each state and specialty. The Billing Service or Clearinghouse must comply with EDISS' requests to correct or modify their EDI system on a timely basis. Until demonstration proves documented errors are corrected and new errors are not occurring, required testing continues for any new provider.

The criteria established for BA was developed to assist vendors and providers with an efficient transition to electronic claim submission. BA is not available as a means to circumvent the testing process. EDISS conducts ongoing monitoring of production data to ensure the submitted files are received successfully, and the provider and vendor continue to meet billing requirements.

BA places substantial responsibility on the Billing Services, Clearinghouses and providers to ensure electronic claim data is submitted accurately at all times. If difficulties are encountered, EDISS will notify those affected by telephone, fax, or email. It is the responsibility of the Billing Service or Clearinghouse to

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communicate to providers any necessary system or programming changes that are required to be completed by the provider.