Blue Cross & Blue Shield of Rhode Island

835 Health Care Claim Payment/Advice Companion Guide

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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 835 (004010X091A1) Implementation Guide* 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 *Implementation Guides* (IGs). This *Companion Guide* does not convey information that in any way exceeds the requirements or usages of data expressed in the *Implementation Guides* (IGs)*.*

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 October 16, 2003 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 Implementation Guides* (IGs) and *Addenda* adhere to the final HIPAA Transaction Regulations and have been established as the standards of compliance for electronic transactions. The *Implementation Guides* (IGs) are available electronically at www.wpc-edi.com.

2.0   Scope

This *835 Health Care Claim Payment/Advice Companion Guide* is designed for use in conjunction with the *ANSI ASC X12N 835 (004010X091A1) Health Care Claim Payment/Advice Implementation Guide* (IGs). 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 Implementation Guides* (IGs).

The tables in **Section 7.0** and **Section 7.1** detail the additional information directly related to loops, segments, data elements and settlement fields 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:

> Director, 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 835 transactions:

For Partner Testing:

HIPAA EDI Customer Service/Technical Assistance Number: 401-459-1970

EDI Customer Service/Technical Assistance business hours are Monday through Friday, 8:00 AM to 4:30 PM.

Email Address: HIPAA.EDI.Support@bcbsri.org

For Production:

Call the Information Technology (IT) Service Desk, which supports BCBSRI, at 401-751-1673 or 1-800-343-5743.

5.0   Payer Connectivity/Communications

5.1   Transmission Administrative Procedures

BCBSRI EDI & Electronic Information Exchange staff will establish logon IDs, passwords and a HIPAA transaction mailbox for each Trading Partner approved for testing.

If Trading Partners wish to test 835 transactions during the Partner Testing Phase, Trading Partner Registration Form must be completed, signed and mailed to the Director, EDI & Electronic Information Exchange prior to the start of testing.

5.2   Communications Protocols

The initial communications will utilize Internet browser technology (IP Protocol) to the secure BCBSRI Web site via a 1 MB Dialup connection or Virtual Private Network (Client to Site or Peer to Peer). 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.

5.2.1   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 logon IDs and passwords are initiated, monitored and maintained in a secure manner.

5.2.2   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 Connect Enterprise System. If necessary, also reference the *BCBSRI EDI Gateway Dialup Networking Guide* 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: You will find the ID Qualifier code ZZ in ISA07. The Receiver ID provided by BCBSRI in the Trading Partner Agreement will be used in ISA08 and GS03.

Refer to *835 Health Care* Claim *Payment/Advice Implementation Guide* (IG)*, Control Segments, and p.B.3.*

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**

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	HP
Application's Sender Code	GS02	610017
Application's Receivers Code	GS02	P00XXXX
Date	GS04	Date
Time	GS05	Time
Group Control Number	GS06	Yes
Responsible Agency Code	GS07	X
Version/Release/Industry Identifier Code	GS08	004010x091A1

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 Receivers: BCBSRI will only send 835 transactions to valid Trading Partners whose receiver IDs are on file.

General Information: At this time BCBSRI will continue to send paper settlement reports to providers who receive the electronic remittance. Should this policy change, providers will be notified 60 days in advance.

7.1   Settlement Key Fields

835 Position		Field Information
Header	BPR02	Total paid
	BPR04	Check versus EFT
	TRN02	Check or EFT number as appropriate
Loop 1000B	N103	Provider ID Qualifier XX (for NPI Mandatory effective 5/1/2008)
	N104	NPI (Payee NPI)
Loop 2000	TS301	Provider number NPI
Loop 2100	CLP01	Patient control number
	CLP03	Total charges
	CLP04	Total paid
	CLP05	Patient responsibility
	CLP07	BCBSRI claim number (FACETS claim IDs will begin with an "E" for paperless claims)
	CLP11	DRG code- will only be populated when the adjudication of an institutional claim considered the DRG(Diagnosis Related Grouping)
	CLP12	DRG Quantity(Weight)- This field will be zero filled when NO CLP11 value present, and be populated when CLP11 has data
	NM1 with QC	Patient name
	NM1 with IL	Subscriber name and ID FACETS new Member IDs will include the three alpha prefix plus nine numerics (e.g. ZBF123456789)
Loop 2100	REF01	Class of contract Code- CE qualifier to be used (will be returned on FACETS 835's only)
	REF02	Product type description (e.g. RiteCare, HealthMate Coast to Coast)
Loop 2110	SVC01	Line procedure code
	SVC02	Line charges
	SVC03	Line paid
	SVC04	Line revenue code
	SVC05	Line units paid
	SVC06	Original procedure code from claim if different from what was paid
	SVC07	Original service units if different from what was paid
	CAS01	Group code
	CAS02	Adjustment reason code (CARC codes)
	CAS03	Adjustment amount
	AMT01	**Service Line Supplemental Info, I = Interest**
	AMT02	**Service Line Monetary Amount**
	LQ01	Qualifier HE used, when CAS02 code requires RARC codes for clarification
	LQ02	Remittance Advice Remark Codes (RARC)
	PLB03	**Provider Adjustment Identifier, L6 = Interest Owed**
Trailer	PLB04	Situational – advance/recoup/adjustment amount

8.0   Certification and Testing

BCBSRI has partnered with Foresight to provide a 24/7 online tool for self-service transaction validation. To use this tool, complete and return an EDI Trading Partner Registration form from one of the *Companion Guides* posted on www.bcbsri.com. Upon receipt of this form, BCBSRI will provide you with a User ID and password, which will allow you to use the Foresight HIPAA Web site.

9.0   Document Version Control

Version Number	Date	Modified By	Comments/Revision Details
1.0	November 1, 2003	Kinkead Reischl Santos LePage	Published version incorporating all previous draft versions. Additions include: **Section 4.1:** Revised Contact Information. **Section 5.1:** Added second paragraph.
1.1	December 30, 2003	Kinkead	**Sections 3.0, 5.2, and 5.2.2:** Revised language/instructions. **Section 5.1:** Revised second paragraph. **Section 6.1:** Revised first paragraph. **Attachment 1:** Revised.
1.2	February 13, 2004	Kinkead	**Section 1.0:** Deleted reference to Medicare.
1.3	May 1, 2004	Kinkead	**Section 3.0:** Revised language relating to TPR and TPA. **Section 4.1:** Revised contact information. **Attachment 1:** Deleted.
1.4	September 17, 2004	Powers	**Section 3.0:** Revised language. **Section 4.0:** Revised contact information.
1.5	December 17, 2004	Powers	Renaming BCBSRI/BlueCHiP
1.6	March 1, 2008	D. Santos L. Merola	**Section 7.1:** NPI Mandatory 5/1/2008
1.7	June 12, 2008	L. Merola D. Santos	**Section 3.0:** Revised Language **Section 4.1:** Revised Contact Information
1.7a	June 26, 2008	L. Merola D. Santos	**Section 3.0:** Revised Contact Information
1.8	February 12, 2009	D. Santos L. Merola	**Section 3.0:** Revised Contact Information **Section 5.1:** Revised Contact Information **Section 7.1:** Added DRG info (CLP11, CLP12), Added LQ segment for Remittance Advice Codes
1.9	September 9, 2009	D. Santos L. Merola J. Daniels	**Sections 3.0, 4.1 , 5.1** revised **Section 6.2:** Added GS segment values **Section 7.1:** Revised CLP07 for FACETS claim IDs, added REF segment for Product ID and Product Description, and added NM1 segment for FACETS member ID information (three alpha prefix**)**

Version Number	Date	Modified By	Comments/Revision Details
2.0	March 30, 2010	D.Santos L. Merola	**Section 7.1: Added AMT segment and PLB03 segment information on Interest payments**