Blue Cross & Blue Shield of Rhode Island

837 Health Care Claim: Professional Companion Guide

HIPAA version 5010

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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.

Table of Contents

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:

> 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 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:

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	005010X222A1

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:

Item	Loop ID Segment Descriptions and Element Names	Reference (REF) Designator	HIPAA TR3 Page Number	Comments
1.	**Identifying a Batch GS Envelope**	GS02 GS04 GS05 GS06		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.
2.	**1000A— SUBMITTER NAME** Submitter Identifier	NM109	75	Must match the sender ID in the GS02. ID limited to eight characters.
3.	**1000B— RECEIVER NAME** Receiver Primary Identifier	NM109	80	Value **222774**. (This is the same value in the GS03.)
4.	**2010AA — BILLING PROVIDER NAME**			Billing provider must be the Pay-to Provider; **cannot be 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.
	Reference Identification Qualifier	REF01	94	Value EI for EIN or SY for Social Security Number
	Billing Provider Additional Identifier	REF02	94	EIN or Social Security Number.
5.	**2000B – SUBCRIBER INFORMATION** Payer Responsibility Sequence Number Code	SBR01	116	BCBSRI allows values of P, S, T, A
6.	**2010BA — SUBSCRIBER NAME** Subscriber Primary Identifier	NM109	123	Always required. **Use BCBSRI ID exactly as it appears on the member's ID card, including any alpha prefix.**

Item	Loop ID Segment Descriptions and Element Names	Reference (REF) Designator	HIPAA TR3 Page Number	Comments
7.	**2010BB — PAYER NAME** Identification Code Qualifier	NM108	134	Value PI
	Payer Identifier	NM109	134	Value 00870
8.	**2300 — CLAIM INFORMATION** Related Causes Code	CLM11	161	Required when the condition being reported is accident or employment related**.**
	Date - Accident	DTP	168	Required when CLM11 is equal to AA, EM, or OA.
	Date – Admission	DTP	176	If CLM05=21, the Admission Date is required.
	Claim Supplemental Information	PWK02	182	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: Claims Department**
	Payer Claim Control Number (Adjustment Claim segment)	REF01 REF02	196	Use Qualifier 'F8' – Original Reference Number The **original** BCBSRI claim number **must be submitted** with claims if the claim frequency code (CLM05-3) is 7,8 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*12345678*500***11::**7***Y*A*Y*I*P~ REF*F8*(Enter the Claim Original Reference Number
	CLAIM TRANSMISSION IDENTIFIER FOR INTERMEDIARIES	REF01 REF02	202 203	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.
	Diagnosis Codes	I0n-2	226	Must submit definitive diagnosis codes, otherwise claim will be returned. Maximum 5 characters. Do not send decimals–they are assumed.
9.	**2310A — REFERRING PROVIDER NAME** Entity Code Qualifier	NM101	258	Value DN for the referring provider for this service even if the referring provider is the PCP.
10.	**2330B — OTHER PAYER NAME** **Other Payer Primary**	NM109	321	If the subscriber has BCBSRI as a secondary coverage, file with 00870, otherwise file with the payer ID of the other payer.

Item	Loop ID Segment Descriptions and Element Names	Reference (REF) Designator	HIPAA TR3 Page Number	Comments
11.	**2400 — SERVICE LINE NUMBER**			
	Product or Service ID Qualifier Procedure Code	SV101-1 SV101-2	352 353	Value HC. BCBSRI only accepts National Standard Procedure Codes except for Workers Compensation claims where local codes are accepted.
	Workers Compensation Only	SV101-1 SV101-2	352 353	Value WK. Send local codes with X or Y prefix. Note: CLM-11 must have EM indicator for Work-Related Injury.
12.	**2410 — DRUG IDENTIFICATION**		425	**Refer to your provider contract for more information regarding use of NDCs.**
13.	**2420A — RENDERING PROVIDER NAME**		430	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.

7.1 Medicare Advantage Claim Filing Requirements

Data Element	837 Professional 005010X222A1
Billing Provider **National Provider Identifier**	Loop 2010AA - Billing Provider Name NM1 Segment NM109
Service Location ZIP Code (if different than Billing Provider ZIP Code)	If services occur at **primary** location: Loop 2010AA - Billing Provider N4 Segment; N403 If services occur at a **secondary** location: Loop 2310C - Service Facility Location Name N4 Segment; N403
Height and Weight for ESRD Patients	Weight: If the **subscriber** is the patient: Loop 2000B - Subscriber Hierarchical Level PAT Segment; PAT08 If a **dependent** is the patient: Loop 2000C - Patient Hierarchical Level PAT Segment; PAT08 Height: Not Applicable
Ambulance Pick Up ZIP Code	2310E Ambulance Pickup Location City, State, Zip Code 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: 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

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
0.1	November 10, 2010	JHarvey SRomano	Initial setup
1.0	April 19, 2011	S.Romano G.Ruggiero	1st version published
1.1	July 27, 2011	S.Romano G.Ruggiero	Updated
1.2	March 2, 2012	D.Santos	Updated section 5.3.2 – connection protocols
1.3	October 29, 2014	D.Santos	Updated Section 4.1 telephone number
1.4	April 27, 2015	D.Santos	Updated section 7.0 claim adjustment requirements.
1.4.1	May 12, 2015	D.Santos	Updated Section 7.0 frequency type code J