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PREFACE

This Companion Guide supplements the ASC X12 837 (005010X222A1) 5010 Technical Report Type 3 (TR3) 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). 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).

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.
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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 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 and Errata) are available electronically at www.wpc-edi.com.

2.0 Scope

This 837 Professional Health Care Claim Companion Guide is designed for use in conjunction with the ANSI ASC X12N 837 (005010X222A1) Professional Health Care Claim 5010 Technical Report Type 3 (TR3s and Errata). 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 and Errata).

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 processing of 837 Professional transactions:

Call the Information Technology (IT) Service Desk, which supports BCBSRI, at 401-751-1673 or 1-855-721-4211.

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 should issues arise that require trading partners to resubmit transactions, BCBSRI/IT Service Desk 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. The connection can be made via dialup or VPN (Virtual Private Network) which would require software to be installed on the Trading Partners system.

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 Document for specific data communications set-up instructions.
6.0 Receiver/Sender Identifiers

6.1 ISA-IEA Control Segments

Sender ID interchange control segments: Use ID Qualifier code ZZ in ISA05. The Submitter ID provided by BCBSRI 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 provided by BCBSRI (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 (ISA11)

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:

<table>
<thead>
<tr>
<th>Functional Identifier Code</th>
<th>GS01</th>
<th>HC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application's Sender Code</td>
<td>GS02</td>
<td>TXXXXXXX(test)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PXXXXXXX(production)</td>
</tr>
<tr>
<td>Application's Receivers Code</td>
<td>GS03</td>
<td>222774</td>
</tr>
<tr>
<td>Date</td>
<td>GS04</td>
<td>ccymmd</td>
</tr>
<tr>
<td>Time</td>
<td>GS05</td>
<td>hhmm</td>
</tr>
<tr>
<td>Group Control Number</td>
<td>GS06</td>
<td>Required</td>
</tr>
<tr>
<td>Responsible Agency Code</td>
<td>GS07</td>
<td>X</td>
</tr>
<tr>
<td>Version/Release/Industry Identifier Code</td>
<td>GS08</td>
<td>005010X222A1</td>
</tr>
</tbody>
</table>

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 any batch transmission 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 envelope.

**Claim Validation:** BCBSRI will verify 837 professional 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, GS04, GS05, and GS06 to determine batch numbers.

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Loop ID Segment Descriptions and Element Names</th>
<th>Reference (REF) Designator</th>
<th>HIPAA TR3 Page Number</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Identifying a Batch GS Envelope</td>
<td>GS02, GS04, GS05, GS06</td>
<td></td>
<td>BCBSRI will accept multiple ST-SE’s 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.</td>
</tr>
<tr>
<td>2.</td>
<td>1000A—SUBMITTER NAME Submitter Identifier</td>
<td>NM109</td>
<td>75</td>
<td>Must match the sender ID in the GS02. ID limited to eight characters.</td>
</tr>
<tr>
<td>3.</td>
<td>1000B—RECEIVER NAME Receiver Primary Identifier</td>
<td>NM109</td>
<td>80</td>
<td>Value 222774. (This is the same value in the GS03.)</td>
</tr>
<tr>
<td>4.</td>
<td>2010AA—BILLING PROVIDER NAME</td>
<td>REF01, REF02</td>
<td>94, 94</td>
<td>Billing provider must be the Pay-to Provider; <strong>cannot be a billing service</strong>. 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.</td>
</tr>
<tr>
<td>5.</td>
<td>2000B—SUBSCRIBER INFORMATION Payer Responsibility Sequence Number Code</td>
<td>SBR01</td>
<td>116</td>
<td>BCBSRI allows values of P, S, T, A</td>
</tr>
<tr>
<td>6.</td>
<td>2010BA—SUBSCRIBER NAME Subscriber Primary Identifier</td>
<td>NM109</td>
<td>123</td>
<td>Always required. <strong>Use BCBSRI ID exactly as it appears on the member’s ID card, including any alpha prefix.</strong></td>
</tr>
<tr>
<td>Item</td>
<td>Loop ID Segment Descriptions and Element Names</td>
<td>Reference (REF) Designator</td>
<td>HIPAA TR3 Page Number</td>
<td>Comments</td>
</tr>
<tr>
<td>------</td>
<td>-----------------------------------------------</td>
<td>-----------------------------</td>
<td>----------------------</td>
<td>----------</td>
</tr>
<tr>
<td>7.</td>
<td><strong>2010BB — PAYER NAME</strong> Identification Code Qualifier</td>
<td>NM108</td>
<td>134</td>
<td>Value PI</td>
</tr>
<tr>
<td></td>
<td>Payer Identifier</td>
<td>NM109</td>
<td>134</td>
<td>Value 00870</td>
</tr>
<tr>
<td>8.</td>
<td><strong>2300 — CLAIM INFORMATION</strong> Related Causes Code</td>
<td>CLM11</td>
<td>161</td>
<td>Required when the condition being reported is accident or employment related.</td>
</tr>
<tr>
<td></td>
<td>Date - Accident</td>
<td>DTP</td>
<td>168</td>
<td>Required when CLM11 is equal to AA, EM, or OA.</td>
</tr>
<tr>
<td></td>
<td>Date – Admission</td>
<td>DTP</td>
<td>176</td>
<td>If CLM05=21, the Admission Date is required.</td>
</tr>
<tr>
<td></td>
<td>Claim Supplemental Information</td>
<td>PWK02</td>
<td>182</td>
<td>At this time EL will not be accepted since BCBSRI does not accommodate the 275 transaction. BCBSRI will allow up to <strong>30 days</strong> for providers to submit medical documentation when claim is submitted and indicates documentation is forthcoming (by surface mail, fax or electronically).</td>
</tr>
<tr>
<td></td>
<td>Payer Claim Control Number (Adjustment Claim segment)</td>
<td>REF01 REF02</td>
<td>196</td>
<td>Use Qualifier ‘F8’ – Original Reference Number The <strong>original BCBSRI claim number must be submitted</strong> with claims if the claim frequency code (CLM05-3) is 7,8 or J 7- Replacement of Prior Claim or 8- Void/Cancel of a Prior Claim or J- Other Adjustment request Ex. Claim Frequency Code 5 CLM<em>12345678</em>500**<em>11.:7</em>Y<em>A</em>Y<em>I</em>P~ REF<em>F8</em>(Enter the Claim Original Reference Number</td>
</tr>
<tr>
<td></td>
<td>CLAIM TRANSMISSION IDENTIFIER FOR INTERMEDIARIES</td>
<td>REF01 REF02</td>
<td>202 203</td>
<td>If the Clearinghouse Trace number is filed, it will be carried through our adjudication and remittance system and returned back to the submitter for their reference.</td>
</tr>
<tr>
<td></td>
<td>Diagnosis Codes</td>
<td>I0n-2</td>
<td>226</td>
<td>Must submit definitive diagnosis codes, otherwise claim will be returned. Maximum 5 characters. Do not send decimals—they are assumed.</td>
</tr>
<tr>
<td>9.</td>
<td><strong>2310A — REFERRING PROVIDER NAME</strong> Entity Code Qualifier</td>
<td>NM101</td>
<td>258</td>
<td>Value DN for the referring provider for this service even if the referring provider is the PCP.</td>
</tr>
<tr>
<td>10.</td>
<td><strong>2330B — OTHER PAYER NAME</strong> Other Payer Primary</td>
<td>NM109</td>
<td>321</td>
<td>If the subscriber has BCBSRI as a secondary coverage, file with 00870, otherwise file with the payer ID of the other payer.</td>
</tr>
</tbody>
</table>
### 11. 2400 — SERVICE LINE NUMBER

<table>
<thead>
<tr>
<th>Product or Service ID Qualifier</th>
<th>Reference (REF) Designator</th>
<th>HIPAA TR3 Page Number</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procedure Code</td>
<td>SV101-1, SV101-2</td>
<td>352, 353</td>
<td>Value HC. BCBSRI only accepts National Standard Procedure Codes except for Workers Compensation claims where local codes are accepted. Workers Compensation Only</td>
</tr>
</tbody>
</table>

#### Workers Compensation Only

<table>
<thead>
<tr>
<th>Designator</th>
<th>HIPAA TR3 Page Number</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>SV101-1</td>
<td>352</td>
<td>Value WK. Send local codes with X or Y prefix. Note: CLM-11 must have EM indicator for Work-Related Injury.</td>
</tr>
<tr>
<td>SV101-2</td>
<td>353</td>
<td></td>
</tr>
</tbody>
</table>

### 12. 2410 — DRUG IDENTIFICATION

<table>
<thead>
<tr>
<th>Product or Service ID Qualifier</th>
<th>National Drug Code</th>
<th>Reference (REF) Designator</th>
<th>HIPAA TR3 Page Number</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Drug Code</td>
<td>LIN02, LIN03</td>
<td>424</td>
<td>Value N4</td>
<td>Enter the 11 digit NDC billing format assigned to the drug administered.</td>
</tr>
</tbody>
</table>

#### National Drug Unit Count

<table>
<thead>
<tr>
<th>Designator</th>
<th>HIPAA TR3 Page Number</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIN02</td>
<td>426</td>
<td>Enter the quantity (number of NDC Units)</td>
</tr>
<tr>
<td>LIN03</td>
<td>427</td>
<td>Enter the NDC unit of Measure (UN, ML, GR or F2)</td>
</tr>
</tbody>
</table>

### 13. 2420A — RENDERING PROVIDER NAME

<table>
<thead>
<tr>
<th>Designator</th>
<th>HIPAA TR3 Page Number</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>CTP04</td>
<td>430</td>
<td>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.</td>
</tr>
<tr>
<td>CTP05</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
7.1 Medicare Advantage Claim Filing Requirements

<table>
<thead>
<tr>
<th>Data Element</th>
<th>837 Professional 005010X222A1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Billing Provider (National Provider Identifier)</td>
<td>Loop 2010AA - Billing Provider Name&lt;br&gt;NM1 Segment&lt;br&gt;NM109</td>
</tr>
<tr>
<td>Service Location ZIP Code (if different than Billing Provider ZIP Code)</td>
<td>If services occur at <strong>primary</strong> location:&lt;br&gt;Loop 2010AA - Billing Provider&lt;br&gt;N4 Segment; N403&lt;br&gt;If services occur at a <strong>secondary</strong> location:&lt;br&gt;Loop 2310C - Service Facility Location Name&lt;br&gt;N4 Segment; N403</td>
</tr>
</tbody>
</table>
| Height and Weight for ESRD Patients              | Weight:<br>  
|                                                  | If the **subscriber** is the patient:<br>Loop 2000B - Subscriber Hierarchical Level<br>PAT Segment; PAT08<br>If a **dependent** is the patient:<br>Loop 2000C - Patient Hierarchical Level<br>PAT Segment; PAT08<br>Height:<br>Not Applicable |
| Ambulance Pick Up ZIP Code                       | 2310E Ambulance Pickup Location City, State, Zip Code<br>N4 Segment; N403 |
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 (Rejection/Error)
In the event that a transmission or claims(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 - 20091014
REPORT TIME - 17:16:31
SUBMITTER ID: P00001799
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 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
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

<table>
<thead>
<tr>
<th>Version Number</th>
<th>Date</th>
<th>Modified By</th>
<th>Comments/Revision Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.1</td>
<td>November 10, 2010</td>
<td>JHarvey SRomano</td>
<td>Initial setup</td>
</tr>
<tr>
<td>1.0</td>
<td>April 19, 2011</td>
<td>S.Romano G.Ruggiero</td>
<td>1st version published</td>
</tr>
<tr>
<td>1.1</td>
<td>July 27, 2011</td>
<td>S.Romano G.Ruggiero</td>
<td>Updated</td>
</tr>
<tr>
<td>1.2</td>
<td>March 2, 2012</td>
<td>D.Santos</td>
<td>Updated section 5.3.2 – connection protocols</td>
</tr>
<tr>
<td>1.3</td>
<td>October 29, 2014</td>
<td>D.Santos</td>
<td>Updated Section 4.1 telephone number</td>
</tr>
<tr>
<td>1.4</td>
<td>April 27, 2015</td>
<td>D.Santos</td>
<td>Updated section 7.0 claim adjustment requirements.</td>
</tr>
<tr>
<td>1.4.1</td>
<td>May 12, 2015</td>
<td>D.Santos</td>
<td>Updated Section 7.0 frequency type code J</td>
</tr>
<tr>
<td>1.5</td>
<td>November 9, 2016</td>
<td>D. Santos</td>
<td>Updated Section 9.0 removed Foresight reference</td>
</tr>
<tr>
<td>1.5.1</td>
<td>April 12, 2017</td>
<td>D. Santos</td>
<td>Updated section 7.0 for NDC filing</td>
</tr>
</tbody>
</table>