



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

BLUE CROSS AND BLUE SHIELD OF LOUISIANA PROFESSIONAL CLAIMS COMPANION GUIDE

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PROFESSIONAL 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 Professional (004010X098A1) 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) J-Codes (HCPCS) must be used in place of NDC codes.
- 3) BCBSLA will not process negative values.
- 4) Claims that have more than seven characters in the dollar amount segments will not be processed. Amounts in excess of \$99,999.99 will not be processed.
- 5) BCBSLA suggests using the following standard delimiters: asterisk (*) as a data element separator, the colon sign (:) as the component element separator, and the tilde (~) as the segment terminator.
- 6) BCBSLA will not support file compression.
- 7) Maximum of 5000 claims per batch.
- 8) Maximum of 50 lines per claim.

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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.

ISA/GS Header Envelope			
Element	Element Text	Value	Comments
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	No leading zeros allowed	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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GE/IEA Trailer Envelope			
Element	Element Text	Value	Comments
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
64		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.
69	1000A	NM109	Submitter Identifier		Enter the submitter's 8-position numeric code assigned by BCBSLA which identifies your organization
75	1000B	NM109	Receiver Primary Identifier	BCBSLA001	Assigned by Blue Cross
86	2010AA	NM108	Identification Code Qualifier	24	Use 24 Employer's Identification Number (EIN) code
86	2010AA	NM109	Billing Provider Identifier		Enter 9-digit EIN
92	2010AA	REF01	Reference Identification Qualifier	1B	Use 1B Blue Shield Provider Number. 1B preferred however, may use 1A.
92	2010AA	REF02	Billing Provider Additional Identifier		Enter provider number assigned by BCBSLA.
97	2010AA	PER03 PER04	Communication Number Qualifier Communication Number	TE	If 'Billing Provider Contact Information' is present, PER03 must equal TE (Telephone) and PER04 must equal provider phone number.
111	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, ' None ' can be submitted in SBR04 Group Name to achieve HIPAA compliancy.
112	2000B	SBR09	Claim Filing Indicator	BL	Must use BL
119	2010BA	NM108	Identification Code Qualifier	MI	Use Member Identification Number code
131	2010BB	NM108	Identification Code Qualifier	PI	Use Payer Identification code
131	2010BB	NM109	Payer Identifier	53120	Enter BCBSLA's NAIC number

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IG Page Number	Loop	Reference . Description	Field Name	Required Value	BCBSLA Specification
159	2010CA	NM108	Identification Code Qualifier	MI	Use Member Identification Number code
171	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.
217	2300	CN101	Contract Type Code	09	For claims involving Case Management use 09 'Other'
218	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.

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IG Page Number	Loop	Reference . Description	Field Name	Required Value	BCBSLA Specification
247	2300	NTE01 NTE02	Note Reference Code Claim Note Text	ADD	<p>For Hospice Claims NTE01 must equal ADD and NTE02 must include must indicate patients life expectancy in months.</p> <p>For claims involving a cancer policy NTE01 must equal ADD 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</p> <p>For Durable Medical Equipment claims with HCPCS 99070 NTE01 must equal ADD and NTE02 must include name of supply.</p> <p>For billing of Nurses services, NTE01 must equal ADD and NTE02 must include the nurses license number (unless Nursing Agency is billing for the services), nurses title and shifts worked.</p>
265	2300	HI01-2 Thru HI08-2	Health Care Diagnosis Codes		The 837P version 4010A1 allows up to 8 Health Care Diagnosis Codes. BCBSLA's adjudication system will recognize the first 4 diagnosis reported.

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IG Page Number	Loop	Reference . Description	Field Name	Required Value	BCBSLA Specification
265	2300	HI01-2 Thru HI08-2	Health Care Diagnosis Codes		The 837P version 4010A1 allows up to 8 Health Care Diagnosis Codes. BCBSLA's adjudication system will recognize the first 4 diagnosis reported.
292	2310B	NM108	Identification Code Qualifier	24	Use 24 Employer's Identification Number (EIN)
292	2310B	NM109	Rendering Provider Identifier		Use the 9 digit EIN
296	2310B	REF01	Reference Identification Code	1B	Use 1B Blue Shield Provider Number
297	2310B	REF02	Rendering Provider Secondary Identifier		Enter the provider number assigned by BCBSLA
402	2400	SV102	Line Item Charge Amount		The maximum dollar amount that BCBSLA can process is \$99,999.99. Claims in excess of this amount may be rejected.
401	2400	SV101-1	Product or Service ID Qualifier	HC	BCBSLA cannot process using NDC codes. All service lines must be identified with HCPCS or CPT codes.
405	2400	SV107	Diagnosis Code Pointer		The 837P version 4010A1 allows up to 8 Health Care Diagnosis Codes. BCBSLA's adjudication system will recognize the first 4 diagnosis reported.
484	2400	AMT02	Sales Tax Amount		AMT02 Sales Tax Amount must be present for Durable Medical Claims.
486	2400	AMT02	Postage Claimed Amount		AMT02 Shipping and Handling must be present for Durable Medical Claims.

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IG Page Number	Loop	Reference . Description	Field Name	Required Value	BCBSLA Specification
502	2420A	NM108	Identification Code Qualifier	24	Use 24 – Employer’s Identification Number
502	2420A	NM109	Rendering Provider Identifier		Enter rendering provider’s 9 digit EIN.
507	2420A	REF01	Reference Identification Code	1B	Use 1B Blue Shield Provider Number. 1B preferred however, can use 1A.
508	2420A	REF02	Rendering Provider Secondary Identifier		Enter the provider number assigned by BCBSLA .

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 call 225-291-4334 or email edich@bcbsla.com for assistance.

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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 call 225-291-4334 or email edich@bcbsla.com for assistance.

7. Trading Partner must call 225-291-4334 or email edich@bcbsla.com 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.