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# **BCBSRI Health Plan**

## **HIPAA Transaction Standard Companion Guide**

**Refers to the Technical Report Type 3  
Based on ASC X12 version 005010**

**CORE v5010 Master Companion Guide  
Template**

**June 2012**

**Disclosure Statement**

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**Preface**

This *Companion Guide* supplements the ASC X12 276/277 (005010X212) 5010 *Technical Report 3(TR3)* and *Errata (005010X212E2)* 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 3(TR3s)* and *Errata*. This *Companion Guide* does not convey information that in any way exceeds the requirements or usages of data expressed in the 5010 *Technical Reports 3(TR3s)* and *Errata*.

**EDITOR'S NOTE:**

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## 1 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 5010 Technical Reports 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 3 (TR3s)* are available electronically at [www.wpc-edi.com](http://www.wpc-edi.com).

This section describes how ASC X12N Technical Report Type 3 (TR3s) adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that BCBSRI Health Plan has something additional, over and above, the information in the TR3s. That information can:

1. Limit the repeat of loops, or segments
2. Limit the length of a simple data element
3. Specify a sub-set of the TR3s internal code listings
4. Clarify the use of loops, segments, composite and simple data elements
5. Any other information tied directly to a loop, segment, composite or simple data element pertinent to trading electronically with BCBSRI Health Plan

In addition to the row for each segment, one or more additional rows are used to describe BCBSRI Health Plan's usage for composite and simple data elements and for any other information. Notes and comments should be placed at the deepest level of detail. For example, a note about a code value should be placed on a row specifically for that code value, not in a general note about the segment.

## 276-Claims Status Request

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
<b>41</b>	<b>2100A</b>	<b>NM1</b>	<b>Payer Name</b>			
42	2100A	NM108	Identification Code Qualifier	PI	2	Payor Identification Code
42	2100A	NM109	Payer Primary Identifier	00370, 00870		BCBSRI Payer IDs
<b>45</b>	<b>2100B</b>	<b>NM1</b>	<b>Information Receiver Name</b>			
46	2100B	NM018	Identification Code Qualifier	46	2	Electronic Transmitter Identification Number (ETIN)
46	2100B	NM109	Information Receiver Identification Number	TXXXXXXX PXXXXXXX	8	User BCBSRI Assigned Trading Partner ID. First digit of Id denotes T for TEST or P for Production
<b>49</b>	<b>2100C</b>	<b>NM1</b>	<b>Service Provider Name</b>			
51	2100C	NM108	Identification Code Qualifier	XX	2	National Provider ID (NPI) qualifier
51	2100C	NM109	Provider Identifier	NPI	10	National Provider Identification Number (NPI)
<b>54</b>	<b>2000D</b>	<b>DMG</b>	<b>Subscriber Demographic Information</b>			
54	2000D	DMG01	Identification Code Qualifier	D8	2	Date field
55	2000D	DMG02	Subscriber Date of Birth	CCMMYYDD	8	Date of birth
<b>56</b>	<b>2100D</b>	<b>NM1</b>	<b>Subscriber Name</b>			
57	2100D	NM103	Subscriber Last Name		60	

57	2100D	NM104	Subscriber First Name		35	
57	2100D	NM108	Subscriber Identifier Qualifier	MI	2	Member Identification Number qualifier
57	2100D	NM109	Subscriber ID Code			Always required. <b>Note: Use BCBSRI ID exactly as it appears on the member's ID card. If an alpha prefix is on the member's ID card, then include in request</b>
<b>58</b>	<b>2200D</b>	<b>TRN</b>	<b>Claim Status Tracking Number</b>			
58	2200D	TRN01	Trace Type Code	1	1	
58	2200D	TRN02	Reference Identification		50	Only sent on subscriber level
<b>79</b>	<b>2100E</b>	<b>NM1</b>	<b>Dependent Name</b>			
79	2100E	NM101	Entity Identifier code	QC	2	
79	2100E	NM102	Entity Type Qualifier	1		

## SCOPE

This 276/277 Health Care Claim Status Request and Response Companion Guide is designed for use in conjunction with the ANSI ASC X12N 276/277(005010X212) Health Care Claim Status Request and Response 5010 Technical Report 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 Reports 3 (TR3s) and Errata.

## OVERVIEW

This section specifies how to use the various sections of the document in combination with each other.

## REFERENCES

The X12N Technical Report Type 3 adopted under HIPAA that this document is a companion to ASCX12N/005010X212

## ADDITIONAL INFORMATION

- Easier to do Business with Electronic Transactions
- Faster, more efficient

## 2 GETTING STARTED

### WORKING WITH BCBSRI HEALTH PLAN

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.

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.

### TRADING PARTNER REGISTRATION

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](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

### **CERTIFICATION AND TESTING OVERVIEW**

This section provides a general overview of what to expect during any certification and testing phases.

### **3 TESTING WITH THE PAYER**

BCBSRI requires all Trading Partners to complete the Trading Partner Agreement and Registration forms prior to beginning testing. There are 2 Phases of Testing: Phase 1- Compliance Partner Testing and Phase 2- BCBSRI End-To-End Partner Testing.

All Trading Partners are assigned Login ids and passwords for both Phases of Partner Testing.

#### **Phase 1 Testing:**

1. Submit your 276 test file to your EDI Analyst so that they may analyze the file internally against the guideline that matches your transaction
2. The EDI analyst will review the Test results and report the appropriate corrections that are needed. You may need to make changes to your file to become compliant and receive a response 277 file back.

#### **Phase 2 Testing:**

1. The URL for Phase 2 testing is as follows:  
<https://www.bcbsri.com/RealTimeServicesWeb.Partner/services/X12RequestHandlerService>
2. You will be provided the Real-time API User-id and password via secure email or regular mail
3. Refer to the BCBSRI Real-time API Documentation for instructions
4. An EDI Staff member will work with you during the testing phase and once your responses are acceptable, you may be moved to Production.
5. At this time you will be provided the Production login information (New ID, password and URL). You will have changes to make to your information to send

### **4 CONNECTIVITY WITH THE PAYER/COMMUNICATIONS**

#### **PROCESS FLOWS**

Please refer to the following document for Real-Time connectivity information:

[https://www.bcbsri.com/sites/default/files/forms/BCBSRI\\_27x\\_Real-Time\\_API\\_Connection\\_Procedures.pdf](https://www.bcbsri.com/sites/default/files/forms/BCBSRI_27x_Real-Time_API_Connection_Procedures.pdf)

#### **TRANSMISSION ADMINISTRATIVE PROCEDURES**

This section provides BCBSRI Health Plan's specific transmission administrative procedures.



**RE-TRANSMISSION PROCEDURE**

BCBSRI recommends validating the member and claim information on the X12 transaction to determine if there is incorrect data. Once data has been corrected, Trading Partner may resubmit the transaction.

**COMMUNICATION PROTOCOL SPECIFICATIONS**

276/277 can be sent using Batch transmission over our EDI Gateway with SFTP or HTTPS.

Please refer to this document to do Batch transmissions:

[https://www.bcbsri.com/sites/default/files/forms/BCBSRI\\_Blue\\_Gateway\\_HTTPS.pdf](https://www.bcbsri.com/sites/default/files/forms/BCBSRI_Blue_Gateway_HTTPS.pdf)

or

[https://www.bcbsri.com/sites/default/files/forms/BCBSRI\\_Blue\\_Gateway\\_SFTP\\_Connection\\_Transmission\\_Procedures.pdf](https://www.bcbsri.com/sites/default/files/forms/BCBSRI_Blue_Gateway_SFTP_Connection_Transmission_Procedures.pdf)

If you wish to do Real-Time transactions, refer to the following document:

[https://www.bcbsri.com/sites/default/files/forms/BCBSRI\\_27x\\_Real-Time\\_API\\_Connection\\_Procedures.pdf](https://www.bcbsri.com/sites/default/files/forms/BCBSRI_27x_Real-Time_API_Connection_Procedures.pdf)

**PASSWORDS**

BCBSRI Health Plan's assigns a password for each Trading Partner to use during the Test phase as well as Production. Passwords are provided as part of the Trading Partner setup..

**5 CONTACT INFORMATION**

**EDI CUSTOMER SERVICE**

The EDI department can be reached at the following Email for Testing Purposes:  
Hipaa.edi.support@bcbsri.org

**EDI TECHNICAL ASSISTANCE**

The EDI department can be reached at the following Email for Testing Purposes:  
Hipaa.edi.support@bcbsri.org

**PROVIDER SERVICE NUMBER**

(401) 274-4848 or 1-800-230-9050

Fax: (401) 459-2209

Complex claims inquiries, policies and procedures, business practice change requests, and Web access information

Hours: Monday through Friday, 8:00 a.m. to 4:30 p.m.

**APPLICABLE WEBSITES/E-MAIL**

Documents can be obtained at the following URL:

[https://www.bcbsri.com/BCBSRIWeb/providers/provider\\_network\\_system/companion\\_guides.jsp](https://www.bcbsri.com/BCBSRIWeb/providers/provider_network_system/companion_guides.jsp)

The EDI department can be reached at the following Email for Testing Purposes:  
Hipaa.edi.support@bcbsri.org

## 6 CONTROL SEGMENTS/ENVELOPES

### ISA-IEA

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. Use the Receiver ID provided by BCBSRI in the Trading Partner Agreement in the ISA08 and GS03.

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 Delimiter (ISA11)

### GS-GE

Sender ID interchange control segments: Submitter = GS02.

Receiver ID interchange control segments: Receiver = GS03.

Sender IDs will be assigned.

GS Segments/Reference Codes:

		Batch format	Real-Time
Functional Identifier Code	GS01	HR	HR
Application's Sender Code	GS02	TXXXXXXX (test) PXXXXXXX (prod)	TRXXXXXXX (test) PRXXXXXXX (prod)
Application's Receivers Code	GS03	222774	R222774
Date	GS04	CCYYMMDD	CCYYMMDD
Time	GS05	HHMM	HHMM
Group Control Number	GS06	Required	Required
Responsible Agency Code	GS07	X	X
Version/Release/Industry Identifier Code	GS08	005010X212	005010X212

**Enveloping Data:** BCBSRI will accept single GS-GE groups within a single ISA-IEA of the transaction envelope for Real-Time transactions. The 276 Real-Time requests must be limited to one patient request per ISA-IEA, GS-GE and ST-SE envelope configuration.

BCBSRI will accept multiple GS-GE groups within a single ISA-IEA of the transaction envelope for Batch transactions. Each group must be of the same transaction type.

**Note:** Real-Time and Batch transactions cannot be mixed in the same ISA-IEA, GS-GE grouping.

### ST-SE

BCBSRI follows the standard usage for ST-SE segments. For Real-Time transactions, there may be only ONE ST-SE.

## 7 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

**General:** The claim status information is current as of the date and time of the creation of the 277 response. BCBSRI will process batch requests for claim status on a 24-hour turnaround with the exception of FEP and non-BCBSRI subscribers.

BCBSRI can give an electronic claim status response, if the dates of service are within the past two years. Claim status requests for dates of service greater than two years will be returned with a response of "claim not found."

Contact Provider Service for this type of request at 401-274-4848 or 1-800-230-9050.

If no matching claim is found, an appropriate reject reason will be returned.

If multiple matches are found within the same date range of the claim status request, all will be returned. This may occur due to split claims.

**Claim status will only be returned for responses if the submitter requesting the claims status is authorized by the servicing provider on the 276 request.**

All line items (start and end service dates) must fall within the requested date period in order for the claim to be selected for response.

If a claim is found that matches any of the specific matching criteria (Claim ID, Claim Submitted Charges), then that claim will be selected for response. If a specific matching criterion is not satisfied, then the claims that match the more general criteria (dates, servicing provider) will be selected for response.

**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.

**Transaction Editing:** All HIPAA 5010 *Technical Report (TR3)* data requirements must be met including the required data elements to support the HIPAA search rules. The claim status response will be returned with the appropriate STC segment valued or returned as rejected in a 999 Report.

## 8 ACKNOWLEDGEMENTS AND/OR REPORTS

This section contains information and examples on any applicable payer acknowledgements

### REPORT INVENTORY

999 Report  
277 Claims Status Response

## 9 TRADING PARTNER AGREEMENTS

This section contains general information concerning Trading Partner Agreements (TPA). An actual TPA may optionally be included in an appendix.

### TRADING PARTNERS

An EDI Trading Partner is defined as any BCBSRI customer (provider, billing service, software vendor, employer group, financial institution, etc.) that transmits to, or receives electronic data from BCBSRI.

Payers have EDI Trading Partner Agreements that accompany the standard implementation guide to ensure the integrity of the electronic transaction process. The Trading Partner Agreement is related to the electronic exchange of information, whether the agreement is an entity or a part of a larger agreement, between each party to the agreement.

For example, a Trading Partner Agreement may specify among other things, the roles and responsibilities of each party to the agreement in conducting standard transactions.

## 10 TRANSACTION SPECIFIC INFORMATION-277 Claims Status Response

This section describes how ASC X12N Technical Report Type 3 (TR3s) adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that BCBSRI Health Plan has something additional, over and above, the information in the TR3s. That information can:

1. Limit the repeat of loops, or segments
2. Limit the length of a simple data element
3. Specify a sub-set of the TR3s internal code listings
4. Clarify the use of loops, segments, composite and simple data elements
5. Any other information tied directly to a loop, segment, composite or simple data element pertinent to trading electronically with BCBSRI Health Plan

In addition to the row for each segment, one or more additional rows are used to describe BCBSRI Health Plan's usage for composite and simple data elements and for any other information. Notes and comments should be placed at the deepest level of detail. For example, a note about a code value should be placed on a row specifically for that code value, not in a general note about the segment.

### 277 Claims Status Response

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
111	2100A	NM1	<b>Payer Name</b>			
112	2100A	NM108	Identification Code Qualifier	PI	2	Payer identification number
112	2100A	NM109	Identification Code	00370, 00870		BCBSRI Payer ids
118	2100B	NM1	<b>Information Receiver Name</b>			
119	2100B	NM108	Identification Code Qualifier	46	2	
119	2100B	NM109	Identification Code			ElectronicTransmitter Identification Number (ETIN). Will pass same value (Trading Partner ID) from 276
126	2100C	NM1	<b>Service Provider Name</b>			
128	2100C	NM108	Identification Code Qualifier	XX	2	Centers for Medicare and Medicaid Services National Provider Identifier
128	2100C	NM109	Identification Code		10	National Provider Id
135	2100D	NM1	<b>Subscriber Name</b>			
136	2100D	NM108	Identification Code Qualifier	MI	2	Member Identification Number
136	2100D		Identification Code			BCBSRI assigned Member identification number. Always returned
138	2200D	STC	<b>Claim Level Status Subscriber</b>			
138	2200D	STC01	Health Care Claim Status			This segment is returned when the subscriber is the patient. Example: STC*F1:65*19960501 F1= Finalized payment 65= Claim/line has been paid.
178	2100E	STC	<b>Claim Level Status Dependent</b>			
178	2100E	STC01	Health Care Claim Status			This segment is returned when the dependent is the patient. Example: STC:A4:35*19990501 A4= Acknowledgement/ Claim not found

						35= Claim/encounter Not found
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## APPENDICES

### 1. Implementation Checklist

- Original Trading Partner Agreement & Registration forms completed
- Batch Vs. Real-time- connectivity selection
- Download of Companion Guide & related documents  
Test IDs & Passwords for Phase 1 & Phase 2 received
- Listing of NPIs for Providers submitted to BCBSRI for Testing

### 2. Business Scenarios

The transmission In the following explanation, the prefix "T" signifies "test," and the prefix "P" signifies "production."

As illustrated in the example below, the ISA Sender ID for "non-Real-Time," batch submissions is **T00XXXXX or P00XXXXX**. For 276 Real-Time submissions, the ISA Sender ID is **T00XXXXX or P00XXXXX, the GS02=TR0XXXXX or PR0XXXXX**. One Real-Time request within one Transaction Set Header (ST) or one Group Segment (GS) will be accepted.

```
ISA*00*00*ZZ*T0001799*ZZ*222774
*101015*1311*{*00501*000000001*0*T*:
GS*HR*TR001799*R222774*20111015*1311*1*X*005010X212
ST*276*0005*005010X212
BHT*0010*13*2222*20111021*1122
HL*1**20*1
NM1*PR*2*BCBSRI*****PI*00870
HL*2*1*21*1
NM1*41*2*BRIGHAM WOMENS*****46*TR001799
HL*3*2*19*1
NM1*1P*2*BRIGHAM WOMENS*****XX*1447233788
HL*4*3*22*0
DMG*D8*19840402*F
NM1*IL*1*Mouse*Minnie****MI*ZBH048436619800
TRN*1*3920394930203
REF*1K*90287010490
SVC*HC:87480*135*****
DTP*472*RD8*20110707-20110707
```

### 3. Transmission Examples

Please refer to the following document for Real-Time information:  
[https://www.bcsri.com/sites/default/files/forms/BCBSRI\\_27x\\_Real-Time\\_API\\_Connection\\_Procedures.pdf](https://www.bcsri.com/sites/default/files/forms/BCBSRI_27x_Real-Time_API_Connection_Procedures.pdf)

### 4. Frequently Asked Questions

**Can a 276 request be submitted for an out of area or FEP(Federal Employee member)?**

Non-BCBSRI member and FEP Claim status requests will be forwarded to another entity, and the submitter will not receive any indication the request was forwarded. If multiple requests are submitted within a ST/SE, the 277 responses from the other entities will be received individually. **This functionality is not available in the TEST region, only in Production.**

**What is the BCBSRI payer id or Plan code?**

It is 00370 for Facility/Institutional and 00870 for Professional services.

**Should we include the alpha prefix for Member identification number on the Inquiry?**

Yes, include the number exactly as it appears on the Member's Id Card, including prefix.

**5. Change Summary**

June 2012	Version 1.0 Original Version	D. Santos
June 2016	Version 1.1 Removed Foresight Information for Phase 1 Testing	D. Santos