837 Professional Claims
Standard Companion Guide

Refers to the Implementation Guides Based on
ASC X12N version: 005010X222A1

Blue Cross and Blue Shield of Louisiana's

837 PROFESSIONAL CLAIMS STANDARD COMPANION GUIDE

This guide is for clarification purposes only and is intended to assist in the submission of 837P transactions to Blue Cross and Blue Shield of Louisiana (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.

This companion guide has been developed by BCBSLA and should be used in conjunction with the ASC X12 Standards for Electronic Data Interchange Technical Report Type 3 (TR3) Health Care Claim: Professional version 005010X222A1.

To use this guide, first familiarize yourself with the table of contents, which will direct you to the information you need.

All times in this guide refer to Central Standard Time (CST).

This guide is available online at www.BCBSLA.com/providers >Electronic Services >Companion Guides.

If you have questions about the information in this guide, you may send an email to EDIServices@bcbsla.com.

Please Note:

This guide contains general instructions. It is provided for informational purposes only. Every effort has been made to print accurate, current information. Errors or omissions, if any, are inadvertent.

Contact Information

EDI Customer Service and Technical Assistance

All questions related to EDI transactions should be directed to EDI Services. Customer and technical support are provided during our normal business hours of Monday-Friday, 8:30 a.m. to 4:30 p.m. Central Standard Time (CST). Holiday and other unexpected closures will be communicated through iLinkBlue and on the EDI Services voicemail message.

Phone: 1-800-216-2583

Email Address: EDIServices@bcbsla.com

Fax: (225) 298-2945

Mailing Address: BCBSLA – EDI Services
P.O. Box 98029
Baton Rouge, LA 70898-9029

Provider Services

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

Support Unit	Phone Number
Customer Care Center	1-800-922-8866
Federal Employee Program (FEP)	1-800-272-3029
BlueCard® (Out of Area)	1-800-676-2583
BCBSLA Authorizations 8 a.m. - 5 p.m.	1-800-523-6435
BCBSLA Authorizations 5 p.m. - 8 a.m.	1-888-809-2698
Network Administration • For questions regarding provider contracts • For questions regarding credentialing/recredentialing • For questions regarding your provider file data • For questions regarding provider relations • For questions regarding administrative representative setup	1-800-716-2299 Option 1 Option 2 Option 3 Option 4 Option 5

Applicable Websites/emails

EDI Clearinghouse Support Email address: EDIServices@bcbsla.com

BCBSLA Provider Page: www.BCBSLA.com/providers

EDI Clearinghouse Documentation: www.BCBSLA.com/providers >Electronic Services

Disclosure Statement:

Claim adjudication to which a member is entitled is limited to those set out in the member's benefit plan in effect at the time services are performed. The payment of a claim 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 provider and/or for care not authorized by the member's Blue Plan, where required, may be subjected to the member's out-of-network benefits and/or contract stipulations.

Additionally, BCBSLA is committed to maintaining the integrity and security of healthcare data in accordance with applicable state and federal laws and regulations.

Table of Contents

General Information

The Health Insurance Portability and Accountability Act of 1996 (HIPAA), requires that all health insurance payers (including but not limited to BCBSLA) and all covered entities adopt national standards for electronic health care transactions, code sets, unique health identifiers and security. The 837P transaction set has been named under 45 CFR 162 as the Electronic Data Interchange (EDI) standard for Health Care Claim Professional.

Scope

All clients exchanging professional claim transactions must use the X12 IG/TR3 5010 ASC X12N 837P (005010X222A1), Health Care Claim: Professional 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 837P process exchange.

Providers, clearinghouses and/or third-party vendors, herein referred to as trading partners should use this companion guide to supplement the X12 guides for exchanging 837P transactions with BCBSLA.

All claim transactions must also conform to guidelines set forth in our BCBSLA provider manuals, including the *Professional Provider Office Manual** as well as comply with any provisions in your BCBSLA provider agreements(s).

*The manual is available online at www.BCBSLA.com/providers >Resources.

Overview

The 837P inbound is the claim transaction sent from the trading partner to BCBSLA to request claim adjudication. We allow 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. 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 the "Connectivity with the Payer/Communications" section of this guide.

Transactions are subject 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 message descriptions can be found in the "Acknowledgements and Reports" section of this guide.

Claims that fail HIPAA validation or the BCBSLA business rules require correction and resubmission.

Reference

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 at www.wpc-edi.com.

Getting Started

Working with BCBSLA

Trading partners exchanging 837 transactions with BCBSLA may do so 24 hours a day, seven 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 a day, seven days a week, uninterrupted service is not guaranteed. BCBSLA does not charge a fee to exchange transactions electronically.

Production transmissions are moved at 3 p.m. 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, Monday through Friday, 8 a.m. to 4:30 p.m. Exceptions are made for holidays and emergency closures.

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 the "Testing Overview" section of this guide.

Step	Activity
1	**EDI Enrollment** 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	**Test Submitter ID Assigned and Notification** Upon receipt of the appropriate agreements, BCBSLA will issue a test submitter identification (ID) number and a secure password.
3	**Testing** Trading partner submits test transactions. Large locations maximum of 1,000 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. The trading partner is responsible for reviewing test results, correcting identified errors and retesting.
4	**Live/Production** Once a successful test is completed, an EDI representative will issue a production submitter ID number and a secure password via written notification (email).

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 trading partner 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.

Testing with the Payer

Adhere to this checklist to ensure a smooth transition in the electronic exchange of transactions with BCBSLA.

Testing Checklist:

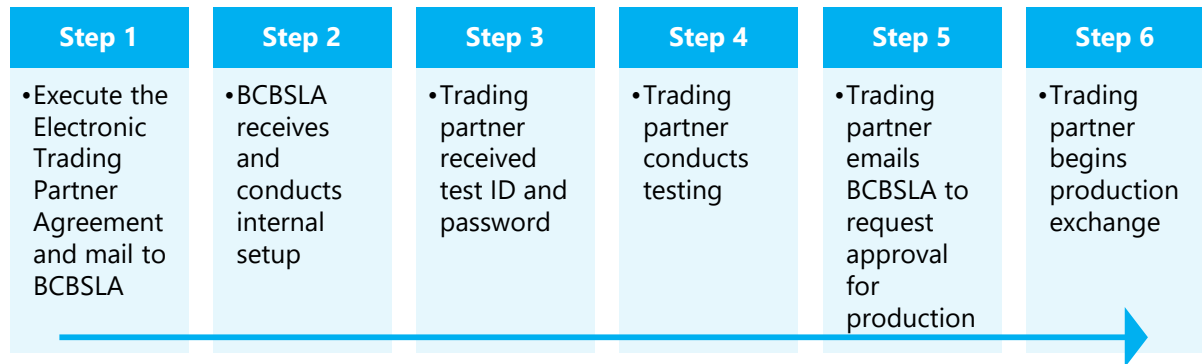| Validate Key Fields Prior to Test & Production Submissions	
✓	Verify usage indicator in the ISA15 is correct (Must be T for test and P for production)
✓	Use valid patient data and a rich variety of production claim types
✓	Validate the Blue member ID number and that the contract number fields include the member's 3-character prefix. Federal Employee Program member ID numbers do not have a 3-character prefix. These member ID numbers have the letter "R," followed by eight or nine numeric values.
✓	Confirm the correct billing provider number, National Provider Identifier (NPI) and taxonomy (when subunits share an 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)

Testing Steps

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

	Live
1	Trading partner submits completed the agreement
2	BCBSLA distributes a test submitter ID and secure password
3	Trading partner creates test file of claims containing: • Valid patient data • Rich variety of the claim types that will be submitted in production *Example: In and outpatient surgery, diagnostic and medical, emergency room*
4	Maximum of 1,000 claims per test. For smaller facilities, a minimum of 25/50 claims are required for test/approval.
5	Trading partner transmits test file to BCBSLA clearinghouse
6	Test files automatically process at 8 a.m. and 10 a.m. Monday - Friday
7	Trading partner retrieves and reviews the following reports: • 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 EDIServices@bcbsla.com to advise: • Testing complete • Date of Accept/Not Report that indicated 98% pass rate • Request approval to be moved into production
11	Once a successful test is completed, an EDI representative will issue a production submitter ID number and a secure password via written notification (email)
Note: test transactions are NOT processed for payment	

Connectivity with the Payer/Communications

Process Flows

To submit 837 transactions with BCBSLA, the trading partners needs to comply with the requirements in our high-level enrollment process.

Step 1	Step 2	Step 3	Step 4	Step 5	Step 6
• Execute the Electronic Trading Partner Agreement and mail to BCBSLA	• BCBSLA receives and conducts internal setup	• Trading partner received test ID and password	• Trading partner conducts testing	• Trading partner emails BCBSLA to request approval for production	• Trading partner begins production exchange

Transmission Administrative Procedures

Structure Requirements

For claim transactions we accept batch transactions. Batching is an accumulation of 837P transactions for many members/patients. Once accumulated, the trading partner connects to BCBSLA and the "batch of transactions" is dropped off for processing.

Response Times Production
Responses for transactions received Monday through Friday (non-holiday) by 3 p.m., should be available by 8 p.m. the same business day. Responses for transactions after 3 p.m. will be returned by 8 p.m. the following business day.

Test
Responses will be returned at 8 a.m. and 10 a.m.

Communication Management

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

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 and 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.
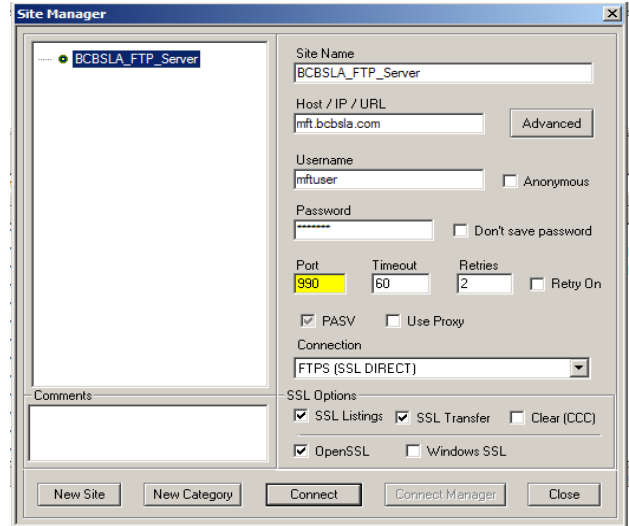
Common FTP Software
FileZilla
CuteFTP
CoreFTP
Glub Tech Secure FTP
WS_FTP Professional

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.

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, to the right 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).

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, to the right 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).

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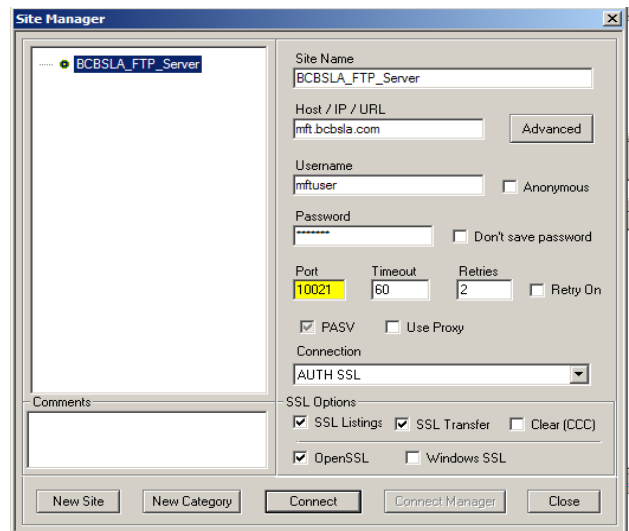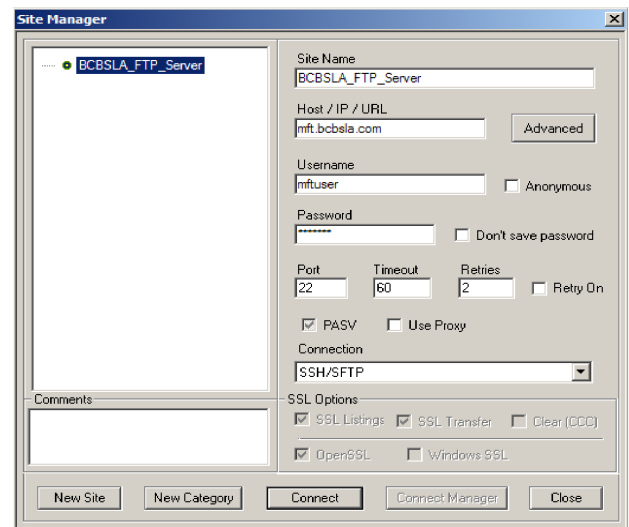
To help illustrate this procedure, to the right is a screen capture from the CoreFTP client on how this feature appears (configuration options may vary depending on which FTP client is being used).

FTP File Formats

BCBSLA accepts HIPAA ANSI X12N approved standard transaction formats. The table below lists accepted transaction formats and their transmission modes.

Transactions	Transaction ID	Mode
Institutional Claims	837I	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

FTP Host Site

MFT.BCBSLA.COM (199.117.168.21)

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 partners engaging in EDI transactions.

Authentication requires a unique trading partner ID and a password. Once the Electronic Trading Partner Agreement has been authorized, BCBSLA assigns and distributes, via secure email, 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.

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.

- Drug codes require National Drug Code (NDC) codes

- Negative values are not processed

- Claim charges submitted in excess of $99,999,999.99 are not allowed

- Maximum of 5,000 claims per batch

- Maximum of 50 lines per claim

- BCBSLA does 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

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	Interchange ID Qualifier	ZZ	Must use ZZ
ISA06	Interchange Sender ID		• Submitter ID number assigned by BCBSLA • Fixed length field; 15 positions must left justify • GS02 must contain same value
ISA07	Interchange 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	Version ID	00501	Must use 00501
ISA13	Interchange Control #		Must be identical to value in IEA02
ISA14	Acknowledgement Requested	0 or 1	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 or P for production
ISA16	Component Separator	:	Use : (colon)
IEA01	Number of Included 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 Professional = 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 GS02	Assigned by the sender. (GS06 must be identical to GE02)
GS07	Agency Code	X	Must be X accredited standards committee
GS08	Version/Release	005010x222A1	837P must be: 005010X222A1
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	005010X222A1	For 837 Professional must use: 005010X222A1

Payer Specific Business Rules

BCBSLA Contract Numbers

The member ID 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.

Contract/Claim Filing Guide

BCBSLA Contract Types

Type	Contract	How to Identify	Filing Guide	Member ID Examples	Report Prefix
BCBSLA	Blue Cross and Blue Shield of Louisiana	Member ID card indicates BCBSLA as the healthcare plan	Always include the 3-character prefix that precedes the member ID. Patient name (first and last) <u>and</u> date of birth must match the BCBSLA system.	XUA 200000000 XUP 223456789 XUH 123456789 BPS 123456789	Yes
FEP	Federal Employee Program	Member ID begins with R, followed by eight or nine *numeric* digits	First position must be R, remaining 8 or 9 positions must be numeric	R123456780 R03456789	N/A
Out-of-Area	Out-of-Area/ BlueCard®	3-character prefix. Members ID card shows a BlueCard indicator	Always include the 3-character prefix that precedes the member ID. The prefix can be either alpha or alpha numeric.	SW 123456789012 MTM 123456789	Yes

Taxonomy Codes

Taxonomy codes are federally established 10 position alpha numeric codes that healthcare providers use to identify their unique specialty areas.

When a healthcare provider (professional or facility) has a single NPI that 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 BCBSLA 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 EDI Services to advise the taxonomy code you will be using and to determine if BCBSLA will set up that taxonomy code for claims processing. See contact information at the front of this guide.

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 BCBSLA System

Provider Description	Taxonomy Code	Claim Type
General Acute Hospital	282N00000X	837I
General Acute Hospital	282NC0060X	837I
General Acute Hospital	282NC2000X	837I
General Acute Hospital Rural	282NR1301X	837I
General Acute Hospital	282NW0100X	837I
Skilled Nursing Facility	275N00000X	837I
Skilled Nursing Facility (SKNF) & VA Military Hospital Skilled Nursing Facility	314000000X	837I
Nursing Home	376G00000X	837I
Urology	203BU0002X	837P
Family Practice	207Q00000X	837P
Internal Medicine	207R00000X	837P
Obstetrics and Gynecology	207V00000X	837P
Ophthalmology	207W00000X	837P
Physical Medicine & Rehabilitation	208100000X	837P
Psychiatry	2084P0800X	837P
General Practice	208D00000X	837P

Provider Description	Taxonomy Code	Claim Type
Cardiothoracic Vascular Surgery	208G00000X	837P
Hospitalist	208M00000X	837P
Home Health Agency	251E00000X	837I
Orthodontics and Dentofacial Orthopedics	1223X0400X	837D
Pharmacy	333600000X	837P
Pharmacy	3336C0002X	837P
Pharmacy	3336C0003X	837P
Pharmacy	3336C0004X	837P
Pharmacy	3336I0012X	837P
Pharmacy	3336L0003X	837P
Pharmacy	3336M0002X	837P
Pharmacy	3336M0003X	837P
Pharmacy	3336N0007X	837P
Specialty Pharmacy	3336S0011X	837P
Multi-Specialty Clinic	193200000X	837P
Rehabilitation – Clinic	261QR0400X	837P
Laboratories	291U00000X	837P
Ambulance	341600000X	837P
Ambulance	3416A0800X	837P
Ambulance	3416L0300X	837P
Psychologist	103T00000X	837P
Psychology – Prescribing (Medical)	103TP0016X	837P
Chiropractor	111N00000X	837P
Registered Nurse	166W00000X	837P
Ambulatory Surgery Center	261QA1903X	837I
Renal Dialysis Facilities	261QE0700X	837I
Nurse Practitioner	363L00000X	837P
Nurse Practitioner – Family	363LF00000X	837P
Clinical Nurse Specialty	364S00000X	837P
CRNA	367500000X	837P
Physical Therapy	225100000X	837P
Occupational Therapist	225X00000X	837P

Provider Description	Taxonomy Code	Claim Type
Speech & Language Pathologist	235Z00000X	837P
Physical Therapy-Clinic	261QP2000X	837P
Optometrist	152W00000X	837P
Durable Medical Equipment	332B00000X	837P
Durable Medical Equipment	332BC3200X	837P
Durable Medical Equipment	332BD1200X	837P
Durable Medical Equipment	332BN1400X	837P
Durable Medical Equipment	332BP3500X	837P
Durable Medical Equipment	332BX2000X	837P
Durable Medical Equipment	335E00000X	837P
Audiologist	231H00000X	837P
Social Worker	104100000X	837P
Rehabilitation Center	273Y00000X	837I
Rehabilitation Center	283X00000X	837I
Psychiatric Hospital	273R00000X	837I
Psychiatric Hospital	283Q00000X	837I
Rehabilitation, Substance Abuse Disorder	261QR0405X	837I
Alcohol Drug Rehab CDU	276400000X	837I
Hospice	251G00000X	837I
Hospice	315D00000X	837I
Lithotripsy Orthotripsy	261QL0400X	837I
Licensed Professional Counselor	101Y00000X	837P
Marriage & Family Therapist	106H00000X	837P
Hematology & Oncology	207RH0003X	837P
Diagnostic Radiology Center	2085R0001X	837P
Diagnostic Radiology Center	2085R0202X	837P
Diagnostic Radiology Center	261QR0200X	837I
VA Military Hospital Acute Care	282N00000X	837I
VA Military Hospital Acute Care	286500000X	837I
VA Military Hospital Acute Care	2865C1500X	837I
VA Military Hospital Acute Care	2865M2000X	837I
VA Military Hospital Acute Care	2865X1600X	837I

Provider Description	Taxonomy Code	Claim Type
VA Military Hospital Psychiatric	273R00000X	837I
VA Military Hospital Psychiatric	283Q00000X	837I
VA Military Hospital CDU	276400000X	837I
VA Military Hospital SNF	275N00000X	837I
VA Military Hospital SNF	314000000X	837I
VA Military Hospital - HHA	251E00000X	837I
VA Military Hospital – (ASC) Ambulatory Surgery Center	261QV0200X	837I
Residential Treatment Center	320600000X	837I
Residential Treatment Center	320700000X	837I
Residential Treatment Center	320800000X	837I
Residential Treatment Center	320900000X	837I
Residential Treatment Center	322D00000X	837I
Residential Treatment Center	323P00000X	837I
Residential Treatment Facilities – Substance Abuse	324500000X	837I
Emergency Room Physicians	207P00000X	837P
Emergency Room Physicians	207PE0004X	837D
Emergency Room Physicians	207PE0004X	837I
Emergency Room Physicians	207PE0004X	837P
Emergency Room Physicians	261QE0002X	837P
Infusion Therapy	251F00000X	837P
Infusion Therapy	261QI0500X	837P
Home Infusion Therapy Pharmacy	3336H0001X	837P
Charity Acute Hospital	282N00000X	837I
Charity Acute Hospital	282NC0060X	837I
State Owned Psychiatric Facility	273R00000X	837I
State Owned Psychiatric Facility	283Q00000X	837I
State Owned CDU	276400000X	837I
Long Term Acute Care Facility (LTC)	282E00000X	837I
Comprehensive Outpatient Rehabilitation Facility (CORF)	261QR0401X	837I
Sleep Medicine	207RS0012X	837P
Sleep Disorder Diagnostic	261QS1200X	837P
Urgent Care Center	261QU0200X	837P

Provider Description	Taxonomy Code	Claim Type
Federally Qualified Health Center (FQHC)	261QF0400X	837P
Rural Health	261QR1300X	837P
VA Military Hospital Rehab Center	283X00000X	837I
Certified Applied Behavioral Analyst (CABA)	103K00000X	837P

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	BCBSLA Accepted/Not Accepted Reports	Disposition listing of claims after BCBSLA Business Rules applied
The 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.		

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.

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.

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 (See the below table).

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 NM1*82	Correct and resubmit ALL CLAIMS associated with the provider number that failed

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 that 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

Sample Report: Warning and Normal Severity Errors

Data with Error Report   *Powered by Edifecs*

Executed Tuesday, April 23, 2019 02:59:10 PM (GMT)
D:\Edifecs\XEServer\profiles\BCBSLA_BT\workspace\4D01D73F-4ABB-4877-9704-
5F138DE828AD

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
Total Errors: 1 Total Warnings: 0 Total Informations: 0

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

#	Data
	0 EntireDocument start
	Errors at EntireDocument level: **Errors: 0** **Warnings: 0** **Informations: 0** — Interchange Received:1 Interchange Accepted:0
	1 Interchange start
	Guideline file: D:\Edifecs\XEngine\config\BCBSLA\guidelines\BCBSLA_5010_ISA.ecs
	Errors at Interchange level: **Errors: 0** **Warnings: 0** **Informations: 0** — Group Received:1 — Group Accepted:0 · Sender ID: P0005002 — Sender Qualifier: ZZ · Receiver ID: BCBSLA001 — Receiver Qualifier: ZZ · Control Number: 009413592 — Version: 00501 · Date: 190423 — Time: 0626
1	ISA*00* *00* *ZZ*P0001234 *ZZ*BCBSLA001 *190423*0626*^*00501*001234567*1*P*:
	1.1 Group start
	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:0 · Sender ID: P0005002 — Receiver ID: BCBSLA001 · Control Number: 9413592 — Version: 005010X222A2 · Date: 20190423 — Time: 0626
2	GS*HC*P0001234*BCBSLA001*20190423*0626*1234567*X*005010X222A2
	1.1.1 Transaction start
	Guideline file: D:\Edifecs\XEngine\config\BCBSLA\guidelines\BCBSLA_5010_837P_X222A2.ecs
	Errors at Transaction level: **Errors: 1** **Warnings: 0** **Informations: 0** — Control Number: 0001 — Transaction ID: 837
3	ST*837*0001*005010X222A2
4	BHT*0019*00*1234567*20190423*0626*CH
5	NM1*41*2*SUBMITTER NAME*****46*P0001234
6	PER*IC*EDI OPERATIONS*TE*8001244567*EX*489*EM*PRODUCTIONSUPPORT@SUBMITTER NAME.COM
7	NM1*40*2*BCBSLA*****46*BCBSLA001
8	HL*1**20*1

9	NM1*85*2*PROVIDER NAME*****XX*1245467890
10	N3*2629 STREET NAME
11	N4*CITY*STATE*ZIP
12	REF*EI*987654321

#	Error ID	Error Message	SNIP Type	Severity	Guideline Properties	
1	0x3938B31	Business Message: Billing Provider Specialty Information is required. Segment PRV (Billing Provider Specialty Information) is missing. It is required when loops 2310B and 2310D are not used in at least one claim. This segment was expected after: Segment Count: 100 Character: 2441	4 - Situational	Normal	ID: IID: Name: Standard Option: User Option: Max Use:	PRV 828 Billing Provider Specialty Information Optional Used 1

Guideline file:
D:\Edifecs\XEngine\config\BCBSLA\guidelines\BCBSLA_5010_837I_X222A2.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 Informationals indicates accepted. Do not resubmit.

ST*837*0004*005010X222A2
BHT*0019*00*84174*20190501*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* 712330000

Error ID	Error Message	SNIP Type	Severity	Guideline Properties	

0x3939447	Business Message: ZIP Code is invalid in Billing Provider City, State and ZIP Code.
	
	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.
	
	This error was detected at:
	   Segment Count: 10
	   Element Count: 3
	   Character: 7104
	   through 7113
		2 – HIPA A Syntax	Warning	ID:
				IID:
				Name:
				Standard Option:
				User Option:
				Max Use:
				Min Length:
				Max Length:
				Type:
					116
					1330
					Postal Code
					Optional
					Used
					1
					3
					15
					Identifier

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: SNIP Type indicates the validation level in which the issue was detected. Severity Normal indicates Rejection. <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*20190322-20190322
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

Error Message	SNIP Type	Severity	Guideline Properties	

Business Message: National Provider Identifier (NPI) is a required identifier when it is mandated for use.
 	
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.
 	
This error was detected at:
  Segment Count: 846
  Element Count: 8
  Character: 175984 through 175984
	4 - Situational	Normal	ID:
			IID:
			Name:
			Code
			
			Standard Option:
			User Option:
			Max Use:
			Min Length:
			Max Length:
			Type:
				66
				17080
				Identification
				
				Qualifier
				Relational
				Used
				1
				1
				2
				Identifier

PRV*AT*PXC*208D00000X				

BCBSLA Business Rule Validation

All claims submitted are validated against a comprehensive set of BCBSLA business rules. The Accepted/Not Accepted Report is provided to reflect all claims that passed HIPAA validation (failures are provided on the BCCLREDI report) and were subjected to our BCBSLA business rules. Claims that pass the BCBSLA business rules are listed on the Accepted Report and claims that fail the BCBSLA business rules, appear on the Not Accepted Report.

Note: The warning section of this report is not being used at this time.

- Claims listed on the Accepted Report have moved into the BCBSLA 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 p.m., the Accepted/Not Accepted Report will normally be available by 8 p.m. the same business day. For transactions received after 3 p.m., the report will be available the following business day by 8 p.m.

Sample Accepted 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
                                                                   Professional Claims Report

SUBMITTER NUMBER: P0001234          SUBMITTER: SENDER NAME HERE

BC REG# 7200000000 NPI#1234567890 PROVIDER: PROVIDER NAME HERE

BC ID# 12345

RECEIVE DATE: 07-24-19 PROCESSING DATE: 07-24-19

837P ACCEPTED REPORT
                                                                                        PAGE 276
PATIENT      PATIENT  PATIENT BC CONTRACT  FROM    THRU   CLAIM    CH TRACKING
ACCOUNT NUM  LAST NM  FIRST   NM NUMBER    DATE    DATE   AMOUNT   NUMBER
_____
123456789012 LASTNAME FIRST    XUA200123456 071819  071819 168.00   12345678901234567890

PROVIDER BC ID# 12345 837P SUMMARY:

837P TOTAL CLAIMS ACCEPTED: 1 CLAIMS FOR $168.00
837P TOTAL CLAIMS NOT ACCEPTED: 0 CLAIMS FOR $0
```

Sample Not Accepted Report

Not accepted claims must be corrected and resubmitted.

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




SUBMITTER NUMBER: P0001234                    SUBMITTER: SENDER NAME HERE

BC REG# 7200000000 NPI#1234567890             PROVIDER: PROVIDER NAME HERE

BC ID# 12345

RECEIVE DATE: 07-23-19 PROCESSING DATE: 07-23-19

837P NOT ACCEPTED REPORT
                                                                    PAGE 242
PATIENT        PATIENT         PATIENT       BC CONTRACT   FROM THRU    CLAIM   ERROR                        ERROR

ACCOUNT NUM    LAST NM         FIRST NM      NUMBER        DATE DATE    AMOUNT  DESCRIPTION                  DATA
_____
123456789012   LAST NAME       FIRST         R00000000     062619 062619  156.00  PAT DOB YEAR NOT ON BC FILE

                                                                                 PAT FIRST NAME NOT ON BC FILE   JANE

                                                                                 PAT LAST NAME NOT ON BC FILE    DOE
PROVIDER BC ID# 12345 837P SUMMARY:

837P TOTAL CLAIMS ACCEPTED:                   217 CLAIMS FOR $56309.00

837P TOTAL CLAIMS NOT ACCEPTED:               1 CLAIMS FOR $156.00

837P TOTAL CLAIMS:                            218 CLAIMS FOR $56465.00
```

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 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 that 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.

Not Accepted Error Message Descriptions

Error Message	Description
ADJ CLM REQS ICN CLAIM NUMBER	Adjustment claims does not contain the Internal Control Number (ICN) assigned by BCBSLA to the original claim. The ICN can be found on the BCBSLA payment register/electronic remit or in iLinkBlue on the claim status application.
ADJCLM PROCESSING WAIT UNTIL COMPLETE	There is already an adjustment claim for the ICN on this claim in our processing system. BCBSLA can only process one adjustment for a single ICN at a time.
ANESTHESIA MINUTES INVALID	Anesthesia minutes cannot be equal to 0 or 1 and must be reported according to the billing guidelines for anesthesia services found in the *Professional Provider Office Manual*
ANESTHESIA MODIFIER REQUIRED	Anesthesia coding must include an appropriate modifier that follows the billing guidelines for anesthesia services found in the *Professional Provider Office Manual*
BILLING NPI MATCHES MULTI PROVIDER RECORDS	Using information submitted, we are unable to locate a single BCBSLA Provider ID number to apply on this claim. Resubmit using the G2 qualifier along with the appropriate BCBSLA assigned provider ID.
BILL NPI NOT IN BCSYS FAX TO 225_297_2750	Billing provider NPI <u>is not</u> set up in the BCBSLA system. To set up, contact Provider Credentialing & Data Management for assistance.
BILL NPI TAXID COMBO NOT SETUP FAX INFO	Billing provider NPI and Tax ID number on claim is not set up in the BCBSLA system. To set up, contact Provider Credentialing & Data Management for assistance.
BILL TAXONOMY CD NO SINGLE NPI MATCH	The taxonomy code used for the billing provider does not allow the unique identification of the unit in which services were rendered. Select a code from the BCBSLA taxonomy table which provides a better description.
BILLING PROVIDER TAXONOMY REQUIRED	NPI and Tax ID require the submission of a taxonomy code. Please select a taxonomy code from the BCBSLA table.

Error Message	Description
BLUEADV	A claim with a contract number prefix of XUN or XUM is a Blue Advantage claim and must be filed to Change Health Care with a Payer ID of 84555
BPROV NOT LA FILE TO OUTOFSTATE PLAN	This is an out-of-area durable medical equipment claim and must be filed to the BCBS plan serving the area where the billing provider is physically located
CONTRACT NUMBER MUST BE ENTERED	The patient's contract number should not contain spaces or embedded spaces (will apply only to out-of-area contracts)
ADD ON CODE REQUIRES BASE	You cannot bill an add-on code without base code
FILE EACH DOS SEPARATELY	The CPT code used cannot contain begin/end service dates that span calendar days. If multiple services performed, create a service line for each individual date.
FILE WITH BLUE PLAN WHERE EQUIP WAS SHIPPED	Claim must be filed with the BCBS plan in the state where the equipment was shipped/patient address
SUBMIT CLAIM TO HEALTHY BLUE	A claim with a contract number prefix of XHB is a Medicaid claim and prefix JLA is a Medicare/Medicaid (dual eligibility) claim and needs to be filed with Healthy Blue
FROM DOS IS GREATER THAN ENDING DOS	The "from" date of service cannot be greater than the "to" date of service
ICN CLM NUMBER NOT ON BC FILE	The ICN number entered is invalid. If the claim has been adjusted, the ICN number must be the most recent claim number
INV OR BLANK PERF PROVIDER NUM	The performing provider is invalid or was not in effect for the service date on claim
INVALID CONTRACT NUMBER	The patient's member ID is invalid
INVALID CPT MODIFIER PCTC COMBINATION	Refer to the billing guidelines found in the *Professional Provider Office Manual* for appropriate modifiers
INVALID CPT4 CODE OR MODIFIER	CPT code is not present or is invalid for the service date on the claim OR the modifier is invalid for the service date on the claim
INVALID CPT4 MODIFIER COMBINATION	Cannot use this CPT code/modifier combination
INVALID DIAGNOSIS CODE	The identified diagnosis code is invalid or not effective for the date of service
INVALID DIAGNOSIS CODE POINTER	The diagnosis pointers must be alpha characters A-L. The diagnosis pointer cannot point to a blank diagnosis code. The pointer should identify the diagnosis sequence that corresponds to the line item procedure.

Error Message	Description
INVALID FROM DATE OF SERVICE	The "from" date of service cannot be greater than the current date and must be in a valid format
INVALID MODIFIER POT COMBINATION	Cannot use this modifier/place of treatment combination
INVALID NEWBORN NAME	Must have a valid patient first name
INVALID PATIENT SEX CPT	Incompatible sex for CPT code
INVALID PAY PROVIDER NUMBER	The BCBSLA identification number assigned to this claim is not valid for the service "from" and "to" date submitted on this claim
INVALID PLACE OF SERVICE/TREATMENT	Enter a valid place of treatment/service. Please refer to the Place of Service Codes billing guidelines found in the *Professional Provider Office Manual.*
INVALID POS CPT4 COMBINATION	Cannot use this place of service (POS) and CPT combination
INVALID PREFIX FOR DATE OF SERVICE	Prefix is invalid or not in effect for date of service (will apply only to out of area contracts)
INVALID TO DATE OF SERVICE	The "to" date of service cannot be prior to the "from" date. The month must be 01-12, the day must be 01-31.
INVALID TOTAL CHARGE	The sum of the charges is not equal to the total claim charge amount
MCARE REMIT DT REQD-FILE 31 DAYS AFTER	Medicare remit date required and must be 31 days or greater than the current date
NEED ANESTHESIA CPT FOR ANESTHESIA CLM	If filing an anesthesia claim, you must report an appropriate CPT code that follows the billing guidelines for anesthesia services found in the *Professional Provider Office Manual*
OUT OF STATE CONT DHH FILE PAPER CLAIM	This DHH claim must be submitted on paper
PAT DOB YEAR NOT ON BC FILE	The date of birth indicated for the patient does not match the date on file with BCBSLA
PAT FIRST NAME NOT ON BC FILE	The patient first name indicated does not match the patient name on file with BCBSLA
PAT LAST NAME NOT ON BC FILE	The patient last name indicated does not match the patient last name on file with BCBSLA
PATADDR NOT LA FILE TO OUTOFSTATE PLAN	This claim must be filed to the BCBS plan in the area reflected in the patient address
PERF PROV CANNOT CLINIC	The rendering NPI cannot be the clinic NPI number

Error Message	Description
PROVIDER LOCATION IRS CONFLICT	The rendering provider is not currently set up in the BCBSLA system with the Tax ID number filed on the claim. To set up, contact Provider Credentialing & Data Management for assistance.
REFERRING PROVIDER NPI INVALID	The NPI submitted for the referring provider is <u>not</u> currently set up on The National Plan and Provider Enumeration System (NPPES) downloadable file or the rendering NPI is the same as the referring or billing provider NPI
REFERRING PROVIDER NPI REQUIRED	This claim requires the submission of the referring provider's NPI
REFPROV NOT LA FILE TO OUTOFSTATE PLAN	The state on the NPI file for the referring provider is not set as Louisiana. This claim must be filed to the BCBS Plan that corresponds with the area on the NPI file.
REND NPI MATCHES MULTI PROVIDER RECORDS	Using information submitted, we are unable to locate a single BCBSLA rendering Provider ID number to apply on this claim. Resubmit using the G2 qualifier along with the appropriate BCBSLA assigned provider ID.
REND NPI NOT IN BCSYS FAX TO 225_297_2750	Rendering provider NPI is not loaded in the BCBSLA system. To set up, contact Provider Credentialing & Data Management for assistance.
REND NPI TAXID COMBO NOT SETUP FAX INFO	Rendering provider NPI and Tax ID number submitted is not set up in the BCBSLA system. To have set up, provider must contact Provider Credentialing & Data Management for assistance.
REND TAXONOMY CD NO SINGLE NPI MATCH	The taxonomy code used for the billing provider does not allow us to uniquely identify the unit in which services were rendered. Please review and select a taxonomy code which provides a better description of the specific unit in which services were rendered.
REND PROVIDER TAXONOMY REQUIRED	NPI and Tax ID submitted require the submission of a taxonomy code. Please select a taxonomy code from the BCBSLA taxonomy code table in the Payer Specific Business Rules section.
SRVFAC NOT LA FILE TO OUTOFSTATE PLAN	The state on the NPI file for the service facility is not Louisiana. This claim must be filed to the BCBS Plan that corresponds with the state on the NPI file.

Electronic Trading Partner Agreement

In order to exchange electronic transactions with BCBSLA, we require the submission of our Electronic Trading Partner Agreement, which can be found along with the detailed enrollment instructions on our Provider Page at www.BCBSLA.com/providers >Electronic Services >Clearinghouse Services.

Transaction Specific: Loop and Data Element Specifications

Loop	Reference Descript	Field Name	Required Value	BCBSLA Specifications
	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 resubmissions. 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.
1000A	NM109	Submitter Identifier		Enter the submitter's 8-position numeric code assigned by BCBSLA which identifies your organization
1000B	NM109	Receiver ID	BCBSLA001	Assigned by BCBSLA
2010AA	NM108	NPI Qualifier	XX	Use XX qualifier to indicate National Provider Identifier (NPI) follows
2010AA	NM109	Billing Prov NPI	NPI#	Enter the national provider identifier (NPI) for the billing/pay provider
2010AA	REF01	Ref ID Qualifier	EI	Use billing/pay provider's Tax ID
2010AA	REF02	Billing Provider Tax ID Number		Enter the billing/pay provider's 9-digit Tax ID
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.
2000B	SBR09	Claim Filing Indicator	BL	Must be BL
2010BA	NM108	Mem ID	MI	Use member ID number
2010BB	NM108	Payer Qualifier	PI	Use payer identification code
2010BB	NM109	Payer Identifier	53120	Enter 53120 to reflect the BCBSLA NAIC number
2010BB	REF01	Reference Identification Qualifier	G2	Use G2 qualifier to indicate the provider commercial/BC number follows
2010BB	REF02	Billing Provider Secondary Identifier		When present, must be the 5- or 10-digit BCBSLA provider number assigned for the service being submitted

Loop	Reference Descript	Field Name	Required Value	BCBSLA Specifications
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.
2300	HI01-1	Principle Diagnosis Qualifier	ABK	Use one of the following qualifiers to reflect principal diagnosis
2300	HI02-1 Thru HI12-1	Additional Diagnosis Qualifiers	ABF	Use the following qualifiers to report additional diagnosis codes
2310B	NM108	Identification Code Qualifier	XX	Use XX qualifier to indicate National Provider Identifier (NPI) follows
2310B	NM109	Rendering Provider ID	NPI	Must be the rendering provider's NPI. Required for all claims except pharmacy, lab, DME, diagnostic radiology, ER physicians, DXL approved facilities, urgent care and retail health clinics.
2310B	REF01	Reference Identification Qualifier	G2	Use G2 qualifier to indicate the providers commercial (BCBSLA) provider identification number follows
2310B	REF02	Billing Provider Secondary Identifier		When present, must be the 5- or 10-digit BCBSLA provider identification number assigned for the service being submitted
2320	SBR01-09	Other Subscriber Information	A, P S & T	BCBSLA will only use the first 4 payers
2400	SV101-1	Product or Service ID Qualifier	HC	Use HC qualifier to report HCPCS and CPT codes
2410	LIN02	Product or Service ID Qualifier	N4	Use N4 qualifier to report National Drug Code (NDC) in 5-4-2 format
2410	LIN03	National Drug Identification Code		When applicable, the National Drug Code (NDC) should be used
2410	CTP04 &CTP05	Drug Quantity and Unit of Measure		Drug quantity and unit of measure must be used when the National Drug Code (NDC) are reported
2420A	NM108	Identification Code Qualifier	XX	National Provider Identifier (NPI)
2420A	NM109	Rendering Provider ID	NPI	National Provider Identifier (NPI)

Loop	Reference Descript	Field Name	Required Value	BCBSLA Specifications
2420A	REF01	Reference Identification Qualifier	G2	Use G2 qualifier to indicate the providers commercial (BCBSLA) provider identification number follows
2420A	REF02	Billing Provider Secondary Identifier		When present, must be the 5- or 10-digit BCBSLA provider identification number assigned for the service being submitted

Appendices

Appendix I

Implementation Checklist

- Technical and business staff should review this guide

- Sign and return Electronic Trading Partner Agreement

- Establish connectivity

- Conduct testing

- Request move to production

- Exchange transactions

Appendix II

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 an Electronic 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 Electronic Trading Partner Agreement is executed between BCBSLA and the clearinghouse.

Summary of Changes

Below is a summary of changes to the *837 Professional Claims Standard Companion Guide*. Minor revisions not detailed in the summary include modifications to the text for clarity and uniformity, grammatical edits and updates to web links referenced in the document.

September 2019

Preface
- Added new section from Introduction and Scope information

Contact Information
- Added new section

Revision History
- Removed section and replaced with Summary of Changes

General Information
- Changed section name from Introduction to General Information
- Moved Introduction and Scope information to Preface
- Updated guide online availability information

Connectivity with Payer/Communications
- Updated Screenshots for Configuring FTPS (Implicit port 990)
- Removed references to Configuring FTPS (Explicit port 10021) and Configuring SFTP

Payer Specific Business Rules
- Removed the BCBSLA Contract and Prefixes section
- Removed the ICD9 and ICD10 Claims Filing Guidelines

Acknowledgements, Error Codes and/or Reports
- Edited error descriptions to remove billing guidelines

Transaction Specific: Loop and Data Element Specifications
- Removed TR3 Page number references from table

February 2020

Not accepted error message descriptions
- Changed the name of the HLTHBLUE edit to SUBMIT CLAIMS TO HEALTHY BLUE. Added the JLA prefix to this error message