



Blue Cross and Blue Shield of Louisiana incorporated as Louisiana Health Service & Indemnity Company.

# **BLUE CROSS AND BLUE SHIELD OF LOUISIANA INSTITUTIONAL CLAIMS COMPANION GUIDE**

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## **I. Introduction**

This guide was developed by Blue Cross and Blue Shield of Louisiana (BCBSLA) to be used in conjunction with ASC X12N 837 Institutional (004010X096A1) implementation guide. If the transactions do not meet the specifications outlined in this guide, then BCBSLA may not be able to process those transactions. Additionally, claims must conform to the provisions set forth in the provider network contracts.

## II. General Specifications

- 1) Each inbound transmission to BCBSLA should contain only one ISA/IEA interchange. Within the ISA/IEA interchange, a trading partner can send multiple GS/GE functional groups. In turn, each GS/GE functional group can contain multiple ST/SE transaction sets.
- 2) Revenue code 071 CANNOT be used to report the LA Mandated Service Charge. The service charge amount must be reported in the 'Facility Tax Amount' segment (AMT) in loop 2400. AMT01 must indicate 'N8' and AMT02 will indicate the actual service charge amount.
- 3) J-Codes (HCPCS) must be used in place of NDC codes.
- 4) BCBSLA will not process negative values.
- 5) The 837I allows up to 18 positions for total charges. BCBSLA's adjudication system will recognize the maximum total charge amounts as follows:
  - Regular, FEP and ITS contracts \$999,999.99
  - NASCO contracts \$99,999.99

Claims in excess of these amounts will be returned for provider to split bill.

- 6) BCBSLA suggests using the following standard delimiters: asterisk (\*) as a data element separator, the less than sign (<) as the component element separator, and the tilde (~) as the segment terminator.
- 7) BCBSLA will not support file compression.

### III. Enveloping Specifications

The implementation guide identifies the X12 envelope structure used by all X12 transactions inbound and/or outbound to/from a trading partner. The following tables depict the X12 envelope structure along with the values BCBSLA expects to receive in each element.

<i>ISA/GS Header Envelope</i>			
<b>Element</b>	<b>Element Text</b>	<b>Value</b>	<b>Comments</b>
ISA01	Authorization Information Qualifier	00	
ISA02	Authorization Information	1234567890	Must contain the 10 numeric positions noted in the Value column.
ISA03	Security Information Qualifier	00	
ISA04	Security Information	1234567890	Must contain the 10 numeric positions noted in the Value column.
ISA05	Interchange Control Sender ID Qualifier	ZZ	
ISA06	Interchange Control Sender ID		(Same as GS02) Submitter number assigned by BCBSLA. Field is fixed length requiring 15 positions and must be left justified.
ISA07	Interchange Control Receiver ID Qualifier	ZZ	
ISA08	Interchange Control Receiver ID	BCBSLA001	Field is fixed length requiring 15 positions and must be left justified.
ISA09	Interchange Date		Interchange Date in YYMMDD format
ISA10	Interchange Time		Interchange Time in HHMM format
ISA11	Interchange Standards ID	U	
ISA12	Interchange Control Version ID	00401	
ISA13	Interchange Control Number		Assigned by the Sender. (ISA13 must be identical to IEA02)
ISA14	Acknowledgement Requested	0	TA1 acknowledgements will NOT be utilized by BCBSLA for files accepted for processing. You will automatically receive a TA1 report for files that cannot be processed or submitted for HIPAA validation.
ISA15	Usage Indicator	T	T (Test Data) P (Production Data)
ISA16	Component Element Separator	:	
GS01	Functional Identifier Code		Dependent Upon Transaction Type (Example 837 = HC) (Example 270 = HS)
GS02	Application Sender ID		(Same as ISA06) Submitter number assigned by BCBSLA
GS03	Application Receiver ID	BCBSLA001	
GS04	Date		Functional Group Creation Date in CCYYMMDD Format
GS05	Time		Functional Group Creation Time in HHMM Format
GS06	Group Control Number		Assigned by the Sender. (GS06 must be identical to GE02)
GS07	Responsible Agency Code	X	
GS08	Version/Release/Industry Identifier Code	004010X???	Dependent Upon Transaction Type (Example: 837 Professional = 004010X098A1) (Example: 837 Institutional = 004010X096A1)

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<b>GE/IEA Trailer Envelope</b>			
<b>Element</b>	<b>Element Text</b>	<b>Value</b>	<b>Comments</b>
GE01	Number of Transaction Sets Included		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)
IEA01	Number of Included Functional Groups		A count of functional groups (GS to GE) contained within the interchange.
IEA02	Interchange Control Number		Assigned by the Sender. (IEA02 must be identical to ISA13) Fixed length field must contain 9 positions.
ST02	Transaction Set Control Number		Assigned by the Sender. (ST02 must be identical to SE02) Field must contain 4 – 9 positions and can not contain more that 3 leading zeros.
SE02	Transaction Set Control Number		

Example:

Inbound X12 837 Professional Envelope Structure:

```
ISA*00*1234567890*00*1234567890*ZZ*T837XXXX *ZZ*BCBSLA001
*020723*1100*U*00401*000000013*0*T*<~GS*HC*T837XXXX*BCBSLA001*20020723*1100*10
*X*004010X098A1~
Transaction(s) Body (ST/SE)~GE*1*10~IEA*1*000000013~
```

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#### IV. Loop and Data Element Specifications

IG Page Number	Loop	Reference Description	Field Name	Required Value	BCBSLA Specification
62	1000A	NM109	Submitter Identifier		Enter the submitter's 8-position numeric code assigned by BCBSLA which identifies your organization
68	1000B	NM109	Receiver Primary Identifier	<b>BCBSLA001</b>	Assigned by Blue Cross
77	2010AA	NM108	Identification Code Qualifier	<b>24</b>	Use Employer's Identification Number (EIN) code
78	2010AA	NM109	Billing Provider Identifier		Enter 9-digit EIN
83	2010AA	REF01	Reference Identification Qualifier	<b>1A</b>	Use BCBSLA Provider Number code
84	2010AA	REF02	Billing Provider Additional Identifier		Enter 5-digit provider number assigned by BCBSLA for the unit of your facility where services were rendered.
87	2010AA	PER03 PER04	Communication Number Qualifier Communication Number	<b>TE</b>	If 'Billing Provider Contact Information' is present, PER03 must equal TE (Telephone) and PER04 must equal provider phone number.
103	2000B	SBR03 SBR04	Insured Group or Policy Number Insured Group Name		Enter the group number and/or group name. BCBSLA will not use to adjudicate. If this information is unavailable, ' <b>None</b> ' can be submitted in SBR04 Group Name to achieve HIPAA compliance.
110	2010BA	NM108	Identification Code Qualifier	<b>MI</b>	Use Member Identification Number code
127	2010BC	NM108	Identification Code Qualifier	<b>PI</b>	Use Payer Identification code
128	2010BC	NM109	Payer Identifier	<b>53120</b>	Enter BCBSLA's NAIC number
147	2010CA	NM108	Identification Code Qualifier	<b>MI</b>	Use Member Identification Number code
158	2300	CLM01	Patient Account Number		Patient Account 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.
159	2300	CLM02	Total Claim Charge Amount		The 837I allows up to 18 positions for total charges. BCBSLA's adjudication system will recognize the maximum total charge amounts as

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IG Page Number	Loop	Reference Description	Field Name	Required Value	BCBSLA Specification
					follows: For Regular, FEP and ITS contracts \$999,999.99 For NASCO contracts \$99,999.99 Claims in excess of this amount will be returned for provider for split bills.
167	2300	DTP02	Date Time Period Format Qualifier	<b>RD8</b>	Statement From and To Dates in DTP03 must be reported using RD8 Format CCYYMMDD-CCYYMMDD
176	2300	CN101	Contract Type Code	<b>09</b>	For Case Management claims use 09 'Other'
177	2300	CN104	Contract Code		For claims involving Case Management enter the 5-digit number contract code identified on the Case Management letter issued to your provider by BCBSLA.
206 207	2300 2300	NTE01 NTE02	Note Reference Code Claim Note Text	<b>DCP</b>	For <b>Hospice</b> claims, the Claim Note segment must be present. NTE01 must equal ' <b>DCP</b> ' and NTE02 must indicate patient's life expectancy in months. For claims involving a <b>cancer policy</b> NTE01 must equal <b>DCP</b> and NTE02 must include the following information when available: Date of Pathology and/or Radiology report, Operative notes and any other supporting documentation. Diagnosis and/or Diagnosis location, Referring Physicians Name, Metastasis Condition.
232 - 241	2300	HI01-1 HI02-1 thru HI12-1 HI12-2	Code List Qualifier Code Other Diagnosis Code Code List Qualifier Code Other Diagnosis Code		The 837I version 4010A1 allows up to 24 'Other' Diagnosis Codes. BCBSLA's adjudication system will recognize the Principal Diagnosis and first 8 'Other' Diagnosis Codes reported.
244-255	2300	HI01-1 Thru HI12-1	Code List Qualifier	<b>BQ</b>	Use BQ to indicate International Classification of Diseases Clinical Modification (ICD-9-CM) Procedures.
244-255	2300	HI01-1	Code List Qualifier Code	<b>BQ</b>	The 837I version 4010A1 allows up to 24 'Other'

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IG Page Number	Loop	Reference Description	Field Name	Required Value	BCBSLA Specification
		HI02-2 Thru HI12-1 HI12-2	Other Procedure Code Code List Qualifier Code Other Procedure Code	<b>BQ</b>	Procedure Codes. BCBSLA's adjudication system will recognize the Principal Procedure and the first 5 "Other" Procedure Codes reported.
446	2400	SV201	Service Line Revenue Code		Do not include Revenue Code 001 representing total charges. Total charge is reported in Loop 2400 CLM02. Do not include Revenue Code 071 representing the LA Mandated Service Charge. The service charge is reported in Loop 2400 AMT02
461	2400	AMT01 AMT02	Facility Tax Amount	<b>N8</b>	To report the LA Mandated Service Charge, AMT01 must equal N8 and AMT02 must equal the service charge amount..

## V. Transaction Testing

BCBSLA will require testing with trading partners before accepting production transmissions. The Trading Partner will receive all of the outputs that will be available in a production environment, including reports and response transactions. For example, if a trading partner submits a valid test claim file, they will receive a Communication Report, Functional Acknowledgement Report, and Claims Submission Validation Reports. Additionally, BCBSLA will provide ERAs if the Trading Partner has elected to receive them. The ERA will be generated in a test environment and the claim will not be processed for actual payment.

Testing will ensure that the data is accurate and formatted properly for processing. 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 Steps

1. BCBSLA distributes a test submitter ID, secure password, and dial-up phone number and/or FTP address.
2. Trading Partner creates test file (minimum of 25 transactions representative of types that will be submitted in production. For example, if submitting claims, the test file contains 25 claims representing the various claim types submitted in the normal course of business. It is important that valid patient data is used within the test file; otherwise, the test may fail).
3. Trading Partner transmits test file to BCBSLA clearinghouse. (test files will be processed at 8:00 am, 10:00 am and 2:00 pm).
4. Trading Partner reviews the reports BCBSLA provides:
  - Communication Report verifies BCBSLA received the file
  - Functional Acknowledgement Report (997) Accepted or Rejected
  - For claims transactions, the Claims Submission Validation Reports will indicate if the file passed internal edits. Additionally, trading partners that have elected to receive ERAs should review this file to see the processing/adjudication results.
5. Trading Partner must correct all errors and resubmit the test files until these errors are corrected. For assistance on these errors, please contact 225-291-4334 Option 2.

## Testing Steps (continued)

6. The Trading Partner must continue to make corrections and resubmit until the Not Accepted report has a minimal number of critical errors. (Critical errors prevent claims/line items from being accepted into the BCBSLA system for processing.) For assistance with errors on the Not Accepted Report, please contact 225-291-4334 Option 1
7. Trading Partner must contact 225-291-4334 Option 1 when the majority of claims are accepted. An EDI representative will distribute a **production** submitter ID number and production password.

**NOTE: Test Transactions are NOT Processed for Payment.**

## Testing Tips

Following are some tips and guidelines to follow to successfully pass testing.

- Check assignment of benefits to ensure that the appropriate indicator is reflected for payments assigned to the provider.
- Ensure that the BCBSLA performing provider number is valid and current.
- If the Trading Partner is a clinic with several physicians cross-referenced to it, ensure that the proper tax ID and performing provider IDs are valid and current.
- Ensure that CPT4 codes used are valid and current for the associated type of service.
- Ensure that a 3-alpha prefix is present for all contract numbers, with the exception of federal contract numbers, which do not require this.
- Test files should contain a minimum of 25 claims, representative of expected transaction types that will be submitted in a production environment.