



---

Blue Cross & Blue Shield of Rhode Island

**837 Health Care Claim: Dental  
Companion Guide**

**HIPAA version 5010**

Version 1.3

**Status: Published**

October 29, 2014

---

---

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.

The information and contents of this document and any notes or handouts, if any (together “document”), contain confidential and proprietary information, and are not to be disseminated, reproduced, printed, translated or transmitted in any form, in whole or in part, without the prior written consent or express permission of Blue Cross & Blue Shield of Rhode Island. Use and distribution limited solely to authorized personnel.

2011 © Blue Cross & Blue Shield of Rhode Island

All Rights Reserved.

## PREFACE

This *Companion Guide* supplements the ASC X12 837 (005010X224A2) 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 Report Type 3 (TR3)*. This *Companion Guide* does not convey information that in any way exceeds the requirements or usages of data expressed in the *5010 Technical Report Type 3 (TR3 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

<b>1.0</b>	<b>Introduction</b> .....	<b>1</b>
<b>2.0</b>	<b>Scope</b> .....	<b>1</b>
<b>3.0</b>	<b>Trading Partners</b> .....	<b>1</b>
<b>4.0</b>	<b>Working with BCBSRI</b> .....	<b>1</b>
4.1	Contact Information .....	2
<b>5.0</b>	<b>Payer Connectivity/Communications</b> .....	<b>2</b>
5.1	Transmission Administrative Procedures .....	2
5.2	Retransmission Procedures .....	2
5.3	Communications Protocols .....	2
5.3.1	Passwords .....	2
5.3.2	Connecting to BCBSRI via EDI Gateway .....	2
<b>6.0</b>	<b>Receiver/Sender Identifiers</b> .....	<b>3</b>
6.1	ISA-IEA Control Segments .....	3
6.1.1	ISA Delimiters .....	3
6.2	GS-GE Control Segments/Envelopes .....	3
<b>7.0</b>	<b>BCBSRI Specific Business Rules and Limitations</b> .....	<b>3</b>
<b>8.0</b>	<b>Functional Acknowledgement/Reports</b> .....	<b>6</b>
8.1	999 Response.....	6
8.2	999 Plain Language Report (Acceptance).....	6
8.3	999 Plain Language Report (Rejection/Error) .....	7
<b>9.0</b>	<b>Certification and Testing</b> .....	<b>7</b>
<b>10.0</b>	<b>Document Version Control</b> .....	<b>7</b>

## 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 Report Type 3 (TR3)* 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](http://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 (005010X224A2) Dental Health Care Claim 5010 Technical Report Type 3 (TR3 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 Report Type 3 (TR3 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.bcsri.com/BCBSRIWeb/providers/provider\\_network\\_system/companion\\_guides.jsp](https://www.bcsri.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:

**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 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](http://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 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 222774 for BCBSRI 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
- :
- ~ = 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	ccymmdd
Time	GS05	hhmm
Group Control Number	GS06	Required
Responsible Agency Code	GS07	X
Version/Release/Industry Identifier Code	GS08	005010X224A2

## 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.

**Blue Cross & Blue Shield of Rhode Island**  
**837 Health Care Claim Dental Companion Guide - HIPAA version 5010**

**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.

**Claim Validation:** BCBSRI will verify 837 dental 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 dental claims transactions:

Item	Loop ID Segment Descriptions and Element Names	Reference (REF) Designator	HIPAA TR3 Page Number	Comments
1.	<b>Identifying a Batch GS Envelope</b>	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.	<b>1000A - SUBMITTER NAME</b> Submitter Identifier	NM109	70	Must match the sender ID in the GS02. ID limited to eight characters.
3.	<b>1000B RECEIVER NAME</b> Receiver Primary Identifier	NM109	75	Value with 222774. (This is the same value in the GS03.)
4.	<b>2010AA — BILLING PROVIDER NAME</b>	NM101	82	Billing provider must be the Pay-to provider, <b>not a billing service</b> . 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.
	Reference Identification Qualifier	REF01	89	For EIN use qualifier EI, or SY for Social Security Number.
	Billing Provider Tax Identification Number	REF02	89	EIN or Social Security Number.
5.	<b>2000B – SUBSCRIBER INFORMATION</b> Payer Responsibility Sequence Number Code	SBR01	111	BCBSRI allows values of P, S, T, A
6.	<b>2010BA — SUBSCRIBER NAME</b> Subscriber Primary Identifier	NM109	116	Always required.  <b>Use BCBSRI ID exactly as it appears on the member's ID card, including any alpha prefix.</b>
7.	<b>2010BB — PAYER NAME</b> Identification Code Qualifier	NM108	125	PI - Payer Identification
	Payer Identifier	NM109	125	Payer Identifier = 00870



**Blue Cross & Blue Shield of Rhode Island  
837 Health Care Claim Dental Companion Guide - HIPAA version 5010**

Item	Loop ID Segment Descriptions and Element Names	Reference (REF) Designator	HIPAA TR3 Page Number	Comments
8.	<b>2300 — CLAIM INFORMATION</b> Related Cause Information	CLM11	149	Required when the condition being reported is accident or employment related.
	Predetermination of Benefits Code	CLM19	150	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.
	Date – Accident	DTP	152	Required when CLM 11 is equal to AA, EM or OA.
	Attachment Transmission Code	PWK02	160	At this time EL will not be accepted since BCBSRI does not accommodate the 275 transaction. BCBSRI will allow up to <b>30 days</b> 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:  <b>Blue Cross &amp; Blue Shield of Rhode Island 500 Exchange Street Providence, RI 02903 Attn: Dental Claims</b>
	Payer Claim Control Number	REF02	168	The original BCBSRI claim number must be submitted if the claim frequency type code (CLM05-3) is <b>7 or 8 or J</b> .
9.	<b>2310A — REFERRING PROVIDER NAME</b>		190	<b>Not currently used for BCBSRI Dental claims.</b>
10.	<b>2310C — SERVICE FACILITY LOCATION</b>		202	If either of these fields are reported, the information will not be used as part of the claim adjudication. It will be saved for informational purposes.
	<b>2310D — ASSISTANT SURGEON</b>		210	
	<b>2310E — SUPERVISING PROVIDER</b>		216	
11.	<b>2330B — OTHER PAYER NAME</b> Other Payer Primary Identifier	NM109	247	If the subscriber has BCBSRI as a secondary coverage file with 00870, otherwise file with the payer ID of the other payer.
12.	<b>2400 — SERVICE LINE</b>		281	<b>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.</b>
	Procedure Count	SV306	286	The procedure count must be at least one. If zero, the claim will be returned.
13.	<b>2420A — RENDERING PROVIDER NAME</b>		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.

## 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 that 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 - 20091014
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 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](http://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	April 29, 2011	S. Romano D.Santos	Published version for 5010 format
1.1	July 27, 2011	S. Romano G. Ruggiero	Updated
1.2	March 2, 2012	D.Santos	Updated Connectivity Information Section 5.3.2
1.3	October 29, 2014	D.Santos	Updated Section 4.1 telephone number