Blue Cross & Blue Shield of Rhode Island

837 Health Care Claim: Institutional Companion Guide

HIPAA version 5010

Version 1.7.1
Status: Published

April 12, 2017

This *Companion Guide* may be revised and republished if and when Blue Cross & Blue Shield of Rhode Island makes improvements and/or changes to any referenced product, process or program.

PREFACE

This *Companion Guide* supplements the *ASC X12 837 (005010X223A1) 5010 Technical Report Type 3 (TR3 and Errata)* adopted under HIPAA. Its purpose is to clarify the rules and specify the data content when data is electronically transmitted to Blue Cross & Blue Shield of Rhode Island (hereinafter "BCBSRI"). The rules for transmitting data detailed herein are compliant with both X12 syntax and the *5010 Technical Reports Type 3 (TR3s and Errata)*. This *Companion Guide* does not convey information that in any way exceeds the requirements or usages of data expressed in the *5010 Technical Reports Type 3 (TR3s and Errata).*

DISCLAIMER

This *Companion Guide* is considered a living document, and as such, the information provided herein will be subject to change prior to and after July 1, 2011 in the event that BCBSRI revises its policies or HIPAA Transactions and Code Sets law is updated or amended.

Table of Contents

1.0 Introduction

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that all health insurance payers in the United States comply with the electronic data interchange (EDI) standards for health care as established by the Secretary of Health and Human Services (HHS).

The *ANSI X12N 5010 Technical Reports Type 3 (TR3s)* and *Errata* adhere to the final HIPAA Transaction Regulations and have been established as the standards of compliance for electronic transactions. The *5010 Technical Reports Type 3 (TR3s)* are available electronically at www.wpc-edi.com.

2.0 Scope

This *837 Institutional Health Care Claim Companion Guide* is designed for use in conjunction with the *ANSI ASC X12N 837 (005010X223A1) Institutional Health Care Claim 5010 Technical Report Type 3 (TR3).* The specifications contained within this *Companion Guide* define current functions and provide supplemental information specific to Blue Cross & Blue Shield of Rhode Island (BCBSRI). The information presented is for clarification and does not contradict any requirements in the *ANSI X12N 5010 Technical Reports Type 3 (TR3s).*

The table in **Section 7.0** details the additional information directly related to loops, segments, or data elements specific to BCBSRI transactions.

3.0 Trading Partners

A BCBSRI EDI trading partner is any business partner (provider, billing service, software vendor, employer group, financial institution, etc.) who transmits to or receives electronic data from BCBSRI.

In order to register as a BCBSRI Trading Partner and begin testing, it is necessary to complete the Trading Partner Registration (TPR) form. In addition, trading partners must print out and complete a copy of the Trading Partner Agreement (TPA) before partner testing can begin. Both documents are located on the BCBSRI Web site (https://www.bcbsri.com/BCBSRIWeb/providers/provider_network_system/companion_guides.jsp). Both original documents must be returned to:

EDI & Electronic Information Exchange
ATTN: EDI Trading Partner Agreement & Registration
Blue Cross & Blue Shield of Rhode Island
500 Exchange Street
Providence, RI 02903

4.0 Working with BCBSRI

BCBSRI will work closely with its trading partners to establish effective communication protocols and to resolve any connectivity issues that may arise regarding the exchange of HIPAA-related electronic transactions.

4.1 Contact Information

The following contact information is provided to assist in the process of implementing 837 transactions:

Call the Information Technology (IT) Service Desk, which supports BCBSRI, at 401-751-1673 or1-855-721-4211.

5.0 Payer Connectivity/Communications

5.1 Transmission Administrative Procedures

BCBSRI Operations personnel will establish logons, passwords and a HIPAA transaction mailbox for each trading partner approved for testing.

5.2 Retransmission Procedures

In the event that issues arise requiring trading partners to resubmit transactions, BCBSRI support personnel will confirm that it is necessary to retransmit the file(s) in question and will forward specific information to the trading partner.

5.3 Communications Protocols

The initial communications will utilize Internet browser technology (IP Protocol) to the secure BCBSRI Web site. It is required that all trading partners have Internet access with an industry standard browser.

BCBSRI provides a Web-based application known as BCBSRI Connect Enterprise System that enables trading partners to:

- Submit (send) HIPAA transactions;
- Receive HIPAA transaction responses; and
- View history files (directory) of all transactions sent and received.

5.3.1 Passwords

Trading partner access will be verified by the logon ID and password whenever the BCBSRI Connect Enterprise system is accessed. Operation procedures will assure that logons and passwords are initiated, monitored and maintained in a secure manner.

5.3.2 Connecting to BCBSRI via EDI Gateway

Please go to www.bcbsri.com and select the **Providers** tab, **HIPAA** and **Documentation** to view or print *BCBSRI EDI Gateway*, a document that provides detailed instructions on how to connect to the BCBSRI Blue Gateway. If necessary, also reference the *BCBSRI Blue Gateway HTTPS or SFTP Connection & Transmission Procedures* for specific data communications set-up instructions.

6.0 Receiver/Sender Identifiers

6.1 ISA-IEA Control Segments/Envelopes

Sender ID interchange control segments: Use ID Qualifier code ZZ in ISA05. The Submitter ID provided by BCBSRI in the Trading Partner Agreement must be used in ISA06 and GS02. ID limited to 8 characters with a leading alpha prefix. Prefixes: **P** = **Production, T** = **Test**.

Receiver ID interchange control segments: Use ID Qualifier code ZZ in ISA07. The Receiver ID (222774) must be used in ISA08 and GS03.

6.1.1 ISA Delimiters

BCBSRI systems will accept the valid delimiters listed below and request that the use of delimiters be restricted to the following:

*** = Element Delimiter**

: = Composite Delimiter

~ = Terminator Delimiter

^, { = Repetition Separator Delimiter

6.2 GS-GE Control Segments/Envelopes

Sender ID interchange control segments: Submitter = GS02.

Receiver ID interchange control segments: Receiver = GS03.

Sender IDs will be assigned.

GS Segments/Reference Codes:

Functional Identifier Code	GS01	HC
Application's Sender Code	GS02	TXXXXXXX(test) PXXXXXXX(production)
Application's Receivers Code	GS03	222774
Date	GS04	ccyymmdd
Time	GS05	hhmm
Group Control Number	GS06	Required
Responsible Agency Code	GS07	X
Version/Release/Industry Identifier Code	GS08	005010X223A1

7.0 BCBSRI Specific Business Rules and Limitations

Claim Models Supported: BCBSRI will only support the Provider-to-Payer claim model with the exception of BCBSRI Blue on Blue coverage. **Therefore, if a payer is secondary to BCBSRI, providers must submit their own secondary claims to the payer.** BCBSRI will accept claims

from Medicare for which BCBSRI is the secondary payer. Therefore, providers will not have to submit these to BCBSRI.

Valid Submitters: BCBSRI will only accept transactions from valid trading partners whose submitter IDs are on file. BCBSRI will reject transmissions if the submitter ID cannot be validated.

Enveloping Data: BCBSRI will accept multiple GS-GE groupings of the same transaction type within the ISA-IEA. (Multiple providers are billed under one submitter.)

Claim Validation: BCBSRI will verify 837 institutional claims in accordance with the HIPAA *5010 Technical Report Type 3 (TR3)* data requirements using HIPAA Level I & Level II validation.

Duplicate Batches: Duplicate batches of claims should not be submitted for processing. BCBSRI will use GS02, GS03, GS04, GS05, and GS06 to determine batch numbers.

The following are specific BCBSRI rules applicable to institutional claims transactions:

Item	Loop ID Segment Descriptions, and Element Names	Reference (REF) Designator	HIPAA TR3 Page Number	Comments
1.	**Identifying a Batch GS Envelope**	GS02 GS03 GS04 GS05 GS06		BCBSRI will accept multiple ST-SEs within one GS-GE. The control number in GS06 will be deemed the batch number for all claims within the GS-GE. This number in addition to the sender ID and the creation date will identify a batch. If the data within this grouping is repeated, the subsequent group will be rejected to the submitter as a duplicate batch.
2.	**1000A — SUBMITTER NAME** Submitter Identifier	NM109	72	Must match the sender ID in the GS02. ID limited to eight characters.
3.	**1000B — RECEIVER NAME** Receiver Primary Identifier	NM109	77	Value with 222774. (This is the same value in the GS03.)
4.	**2000A — BILLING PROVIDER SPECIALTY INFORMATION** Provider Taxonomy Code	PRV03	80	Taxonomy required for all lines of business.
5.	**2010AA — BILLING PROVIDER TAX IDENTIFICATION**		90	Tax ID must be valid and on file at BCBSRI.
6.	**2000B — SUBSCRIBER INFORMATION** Payer Responsibility Sequence Number Code Claim Filing Indicator Code	SBR01 SBR09	109 110	BCBSRI allows values of P, S, T, A BL indicator required for Blue Cross and Blue CHiP.
7.	**2010BA — SUBSCRIBER NAME** Subscriber Primary Identifier	NM109	114	Always required. **Use BCBSRI ID exactly as it appears on the member's ID card, including any alpha prefix.**
8.	**2010BB — PAYER NAME** Identification Code Qualifier Payer Identifier	NM108 NM109	123 123	Value PI Value 00370

Item	Loop ID Segment Descriptions, and Element Names	Reference (REF) Designator	HIPAA TR3 Page Number	Comments
9.	**2300 — CLAIM INFORMATION** Admission Date /Hour			Required for all Inpatient claims and Types of Bill 12X, 22X, 32X, 34X, 81X or 82X. Enter Date/Time of Admission.
	Date Time Period Format Qualifier	DTP02	151	Use Qualifier DT- Date and Time expressed in format CCYYMMDDHHMM
	Date time Period	DTP03	151	Enter Date and Time of Admission
	Attachment Transmission Code	PWK02	156	At this time EL will not be accepted since BCBSRI does not accommodate the 275 transaction. BCBSRI will allow up to **30 days** for providers to submit medical documentation when claim is submitted and indicates documentation is forthcoming (by surface mail, fax, or electronically). EM – Will not be used for all other subscribers due to Privacy Regulation restrictions. BM – Information should be mailed to the following address: **Blue Cross & Blue Shield of Rhode Island** **500 Exchange Street** **Providence, RI 02903** **Attn: BCBSRI Claims Department**
	Payer Claim Control Number (Adjustment Claim segment)	REF01 REF02	166 166	Use Qualifier 'F8' – Original Reference Number The **original** BCBSRI claim number **must be submitted** with claims if the claim frequency code (CLM05-3) is 7- Replacement of Prior Claim or 8– Void/Cancel of a Prior Claim or J- Other Adjustment Request
	CLAIM TRANSMISSION IDENTIFIER FOR INTERMEDIARIES	REF01 REF02	171 170	Use Qualifier 'D9'-Claim number Value added Trace Number
	Admitting Diagnosis	HI01	187	**Admitting Diagnosis required on all claims with Admission Date involving an inpatient admission. Use ABJ qualifier**
	Present on Admission (POA)	HI0n-9	184, 193, 220	**POA required for all lines of business when applicable.** 2300 Claim Information Loop HI Principal Diagnosis– HI01-9 HI External Cause of Injury– HIxx-9 HI Other Diagnosis Information – HIxx-9
	Other Diagnosis	HI0n-2	221	Only nine diagnosis codes are entered into the claim adjudication system. A maximum of 12 are saved as informational data.
	Other Procedure Code	HI0n-2	243	Only six secondary procedure codes are entered into the claim adjudication system. A maximum of 12 are saved as informational data.

Item	Loop ID Segment Descriptions, and Element Names	Reference (REF) Designator	HIPAA TR3 Page Number	Comments
9.	Occurrence Span Code	HI0n-2	258	Only one occurrence span code is entered into the claim adjudication system. A maximum of 12 are saved as informational data.
	Occurrence Code	HI0n-2	271	No occurrence codes are entered into the claim adjudication system. A maximum of 12 are saved as informational data. **Workers Compensation: Use Work Related Occurrence Code 04**
	Value Code	**Hi0n-2**	**284**	**Inpatient Hospital claims (TOB 11) must have Most Common Semi-Private Room Rate and Value Code 01 (HI*BE* segment) eff. 7/1/14.**
	Condition Code	HI0n-2	294	Only one condition code is entered into the claim adjudication system. A maximum of 12 are saved as informational data. **Workers Compensation: Use Work-related Condition Code 02.**
10.	**2310A — ATTENDING PROVIDER NAME**	NM1	319	Required for all Inpatient claims.
11.	**PROVIDERS OTHER THAN ATTENDING PHYSICIAN**			Any information for other providers reported on the 837 (claim or line level) will not be utilized.
12.	**2330B — OTHER PAYER NAME** Other Payer Primary Identifier	NM109	385	If the subscriber has BCBSRI as a secondary coverage, value with 00370; otherwise value with the payer ID of the other payer.
13.	**2400 — SERVICE LINE**		423	BCBSRI can process 98 service lines per claim. Any claims received with greater than 98 lines will be split prior to adjudication.
	Product or Service ID Qualifier	SV202-1	425	Value HC. Value HP when filing HIPPS codes
	Workers Compensation Only	SV202-1 SV202-2	425 426	Value ER for Workers Compensation claims. Send local codes with X or Y prefix. BCBSRI only accepts National Standard Procedure Codes except for Workers Compensation claims where local codes are accepted.
	Drug ID			File valid *J* code with HC qualifier or use LIN segment with 11-digit NDC with N4 qualifier

Item	Loop ID Segment Descriptions, and Element Names	Reference (REF) Designator	HIPAA TR3 Page Number	Comments
14.	**2410 — Drug Identification**		449	
	Product/Service ID Qualifier	LIN02	450	Value = N4
	National Drug Code	LIN03	451	Enter the 11-digit NDC billing format assigned to the drug administered
	National Drug Unit Count	CTP04	452	Enter the quantity (number of NDC units)
	Unit or Basis for Measurement	CTP05	453	Enter the NDC Unit of measure for the prescription drug given (UN, ML, GR, or F2)

7.1 Medicare Advantage Claim Filing Requirements

Data Element	837 Institutional 005010X223A1
Taxonomy Code	2000A Billing/Pay-To Provider Specialty Information Loop PRV Segment; PRV03
Billing Provider National Provider Identifier	2010AA Billing Provider Name Loop NM1 Segment; NM109
Service Location ZIP Code (if different than Billing Provider ZIP Code)	If services occur at primary location: 2010AA Billing Provider Loop N4 Segment; N403 If services occur at a secondary location: 2310E Service Facility Name N4 Segment; N403
Treatment Code Information (for Home Health Claims - 18-digit code)	**2300 Claim Information Loop** **REF Prior Authorization Segment** **REF01 = G1**
Height and Weight for ESRD Patients	2300 Claim Information Loop HI Value Information Segment HIXX-1 = BE HIXX-2 = Value Code (A9 or A8) HIXX-5 = Height or Weight (based upon the value code) Up to 24 value codes may be reported
Core Based Statistical Area (for Home Health and ESRD claims)	2300 Claim Information Loop HI Value Information Segment HIXX-1 = BE HIXX-2 = Value Code (61) HIXX-5 = Core Based Statistical Area (CBSA) Up to 24 value codes may be reported
Ambulance Pick Up ZIP Code	2300 Claim Information Loop HI Value Information Segment HIXX-1 = BE HIXX-2 = Value Code (A0) HIXX-5 = ZIP Code
Admission Source Code (for Home Health Claims) (One alpha-numeric character indicating transfer or admission)	2300 Claim Information Loop CL1 Segment ; CL102
Admitting Diagnosis Code	2300 Claim Information Loop HI Admitting Diagnosis Segment HI01-2
Present On Admission (POA) Indicator	2300 Claim Information Loop HI Principal Diagnosis– HI01-9 HI External Cause of Injury– HIxx-9 HI Other Diagnosis Information – HIxx-9
HIPPS Code for Home Health, Skilled Nursing and Inpatient Rehabilitation	2400 Service Line Number SV2 Segment SV202-1=HP; SV202-2

8.0 Functional Acknowledgement/Reports

8.1 999 Response

Upon receipt of an 837, BCBSRI will respond with a 999 functional acknowledgement transaction to inform the submitter that the transaction has arrived. The 999 transaction may include information regarding the syntactical quality of the 837 transmission, or the extent to which the syntax complies with the standards for transaction sets and functional groups.

8.2 999 Plain Language Report (Acceptance)

The Plain Language Report is a translation of the 999 Response. The sample Plain Language Report below shows the acceptance of a transmission. This report is generated for the convenience of the trading partner.

```
BLUE CROSS AND BLUE SHIELD OF RHODE ISLAND
PAPERLESS TRANSMISSION ACKNOWLEDGEMENT
FUNCTIONAL ACKNOWLEDGEMENT REPORT
Sender ID Number: 222774
ISA CTRL#: 000000012

FUNCTIONAL GROUP INFORMATION
REPORT DATE-20101230
REPORT TIME-17: 15: 29
SUBMITTER ID: P0001799
Report ID: 20101230171529-120001-850

TRANSACTION INFORMATION
FUNCTIONAL GROUP CONTROL  #: 850
NUMBER OF INCLUDED TRANSACTION SETS: 1
NUMBER OF RECEIVED TRANSACTION SETS: 1
NUMBER OF ACCEPTED TRANSACTION SETS: 1

TRANSACTION SET INFORMATION
       TRANSACTION SET CONTROL #: 0001
       TRANSACTION SET ACKNOWLEDGEMENT STATUS: ACCEPTED
```

8.3 999 Plain Language Report (Rejection/Error)

In the event a transmission or claim(s) are rejected, the Plain Language Report will detail the reasons.

```
BLUE CROSS AND BLUE SHIELD OF RHODE ISLAND
PAPERLESS TRANSMISSION ACKNOWLEDGEMENT
FUNCTIONAL ACKNOWLEDGEMENT REPORT
Sender ID Number: 222774
ISA CTRL#: 000000014

  FUNCTIONAL GROUP INFORMATION
  REPORT DATE - 20101230
  REPORT TIME -17:16:31
  SUBMITTER ID: P0001799
  Report ID: 20101230171631-140001-848

  TRANSACTION INFORMATION
  FUNCTIONAL GROUP CONTROL #: 848
  NUMBER OF INCLUDED TRANSACTION SETS: 1
  NUMBER OF RECEIVED TRANSACTION SETS: 1
  NUMBER OF ACCEPTED TRANSACTION SETS: 0

TRANSACTION SET INFORMATION
      TRANSACTION SET CONTROL #: 0001
      TRANSACTION SET ACKNOWLEGEMENT STATUS: REJECTED
      TOTAL NUMBER OF ERRORS IN TRANSACTIONS SET: 1

DATA SEGMENT (S) IN ERROR
      ERROR NUMBER: 1
      DATA SEGMENT ERROR: SEGMENT HAS DATA ELEMENT ERRORS
      ANSI LOOP ID:
      POSITION WITHIN TRANSACTION SET: 2
      BAD ELEMENT: CLM
DATA ELEMENT (S) IN ERROR
      POSITION IN SEGMENT: 9
      DATA ELEMENT ERROR CODE: INVALID CODE VALUE
      BAD DATA ELEMENT: X
```

9.0 Certification and Testing

If you wish to submit 837 Claim transactions to BCBSRI, complete the Trading Partner Agreement (TPA) and Registration (TPR) forms from the www.bcbsri.com Web site. Return to the appropriate address from the form. An EDI staff member will provide you with your Submitter id (Mailbox id) upon receipt of these signed forms. This id will be used within your 837 transaction as well.

10.0 Document Version Control

Version Number	Date	Modified By	Comments/Revision Details
0.1	October 14, 2010	J. Harvey S. Romano	Initial set up of Companion Guide, draft version
1.0	April 29, 2011	S. Romano	Published version for 5010 format
1.1	July 27, 2011	S. Romano G. Ruggiero	Updated
1.2	March 2, 2012	D. Santos	Updated Section 5.3.2 - Connectivity protocols
1.3	March 7, 2012	S. Romano G. Ruggiero	Updated Section 7.0 – Present on Admission (and Value code 01 POA)
1.4	April 9, 2014	S. Romano D. Santos	Updated Section 7.0 - Semi -Private Room Rate and Value Code 01 required for all Inpatient Hospital (TOB 11) claims.
1.5	October 29, 2014	D. Santos	Update Section 4.1 telephone number
1.6	April 17, 2015	D. Santos	Update Section 7.0 --2300 loop for Claim Adjustment instructions
1.6.1	May 12, 2015	D Santos	Update Section 7.0 Frequency Type J
1.6.2	October 15, 2015	D. Santos	Updated Section 7.0 - Admission Date/Time requirements on TOB 12X,2 2X, 32X, 34X, 81X and 82X
1.6.3	October 28, 2015	D. Santos	Updated Section 7.0 Admission Diagnosis requirements
1.7	November 9, 2016	D. Santos	Updated section 9.0, removed Foresight info
1.7.1	April 12, 2017	D. Santos	Updated section 7.0 for NDC filing