
Blue Cross & Blue Shield of Rhode Island

837 Health Care Claim: Dental Companion Guide

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PREFACE

This *Companion Guide* supplements the *ASC X12 837 (004010X097A1) 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*. This *Companion Guide* does not convey information that in any way exceeds the requirements or usages of data expressed in the *Implementation Guides*.

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.

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1.0 Introduction

The Health Insurance Portability and Accountability Act (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* and *Addenda* adhere to the final HIPAA Transaction Regulations and have been established as the standards of compliance for electronic transactions. The *Implementation Guides* are available electronically at www.wpc-edi.com.

2.0 Scope

This *837 Dental Health Care Claim Companion Guide* is designed for use in conjunction with the *ANSI ASC X12N 837 (004010X097A1) Dental Health Care Claim Implementation Guide*. 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*.

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:

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 837 transactions:

For Partner Testing:

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

HIPAA EDI Testing Support 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 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 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 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: Use ID Qualifier code ZZ in ISA07. The Receiver ID of 610017 for BCBSRI must be used in ISA08 and GS03.

Refer to *837 Dental Claim Implementation Guide, 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
- :
- ~ = 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 | HS |
| Application's Sender Code | GS02 | T00XXXXX |
| Application's Receivers Code | GS03 | 610017 |
| Date | GS04 | Date |
| Time | GS05 | Time |
| Group Control Number | GS06 | Yes |
| Responsible Agency Code | GS07 | X |
| Version/Release/Industry Identifier Code | GS08 | 004010X097A1 |

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. It 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 Editing: In addition to the *HIPAA Implementation Guide* data requirements, BCBSRI will edit the claims based upon the requirements noted in this document. If any of these edits fail, the claim will be rejected on your Provider Control Report.

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

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

| Item | Loop ID Segment Descriptions and Element Names | Reference (REF) Designator | HIPAA IG Page Number | Comments |
|------|--|--|----------------------|---|
| 1. | Identifying a Batch GS Envelope | GS02 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 Identification Code Qualifier Submitter Identifier | NM108 NM109 | 60 61 | Value 46. Must match the sender ID in the GS02. ID limited to eight characters. |
| 3. | 1000B RECEIVER NAME Receiver Identifier | NM109 | 67 | Value with 610017. (This is the same value in the GS03.) |
| 4. | 2000A — BILLING PROVIDER | | 69 | Billing provider must be the Pay-to provider, not a billing service . If a group practice, send billing group information at this level and the individual rendering provider information in Loop 2310B. If an individual billing provider is rendering the services, only billing provider information is necessary at this level. |
| 5. | 2010AA — BILLING PROVIDER NAME Identification Code Qualifier Reference Identification Qualifier Billing Provider Additional Identifier | NM108 NM109 REF01 REF02 | 78 78 | Value XX. Send NPI. No other IDS allowed. This is the TYPE 2 NPI. For EIN use qualifier EI, or SY for Social Security Number. EIN or Social Security Number. |

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| Item | Loop ID Segment Descriptions and Element Names | Reference (REF) Designator | HIPAA IG Page Number | Comments |
|------|--|-------------------------------|---------------------------|--|
| 6. | 2010AB — PAY-TO PROVIDER'S NAME | | 87 | Information sent in this loop will not be used. Payment will be made based upon the provider information in the BCBSRI system in correlation to the billing provider information sent in Loop 2010AA. |
| 7. | 2010BA — SUBSCRIBER NAME Subscriber Primary Identifier | NM109 | 106 | <p>Since BCBSRI does NOT issue individual ID numbers to dependents, the subscriber ID must always be sent.</p> <p>MUST include the three alpha prefix with the nine numerics for FACETS member IDs (e.g. ZBF123456789). Use BCBSRI ID exactly as it appears on the member's ID card.</p> <p>Note: Dental-only contracts do not have three alpha prefix.</p> |
| 8. | 2010BB — PAYER NAME Identification Code Qualifier Payer Identifier | NM108 NM109 | 118 118 | <p>PI - Payer Identification.</p> <p>Payer Identifier = 00870.</p> |
| 9. | 2300 — CLAIM INFORMATION Total Charges Related Cause Information Date - Accident | CLM02 CLM11 DTP | 151 153 161 | <p>Total submitted charges must equal the sum of the line item charge amounts (SV302).</p> <p>Required when the condition being reported is accident or employment related.</p> <p>Required when CLM 11 is equal to AA, EM or OA.</p> |
| 10. | 2300 — CLAIM INFORMATION Claim Submission Reason Code | CLM19 | 155 | The 837 must be submitted for either predetermination or for request for payment of services. If requesting predetermination, value with (PB) and do not value dates of service at claim or line level. If both CLM19 is valued and dates of service are present the claim will be returned. |
| 11. | 2300 — CLAIM LEVEL DATE OF SERVICE | DTP01 DTP02 DTP03 | 164-165 | <p>If a service date at claim level is a range of dates (from date not equal to through date), it must have an individual date reported at the line.</p> <p>If the claim level service date is a single date, move to the line, if there is no date at the line.</p> <p>If the predetermination indicator has been set, and service date is reported, the claim will be rejected.</p> <p>The service date can be at the claim header, if it is the same for all lines.</p> |

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| Item | Loop ID Segment Descriptions and Element Names | Reference (REF) Designator | HIPAA IG Page Number | Comments |
|------|---|----------------------------|----------------------|---|
| 12. | 2300 — CLAIM INFORMATION Attachment Transmission Code | PWK02 | 171 | 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: Dental Claims |
| 13. | 2300 — CLAIM INFORMATION Claim Original Reference Number | REF02 | 180 | The original BCBSRI claim number must be submitted with claims if the claim frequency type code (CLM05-3) is 7, 8, or J . |
| 14. | 2310A — REFERRING PROVIDER NAME | | 187 | Not currently used for BCBSRI Dental claims. |
| 15. | 2310B — RENDERING PROVIDER NAME | | 195 | Report the individual rendering provider information if not the same as the billing provider. |
| 16. | 2310B — RENDERING PROVIDER NAME Rendering Provider Identifier | NM108 NM109 | 197 197 | Value XX. Send NPI if different than Billing Provider NPI. This is the Type 1 NPI. |
| 17. | 2310B — RENDERING PROVIDER NAME Reference Identification Qualifier Rendering Provider Secondary ID | REF01 REF02 | 201 202 | Value EI. Send EIN for BCBSRI dental provider. IDs must be valid and on file at BCBSRI. |
| 18. | 2310C — SERVICE FACILITY LOCATION 2310D — ASSISTANT SURGEON | | 203 A20 | If either of these is reported, the information will not be used as part of the claim adjudication. It will be saved for informational purposes. |
| 19. | 2330B — OTHER PAYER NAME Other Payer Primary Identifier | NM109 | 241 | If the subscriber has BCBSRI as a secondary coverage value with 00870, otherwise value with the payer ID of the other payer. If reporting any other payer's payments at the line, be sure this value matches the value in the SVD01. |
| 20. | 2400 — SERVICE LINE | | 265 | Please be advised that BCBSRI processes 50 service lines per claim. Any claims received with greater than 50 lines will be split prior to adjudication. |
| 21. | 2400 — SERVICE LINE Procedure Count | SV306 | 270 | The procedure count must be at least one. If zero, the claim will be returned. |

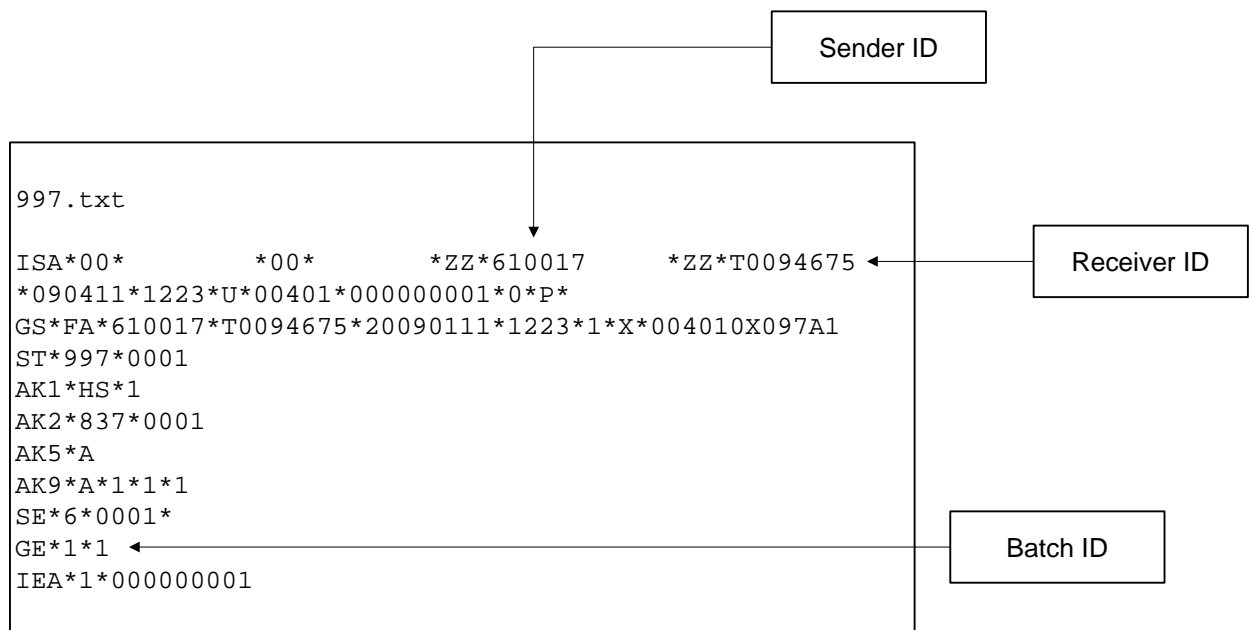
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| Item | Loop ID Segment Descriptions and Element Names | Reference (REF) Designator | HIPAA IG Page Number | Comments |
|------|---|----------------------------|----------------------|---|
| 22. | 2400 — SERVICE LINE Procedure Count Tooth number | SV306 TOO02 | 270 272 | HIPAA allows for billing of multiple procedures on one line. If billing for more than one procedure and reporting tooth numbers, the number of TOO segments should equal the number of procedures. If this occurs, BCBSRI will split the line to multiple lines showing one procedure per line. |
| 23. | 2420A — RENDERING PROVIDER NAME | | 289 | While HIPAA allows you to report a second rendering provider at the individual line, please be advised that if this occurs, BCBSRI will split the claim by rendering provider. |
| 24. | 2420A — RENDERING PROVIDER NAME Rendering Provider Identifier | NM108 NM109 | 291 291 | Value XX. Send NPI. If multiple line item provider NPI's, claim will be split. This is a TYPE 1 NPI. |
| 25. | 2420A — Rendering Provider Name Reference Identification Qualifier Rendering Provider Secondary ID | REF01 REF02 | 295 296 | Value EI. Send EIN. IDs must be valid and on file at BCBSRI. |

8.0 Functional Acknowledgement/Reports

8.1 997 Transaction Acceptance Report

Upon receipt of an 837, BCBSRI will respond with a 997 functional acknowledgement transaction to inform the submitter that the transaction has arrived. The 997 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.



8.2 997 Plain Language Report (Acceptance)

A plain language report confirming the acceptance of a transmission will be issued for the convenience of the trading partner.

```
BLUE CROSS AND BLUE SHIELD OF RHODE ISLAND
PAPERLESS TRANSMISSION ACKNOWLEDGEMENT
FUNCTIONAL ACKNOWLEDGEMENT REPORT
Sender ID Number: 610017
ISA CTRL#: 000000012

FUNCTIONAL GROUP INFORMATION
REPORT DATE-20090414
REPORT TIME-17: 15: 29
SUBMITTER ID: U0098500
Report ID: 20090414171529-120001-850

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
```

8.3 997 Plain Language Report (Rejection/Error)

In the event that a transmission is rejected, a plain language report detailing the reasons for rejection will be issued for the convenience of the trading partner. This is a 997 Rejection Report converted to plain language. The following is a sample report:

```
BLUE CROSS AND BLUE SHIELD OF RHODE ISLAND
PAPERLESS TRANSMISSION ACKNOWLEDGEMENT
FUNCTIONAL ACKNOWLEDGEMENT REPORT
Sender ID Number: 610017
ISA CTRL#: 000000014

FUNCTIONAL GROUP INFORMATION
REPORT DATE - 20091014
REPORT TIME -17:16:31
SUBMITTER ID: T0098500
Report ID: 20090414171631-140001-848

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 ACKNOWLEDGEMENT 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

BCBSRI has partnered with Foresight to provide a 24/7 online tool for self-service transaction validation. To use this tool, download the Trading Partner Agreement (TPA) and Trading Partner Registration (TPR) forms from www.bcbsri.com. Complete the forms and return to the Director of EDI & Electronic Information Exchange (refer to page 1). Upon receipt of the signed TPA and TPR, BCBSRI will provide you with a User ID and password allowing you to access the Foresight HIPAA Web site.

10.0 Document Version Control

| Version Number | Date | Modified By | Comments/Revision Details |
|----------------|--------------------|---|---|
| 1.0 | July 18, 2003 | Kinthead | Published version incorporating all previous draft versions. |
| 1.1 | November 1, 2003 | Kinthead Santos LePage Reischl | Section 4.1: Revised Contact Information. Section 7.0, Enveloping Data: Added "Multiple providers are billed under on submitter" language. Section 7.0: Revised Item # 2 and # 4. Section 7.0: Added Item # 11 Claim Level Date of Service. Section 7.0, Items # 20, 22, and 23: Deleted "You may want to consider doing this in your system instead of relying on the BCBSRI split process" language. |
| 1.2 | December 30, 2003 | Kinthead | Sections 3.0, 5.3 and 5.3.2: Revised language/instructions. Section 7.0: Revised Items # 1, 2, 4, 5, 6, 17 and 25. Attachment 1: Revised. |
| 1.3 | February 13, 2004 | Kinthead | Section 1.0: Deleted reference to Medicare. |
| 1.4 | May 1, 2004 | Kinthead | Section 3.0: Revised language relating to TPR and TPA. Section 4.1: Revised contact information. Section 7.0: Item # 9 revised. Attachment 1: Deleted. |
| 1.5 | September 17, 2004 | Powers | Section 3.0: Revised language. Section 4.1: Revised contact information. Section 7.0: Revised #9. |
| 1.6 | December 17, 2004 | Powers | Renaming BCBSRI/BlueCHIP |
| 1.7 | December 27, 2007 | Merola / Santos | Section 6.1: Revised Receiver ID Section 7.0: Revised #5, 16, 17, 24, 25 for NPI |
| 1.8 | February 3, 2009 | Merola | Section 7.0: Item#20 updated <i>service line</i> changes with the implementation of 10.2. |
| 1.9 | October 29, 2009 | L. Merola D. Santos J. Daniels | Section 3.0: Revised contact information Section 4.1: Revised business hours Section 5.1: Revised language Section 6.2: Revised grid Section 7.0: Revised Claim Editing ; Items #2, 3, 5, 7, 16, 17, 20, 24 and 25 Section 9.0: Revised language |