



BLUE CROSS AND BLUE SHIELD OF LOUISIANA

837 INSTITUTIONAL CLAIMS STANDARD COMPANION GUIDE

Refers to the Implementation Guides

Based on ASC X12N version: 005010X223A2

Disclosure Statement:

Claim adjudication to which a member is entitled are limited to those set out in the member's contract/certificate in effect at the time services are performed, and as interpreted by BCBS. Final benefit adjudication is subject to and conditioned on the terms of the member contract/certificate, including, without limitation, eligibility, waiting periods, exclusions, medical waivers or riders, deductibles, coinsurance, copayments, coordination of benefits, or other contract limitations, and/or determinations of medical necessity. Benefits for care received from Non-Network Providers and/or for care not authorized by BCBSLA, where required, will be subjected to non-network benefits and/or contract stipulations.

BCBSLA is committed to maintaining the integrity and security of health care data in accordance with applicable State and Federal laws and regulations.

Documented revisions are maintained in this document through the use of a Revision History Table. ***All revisions made to this companion guide after the creation will be maintained on the Change Summary page.***

Example of Change Summary:

| DOCUMENT HISTORY | | | | |
|------------------|------------|----|----------------------------|--|
| CHG # | Date | Pg | Change Summary | Version Publish Date |
| 1 | MM/DD/YYYY | | Description of change made | This will be the Version number and approximate publish date |
| | | | | |

Preface

This Companion guide has been developed by Blue Cross and Blue Shield of Louisiana (BCBSLA) and should be used in conjunction with the ASC X12 Standards for Electronic Data Interchange Technical Report Type 3 (TR3) Health Care Claim: Institutional version 005010X223A2.

This document is for clarification purposes only and is intended to assist in the submission of 837I transactions to BCBSLA. It is not intended to include all claim filing guidelines or in any way to exceed the requirements or usage of data expressed in the TR3.

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1. Introduction

The Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, included Administrative Simplification provisions that required all health insurance payers (including but not limited to, Blue Cross and Blue Shield of Louisiana) and all covered entities adopt national standards for electronic health care transactions, code sets, unique health identifiers, and security. The 837I transaction set has been named under 45 CFR 162 as the Electronic Data Interchange (EDI) standard for Health Care Claim Institutional.

1.1 Scope

All clients exchanging Institutional claim transactions must utilize the **X12 IG/TR3 5010 ASC X12N 837I** (005010X223A2), Health Care Claim: Institutional and the ASC X12 999, Implementation Acknowledgement for Health Care Insurance. Both can be purchased from the Washington Publishing Company.

This Companion Guide is within the framework of the ASC X12 adopted for use under HIPAA and is not intended to contradict or exceed the X12 requirements

This guide provides clarification on BCBSLA requirements of situational data elements and segments that must be used as well as those that do not apply to BCBSLA. Additionally, it contains detailed information regarding the set-up process, BCBSLA contact information, accepted communications, reports and more. **Therefore; this document should be used by technical and business resources involved in the 837I process exchange.**

Providers, Clearinghouses, and/or Third Party Vendors, hereinafter referred to as Trading Partners (TP) should use this companion guide to supplement the X12 guides for exchanging 837I transactions with BCBSLA.

All claim transactions must also conform to guidelines set forth in the Provider Network Manual as well as comply with any provisions in the BCBSLA Provider Contracts.

To maintain accuracy of our 837I Companion Guide, periodic updates are published on our corporate website and can be obtained at the following link.

<http://www.bcbsla.com/Providers/ElectronicServices/Pages/CompanionGuides.aspx>

Click on: **5010 837I Companion Guide**

1.2 Overview

The 837I inbound is the claim transaction sent from the Trading Partner to BCBSLA to request claim adjudication. BCBSLA allows **Batch** submissions of claim transactions.

Batch Transactions are an accumulation of 837 claim transactions for many members/patients. Once accumulated, the Trading Partner connects to BCBSLA and the “batch” is dropped off for processing.

On a normal business day, claim transmissions are moved at 3 p.m. (CST) for nightly processing. All batch transmissions received after this time will be processed the following business day. Additional details regarding normal business days and response times can be found in Sections 4 and 5.

Claim transactions are subjected to HIPAA validation. Validation occurs at the batch and claim level. All claim transactions are subjected to the **Workgroup for Electronic Data Interchange (WEDI) Strategic National Implementation Process (SNIP)** Validation levels 1-4:

| SNIP Level | Validation | Purpose of Validation |
|------------|-------------------------|---|
| 1 | EDI Syntax Integrity | Ensures valid X12 syntax submitted |
| 2 | Syntactical Requirement | Validates X12 adheres to Implementation Guide (IG) |
| 3 | Balancing | Verifies field totals are correct and financial balancing |
| 4 | Situational | Tests inter segment situations (if A occurs then B is required) |

In addition, BCBSLA business specific edits are applied. A complete listing of the error descriptions and business logic can be found in Section 11.

Claims that fail HIPAA Validation or the BCBSLA Business rules require correction and resubmission.

1.3 References

X12 Version 5010A1 Technical Requirements 3:

X12 transactions are developed and maintained by the Accredited Standards Committee X12, which is chartered by the American National Standards Institute. X12 guides are published and can be purchased from the Washington Publishing Company website: <http://www.wpc-edi.com>

2. Getting Started

2.1 Working with BlueCross BlueShield of Louisiana

Trading Partners exchanging 837I transactions with BCBSLA may do so 24 hours, 7 days a week. The system will be periodically unavailable for scheduled maintenance and updates outside of normal business hours. Although BCBSLA strives to have the systems available 24 hours, 7 days a week, uninterrupted service is not guaranteed.

Production transmissions are moved at 3 p.m. (CST) for nightly processing. All batch transmissions received after this time will be processed the following business day.

We provide both email and telephone support to our clients during our normal business hours which are Monday – Friday*, 8:00 a.m. to 4:30 p.m. Central Standard Time (CST). Exceptions are made for Holidays and emergency closures.

2.2 Trading Partner Registration

Trading Partner Registration is required in order to exchange transactions with BCBSLA.

The following table is designed to provide a high level guide of Enrollment and the activation process. For complete details on testing and moving into production processing, refer to section 3 in this guide.

| Step | Activity |
|----------|--|
| 1 | <i>EDI Enrollment</i> <ul style="list-style-type: none">• For initial enrollment, sign and return two (2) originals of the Electronic Trading Partner Agreement (“Agreement”) and the EDI Transaction Addendum. These documents can be downloaded from the BCBSLA corporate website. |
| 2 | <i>Test Submitter ID Assigned and Notification</i> <ul style="list-style-type: none">• Upon receipt of the appropriate agreements, BCBSLA will issue a test submitter identification (ID) number and a secure password. |
| 3 | <i>Testing</i> <ul style="list-style-type: none">• Trading Partner submits test transactions. Large locations maximum of 1000 claims. Small locations, a minimum of 50.• File should contain valid patient data; otherwise, the test may fail.• Must contain claims representative of claims that will be submitted in production.• TP responsible for reviewing test results, correcting identified errors and retesting. |
| 4 | <i>Live/Production</i> <ul style="list-style-type: none">• Once a successful test is completed, an EDI Representative will issue a Production Submitter ID Number and a secure password via written notification. |

2.3 Testing Overview

BCBSLA will require testing with trading partners before accepting production transmissions. Testing is prudent to ensure errors are identified prior to moving into production submissions. Failure to properly test can result in a negative impact on provider cash flow.

The Trading Partner will receive all report outputs that are available in production. For example, if a TP submits a test file, they will receive a TA1 and 999. Then, depending on the results; other reports may be provided. To explain, when the entire submission passes HIPAA validation, the Accepted/Not Accept Report will be generated. When individual claims or a batch (ST/SE) fails, the BCCLREDI report will also be returned. However; when the entire submission (ISA/IEA) fails, only the BCCLREDI report will be returned.

Retesting is required if you are upgrading your billing software, or changing software vendors. BCBSLA reserves the right to revoke production status when Trading Partners' transactions repeatedly cause production errors.

3. Testing with the Payer

3.1 Testing Checklist:

Adhering to this checklist should assist in ensuring a smooth transition in the electronic exchange of transactions with BCBSLA.

| Validate Key Fields Prior to Test & Production Submissions | |
|--|--|
| ✓ | Verify Usage Indicator in the ISA15 is correct (Must be T for test and P for production). |
| ✓ | Utilize valid patient data and a rich variety of production claim types. |
| ✓ | Validate the member contract number fields contains the 2 or 3-alpha prefix. The only contracts that do not have the 2-3 alpha prefix is Federal Employee Program (FEP) contracts. In this case, the 1st position is R and the 2nd thru 8th or 9th position must be a numeric value. |
| ✓ | Confirm the correct Billing provider number NPI and taxonomy (when sub-units share NPI) are accurate for the unit in which services were performed. |
| ✓ | Verify the Assignment of Benefits indicator correctly identifies the appropriate direction of payment (provider or subscriber). |

3.2 Testing Steps

Below is a quick view of testing and how to request production activation.

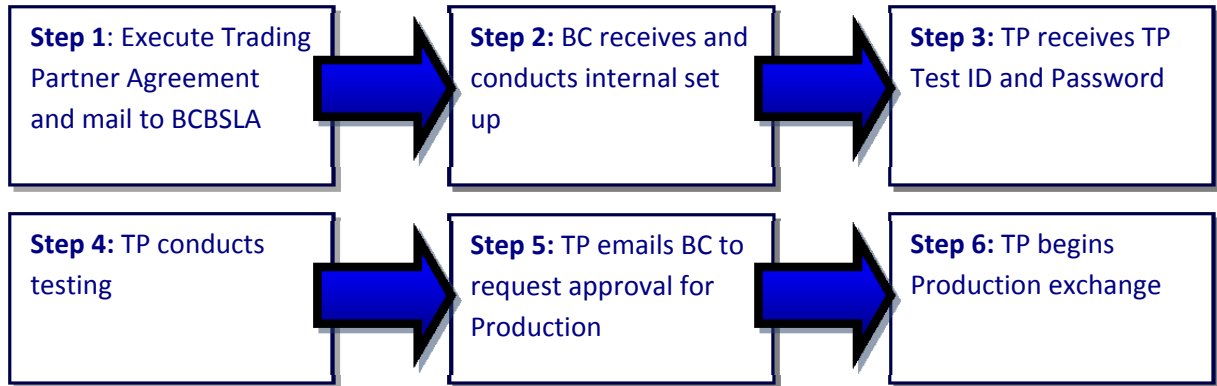
| Testing Requirements | |
|--|---|
| 1 | Trading Partner (TP) submits completed TP Agreement |
| 2 | BCBSLA distributes a test submitter ID and secure password. |
| 3 | TP creates test file of claims containing: <ul style="list-style-type: none"> • Valid patient data • Rich variety of the claim types that will be submitted in production <i>Ex: In and outpatient surgery, diagnostic and medical, Emergency Room</i> |
| 4 | Maximum of 1000 claims per test. For smaller facilities, a minimum of 25/50 claims are required for test/approval. |
| 5 | TP transmits test file to BCBSLA clearinghouse. |
| 6 | Test files automatically process at 8:00 & 10:00 am Monday thru Friday. |
| 7 | Trading Partner retrieves and reviews the following reports: <ul style="list-style-type: none"> • TA1 • 999 • BCCLREDI (if generated) • Accept/Not Accepted (if claims pass HIPAA Validation) |
| 8 | Trading Partner corrects and resubmits files if errors issued on BCCLREDI or Not Accepted Report. |
| 9 | Continue testing (all claims) until 98% pass rate achieved. |
| 10 | Trading Partner emails edich@bcbsla.com to advise: <ul style="list-style-type: none"> • Testing complete • Date of Accept/Not Report which indicated 98% pass rate • Request approval to be moved into Production |
| 11 | BCBSLA issues Production ID & Password through U.S. Postal Service. |
| Note: Test Transactions are NOT Processed for Payment | |

4. Connectivity with the Payer/Communications

4.1 Process Flows:

To submit 837I transactions with BCBSLA, the Trading Partners need to comply with the requirements in our high level process flows:

Figure 1: Trading Partner Enrollment:



4.2 Transmission Administrative Procedures

4.2.1 Structure Requirements

For Claim transactions we accept Batch Transactions. Batching is an accumulation of 837I transactions for many members/patients. Once accumulated, the Trading Partner connects to BCBSLA and the “batch of transactions” is dropped off for processing.

4.2.2 Response Times

Production:

Responses for transactions received Monday through Friday (non-holiday) by 3:00 pm CST, should be available by 8:00 pm CST the same business day. Transactions received after 3:00 pm, all responses will be returned by 8:00 pm CST the following business day.

Test:

Responses will be returned at 8:00 and 10:00 am CST.

4.3 Communication Management

BCBSLA has selected a communication management software package called Ipswitch Messageway as the focal point for secure file transfers with business partners.

4.3.1 File Transfer Protocol (FTP)

The secure session options that BCBSLA has available to its clients are:

- **FTPS – FTP with SSL (Implicit encryption)**
- **FTPS – FTP with SSL (Explicit encryption)**
- **SFTP – FTP over SSH**

Just about any modern Secure FTP client will work as long as it supports FTPS & SFTP. A list of common software packages that can be used to establish connection is listed below. Please be aware that BCBSLA does not advocate any of these products over the others available.

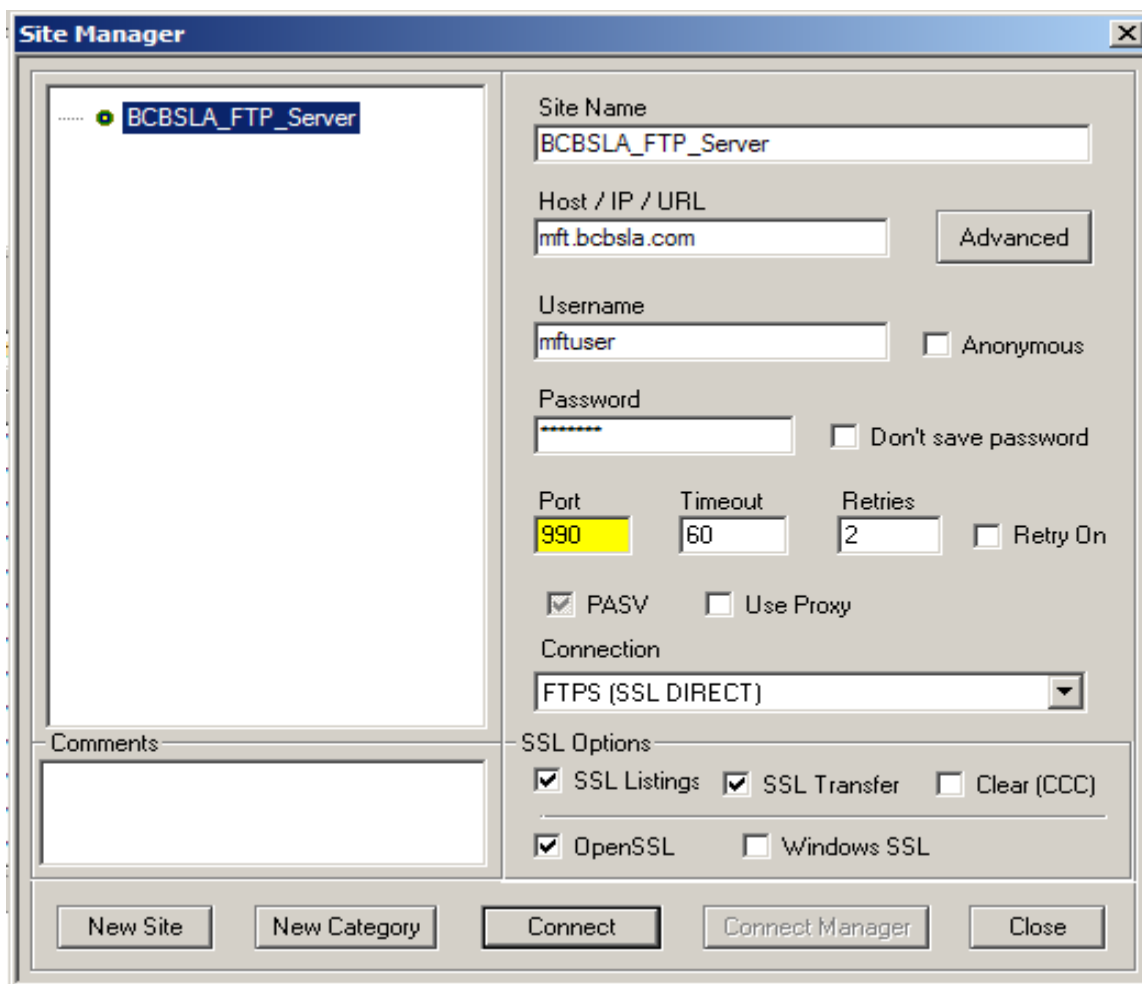
| Common FTP Software |
|-----------------------------|
| FileZilla |
| CuteFTP |
| CoreFTP |
| Glub Tech Secure FTP |
| WS_FTP Professional |

If you are already using a dedicated FTP client, chances are it already has Secure FTP capabilities built into it so it is advised to explore that option prior to upgrading or changing to a different client program.

4.4 Configuring FTPS (Implicit port 990)

In the connection setup or properties of the connection to **MFT.BCBSLA.COM (199.117.168.21)**, locate the option that allows you to choose the protocol type. Select the uses FTP with SSL (implicit encryption) on **port 990**.

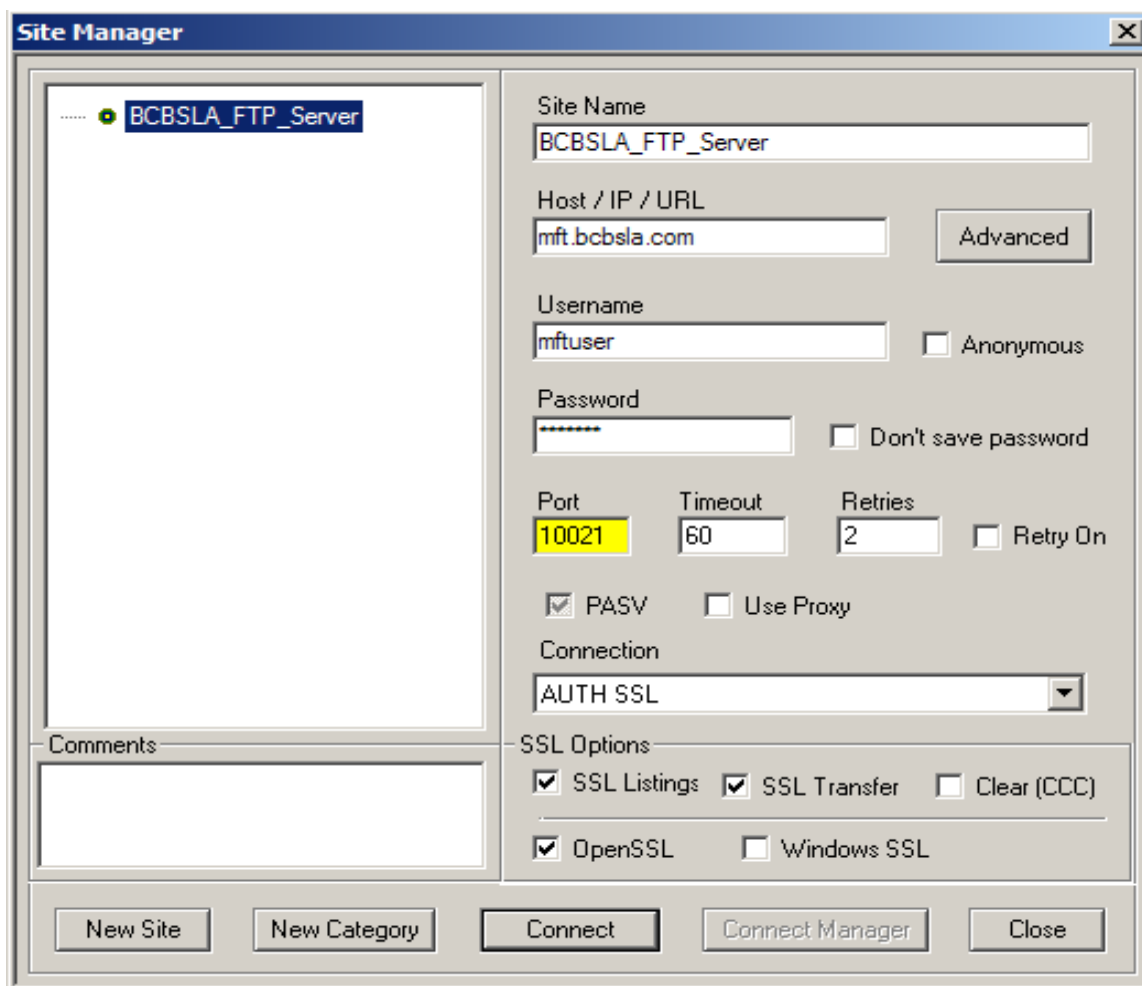
To help illustrate this procedure, below is a screen capture from the CoreFTP client on how this feature appears (configuration options may vary depending on which FTP client is being used).



4.5 Configuring FTPS (Explicit port 10021)

In the connection setup or properties of the connection to **MFT.BCBSLA.COM (199.117.168.21)**, locate the option that allows you to choose the protocol type. Select the uses FTP with SSL (explicit encryption) on **port 10021**.

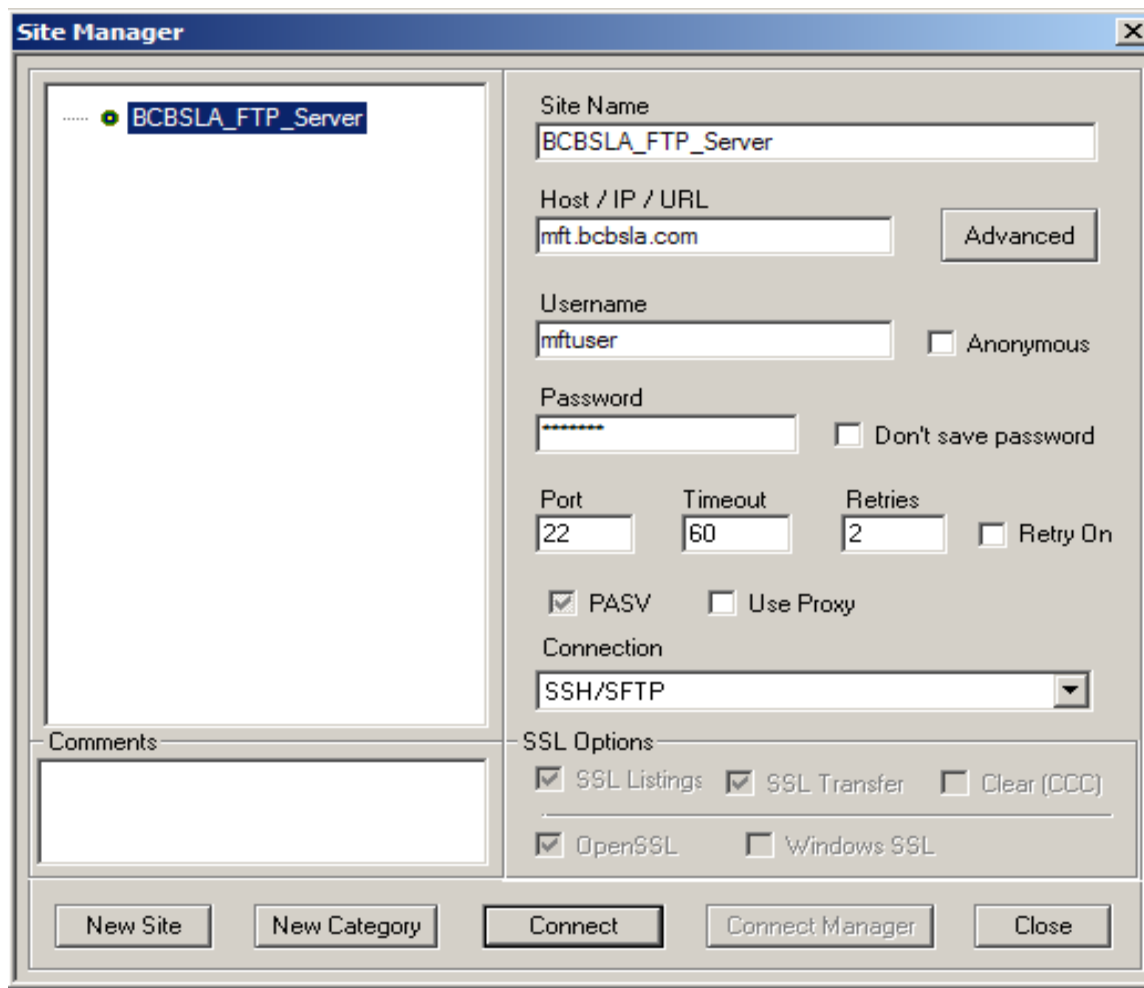
To help illustrate this procedure, below is a screen capture from the CoreFTP client on how this feature appears (configuration options may vary depending on which FTP client is being used).



4.6 Configuring SFTP

In the connection setup or properties of the connection to **MFT.BCBSLA.COM (199.117.168.21)**, locate the option that allows you to choose the protocol type. Select the option that uses **SFTP using SSH on port 22**.

To help illustrate this procedure, below is a screen capture from the CoreFTP client on how this feature appears (configuration options may vary depending on which FTP client is being used).



4.7 FTP File Formats

BCBSLA will accept all HIPAA ASC X12N approved standard transaction formats. The table below lists accepted transaction formats and their transmission modes.

| Transactions | | |
|---|-----------------------|----------------------------|
| Transactions | Transaction ID | Mode |
| Institutional Claims | 837 I | Batch |
| Professional Claims | 837P | Batch |
| Dental Claims | 837D | Batch |
| Eligibility Request and Response | 270/271 | Real-time and Batch |
| Claim Status and Response | 276/277 | Real-time and Batch |
| HC Services Review and Response | 278 | Real-time and Batch |
| Electronic Remittance | 835 | Outbound- Batch |

4.8 FTP Host Site

[MFT.BCBSLA.COM \(199.117.168.21\)](http://MFT.BCBSLA.COM)

4.9 Trading Partner Submitter ID and Passwords

HIPAA privacy and security rules set forth in Social Security Act § 1173(d) require authentication to ensure that unauthorized access to protected health information does not occur. Therefore, BCBSLA has instituted ID and password protections with Trading Partner's engaging in EDI transactions.

Authentication requires a unique Trading Partner ID and a password. Once the Trading Partner Agreement has been authorized, BCBSLA assigns and distributes, via the US postal service, at least one Trading Partner ID and in a separate mailing the secure password.

Each Trading Partner is responsible for maintaining the security of the ID and password.

5. Contact Information

5.1 EDI Customer Service and Technical Assistance

All questions related to the electronic exchange should be directed to the EDI Production Support team. Customer and Technical support is provided during our **normal business hours which are Monday – Friday, 8:00 a.m. to 4:30 p.m.** Central Standard Time (CST). Exceptions include; natural disasters and our standard holiday schedule:

- ❖ **New Year's Day**
- ❖ **Good Friday**
- ❖ **Memorial Day**
- ❖ **Independence Day**
- ❖ **Labor Day**
- ❖ **Thanksgiving (Thursday and Friday)**
- ❖ **Christmas (2 days)**

Our holiday closures and when possible, natural disaster closures will be communicated through our provider web portal and on the EDI Production Support telephone line.

Mailing Address: EDI Clearinghouse Support
Blue Cross and Blue Shield of Louisiana
P.O. Box 98029
Baton Rouge, LA 70898-9029

Telephone: 225-291-4EDI (4334)

Fax: 225-298-2945

Email Address: EDICH@BCBSLA.COM

5.2 Provider Service

For questions *unrelated to the electronic exchange or connectivity*, the following units are available for other support services:

| Support Unit | Phone Number |
|--------------------------------|---------------------|
| Provider Support | 800-922-8866 |
| Federal Employee Program (FEP) | 800-272-3029 |
| Blue Card (Out of State) | 800-676-2583 |
| Pre Cert 8am-5pm | 800-523-6435 |
| Pre Cert 5pm- 8am | 888-809-2698 |
| Provider Misc | 800-716-2299 |
| Provider NPI File | Option 3 |
| Provider Credentialing | Option 2 |
| Provider Network Development | Option 1 |

5.3 Applicable Websites/emails

EDI Clearinghouse Support Email address:

edich@bcbsla.com

BCBSLA Corporate Website:

www.bcbsla.com

EDI Clearinghouse Documentation:

<http://www.bcbsla.com/Providers/ElectronicServices/Pages/Clearinghouse.aspx>

6. Control Segments/General Structure

- Each inbound transaction must contain at least one ISA/IEA interchange. Within the ISA to IEA, at least one GS/GE functional groups, and each GS/GE must contain one or more ST/SE transaction sets.
- J-Codes (HCPCS) must be used as well as NDC codes.
- BCBSLA will not process negative values.
- Claim charges submitted in excess of \$99,999,999.99 will not be allowed.
- Maximum of 5000 claims per batch.
- Maximum of 99 lines per claim.
- BCBSLA will not support file compression.
- BCBSLA recommends that Trading Partners use the preferred transaction delimiters:

| Preferred 837 Transaction Delimiters | | |
|---|-----------------|------------------------------------|
| Character | Name | Delimiter |
| * | Asterisk | Data Element Separator |
| : | Colon | Component Element Separator |
| ~ | Tilde | Segment Terminator |
| ^ | Carat | Repetition Separator |

6.1 Enveloping Specifications

The following pages define the BCBSLA specific requirements regarding the Header and Trailer associated with the Interchange Control (ISA/IEA), Function Group (GS/GE) and Transaction Set (ST/SE).

| Interchange Control/Envelopes ISA (Header) and IEA Trailer | | | |
|---|-------------------------------|--------------|--|
| Element | Description | Value | Comments |
| ISA01 | Authorization Info. Qualifier | 00 | Use 00 |
| ISA02 | Authorization Info | 1234567890 | Must use 1234567890 |
| ISA03 | Security Qualifier | 00 | Use 00 |
| ISA04 | Security Information | 1234567890 | Must use 1234567890 |
| ISA05 | Sender ID Qualifier | ZZ | Must use ZZ |
| ISA06 | Interchange Sender ID | | -Submitter ID number assigned by BCBSLA. -Fixed length field. 15 positions must left justify -S02 must contain same value. |
| ISA07 | Receiver ID Qualifier | ZZ | Must use ZZ |
| ISA08 | Interchange Receiver ID | BCBSLA001 | Must use BCBSLA001. Fixed length field. 15 positions must left justify Ex. BCBSLA001----- |
| ISA09 | Interchange Date | YYMMDD | Use YYMMDD format |
| ISA10 | Interchange Time | HHMM | Use HHMM format |
| ISA11 | Repetition Separator | ^ | Use ^ (carat) |
| ISA12 | Interchange Version # | 00501 | Must use 00501 |
| ISA13 | Interchange Number | | Must be identical to value in IEA02 |
| ISA14 | Ack Requested | 0 | TA1 will automatically be sent for files that cannot be processed or submitted for HIPAA validation. |
| ISA15 | Usage Indicator | T or P | Must be T (for test files) P for Production files. |
| ISA16 | Comp Elem. Separator | : | Use : (colon) |
| IEA01 | Number of Functional Groups | | Count of functional groups (GS to GE) contained within the interchange. |
| IEA02 | Interchange Control # | | Assigned by the Sender. (IEA02 must be identical to ISA13). Fixed length field must contain 9 positions. |

| Functional Group GS (Header) and GE (Trailer) | | | |
|--|----------------------------|--------------|--|
| Element | Description | Value | Comments |
| GS01 | Functional Identifier Code | HC | 837 Institutional = HC |
| GS02 | Application Sender ID | | Must use Submitter ID number assigned by BCBSLA. Must contain same value as ISA06 |
| GS03 | Application Receiver ID | BCBSLA001 | Must use BCBSLA001 |
| GS04 | Date | CCYYMMDD | Creation Date in CCYYMMDD format |
| GS05 | Time | HHMM | Creation Time in HHMM format |
| GS06 | Group Control Number | Same as GE02 | Assigned by the Sender. (GS06 must be identical to GE02) |
| GS07 | Agency Code | X | Must be X Accredited Standards Committee |
| GS08 | Version/Release | 005010x223A2 | 837I must be: 005010X223A2 |
| GE01 | Number of Transaction Sets | | Total number of transaction sets (ST to SE) contained within the functional group. |
| GE02 | Group Control Number | | Assigned by the Sender. (GE02 must be identical to GS06) |

| Transaction Set ST (Header) and SE (Trailer) | | | |
|---|-------------------------------------|--------------|--|
| Element | Description | Value | Comments |
| ST02 & SE02 | Transaction Set Control Number | | Assigned by the Sender. (ST02 must be identical to SE02) Field must contain 4 – 9 positions and cannot contain more than 3 leading zeros. |
| ST03 | Implementation Convention Reference | 005010X223A2 | For 837 Institutional must use: 005010X223A2 |

7. Payer Specific Business Rules

7.1 BCBS Contract Numbers

The contract number is vital in submission of paper and electronic transactions. Obtaining a basic understanding of the various contract types should assist in avoiding unnecessary rejections for invalid contract number.

7.2 Contracts and Prefixes:

There are three different BCBS Contracts:

- ❖ **Blue Cross Blue Shield of Louisiana (BCBSLA)**
- ❖ **Federal Employee Program (FEP)**
- ❖ **BCBS Out of State /Blue Card (ITS)**

BCBSLA and Out of State (ITS) contract/member ID numbers are preceded with a two or three alpha prefix. The alpha prefix identifies the BCBS plan which administers the members' contract. To ensure efficient processing, ***the contract prefix should be included on all BCBSLA and Out of State claims.*** Failure to provide the contract prefix on out of state contracts will result in rejected claims.

FEP contracts do not contain an alpha prefix; however, the first position is always R and the remaining eight or nine positions are numeric.

The following prefixes are used only on BCBSLA contracts:

| BCBSLA Contract/Member ID Prefixes | | | |
|--|-----|-----|-------|
| AII | EBT | KAJ | PHI |
| AIU | EGC | KGH | PSZ |
| BFB | EZW | LEV | SJI |
| BPS | FKY | LLC | UYQ |
| BVI | GIG | LXF | UZM |
| CGJ | GVB | LYP | WAN |
| DDO | IEP | OGS | WHK |
| DNJ | IEU | OPA | ❖ XU? |
| ❖ ? After XU represents A-Z in the third position. | | | |
| PREFIX NOT LISTED ABOVE INDICATES BCBS OUT OF STATE (ITS) PLAN | | | |

7.3 Contract/Claim Filing Guide

| BCBS CONTRACT TYPES | | | | | |
|----------------------------|------------------------------|--|---|--|--------------------|
| Type | Contract | How to Identify | Filing Guide | Contract Examples: | File Prefix |
| BCBSLA | BCBS Louisiana | Member ID card indicates BCBS Louisiana. Contract prefix found in table on previous page. | Always include the three position alpha prefix which precedes the Member ID. Patient Name (First and Last) <i>and</i> Date of Birth, must match the BC system. | XUA200000000 XUP223456789 XUH123456789 BPS123456789 | Yes |
| FEP | Federal Employee Program | Contract identified by the unique contract number which begins with R, followed by eight or nine <i>numeric</i> digits. | First position must be R, remaining 8 or 9 positions must be numeric. | R123456780 R03456789 | N/A |
| ITS | Out of State/ Blue Card/ ITS | Two or three position alpha prefix. Prefix is not included on previous pg. Members BCBS ID card contains a state other than Louisiana. | Always include the two or three position alpha prefix which precedes the Member ID | SW123456789012 MTM123456789 | Yes |

7.4 Taxonomy Codes

Taxonomy codes are federally established 10 position alpha numeric codes which health care professionals use to identify their unique specialty areas.

When a health care professional (professional or facility) has a single NPI which is shared for multiple specialties/locations, BCBSLA uses the NPI, Tax ID, DOS and Zip code in order to achieve a one-to-one match to the appropriate BCBS assigned provider number. In the event a single match cannot be made, then the taxonomy code is required on claim submissions and is then used to select the appropriate number.

The following table provides a listing of the taxonomy codes currently set up for submission to BCBSLA. To expedite claims submission, it is recommended that if a taxonomy code is required for claim processing, the selection of a valid code be made from this listing. If a code will be used that is not listed, prior to submitting claims, please contact/email EDI Support at 225-291-4334 or edich@bcbsla.com to advise the taxonomy code you will be using and to determine if BCBSLA will set up that taxonomy code for claims processing.

Failure to work with EDI staff prior to using a taxonomy code not found on the table may result in rejected claims.

| TAXONOMY CODES SET UP IN BCBS SYSTEM | | | |
|---|-----------------------------|--------------------------|------------|
| Provider Description | BC Internal Gen Type | Assigned Taxonomy | X12 |
| General Acute Hospital | 01 | 282N00000X | 837I |
| General Acute Hospital | 01 | 282NC0060X | 837I |
| General Acute Hospital | 01 | 282NC2000X | 837I |
| General Acute Hospital Rural | 01 | 282NR1301X | 837I |
| General Acute Hospital | 01 | 282NW0100X | 837I |
| Skilled Nursing Facility | 02 | 275N00000X | 837I |
| Skilled Nursing Facility& VA Military | 02 | 314000000X | 837I |
| Obstetrics and Gynecology | 04 | 207V00000X | 837P |
| Physical Medicine & Rehabilitation | 04 | 208100000X | 837P |
| General Practice | 04 | 208D00000X | 837P |
| Home Health Agency | 05 | 251E00000X | 837I |
| Orthodontics and Dentofacial Orthoped | 06 | 1223X0400X | 837D |
| Pharmacy | 07 | 333600000X | 837P |
| Pharmacy | 07 | 3336C0002X | 837P |
| Pharmacy | 07 | 3336C0003X | 837P |
| Pharmacy | 07 | 3336C0004X | 837P |
| Pharmacy | 07 | 3336I0012X | 837P |
| Pharmacy | 07 | 3336L0003X | 837P |
| Pharmacy | 07 | 3336M0002X | 837P |
| Pharmacy | 07 | 3336M0003X | 837P |
| Pharmacy | 07 | 3336N0007X | 837P |
| Specialty Pharmacy | 07 | 3336S0011X | 837P |

| TAXONOMY CODES SET UP IN BCBS SYSTEM | | | |
|---|---------------------------------|--------------------------|------------|
| Provider Description | Internal BC General Type | Assigned Taxonomy | X12 |
| Multi-Specialty Clinic | 08 | 193200000X | 837P |
| Laboratories | 09 | 291U00000X | 837P |
| Ambulance | 10 | 341600000X | 837P |
| Ambulance | 10 | 3416A0800X | 837P |
| Ambulance | 10 | 3416L0300X | 837P |
| Chiropractor | 13 | 111N00000X | 837P |
| Ambulatory Surgery Center | 16 | 261QA1903X | 837I |
| Renal Dialysis Facilities | 18 | 261QE0700X | 837I |
| CRNA | 19 | 367500000X | 837P |
| Physical Therapy | 20 | 225100000X | 837P |
| Occupational Therapist | 20 | 225X00000X | 837P |
| Durable Medical Equipment | 24 | 332B00000X | 837P |
| Durable Medical Equipment | 24 | 332BC3200X | 837P |
| Durable Medical Equipment | 24 | 332BD1200X | 837P |
| Durable Medical Equipment | 24 | 332BN1400X | 837P |
| Durable Medical Equipment | 24 | 332BP3500X | 837P |
| Durable Medical Equipment | 24 | 332BX2000X | 837P |
| Durable Medical Equipment | 24 | 335E00000X | 837P |
| Rehabilitation Center | 32 | 273Y00000X | 837I |
| Rehabilitation Center | 32 | 283X00000X | 837I |
| Psychiatric Hospital | 35 | 273R00000X | 837I |
| Psychiatric Hospital | 35 | 283Q00000X | 837I |
| Alcohol Drug Rehab CDU | 36 | 276400000X | 837I |
| Hospice | 39 | 251G00000X | 837I |
| Hospice | 39 | 315D00000X | 837I |

| TAXONOMY CODES SET UP IN BCBS SYSTEM | | | |
|---|---------------------------------|--------------------------|------------|
| Provider Description | Internal BC General Type | Assigned Taxonomy | X12 |
| Lithotripsy Orthotripsy | 42 | 261QL0400X | 837I |
| Hematology & Oncology | 52 | 207RH0003X | 837P |
| Diagnostic Radiology Center | 52 | 2085R0001X | 837P |
| Diagnostic Radiology Center | 52 | 2085R0202X | 837P |
| Diagnostic Radiology Center | 52 | 261QR0200X | 837I |
| VA Military Hospital Acute Care | 53 | 282N00000X | 837I |
| VA Military Hospital Acute Care | 53 | 286500000X | 837I |
| VA Military Hospital Acute Care | 53 | 2865C1500X | 837I |
| VA Military Hospital Acute Care | 53 | 2865M2000X | 837I |
| VA Military Hospital Acute Care | 53 | 2865X1600X | 837I |
| VA Military Hospital Psychiatric | 54 | 273R00000X | 837I |
| VA Military Hospital Psychiatric | 54 | 283Q00000X | 837I |
| VA Military Hospital CDU | 55 | 276400000X | 837I |
| VA Military Hospital SNF | 56 | 275N00000X | 837I |
| VA Military Hospital SNF | 56 | 314000000X | 837I |
| VA Military Hospital - HHA | 57 | 251E00000X | 837I |
| VA Military Hospital – ASC (Ambulatory Surgery Center) | 58 | 261QV0200X | 837I |
| Residential Treatment Center | 61 | 320600000X | 837I |
| Residential Treatment Center | 61 | 320700000X | 837I |
| Residential Treatment Center | 61 | 320800000x | 837I |
| Residential Treatment Center | 61 | 320900000x | 837I |
| Residential Treatment Center | 61 | 322D00000X | 837I |
| Residential Treatment Center | 61 | 323p00000x | 837I |

| TAXONOMY CODES SET UP IN BCBS SYSTEM | | | |
|---|---------------------------------|--------------------------|------------|
| Provider Description | Internal BC General Type | Assigned Taxonomy | X12 |
| Emergency Room Physicians | 65 | 207P00000X | 837P |
| Emergency room physician | 65 | 207PE0004X | 837D |
| Emergency room physician | 65 | 207PE0004X | 837I |
| Emergency Room Physicians | 65 | 207PE0004X | 837P |
| Emergency Room Physicians | 65 | 261QE0002X | 837P |
| Infusion Therapy | 69 | 251F00000X | 837P |
| Infusion Therapy | 69 | 261QI0500X | 837P |
| Home Infusion Therapy Pharmacy | 69 | 3336H0001X | 837P |
| Charity Acute Hospital | 70 | 282N00000X | 837I |
| Charity Acute Hospital | 70 | 282NC0060X | 837I |
| State Owned Psychiatric Facility | 71 | 273R00000X | 837I |
| State Owned Psychiatric Facility | 71 | 283Q00000X | 837I |
| State Owned CDU | 72 | 276400000X | 837I |
| Long Term Acute Care Facility (LTC) | 73 | 282E00000X | 837I |
| Comprehensive Outpatient Rehabilitation Facility (CORF) | 79 | 261QR0401X | 837I |
| Sleep Medicine | 80 | 207RS0012X | 837P |
| Sleep Medicine | 80 | 261QS1200X | 837P |
| Urgent Care Center | 83 | 261QU0200X | 837P |
| Rural Health | 85 | 207Q00000X | 837P |
| Rural Health | 85 | 261QR1300X | 837P |
| Rural Health Clinic | 85 | 390200000X | 837P |

7.5 ICD9 and ICD10 Claims Filing Guidelines

Effective for dates of service October 1, 2015 and after, CMS has mandated the transition from ICD9 to ICD10 diagnosis code and ICD10 PCS (hospital procedures) codes sets.

- Dates of service before Oct 1, 2015 must be submitted with ICD-9 codes.
- Dates of service on Oct 1, 2015 and after must be submitted with ICD-10 codes.
- BCBSLA will not accept a single 837I claim that contains both ICD-9 and ICD-10 codes.
- A batch/file can be submitted with claims that contain ICD-9 codes, as well as claims that contain ICD-10 codes. You do not have to submit separate batches for ICD-9 and ICD-10 dates of service.
- See details below for inpatient institutional and outpatient institutional filing rules.

| Inpatient Institutional Claims Rules | | |
|--|--|---|
| Scenario | Claim Coding Requirements | Claims Processing Rules |
| Statement From and Through Dates of Service before Oct. 1, 2015 | The claim should be coded with ICD-9 codes | If the claim is filed with ICD-10 codes, it will be rejected by BCBSLA and must be resubmitted using ICD-9 codes |
| Statement From Date of service is before Oct. 1, 2015, and Statement Through Date of Service is on or after Oct 1, 2015. | Claim should be coded with ICD-10 codes. | If the claim is filed with ICD-9 codes, it will be rejected by BCBSLA and must be resubmitted using ICD-10 codes. |
| Statement From and Through Dates of Service on or after Oct 1, 2015 | The claim should be coded with ICD-10 codes. | If the claim is filed with ICD-9 codes, it will be rejected by BCSBLA and must be resubmitted using ICD-10 codes. |

| Outpatient Institutional Claims Rules | | |
|--|--|---|
| Scenario | Claim Coding Requirements | Claims Processing Rules |
| Statement From and Through Dates of Service before Oct. 1, 2015 | The claim should be coded with ICD-9 codes | If the claim is filed with ICD-10 codes, it will be rejected by BCBSLA and must be resubmitted using ICD-9 codes |
| Statement From Date is before Oct. 1, 2015, and Statement Through Date is on or after Oct 1, 2015. | Claim should be split as follows: 1. Services provided before Oct 1, 2015 should be coded on the first claim with ICD-9 codes. 2. Services provided on or after Oct 1, 2015 should be coded on the second claim with ICD-10 codes. | If the claim contains dates of service spanning the ICD-10 implementation date, it will be rejected by BCBSLA. The rejected claims will need to be resubmitted with the appropriate version of ICD codes based on the date of service |
| Statement From and Through Dates of Service on or after Oct 1, 2015 | The claim should be coded with ICD-10 codes. | If the claim is filed with ICD-9 codes, it will be rejected by BCBSLA and must be resubmitted using ICD-10 codes. |

8. Acknowledgement and Reports

The BCBSLA Clearinghouse provides a series of reports to assist in the tracking and monitoring of transactions. Clearinghouse reports are a critical part of the electronic submission/balancing process.

Trading Partners must download their reports unless the FTP software is configured to pull them automatically.

| REPORTS GENERATED AFTER CLAIM SUBMISSION | | |
|---|--|--|
| FILE NAME | REPORT NAME | PURPOSE OF REPORT |
| BCTA1.out | TA1 Interchange Acknowledgement | Immediate Acknowledgement of Communication |
| BC999.out | 999 Functional Acknowledgement | Indicates the validity of the Transaction |
| CLREDI.html | HIPAA Validation | Created only if HIPAA Validation Errors have been detected |
| BCAccNotAccRep.out | BC Accepted/Not Accepted Claims Reports | Disposition listing of claims after BC Business Rules Applied (for any claims that did not fail HIPAA validation) |
| <p><i>Trading Partner is responsible for monitoring all reports to ensure all transactions sent were received and accepted. All rejections and failures require correction and resubmission.</i></p> | | |

8.1 TA1 Interchange Acknowledgement

The TA1 communication report is an immediate acknowledgement of communication and receipt of transmitted files. It is the first step in the reconciliation process.

The TA1 provides the status of an X12 interchange header and trailer. Positive and negative TA1 acknowledgements will be available for X12 files. Negative TA1 reports are generated for files that cannot be processed or submitted for HIPAA validation. The Trading Partner is responsible for correcting and resubmitting files that produce a Negative TA1 report.

8.2 Functional Acknowledgment Report: 999

The 999 report is available for all X12 transactions and indicates the validity of a standard transaction. Trading Partners will be able to download this report the next time they connect to the BCBSLA Clearinghouse. If the 999 contains a rejected status, in many cases the trading partner will receive our HIPAA Validation report (BCCLREDI).

A Rejected 999 requires the claim or file be corrected and resubmitted.

8.3 HIPAA VALIDATION: BCCLREDI Error Report

All transactions are subjected to the **Workgroup for Electronic Data Interchange (WEDI) Strategic National Implementation Process (SNIP) Validation levels 1-4.** Levels 5 and 6 are included in the BCBSLA business specific edits (8.4).

Transmissions or Claims that fail validation require correction and resubmission.

| SNIP Level | VALIDATION | DESCRIPTION OF VALIDATION | REPORT/ File Name |
|------------|---------------------------|---|-------------------|
| 1 | Syntax Integrity | Valid X12 Syntax Submitted | CLREDI |
| 2 | Syntactical Requirement | X12 Adheres to TR3 | CLREDI |
| 3 | Balancing | Field & Financial Balancing | CLREDI |
| 4 | Situational | Inter Segment Situations -if A occurs then B is required | CLREDI |
| 5 | External Code Sets | TR3 Medical Code Sets (Included in BCBSLA Business Rules) | NOT ACCEPTED |
| 6 | Business Specific Testing | Payer (BCBSLA) Business Requirements | NOT ACCEPTED |

This report is generated/returned ***only*** when HIPAA validation errors are detected at the Transmission (ISA/IEA, entire file), Functional Group (GS/GE) Transaction set (ST/SE) or individual claims (Detail Segments). ***If no errors detected, this report will not be generated.***

| Normal Severity | Resubmit Batch or Claim |
|---------------------------|--|
| ISA/IEA GS/GE ST/SE | Correct and resubmit the BATCH identified. |
| CLM | Correct and resubmit CLAIM or CLAIMS identified. |
| NM1*85 | Correct and resubmit ALL CLAIMS associated with that Provider Number |

8.3.1 Transactions/Claims failed HIPAA Validation

Only claims with **Normal** listed in the **Severity Column** have been rejected. Informational and Warning listed in the Severity column are alerts and do not require resubmission.

Instructions: FINDING FAILED TRANSACTIONS/CLAIMS:

1. Conduct a search (CTRL F) in report for the word '**Normal.**'
Each occurrence will provide the exact error which caused the failure and the error message. The error message contents should provide the information needed to correct the claim/batch.
2. Continue the search throughout the entire report as all claims/batches with the **Normal** indicator requires correction and resubmission.

8.3.2 Sample Report: WARNING AND Normal Severity Errors

Powered by Edifecs

Data With Error Report

Executed Wednesday, May 01, 2013 01:12:22 PM (GMT)
D:\Edifecs\XEServer\service\50CE8464-5166-4D96-BE8B-54FEB65A2C3C

This report shows the results of a submitted data file validated against corresponding guidelines. If there are errors, you must fix the application that created the data file and then generate and submit a new data file.

| Report Summary |
|---|
| <p>Total Errors: 1 Total Warnings: 3 Total Informations: 0</p> |

| Error Count By WEDI SNIP Type | | |
|-------------------------------|-------------------|--|
| SNIP Type | SNIP Name | Counts |
| 0 | System | 0 |
| 1 | EDI Syntax | 0 |
| 2 | HIPAA Syntax | 0 Errors 2 Warnings 0 Informations |
| 3 | Balancing | 0 |
| 4 | Situational | 1 Errors 1 Warnings 0 Informations |
| 5 | External Code Set | 0 |
| 6 | Line of Service | 0 |
| 7 | Partner Specific | 0 |

Data

Guideline file: D:\Edifecs\XEngine\config\BCBSLA\guidelines\BCBSLA_5010_GS.ecs

Errors at Group level:

Errors: 0
Warnings: 0
Informations: 0

Transaction Received:1
Transaction Accepted:1

Sender ID: P0003344
Control Number: 84780
Date: 20130501

Receiver ID: BCBSLA001
Version: 005010X223A2
Time: 0909

GS*HC*P1234567*BCBSLA001*20130501*0909*84780*X*005010X223A2

1.4.1 Transaction start

Guideline file:
D:\Edifecs\XEngine\config\BCBSLA\guidelines\BCBSLA_5010_837I_X223A2.ecs

Errors at Transaction level:
Errors: 0
Warnings: 2
Informations: 0

Control Number: 0004

Transaction ID: 837

NOTE:

SNIP Type indicates the validation level in which the issue was detected.

Severity Warning or Informational indicates accepted. **DO NOT resubmit.**

ST*837*0004*005010X223A2

BHT*0019*00*84174*20130501*090930*CH

NM1*41*2*SUB NAME*****46*P1234567

PER*IC*EDI Operations*TE*8774947633*EM*PRODUCTION@SUBMITTER NAME.COM

NM1*40*2*LOUISIANA BLUE CROSS BLUE SHIELD*****46*BCBSLA001

HL*1**20*1

PRV*BI*PXC*261QE0700X

NM1*85*2*PROVIDER NAME HERE*****XX*1234567890

N3*104 STREET NAME

N4*CITY*ST* **71233000**

| Error ID | Error Message | SNIP Type | Severity | Guideline Properties |
|---------------|---|--------------------------------|----------|---|
| 0x393944 7 | <p>Business Message: ZIP Code is invalid in Billing Provider City, State, ZIP Code.</p> <p>Value of element N403 is incorrect. Last 4 digits should not be '0000' or '9999' for 9 digits US Zip Code. Segment N4 is defined in the guideline at position 0300.</p> <p>This error was detected at: Segment Count: 10 Element Count: 3 Character: 7104 through 7113</p> | 2 - HIPA A Synta x | Warning | <p>ID: 116 IID: 1330 Name: Postal Code Standard Optional Option: User Used Option: Max 1 Use: Min Length 3 : Max Length 15 : Type: Identifier</p> |

| |
|---|
| HL*51**20*1 |
| PRV*BI*PXC*208D00000X |
| NM1*85*2*PROVIDER NAME HERE*****XX*123456789 |
| N3*123 STREET NAME HERE |
| N4*CITY*LA*704030946 |
| REF*EI*272765802 |
| PER*IC*CONTACT HERE BRESCHER*TE*1234567890*FX*1234567890*EM*EMAILADDRESS.COM |
| NM1*87*2 |
| NOTE: <i>SNIP Type</i> indicates the validation level in which the issue was detected. Severity <u>Normal</u> indicates <u>Rejection</u> . <u>MUST CORRECT and RESUBMIT</u> |
| N3*ADDR |
| N4*CITY*ST*ZIP |
| HL*52*51*22*0 |
| SBR*P*18*87252*****BL |
| NM1*IL*1*PAT LST NAME*MEM FIRST NM*R***MI*XUP123456789 |
| N3*PAT ADDRESS |
| N4*CITY*LA*70454 |
| DMG*D8*19690211*M |
| NM1*PR*2*BC -LOUISIANA*****PI*53120 |
| CLM*3HV3JP4-10030060001B*352***13<A<1**A*Y*Y |
| DTP*434*RD8*20130322-20130322 |
| CL1*3*1*01 |
| REF*D9*886479718 |
| REF*EA*007211 |
| HI*BK<73008 |
| HI*PR<73008 |
| HI*BH<11<D8<20130322 |
| HI*BE<80<<<1 |
| NM1*71*1*OPER PHY LSTNM*OP PHY FIRST NM <input checked="" type="checkbox"/> |

| Error Message | SNIP Type | Severity | Guideline Properties |
|---|----------------------------|---------------|--|
| <p>Business Message: National Provider ID (NPI) is a required identifier when it is mandated for use.</p> <p>Value of element NM108 is incorrect. Expected value is 'XX' for covered providers when National Provider ID is mandated for use. Segment NM1 is defined in the guideline at position 2500.</p> <p>This error was detected at: Segment Count: 846 Element Count: 8 Character: 175984 through 175984</p> | <p>4 - Situational</p> | <p>Normal</p> | <p>ID: 66 IID: 17080 Identification Name: Code Qualifier Standard Relational Option: User Used Option: Max 1 Use: Min 1 Length: Max 2 Length: Type: Identifier</p> |

PRV*AT*PXC*208D00000X

8.4 BCBS Business Rule Validation

All claims submitted are validated against a comprehensive set of BCBS Business rules. ***The Accepted/Warning/Not Accepted Claims Report*** is provided to reflect all claims that passed HIPAA validation (failures are provided on the BCCLREDI report) and were subjected to our BCBS Business Rules. Claims that pass the BCBS Business Rules are listed on the Accepted Report and claims that fail the BCBS Business Rules, appear on the Not Accepted Report. The Warning section of this report is not being used at this time.

- ***Claims listed on the Accepted Report have moved into the BCBS claims processing system and require no further action.***

- ***Claims listed on the Not Accepted Report contain errors and require correction and resubmission.***

For transactions received Monday through Friday (non-holiday) by 3:00 pm CST, the Accept/Warning/Not Accepted Claims Report will normally be available by 8:00 pm CST the same business day. Transactions received after 3:00 pm, the report will be available the following business day by 8:00 pm CST.

8.4.1 Sample Accepted Claims Report

No action is needed on the claims appearing on the Accepted report.

Blue Cross and Blue Shield of Louisiana
837 Accepted / Not Accepted / Warning Report
Institutional Claims Report

SUBMITTER NUMBER: P0001234 SUBMITTER: **SENDER NAME HERE**
BC REG# 72000000000A NPI#1234567890 PROVIDER: **PROVIDER NM HERE**

BC ID# 12345

RECEIVE DATE: 04-12-13 PROCESSING DATE: 04-12-13

837I **ACCEPTED REPORT** PAGE 1

| PATIENT ACCOUNT NUM | PATIENT LAST NM | PATIENT FIRST NM | BC CONTRACT NUMBER | FROM DATE | THRU DATE | CLAIM AMOUNT | CH TRACKING NUMBER |
|---------------------------|--------------------|---------------------|-----------------------|--------------|--------------|-----------------|-----------------------|
| 123456789012 | LASTNM | FIRST | XUA200123456 I | 010713 | 010713 | 175.19 | 01234567890 |

PROVIDER BC ID# 12345 837I SUMMARY:

837I TOTAL CLAIMS ACCEPTED: 1 CLAIMS FOR \$175.19
837I TOTAL CLAIMS NOT ACCEPTED: 1 CLAIMS FOR \$97.43
837I TOTAL CLAIMS: 2 CLAIMS FOR \$272.62

8.4.2 Sample Not Accepted Claims

Not Accepted claims must be corrected and resubmitted

Blue Cross and Blue Shield of Louisiana
837 Accepted / Not Accepted / Warning Report
Institutional Claims Report

SUBMITTER NUMBER: P0001234 SUBMITTER: SENDER NAME HERE
BC REG# 72000000000A NPI#1234567890 PROVIDER: PROVIDER NM HERE
BC ID# 12345
RECEIVE DATE: 04-12-13 PROCESSING DATE: 04-12-13

837I NOT ACCEPTED REPORT

PAGE 2

| PATIENT ACCOUNT NUM | PATIENT LAST NM | PATIENT FIRST NM | BC CONTRACT NUMBER | FROM DATE | THRU DATE | CLAIM AMOUNT | ERROR DESCRIPTION | ERROR DATA |
|---------------------------|--------------------|---------------------|-----------------------|--------------|--------------|-----------------|--|---------------|
| 12345 | Plstname | Pfstnm | XUH20012345 | 022813 | 022813 | 97.43 | DIABETES DIAG REV REQ5 CPT4 OR HCPCS CODE S9470 | |

I

PROVIDER BC ID# 12345 837I SUMMARY:

837I TOTAL CLAIMS ACCEPTED: 1 CLAIMS FOR \$175.19
837I TOTAL CLAIMS NOT ACCEPTED: 1 CLAIMS FOR \$97.43
837I TOTAL CLAIMS: 2 CLAIMS FOR \$272.62

8.5 Not Accepted Report

The Not Accepted Report identifies claims with critical errors, which were not accepted for processing. ***All claims that appear on the Not Accepted Claims Report must be corrected and retransmitted for processing.***

The ***Error Description field*** on the report provides a verbose message indicating the critical error detected. The ***Error Data field*** on the report, when populated shows the information from the claim which requires correction.

The following pages contain the Error Descriptions listed in alphabetic order along with the edit logic. This should provide the details needed to correct and resubmit claims found on the Not Accepted Report.

8.6 Not Accepted Error Descriptions and Business Logic

| Error Description and Business Logic | Contract Type |
|---|---|
| <p><u>ACCOM REV CODE MUST BE PRESENT</u></p> <p>1. Inpatient type bill must contain accommodation revenue code(s) 0100-0169 0170-0179, or 0190 - 0219.</p> | <p>BCBSLA</p> |
| <p><u>ACCOM UNITS NOT EQ TO COV NONCOV DAY</u></p> <p>1. Inpatient type bill requires the sum of units for all room revenue codes (0100, 0101, 0110 - 0169, 0170-0179, 0190 -0219) must be equal to the covered days.</p> <p>2. Inpatient type bill with leave of absence revenue code (018X) is present, units for the leave of absence revenue code must be equal to the non-covered days.</p> | <p>BCBSLA FEP Out of State (ITS)</p> |
| <p><u>ADJ CLM REQS ICN CLAIM NUMBER</u></p> <p>1. Adjustment claim does not contain the Internal Control Number (ICN) assigned by BCBSLA to the original claim. The ICN can be found on the BC payment register or in iLinkBlue system on the claim status application.</p> | <p>BCBSLA FEP Out of State (ITS)</p> |
| <p><u>ADJCLM PROCESSING WAIT UNTIL COMPLETE</u></p> <p>1. There is already an adjustment claim for the ICN on this claim in our processing system. If needed, submit another adj claim after the adjustment on file has completed processing.</p> | <p>BCBSLA FEP Out of State (ITS)</p> |
| <p><u>ADMISSION TYPE INVALID</u></p> <p>1. Type of admission code is blank or not equal to 1 - 5 or 9.</p> | <p>BCBSLA FEP Out of State (ITS)</p> |
| <p><u>ADMIT HOUR MUST BE 00 THRU 23</u></p> <p>1. Must be present on inpatient claims and a valid Admit Hour. 2. Must be four numeric positions indicating hour and minute of admission (hhmm.)</p> | <p>Out of State (ITS)</p> |
| <p><u>AMBULANCE HCPCS REQS VALID AMB REV CODE</u></p> <p>1. A valid ambulance HCPCS code must be present when revenue code 0540-0549 is present.</p> | <p>BCBSLA FEP</p> |

| Error Description and Business Logic | Contract Type |
|---|---|
| <p><u>ASSIGNMENT OF BENEFITS MISSING OR INVAL</u></p> <p>1. The assignment of benefits indicator must be a Y or an N to indicate if the benefits are assigned.</p> | <p>BCBSLA</p> |
| <p><u>BENEFITS UNAVAILABLE BECAUSE THIS CLAIM WAS FILED AFTER THE TIMELY FILING LIMIT</u></p> <p>1. Time limit exceeded for filing this claim.</p> | <p>BCBSLA</p> |
| <p><u>BILL NPI NOT IN BCSYS FAXTO 225 297 2750</u></p> <p>1. Billing Provider NPI is not loaded in the BC system. Please fax or submit NPI using instructions from the BCBSLA link: http://www.bcbsla.com/Providers/NPI/Pages/13_87.aspx</p> | <p>BCBSLA FEP</p> |
| <p><u>BILL NPI TAXID COMBO NOT SETUP FAX INFO</u></p> <p>1. Billing Provider NPI and Tax ID number submitted is not set up in BC system. Request set up using instructions from BCBSLA link: http://www.bcbsla.com/Providers/NPI/Pages/13_87.aspx</p> | <p>BCBSLA</p> |
| <p><u>BILLING NPI MATCHES MULTI PROVIDER RECORDS</u></p> <p>1. Unable to locate a single BCBS provider number to assign to claim, submit using the G2 qualifier along with the Providers 5-digit BC assigned number.</p> | <p>BCBSLA Out of State (ITS)</p> |
| <p><u>BILLING PROVIDER TAXONOMY REQUIRED</u></p> <p>1. NPI and Tax ID require the submission of a Taxonomy Code set up in the BC file.</p> | <p>BCBSLA</p> |
| <p><u>CLAIM IS LEGACY, RESUBMIT VIA I LINKBLUE/HARDCOPY</u></p> <p>1. If message indicates resubmit iLinkBlue, send iLB or paper. If error indicates submit hardcopy, must send paper claim.</p> | <p>BCBSLA FEP</p> |

| Error Description and Business Logic | Contract Type |
|--|---|
| <p><u>CLAIM SPANS ICD10 DATE</u></p> <ol style="list-style-type: none"> 1. For outpatient institutional claims, the Statement From and Through dates cannot span the ICD10 implementation date of 10/1/2015. Claim must be split as follows: <ol style="list-style-type: none"> a. All services prior to 10/1/2015 must be billed with ICD9 codes. b. All services on or after 10/1/2015 must be billed with ICD10 codes. | <p>BCBSLA FEP Out of State (ITS)</p> |
| <p><u>COVDY BLNK OR NOT EQ TO STMT FRM THR DT</u></p> <ol style="list-style-type: none"> 1. If this is an inpatient bill, the covered days must be present and must be numeric. 2. If the inpatient bill type is equal to XX1, then the covered days and the non-covered days must equal to the total count of days of statement thru date minus statement from date, minus 1. | <p>BCBSLA</p> |
| <p><u>COVERED FROM DATE INVALID</u></p> <ol style="list-style-type: none"> 1. Statement Covered from date must be numeric. 2. The date must be in valid date format. 3. The “covered from” date cannot be greater than the current date. | <p>BCBSLA FEP</p> |
| <p><u>COVERED THRU DATE INVALID</u></p> <ol style="list-style-type: none"> 1. The “covered thru” date must be a valid date on or after the “covered from” date (first date of service.) 2. The “covered thru” date must be numeric. 3. The “covered thru” date must be on or prior to the current date. | <p>BCBSLA FEP</p> |

| Error Description and Business Logic | | Contract Type | | | | | | |
|--|--|---------------|---------------|-------|--|-------|------------------------------------|------------------------------|
| <p><u>DIABETES DIAG REV REQS CPT4 OR HCPCS CODE</u></p> <p>1. Outpatient claim with one of the ICD9 or ICD10 diagnosis codes listed below and Revenue Code 0942 requires one of the following HCPCS codes: '99078, G0108 & G0109, 98960, 98962, 97802, 97803 or 97804.</p> <table border="1"> <thead> <tr> <th>ICD 9 Code(s)</th> <th>ICD10 Code(s)</th> </tr> </thead> <tbody> <tr> <td>25000</td> <td>E10.10, E10.11, E10.21, E10.22, E10.29, E10.311, E10.319, E10.321, E10.329, E10.331, E10.339, E10.341, E10.349, E10.351, E10.359, E10.36, E10.39, E10.40, E10.41, E10.42, E10.43, E10.44, E10.49, E10.51, E10.52, E10.59, E10.610, E10.618, E10.620, E10.621, E10.622, E10.628, E10.630, E10.638, E10.641, E10.649, E10.65, E10.69, E10.8, E10.9, E11.00, E11.01, E11.21, E11.22, E11.29, E11.311, E11.319, E11.321, E11.329, E11.331, E11.339, E11.341, E11.349, E11.351, E11.359, E11.36, E11.39, E11.40, E11.41, E11.42, E11.43, E11.44, E11.49, E11.51, E11.52, E11.59, E11.610, E11.618, E11.620, E11.621, E11.622, E11.628, E11.630, E11.638, E11.641, E11.649, E11.65, E11.69, E11.8, E11.9, E13.00, E13.01, E13.10, E13.11, E13.21, E13.22, E13.29, E13.311, E13.319, E13.321, E13.329, E13.331, E13.339, E13.341, E13.349, E13.351, E13.359, E13.36, E13.39, E13.40, E13.41, E13.42, E13.43, E13.44, E13.49, E13.51, E13.52, E13.59, E13.610, E13.618, E13.620, E13.621, E13.622, E13.628, E13.630, E13.638, E13.641, E13.649, E13.65, E13.69, E13.8, E13.9</td> </tr> <tr> <td>64883</td> <td>O24.410, O24.414, O24.419, O99.810</td> </tr> </tbody> </table> | | ICD 9 Code(s) | ICD10 Code(s) | 25000 | E10.10, E10.11, E10.21, E10.22, E10.29, E10.311, E10.319, E10.321, E10.329, E10.331, E10.339, E10.341, E10.349, E10.351, E10.359, E10.36, E10.39, E10.40, E10.41, E10.42, E10.43, E10.44, E10.49, E10.51, E10.52, E10.59, E10.610, E10.618, E10.620, E10.621, E10.622, E10.628, E10.630, E10.638, E10.641, E10.649, E10.65, E10.69, E10.8, E10.9, E11.00, E11.01, E11.21, E11.22, E11.29, E11.311, E11.319, E11.321, E11.329, E11.331, E11.339, E11.341, E11.349, E11.351, E11.359, E11.36, E11.39, E11.40, E11.41, E11.42, E11.43, E11.44, E11.49, E11.51, E11.52, E11.59, E11.610, E11.618, E11.620, E11.621, E11.622, E11.628, E11.630, E11.638, E11.641, E11.649, E11.65, E11.69, E11.8, E11.9, E13.00, E13.01, E13.10, E13.11, E13.21, E13.22, E13.29, E13.311, E13.319, E13.321, E13.329, E13.331, E13.339, E13.341, E13.349, E13.351, E13.359, E13.36, E13.39, E13.40, E13.41, E13.42, E13.43, E13.44, E13.49, E13.51, E13.52, E13.59, E13.610, E13.618, E13.620, E13.621, E13.622, E13.628, E13.630, E13.638, E13.641, E13.649, E13.65, E13.69, E13.8, E13.9 | 64883 | O24.410, O24.414, O24.419, O99.810 | <p>BCBSLA FEP</p> |
| ICD 9 Code(s) | ICD10 Code(s) | | | | | | | |
| 25000 | E10.10, E10.11, E10.21, E10.22, E10.29, E10.311, E10.319, E10.321, E10.329, E10.331, E10.339, E10.341, E10.349, E10.351, E10.359, E10.36, E10.39, E10.40, E10.41, E10.42, E10.43, E10.44, E10.49, E10.51, E10.52, E10.59, E10.610, E10.618, E10.620, E10.621, E10.622, E10.628, E10.630, E10.638, E10.641, E10.649, E10.65, E10.69, E10.8, E10.9, E11.00, E11.01, E11.21, E11.22, E11.29, E11.311, E11.319, E11.321, E11.329, E11.331, E11.339, E11.341, E11.349, E11.351, E11.359, E11.36, E11.39, E11.40, E11.41, E11.42, E11.43, E11.44, E11.49, E11.51, E11.52, E11.59, E11.610, E11.618, E11.620, E11.621, E11.622, E11.628, E11.630, E11.638, E11.641, E11.649, E11.65, E11.69, E11.8, E11.9, E13.00, E13.01, E13.10, E13.11, E13.21, E13.22, E13.29, E13.311, E13.319, E13.321, E13.329, E13.331, E13.339, E13.341, E13.349, E13.351, E13.359, E13.36, E13.39, E13.40, E13.41, E13.42, E13.43, E13.44, E13.49, E13.51, E13.52, E13.59, E13.610, E13.618, E13.620, E13.621, E13.622, E13.628, E13.630, E13.638, E13.641, E13.649, E13.65, E13.69, E13.8, E13.9 | | | | | | | |
| 64883 | O24.410, O24.414, O24.419, O99.810 | | | | | | | |

| Error Description and Business Logic | Contract Type |
|---|--|
| <p><u>DIAG CODE REQUIRES 4TH 5TH 6TH OR 7TH DIG</u></p> <p>1. The diagnosis code identified requires the fourth, fifth, sixth or seventh positions to further describe/define the diagnosis.</p> | <p>BCBSLA FEP Out of State (ITS)</p> |
| <p><u>DIAGNOSIS CODE MISSING OR INVALID</u></p> <p>1. Principle Diagnosis cannot begin with</p> <ul style="list-style-type: none"> • 'E' if the code is ICD9 • V, W, X or Y (V00 – Y99) if the code is ICD10 <p>2. Diagnosis code must be present.</p> <p>3. Principle and other Diagnosis codes must be valid for Statement Thru date on claim.</p> | <p>BCBSLA FEP Out of State (ITS)</p> |
| <p><u>DISCHARGE HOUR INVALID</u></p> <p>1. Discharge hour must be present on inpatient claim and equal to 00-23.</p> | <p>Out of State (ITS)</p> |
| <p><u>HCPCS NOT VALID OR NOT VALID IN BC SYSTEM</u></p> <p>1. HCPCS is not valid for the service date on claim or in the BC system.</p> | <p>BCBSLA FEP</p> |
| <p><u>ICN CLM NUMBER NOT ON BC FILE</u></p> <p>1. ICN number submitted does not match the ICN assigned in the BC system to the original claim.</p> | <p>BCBSLA FEP Out of State (ITS)</p> |
| <p><u>INVALID BILLING FREQUENCY</u></p> <p>1. Third position of type bill must be a valid code and not equal to 5 or 6.</p> | <p>BCBSLA FEP Out of State (ITS)</p> |
| <p><u>INVALID CONTRACT NUMBER</u></p> <p>1. The BCBSLA or FEP contract number submitted on this claim is invalid.</p> | <p>BCBSLA FEP</p> |

| Error Description and Business Logic | Contract Type |
|--|---|
| <p><u>INVALID FROM DATE OF SERVICE</u></p> <ol style="list-style-type: none"> 1. From Date must be present and prior to the current date. 2. From Date cannot contain punctuation or embedded spaces and must be six numeric positions in the following format: CCCMMDD | <p>BCBSLA FEP Out of State (ITS)</p> |
| <p><u>INVALID NEWBORN NAME</u></p> <ol style="list-style-type: none"> 1. Must be the child's given name and cannot be Baby, babyb, baby1, baby2, baby3, baby4, babygirl, babygirl1, babyboy, babyboy1, girl, bab1, babygirl2, babyboy2, bab2, babygirl3, babyboy3, bab3, babygirl4, babyboy4, girl1, boy1, infant1, girl2, boy2, infant2, girl3, boy3, infant3, bab4, girl4, boy4, infant4, twin1, twin2, unknown, boy, infant, twin, triplet, newborn, etc. | <p>BCBSLA FEP</p> |
| <p><u>INVALID PREFIX FOR DATE OF SERVICE</u></p> <ol style="list-style-type: none"> 1. The contract prefix entered is invalid or invalid for the Date of Service. | <p>Out of State (ITS)</p> |
| <p><u>INVALID TYPE OF BILL</u></p> <ol style="list-style-type: none"> 1. Third position of type bill/frequency cannot be 2, 3, 4, 5, 6 or 9. | <p>BCBSLA FEP</p> |
| <p><u>LINE DOS INVALID OR NOT IN CLM DOS RANGE</u></p> <ol style="list-style-type: none"> 1. The service line Date of Service must be a valid date and on or within the Statement From and Thru dates. | <p>Out of State (ITS)</p> |
| <p><u>LINE ITEM DOS SPANS CALYR SPLIT BILL</u></p> <ol style="list-style-type: none"> 1. Service dates must be within single calendar year. | <p>BCBSLA Out of State (ITS)</p> |
| <p><u>MCARE REMIT DT REQD-FILE 31 DAYS AFTER</u></p> <ol style="list-style-type: none"> 1. Medicare Remit Date required and must be 31 days or greater than the current date. | <p>BCBSLA FEP Out of State (ITS)</p> |

| Error Description and Business Logic | | Contract Type | | | | | | |
|---|--|---------------|---------------|-----|--------------------------|---------|--|------------------------------|
| <p><u>MENTAL AND NERVOUS PROV NUM MUST BE USED</u></p> <p>1. Inpatient claim and first three positions of the principal diagnosis codes are equal to one of the ICD9 or ICD10 codes listed below, then provider’s NPI, Tax ID and Taxonomy codes must reflect Mental & Nervous/Psychiatric unit.</p> <table border="1" data-bbox="196 611 1151 1980"> <thead> <tr> <th data-bbox="196 611 438 747">ICD 9 Code(s)</th> <th data-bbox="438 611 1151 747">ICD10 Code(s)</th> </tr> </thead> <tbody> <tr> <td data-bbox="196 747 438 835">290</td> <td data-bbox="438 747 1151 835">F01.50, F01.51, F03, F05</td> </tr> <tr> <td data-bbox="196 835 438 1980">293-302</td> <td data-bbox="438 835 1151 1980">F02.80, F02.81, F03.90, F03.91, F04, F05, F06.0, F06.1, F06.2, F06.30, F06.31, F06.32, F06.33, F06.34, F06.4, F06.8, F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89, F20.9, F21, F22, F23, F24, F25.0, F25.1, F25.8, F25.9, F28, F29, F30.10, F30.11, F30.12, F30.13, F30.2, F30.3, F30.4, F30.8, F30.9, F31.0, F31.10, F31.11, F31.12, F31.13, F31.2, F31.30, F31.31, F31.32, F31.4, F31.5, F31.60, F31.61, F31.62, F31.63, F31.64, F31.70, F31.71, F31.72, F31.73, F31.74, F31.75, F31.76, F31.77, F31.78, F31.81, F31.89, F31.9, F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.8, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9, F34.0, F34.1, F34.8, F34.9, F39, F40.00, F40.01, F40.02, F40.10, F40.11, F40.210, F40.218, F40.220, F40.228, F40.230, F40.231, F40.232, F40.233, F40.240, F40.241, F40.242, F40.243, F40.248, F40.290, F40.291, F40.298, F40.8, F40.9, F41.0, F41.1, F41.3, F41.8, F41.9, F42, F44.0, F44.1, F44.2, F44.4, F44.5, F44.6, F44.7, F44.81, F44.89, F44.9, F45.0, F45.1, F45.20, F45.21, F45.22, F45.29, F45.8, F45.9, F48.1, F48.8, F48.9, F52.0, F52.1, F52.21, F52.22, F52.31, F52.32, F52.4, F52.6, F52.8, F52.9, F53, F60.0, F60.1, F60.2, F60.3, F60.4, F60.5, F60.6,</td> </tr> </tbody> </table> | | ICD 9 Code(s) | ICD10 Code(s) | 290 | F01.50, F01.51, F03, F05 | 293-302 | F02.80, F02.81, F03.90, F03.91, F04, F05, F06.0, F06.1, F06.2, F06.30, F06.31, F06.32, F06.33, F06.34, F06.4, F06.8, F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89, F20.9, F21, F22, F23, F24, F25.0, F25.1, F25.8, F25.9, F28, F29, F30.10, F30.11, F30.12, F30.13, F30.2, F30.3, F30.4, F30.8, F30.9, F31.0, F31.10, F31.11, F31.12, F31.13, F31.2, F31.30, F31.31, F31.32, F31.4, F31.5, F31.60, F31.61, F31.62, F31.63, F31.64, F31.70, F31.71, F31.72, F31.73, F31.74, F31.75, F31.76, F31.77, F31.78, F31.81, F31.89, F31.9, F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.8, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9, F34.0, F34.1, F34.8, F34.9, F39, F40.00, F40.01, F40.02, F40.10, F40.11, F40.210, F40.218, F40.220, F40.228, F40.230, F40.231, F40.232, F40.233, F40.240, F40.241, F40.242, F40.243, F40.248, F40.290, F40.291, F40.298, F40.8, F40.9, F41.0, F41.1, F41.3, F41.8, F41.9, F42, F44.0, F44.1, F44.2, F44.4, F44.5, F44.6, F44.7, F44.81, F44.89, F44.9, F45.0, F45.1, F45.20, F45.21, F45.22, F45.29, F45.8, F45.9, F48.1, F48.8, F48.9, F52.0, F52.1, F52.21, F52.22, F52.31, F52.32, F52.4, F52.6, F52.8, F52.9, F53, F60.0, F60.1, F60.2, F60.3, F60.4, F60.5, F60.6, | <p>BCBSLA FEP</p> |
| ICD 9 Code(s) | ICD10 Code(s) | | | | | | | |
| 290 | F01.50, F01.51, F03, F05 | | | | | | | |
| 293-302 | F02.80, F02.81, F03.90, F03.91, F04, F05, F06.0, F06.1, F06.2, F06.30, F06.31, F06.32, F06.33, F06.34, F06.4, F06.8, F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89, F20.9, F21, F22, F23, F24, F25.0, F25.1, F25.8, F25.9, F28, F29, F30.10, F30.11, F30.12, F30.13, F30.2, F30.3, F30.4, F30.8, F30.9, F31.0, F31.10, F31.11, F31.12, F31.13, F31.2, F31.30, F31.31, F31.32, F31.4, F31.5, F31.60, F31.61, F31.62, F31.63, F31.64, F31.70, F31.71, F31.72, F31.73, F31.74, F31.75, F31.76, F31.77, F31.78, F31.81, F31.89, F31.9, F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.8, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9, F34.0, F34.1, F34.8, F34.9, F39, F40.00, F40.01, F40.02, F40.10, F40.11, F40.210, F40.218, F40.220, F40.228, F40.230, F40.231, F40.232, F40.233, F40.240, F40.241, F40.242, F40.243, F40.248, F40.290, F40.291, F40.298, F40.8, F40.9, F41.0, F41.1, F41.3, F41.8, F41.9, F42, F44.0, F44.1, F44.2, F44.4, F44.5, F44.6, F44.7, F44.81, F44.89, F44.9, F45.0, F45.1, F45.20, F45.21, F45.22, F45.29, F45.8, F45.9, F48.1, F48.8, F48.9, F52.0, F52.1, F52.21, F52.22, F52.31, F52.32, F52.4, F52.6, F52.8, F52.9, F53, F60.0, F60.1, F60.2, F60.3, F60.4, F60.5, F60.6, | | | | | | | |

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|---------|---|--|
| | <p>F60.7, F60.81, F60.89, F60.9, F64.1, F64.2, F64.8, F64.9, F65.0, F65.1, F65.2, F65.3, F65.4, F65.50, F65.51, F65.52, F65.81, F65.89, F65.9, F66, F68.10, F68.11, F68.12, F68.13, F68.8, F69, F84.0, F84.3, F84.5, F84.8, F84.9, F99, R37, R45.2, R45.5, R45.6, Z87.890</p> | |
| 306-319 | <p>F07.0, F07.81, F07.89, F07.9, F09, F32.9, F43.0, F43.10, F43.11, F43.12, F43.20, F43.21, F43.22, F43.23, F43.24, F43.25, F43.29, F43.8, F43.9, F45.41, F45.42, F45.8, F45.9, F48.2, F50.00, F50.01, F50.02, F50.2, F50.8, F50.9, F51.01, F51.02, F51.03, F51.09, F51.11, F51.12, F51.19, F51.3, F51.4, F51.5, F51.8, F51.9, F52.5, F54, F59, F63.0, F63.1, F63.2, F63.3, F63.81, F63.89, F63.9, F70, F71, F72, F73, F78, F79, F80.0, F80.1, F80.2, F80.4, F80.81, F80.89, F80.9, F81.0, F81.2, F81.81, F81.89, F81.9, F82, F88, F89, F90.0, F90.1, F90.2, F90.8, F90.9, F91.0, F91.1, F91.2, F91.3, F91.8, F91.9, F93.0, F93.8, F93.9, F94.0, F94.1, F94.2, F94.8, F94.9, F95.0, F95.1, F95.2, F95.8, F95.9, F98.0, F98.1, F98.21, F98.29, F98.3, F98.4, F98.5, F98.8, F98.9, G44.209, H93.25, R45.1, R45.7, R45.81, R45.82, R48.0</p> | |

| Error Description and Business Logic | | Contract Type | | | | | | | | |
|---|--|---------------|---------------|--------|------------------------------------|--------|--|--------|--|---|
| <p><u>NRSY QUAD ACCOM UNIT CONFLIC WITH COV DY</u></p> <p>1. Claim contains quadruplet diagnosis code equal to one of the ICD9 or ICD10 codes listed below. Units for nursery rev codes (170-179) cannot exceed the covered days value times 4.</p> <table border="1"> <thead> <tr> <th>ICD 9 Code(s)</th> <th>ICD10 Code(s)</th> </tr> </thead> <tbody> <tr> <td>651.20</td> <td>O30.209, O30.219, O30.229, O30.299</td> </tr> <tr> <td>651.21</td> <td>O30.201, O30.202, O30.203, O30.211, O30.212, O30.213, O30.221, O30.222, O30.223, O30.291, O30.292, O30.293</td> </tr> <tr> <td>651.23</td> <td>O30.201, O30.202, O30.203, O30.211, O30.212, O30.213, O30.221, O30.222, O30.223, O30.291, O30.292, O30.293</td> </tr> </tbody> </table> | | ICD 9 Code(s) | ICD10 Code(s) | 651.20 | O30.209, O30.219, O30.229, O30.299 | 651.21 | O30.201, O30.202, O30.203, O30.211, O30.212, O30.213, O30.221, O30.222, O30.223, O30.291, O30.292, O30.293 | 651.23 | O30.201, O30.202, O30.203, O30.211, O30.212, O30.213, O30.221, O30.222, O30.223, O30.291, O30.292, O30.293 | <p>BCBSLA FEP Out of State (ITS)</p> |
| ICD 9 Code(s) | ICD10 Code(s) | | | | | | | | | |
| 651.20 | O30.209, O30.219, O30.229, O30.299 | | | | | | | | | |
| 651.21 | O30.201, O30.202, O30.203, O30.211, O30.212, O30.213, O30.221, O30.222, O30.223, O30.291, O30.292, O30.293 | | | | | | | | | |
| 651.23 | O30.201, O30.202, O30.203, O30.211, O30.212, O30.213, O30.221, O30.222, O30.223, O30.291, O30.292, O30.293 | | | | | | | | | |
| <p><u>NRSY TRIP ACCOM UNIT CONFLIC WITH COV DY</u></p> <p>1. Claim contains triplet diagnosis code that is equal to one of the ICD9 or ICD10 codes listed below. Units for nursery rev codes (170-179) cannot exceed the covered days value times 3.</p> <table border="1"> <thead> <tr> <th>ICD 9 Code(s)</th> <th>ICD10 Code(s)</th> </tr> </thead> <tbody> <tr> <td>651.10</td> <td>O30.109, O30.119, O30.129, O30.199</td> </tr> <tr> <td>651.11</td> <td>O30.101, O30.102, O30.103, O30.111, O30.112, O30.113, O30.121, O30.122, O30.123, O30.191, O30.192, O30.193</td> </tr> <tr> <td>651.13</td> <td>O30.101, O30.102, O30.103, O30.111, O30.112, O30.113, O30.121, O30.122, O30.123, O30.191, O30.192, O30.193</td> </tr> </tbody> </table> | | ICD 9 Code(s) | ICD10 Code(s) | 651.10 | O30.109, O30.119, O30.129, O30.199 | 651.11 | O30.101, O30.102, O30.103, O30.111, O30.112, O30.113, O30.121, O30.122, O30.123, O30.191, O30.192, O30.193 | 651.13 | O30.101, O30.102, O30.103, O30.111, O30.112, O30.113, O30.121, O30.122, O30.123, O30.191, O30.192, O30.193 | <p>BCBSLA FEP Out of State (ITS)</p> |
| ICD 9 Code(s) | ICD10 Code(s) | | | | | | | | | |
| 651.10 | O30.109, O30.119, O30.129, O30.199 | | | | | | | | | |
| 651.11 | O30.101, O30.102, O30.103, O30.111, O30.112, O30.113, O30.121, O30.122, O30.123, O30.191, O30.192, O30.193 | | | | | | | | | |
| 651.13 | O30.101, O30.102, O30.103, O30.111, O30.112, O30.113, O30.121, O30.122, O30.123, O30.191, O30.192, O30.193 | | | | | | | | | |

| Error Description and Business Logic | | Contract Type | | | | | | | | | | |
|---|---|----------------------------------|----------------------|--------|---|--------|---|--------|---|-------|-------|---|
| <p><u>NRSY TWIN ACCOM UNIT CONFLIC WITH COV DY</u></p> <p>1. Claim contains twin diagnosis code that is equal to one of the ICD9 or ICD10 codes listed below. Units for nursery rev codes (017X, 0179) cannot exceed the covered days value times 2.</p> <table border="1"> <thead> <tr> <th>ICD 9 Code(s)</th> <th>ICD10 Code(s)</th> </tr> </thead> <tbody> <tr> <td>651.00</td> <td>O30.009, O30.019, O30.039, O30.049, O30.099</td> </tr> <tr> <td>651.01</td> <td>O30.001, O30.002, O30.003, O30.011, O30.012, O30.013, O30.031, O30.032, O30.033, O30.041, O30.042, O30.043, O30.091, O30.092, O30.093</td> </tr> <tr> <td>651.03</td> <td>O30.001, O30.002, O30.003, O30.011, O30.012, O30.013, O30.031, O30.032, O30.033, O30.041, O30.042, O30.043, O30.091, O30.092, O30.093</td> </tr> <tr> <td>V27.2</td> <td>Z37.2</td> </tr> </tbody> </table> | | ICD 9 Code(s) | ICD10 Code(s) | 651.00 | O30.009, O30.019, O30.039, O30.049, O30.099 | 651.01 | O30.001, O30.002, O30.003, O30.011, O30.012, O30.013, O30.031, O30.032, O30.033, O30.041, O30.042, O30.043, O30.091, O30.092, O30.093 | 651.03 | O30.001, O30.002, O30.003, O30.011, O30.012, O30.013, O30.031, O30.032, O30.033, O30.041, O30.042, O30.043, O30.091, O30.092, O30.093 | V27.2 | Z37.2 | <p>BCBSLA FEP Out of State (ITS)</p> |
| ICD 9 Code(s) | ICD10 Code(s) | | | | | | | | | | | |
| 651.00 | O30.009, O30.019, O30.039, O30.049, O30.099 | | | | | | | | | | | |
| 651.01 | O30.001, O30.002, O30.003, O30.011, O30.012, O30.013, O30.031, O30.032, O30.033, O30.041, O30.042, O30.043, O30.091, O30.092, O30.093 | | | | | | | | | | | |
| 651.03 | O30.001, O30.002, O30.003, O30.011, O30.012, O30.013, O30.031, O30.032, O30.033, O30.041, O30.042, O30.043, O30.091, O30.092, O30.093 | | | | | | | | | | | |
| V27.2 | Z37.2 | | | | | | | | | | | |
| <p><u>OUT OF STATE CONT DHH FILE PAPER CLAIM</u></p> <p>1. This DHH claim must be submitted on paper.</p> | | <p>Out of State (ITS)</p> | | | | | | | | | | |
| <p><u>PAT DOB YEAR NOT ON BC FILE</u></p> <p>1. The date of birth does not match the date of birth on file with BCBSLA.</p> | | <p>BCBSLA FEP</p> | | | | | | | | | | |
| <p><u>PAT FIRST NAME NOT ON BC FILE</u></p> <p>1. The patient first name does not match the patient name on file with BCBSLA.</p> | | <p>BCBSLA FEP</p> | | | | | | | | | | |

| Error Description and Business Logic | CONTRACT TYPE |
|---|---|
| <p><u>PAT LAST NAME NOT ON BC FILE</u></p> <p>1. The patient last name indicated does not match the patient last name on file with BCBSLA.</p> | <p>BCBSLA FEP</p> |
| <p><u>PATIENT CONTROL NUMBER MISSING</u></p> <p>1. Patient Control Number required.</p> | <p>BCBSLA FEP</p> |
| <p><u>PATIENT STATUS INVALID</u></p> <p>1. Patient status code must be present and a valid code: 01-07, 09,20,40-43, 50,51,61-66, 70 or 81-95</p> | <p>Out of State (ITS)</p> |
| <p><u>PAYER NOT BCBSLA</u></p> <p>1. Claim filing indicator must be BL. Refer to Section 10 of this guide.</p> | <p>BCBSLA FEP Out of State (ITS)</p> |
| <p><u>PRESENT ON ADMISSION INFO REQ OR INV</u></p> <p>1. All primary and secondary diagnosis codes must have a valid corresponding POA indicator equal to Y, N, U, W or 1.</p> | <p>BCBSLA Out of State (ITS)</p> |
| <p><u>PRESENT ON ADMISSION INFO INVALID</u></p> <p>1. POA indicator is not equal to Y, N, U, W or 1.</p> | <p>FEP</p> |
| <p><u>PROC CODE REQUIRES 3RD OR 4TH DIGIT</u></p> <p>1. ICD Procedure code requires 3rd or 4th digit.</p> | <p>BCBSLA FEP Out of State (ITS)</p> |
| <p><u>PROCEDURE CODE INVALID</u></p> <p>1. Procedure code is invalid or not on BCBSLA file.</p> | <p>BCBSLA FEP Out of State (ITS)</p> |
| <p><u>PROCEDURE DATE MISSING OR INVALID</u></p> <p>1. Procedure date must be present and a valid date. 2. Procedure date can be within 3 days of the Statement From. 3. Procedure Date must be on or within the Statement From and Thru Dates.</p> | <p>BCBSLA FEP Out of State (ITS)</p> |

| Error Description and Business Logic | CONTRACT TYPE |
|---|--|
| <p><u>PROV NO INVAL OR PROV NOT EFFECT FOR DOS</u></p> <p>1. The provider information submitted on this claim is not effective for the date of service on the claim.</p> | <p>BCBSLA FEP Out of State (ITS)</p> |
| <p><u>RELEASE OF INFORMATION MISSING OR INVALID</u></p> <p>1. To submit claims electronically, the Release of information indicator must be Y or I.</p> | <p>BCBSLA FEP</p> |
| <p><u>REV CODE MISSING OR INVALID FOR TYPE BIL</u></p> <p>1. Revenue code must be present and 4 numeric positions. 2. Revenue code indicated is not valid for the Type Bill.</p> | <p>BCBSLA FEP</p> |
| <p><u>REV CODE REQS HCPCS CODE</u></p> <p>1. Contract requires this revenue code to contain a valid HCPCS.</p> | <p>BCBSLA FEP Out of State (ITS)</p> |
| <p><u>REV CODE REQS LINE ITEM DATE OF SERVICE</u></p> <p>1. Revenue code must have a date of service present.</p> | <p>BCBSLA FEP</p> |
| <p><u>REV CODE REQS SURGERY HCPCS</u></p> <p>1. Revenue code submitted requires a Surgery HCPCS code.</p> | <p>BCBSLA FEP Out of State (ITS)</p> |
| <p><u>SOURCE OF ADMISSION INVALID</u></p> <p>1. When present, must be 1-6, 8-9, A or D.</p> | <p>Out of State (ITS)</p> |

| Error Description and Business Logic | | CONTRACT TYPE | | | | |
|---|--|---------------|---------------|-----------|--|-----------------------|
| <p><u>SUBSTANCE ABUSE PROV NUMBER MUST BE USED</u></p> <p>1. When Diagnosis code is one of the ICD9 or ICD10 codes listed below, then the provider information (NPI and taxonomy) submitted on claim must reflect the Substance Abuse Unit.</p> <table border="1" data-bbox="180 579 1122 1984"> <thead> <tr> <th data-bbox="180 579 418 716">ICD 9 Code(s)</th> <th data-bbox="418 579 1122 716">ICD10 Code(s)</th> </tr> </thead> <tbody> <tr> <td data-bbox="180 716 418 1984">291 – 292</td> <td data-bbox="418 716 1122 1984"> F10.121, F10.14, F10.150, F10.151, F10.159, F10.180, F10.181, F10.182, F10.188, F10.19, F10.221, F10.230, F10.231, F10.232, F10.239, F10.24, F10.250, F10.251, F10.259, F10.26, F10.27, F10.280, F10.281, F10.282, F10.288, F10.29, F10.920, F10.921, F10.929, F10.94, F10.950, F10.951, F10.959, F10.96, F10.97, F10.980, F10.981, F10.982, F10.988, F10.99, F11.121, F11.122, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.220, F11.221, F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29, F11.90, F11.920, F11.921, F11.922, F11.929, F11.93, F11.94, F11.950, F11.951, F11.959, F11.981, F11.982, F11.988, F11.99, F12.120, F12.121, F12.122, F12.129, F12.150, F12.151, F12.159, F12.180, F12.188, F12.19, F12.220, F12.221, F12.222, F12.229, F12.250, F12.251, F12.259, F12.280, F12.288, F12.29, F12.920, F12.921, F12.922, F12.929, F12.950, F12.951, F12.959, F12.980, F12.988, F12.99, F13.121, F13.129, F13.14, F13.150, F13.151, F13.159, F13.180, F13.181, F13.182, F13.188, F13.19, F13.220, F13.221, F13.229, F13.230, F13.231, F13.232, F13.239, F13.24, F13.250, F13.251, F13.259, F13.26, F13.27, F13.280, F13.281, F13.282, F13.288, F13.29, F13.90, F13.920, F13.921, F13.929, F13.930, F13.931, F13.932, F13.939, F13.94, </td> </tr> </tbody> </table> | | ICD 9 Code(s) | ICD10 Code(s) | 291 – 292 | F10.121, F10.14, F10.150, F10.151, F10.159, F10.180, F10.181, F10.182, F10.188, F10.19, F10.221, F10.230, F10.231, F10.232, F10.239, F10.24, F10.250, F10.251, F10.259, F10.26, F10.27, F10.280, F10.281, F10.282, F10.288, F10.29, F10.920, F10.921, F10.929, F10.94, F10.950, F10.951, F10.959, F10.96, F10.97, F10.980, F10.981, F10.982, F10.988, F10.99, F11.121, F11.122, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.220, F11.221, F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29, F11.90, F11.920, F11.921, F11.922, F11.929, F11.93, F11.94, F11.950, F11.951, F11.959, F11.981, F11.982, F11.988, F11.99, F12.120, F12.121, F12.122, F12.129, F12.150, F12.151, F12.159, F12.180, F12.188, F12.19, F12.220, F12.221, F12.222, F12.229, F12.250, F12.251, F12.259, F12.280, F12.288, F12.29, F12.920, F12.921, F12.922, F12.929, F12.950, F12.951, F12.959, F12.980, F12.988, F12.99, F13.121, F13.129, F13.14, F13.150, F13.151, F13.159, F13.180, F13.181, F13.182, F13.188, F13.19, F13.220, F13.221, F13.229, F13.230, F13.231, F13.232, F13.239, F13.24, F13.250, F13.251, F13.259, F13.26, F13.27, F13.280, F13.281, F13.282, F13.288, F13.29, F13.90, F13.920, F13.921, F13.929, F13.930, F13.931, F13.932, F13.939, F13.94, | <p>BCBSLA FEP</p> |
| ICD 9 Code(s) | ICD10 Code(s) | | | | | |
| 291 – 292 | F10.121, F10.14, F10.150, F10.151, F10.159, F10.180, F10.181, F10.182, F10.188, F10.19, F10.221, F10.230, F10.231, F10.232, F10.239, F10.24, F10.250, F10.251, F10.259, F10.26, F10.27, F10.280, F10.281, F10.282, F10.288, F10.29, F10.920, F10.921, F10.929, F10.94, F10.950, F10.951, F10.959, F10.96, F10.97, F10.980, F10.981, F10.982, F10.988, F10.99, F11.121, F11.122, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.220, F11.221, F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29, F11.90, F11.920, F11.921, F11.922, F11.929, F11.93, F11.94, F11.950, F11.951, F11.959, F11.981, F11.982, F11.988, F11.99, F12.120, F12.121, F12.122, F12.129, F12.150, F12.151, F12.159, F12.180, F12.188, F12.19, F12.220, F12.221, F12.222, F12.229, F12.250, F12.251, F12.259, F12.280, F12.288, F12.29, F12.920, F12.921, F12.922, F12.929, F12.950, F12.951, F12.959, F12.980, F12.988, F12.99, F13.121, F13.129, F13.14, F13.150, F13.151, F13.159, F13.180, F13.181, F13.182, F13.188, F13.19, F13.220, F13.221, F13.229, F13.230, F13.231, F13.232, F13.239, F13.24, F13.250, F13.251, F13.259, F13.26, F13.27, F13.280, F13.281, F13.282, F13.288, F13.29, F13.90, F13.920, F13.921, F13.929, F13.930, F13.931, F13.932, F13.939, F13.94, | | | | | |

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F13.950, F13.951, F13.959, F13.96, F13.97,
F13.980, F13.981, F13.982, F13.988, F13.99,
F14.121, F14.122, F14.129, F14.14, F14.150,
F14.151, F14.159, F14.180, F14.181, F14.182,
F14.188, F14.19, F14.220, F14.221, F14.222,
F14.229, F14.23, F14.24, F14.250, F14.251,
F14.259, F14.280, F14.281, F14.282, F14.288,
F14.29, F14.90, F14.920, F14.921, F14.922,
F14.929, F14.94, F14.950, F14.951, F14.959,
F14.980, F14.981, F14.982, F14.988, F14.99,
F15.121, F15.122, F15.129, F15.14, F15.150,
F15.151, F15.159, F15.180, F15.181, F15.182,
F15.188, F15.19, F15.220, F15.221, F15.222,
F15.229, F15.23, F15.24, F15.250, F15.251,
F15.259, F15.280, F15.281, F15.282, F15.288,
F15.29, F15.90, F15.920, F15.921, F15.922,
F15.929, F15.93, F15.94, F15.950, F15.951,
F15.959, F15.980, F15.981, F15.982, F15.988,
F15.99, F16.121, F16.122, F16.129, F16.14,
F16.150, F16.151, F16.159, F16.180, F16.183,
F16.188, F16.19, F16.220, F16.221, F16.229,
F16.24, F16.250, F16.251, F16.259, F16.280,
F16.283, F16.288, F16.29, F16.90, F16.920,
F16.921, F16.929, F16.94, F16.950, F16.951,
F16.959, F16.980, F16.983, F16.988, F16.99,
F17.203, F17.208, F17.209, F17.213, F17.218,
F17.219, F17.223, F17.228, F17.229, F17.293,
F17.298, F17.299, F18.120, F18.121, F18.129,
F18.14, F18.150, F18.151, F18.159, F18.17,
F18.180, F18.188, F18.19, F18.220, F18.221,
F18.229, F18.24, F18.250, F18.251, F18.259,
F18.27, F18.280, F18.288, F18.29, F18.920,
F18.921, F18.929, F18.94, F18.950, F18.951,
F18.959, F18.97, F18.980, F18.988, F18.99,
F19.121, F19.122, F19.129, F19.14, F19.150,
F19.151, F19.159, F19.16, F19.17, F19.180,
F19.181, F19.182, F19.188, F19.19, F19.21,
F19.220, F19.221, F19.222, F19.229, F19.230,
F19.231, F19.232, F19.239, F19.24, F19.250,
F19.251, F19.259, F19.26, F19.27, F19.280,
F19.281, F19.282, F19.288, F19.29, F19.90,

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| | | |
|----------------------|--|--|
| | <p>F19.920, F19.921, F19.922, F19.929, F19.930, F19.931, F19.932, F19.939, F19.94, F19.950, F19.951, F19.959, F19.96, F19.97, F19.980, F19.981, F19.982, F19.988, F19.99</p> | |
| <p>303, 304, 305</p> | <p>F10.10, F10.120, F10.129, F10.20, F10.21, F10.220, F10.229, F11.10, F11.120, F11.129, F11.20, F11.21, F11.220, F11.221, F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29, F12.10, F12.20, F12.21, F12.220, F12.221, F12.222, F12.229, F12.250, F12.251, F12.259, F12.280, F12.288, F12.29, F12.90, F13.10, F13.120, F13.20, F13.21, F13.220, F13.221, F13.229, F13.230, F13.231, F13.232, F13.239, F13.24, F13.250, F13.251, F13.259, F13.26, F13.27, F13.280, F13.281, F13.282, F13.288, F13.29, F14.10, F14.120, F14.20, F14.21, F14.220, F14.221, F14.222, F14.229, F14.23, F14.24, F14.250, F14.251, F14.259, F14.280, F14.281, F14.282, F14.288, F14.29, F15.10, F15.120, F15.20, F15.21, F15.220, F15.221, F15.222, F15.229, F15.23, F15.24, F15.250, F15.251, F15.259, F15.280, F15.281, F15.282, F15.288, F15.29, F16.10, F16.120, F16.20, F16.21, F16.220, F16.221, F16.229, F16.24, F16.250, F16.251, F16.259, F16.280, F16.283, F16.288, F16.29, F17.200, F17.201, F17.210, F17.211, F17.220, F17.221, F17.290, F17.291, F18.10, F18.120, F18.20, F18.21, F18.220, F18.221, F18.229, F18.24, F18.250, F18.251, F18.259, F18.27, F18.280, F18.288, F18.29, F18.90, F19.10, F19.120, F19.20, F19.21, F19.220, F19.221, F19.222, F19.229, F19.230, F19.231, F19.232, F19.239, F19.24, F19.250, F19.251, F19.259, F19.26, F19.27, F19.280, F19.281, F19.282, F19.288, F19.29, F55.0, F55.1, F55.2, F55.3, F55.4, F55.8</p> | |

| Error Description and Business Logic | CONTRACT TYPE |
|--|---|
| <p><u>TAXONOMY CD NO SINGLE NPI MATCH</u></p> <p>1. The taxonomy code used for the Billing Provider does not allow us to uniquely identify the unit in which services were rendered. Review and select a Taxonomy code that identifies the specific unit.</p> | <p>BCBSLA Out of State (ITS)</p> |
| <p><u>TOTAL CHARGE MISSING OR INCORRECT</u></p> <p>1. The Total charges must be present, numeric and equal to the sum charges for each revenue code.</p> | <p>BCBSLA</p> |
| <p><u>UNITS REQUIRED FOR REVENUE CODE</u></p> <p>1. Units or Bases of Measurement must be greater than zero for each revenue code.</p> | <p>BCBSLA FEP Out of State (ITS)</p> |

9. Trading Partner Agreement

In order to exchange electronic transactions with Blue Cross and Blue Shield of Louisiana, we require the submission of our Electronic Trading Partner Agreement which can be found along with the detailed enrollment instructions on our corporate website at the following link:

<http://www.bcbsla.com/Providers/ElectronicServices/Pages/Clearinghouse.aspx>

10. Transaction Specific: Loop and Data Element Specifications

| TR3 Page | Loop | Reference Descript | Field Name | Required Value | BCBSLA Specification |
|----------|--------|--------------------|---|----------------|--|
| 69 | | BHT03 | Originator Application Transaction Identifier | | Unique number used to identify transactions. It is suggested that the number used in BHT03 be incremented by one digit sequentially for every file sent including re-submissions. BCBSLA uses this identifier to detect duplicate file submissions. Files will reject as a duplicate if the number in the BHT03 has been previously submitted. |
| 72 | 1000A | NM109 | Submitter Identifier | | Enter the submitter's 8-position numeric code assigned by BCBSLA which identifies your organization |
| 77 | 1000B | NM109 | Receiver ID | BCBSLA001 | Assigned by Blue Cross |
| 80 | 2000A | PRV02 | Ref ID Qualifier | PXC | Use PXC qualifier to indicate Health Care Provider Taxonomy Code |
| 80 | 2000A | PRV03 | Taxonomy Code Ref ID | | Use the Taxonomy code found in this document which best identifies unit/location in which the services were rendered. |
| 86 | 2010AA | NM108 | NPI Qualifier | XX | XX = National Provider Identifier |
| 86 | 2010AA | NM109 | Billing Prov NPI | | Enter the National Provider Identifier (NPI Number) |
| 90 | 2010AA | REF01 | Ref ID | EI | Use Billing Provider Tax ID # |
| 90 | 2010AA | REF02 | Billing Provider Tax ID | | Enter the Billing Provider Tax Identification Number |
| 110 | 2000B | SBR03 SBR04 | Group Number Group Name | | Enter the group number and/or group name. BCBSLA will not use to adjudicate. If this information is unavailable, 'None' can be submitted in SBR04 Group Name to achieve HIPAA compliance. |
| 110 | 2000B | SBR09 | Claim Filing Indicator | BL | Must be BL. |
| 114 | 2010BA | NM108 | Mem ID | MI | Use Member Identification Number code |

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| TR3 Page | Loop | Reference Descript | Field Name | Required Value | BCBSLA Specification |
|----------|--------|----------------------------|---|----------------|--|
| 123 | 2010BB | NM108 | Payer Qualifier | PI | Use Payer Identification code |
| 123 | 2010BB | NM109 | Payer Identifier | 53120 | Use 53120 as the BCBSLA Payer ID. |
| 144 | 2300 | CLM01 | Patient Control Number | | Patient Control Number – A maximum of 20 positions will be stored and returned by BCBSLA on the 835 ERA. A maximum of 15 positions will be returned on the paper payment register. |
| 184 | 2300 | HI01-1 | Principal Diagnosis Qualifier Code | ABK or BK | Use ABK to indicate International Classification of Diseases Clinical Modification (ICD-10-CM) Principal Diagnosis. Use BK to indicate International Classification of Diseases Clinical Modification (ICD-9-CM) Principal Diagnosis. |
| 220-237 | 2300 | HI01-1 thru HI12-1 | Other Diagnosis Qualifier Code | ABF or BF | Use ABF to indicate International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis Codes. Use BF to indicate International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis Codes. |
| 220-237 | 2300 | HI01-2 thru HI12-2 | Other Diagnosis Code | | Allows up to 24 'Other' Diagnosis Codes. |
| 187-188 | 2300 | HI01-1 | Admitting Diagnosis Qualifier Code | ABJ or BJ | Use ABJ to indicate International Classification of Diseases Clinical Modification (ICD-10-CM) Admitting Diagnosis Use BJ to indicate International Classification of Diseases Clinical Modification (ICD-9-CM) Admitting diagnosis |
| 189-192 | 2300 | HI01-1 HI02-1 HI03-1 | Patient's Reason For Visit Qualifier Code | APR or PR | Use APR to indicate International Classification of Diseases Clinical Modification (ICD-10-CM) Patient's Reason for Visit Diagnosis Use PR to indicate International Classification of Diseases Clinical Modification (ICD-9-CM) Patient's Reason for Visit Diagnosis |
| 189-192 | 2300 | HI01-2 HI02-2 HI03-2 | Patient Reason for Visit Diagnosis Code | | Allows up to 3 Patient's Reason For Visit Diagnosis Codes |

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| TR3 Page | Loop | Reference Descript | Field Name | Required Value | BCBSLA Specification |
|----------|------|--------------------|---|----------------|--|
| 193-217 | 2300 | HI01-1 Thru HI12-1 | External Cause of Injury Qualifier Code | ABN or BN | Use ABN to indicate International Classification of Diseases Clinical Modification (ICD-10-CM) External Cause of Injury Use BN to indicate International Classification of Diseases Clinical Modification (ICD-9-CM) External Cause of Injury |
| 193-217 | 2300 | HI01-2 Thru HI12-2 | External Cause of Injury Diagnosis code | | Allows up to 12 External Cause of Injury Diagnosis Codes |
| 239 | 2300 | HI01-1 | Principal Procedure Qualifier Code | BBR or BR | Use BBR to indicate International Classification of Diseases Clinical Modification (ICD-10-CM) Principal Procedure Codes. Use BR to indicate International Classification of Diseases Clinical Modification (ICD-9-CM) Principal Procedure Codes. |
| 242-257 | 2300 | HI01-1 thru HI12-1 | Other Procedure Qualifier Code | BBQ or BQ | Use BBQ to indicate International Classification of Diseases Clinical Modification (ICD-10-CM) Other Procedure Codes. Use BQ to indicate International Classification of Diseases Clinical Modification (ICD-9-CM) Other Procedure Codes. |
| 242-257 | 2300 | HI01-2 thru HI12-2 | Other Procedure Code | | Allows up to 24 'Other' Procedure Codes. |
| 451 | 2410 | LIN03 | National Drug Identification Code | | When applicable, provide the National Drug Code (NDC). |
| 452-453 | 2410 | CTP04 & CTP05 | Drug Quantity and Unit of Measure | | When NDC codes are reported, Drug Quantity and Unit of measure must be provided. |

11. Appendices

11.1 Implementation Checklist

- Technical and Business staff should review this guide
- Sign and return Trading Partner Agreement
- Establish connectivity
- Conduct Testing
- Request move to Production
- Exchange transactions

11.2 Business Scenarios

There are two primary methods for submitting transactions to BCBSLA.

Direct-

Transactions will be sent from your location directly to BCBSLA via your medical practice software. In this arrangement a Trading Partner Agreement between BCBSLA and your location is required.

Indirectly-

Transactions will be sent/picked up from your location by a third party Clearinghouse who will exchange with BCBSLA on your behalf. In this arrangement, the Trading Partner Agreement is executed between BCBSLA and the Clearinghouse.

11.3 Frequently Asked Questions

- Is there a charge from BCBSLA to submit electronic transactions?
No, BCBSLA does not charge a fee to exchange transactions electronically.

11.4 Change Summary

Documented revisions are maintained in this document through the use of the Revision History Table shown below. All revisions made to this companion guide will be listed.

| REVISION HISTORY | | | | |
|-------------------------|-------------------|--------------|---|------------------------------------|
| CHG # | Date | Pg | Change Summary | Version Publish Date |
| 1 | 05/01/2012 | | Converted from 4010 to 5010 | Version 1 published 05/2012 |
| 2 | 10/03/2013 | | Merged BC Business Rules and 837I Companion Guide into one document. | Version 2 published 10/2013 |
| 3 | 03/19/2014 | 38-45 | Revised Error Description and Logic | Version 3 published 4/2014 |
| 4 | 3/4/2015 | | Revised Error Description and Logic and updated URL | Version 4 published 3/2015 |

| | | | | |
|----------|-------------------------------------|--|---|-----------------------------------|
| 5 | 8/7/2015 & 9/23/2015 | | Added ICD10 business rules and updated affected edits, added Claims Span, ADMTYP, INVTPBL, POAINV, POAREQD edits, removed ADMDATE, TYPBLINV and LAMANINV | Version 5 published 9/2015 |
|----------|-------------------------------------|--|---|-----------------------------------|