

## **Blue Cross of Idaho**

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# **837 Health Care Claim Professional, Institutional and Dental**

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## **Companion Guide Version 1.0**

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## Document Releases

Version	Date	Revision Reason	Approved By
1.0	11/01/08	Initial Release	

## Version Change Details

Version 1.0 – Initial release.

## List of Acronyms

Blue Cross of Idaho (**BCI**)

Electronic Data Interchange (**EDI**)

Health Insurance Portability and Accountability Act (**HIPAA**)

# 1 Introduction

## 1.1 Disclaimer

This Companion Guide for 837 Health Care Claim (Professional and Institutional) has been created for use in conjunction with the 4010A1 version of the ANSI X12 Implementation Guide. This document should not be considered a replacement for the ANSI X12 Implementation Guide, but as an additional source of information created to assist providers and business partners of Blue Cross of Idaho. A download of the latest ANSI X12 Implementation Guide can be obtained, at no cost, at the following Website: <http://www.wpc-edi.com/content/view/533/377/>

## 1.2 Document Purpose

The purpose of this companion guide is to describe those aspects of processing electronic **837 Health Care Claims** that are specific to Blue Cross of Idaho. As mentioned above, this companion guide is not meant to be used as a replacement for the 4010A1 version of the ANSI X12 Implementation Guide.

This companion guide contains data clarifications derived from specific business rules that apply exclusively to claims processing done by Blue Cross of Idaho. In addition, this guide also includes useful information about sending and receiving data to and from Blue Cross of Idaho.

Clients of Blue Cross of Idaho are advised that updates will be made to this document on a continual basis, and the current version of the document will be available by visiting the following website: <http://www.bluecross.com>

## 2 Enrollment & Support Information

### 2.1 Enrollment Information

Any entity desiring to send or receive electronic transactions through the Blue Cross of Idaho Clearinghouse must first be registered, and Blue Cross of Idaho requires a separate enrollment form for each transaction set being processed. If you are interested in registering with Blue Cross of Idaho, simply complete a copy of the Electronic Claims Submission Enrollment Form and Fax it to **(208)-331-7203**.

This form is available at the following website: [http://www.bcidaho.com/edi\\_clearinghouse/index.asp](http://www.bcidaho.com/edi_clearinghouse/index.asp) Please look under the **Providers** column, and you will find a link to the **Electronic Claims Submission Enrollment Form**.

After Blue Cross of Idaho has received and processed your Electronic Claims Submission Enrollment Form, there are a number of tasks that must be completed:

- ◆ Receive your login and password information.
- ◆ Submit test files, assisted by a member of the Blue Cross of Idaho EDI Support Desk.
- ◆ Obtain permission to submit production data files.

### 2.2 EDI Support

The Blue Cross of Idaho EDI Support Desk assists users with questions about electronic transactions. The Blue Cross of Idaho EDI Support Desk is available to all Idaho providers Monday through Friday from 8:00 a.m. to 5:00 p.m. MST at **(208)-331-8817** or **(888)-224-3341**.

The Blue Cross of Idaho EDI Support Desk:

- Provides information on services offered.
- Enrolls users for claims submission and data retrieval.
- Verifies receipt of electronic transmissions.
- Provides technical assistance to users who are experiencing transmission difficulties.

### 2.3 General Business Information

BCI will only accept transactions from trading partners who have completed the enrollment process, which means the entity's submitter ID is on file. All other transactions will be rejected.

BCI complies with the standards adopted by HIPAA. Specific coding requirements utilized by Blue Cross of Idaho are described below. It should be remembered that the eligibility information returned by BCI is not a guarantee of claims payment. BCI will respond to all eligibility requests with the coverage information available for the patient identified per the date provided.



## 3 837 - Health Care Claim - Professional

### 3.1 Blue Cross of Idaho Coding Requirements for the 837 Professional Health Care Claim transaction

Blue Cross of Idaho complies with the standards adopted by HIPAA when processing an 837 Professional Health Care Claim.

## 837 Health Care Claim: Professional

**The incoming 837 transactions should utilize recommended delimiters from the following list of characters:**

- ◆ > (Greater Than)
- ◆ \* (Asterisk)
- ◆ ~ (Tilde)
- ◆ ^ (Carrot Top)
- ◆ / (Vertical Bar)

**Data may be streaming (no <CR><LF>) or <CR><LF> delimited. Note the total length of segment separator should not exceed 3 Characters BCI recommends using only “~” for the Segment Separator.**

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Page</u>
	ISA	Interchange Control Header	M	1			9
	GS	Functional Group Header	M	1			11

#### Enrollment Information

*Any entity desiring to send or receive electronic transactions through the Blue Cross of Idaho Clearinghouse must first be registered, and Blue Cross of Idaho requires a separate enrollment form for each transaction set being processed. If you are interested in registering with Blue Cross of Idaho, simply complete a copy of the Electronic Claims Submission Enrollment Form and Fax it to (208)-331-7203.*

*This form is available at the following website: [http://www.bcidaho.com/edi\\_clearinghouse/index.asp](http://www.bcidaho.com/edi_clearinghouse/index.asp)*

*Please look under the Providers column, and you will find a link to the Electronic Claims Submission Enrollment Form.*

*After Blue Cross of Idaho has received and processed your Electronic Claims Submission Enrollment Form, there are a number of tasks that must be completed:*

- Receive your login and password information.
- Submit test files, assisted by a member of the Blue Cross of Idaho EDI Support Desk.
- Obtain permission to submit production data files.



**Heading:**

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>
010	BHT	Beginning of Hierarchical Transaction	M	1		
<b>LOOP ID - 1000B</b>					<b>1</b>	<b>N1/020L</b>
020	NM1	Receiver Name	O	1		N1/020

**Detail:**

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>
<b>LOOP ID - 2000A</b>					<b>&gt;1</b>	
<b>LOOP ID - 2010AA</b>					<b>1</b>	<b>N2/015L</b>
015	NM1	Billing Provider Name	O	1		N2/015
<b>LOOP ID - 2000B</b>					<b>&gt;1</b>	
<b>LOOP ID - 2010BB</b>					<b>1</b>	<b>N2/015L</b>
015	NM1	Payer Name	O	1		N2/015
<b>LOOP ID - 2300</b>					<b>100</b>	
<b>LOOP ID - 2310A</b>					<b>2</b>	<b>N2/250L</b>
250	NM1	Referring Provider Name	O	1		N2/250
<b>LOOP ID - 2310B</b>					<b>1</b>	<b>N2/250L</b>
250	NM1	Rendering Provider Name	O	1		N2/250
<b>LOOP ID - 2400</b>					<b>50</b>	<b>N2/365L</b>
<b>LOOP ID - 2420A</b>					<b>1</b>	<b>N2/500L</b>
500	NM1	Rendering Provider Name	O	1		N2/500

# ISA Interchange Control Header

**Purpose:** To start and identify an interchange of zero or more functional groups and interchange-related control segments

## BCI Business Rules:

*The ISA is a fixed record length segment and all positions within each of the data elements must be filled. The first element separator defines the element separator to be used through the entire interchange. The segment terminator used after the ISA defines the segment terminator to be used throughout the entire interchange. Spaces in the example are represented by '.' for clarity.*

- *ISA01 should contain 00*
- *ISA02 should contain Spaces*
- *ISA03 should contain 00*
- *ISA04 should contain Spaces*
- *ISA05 should contain ZZ*
- *ISA06 To be Assigned; Should Match Loop 1000A.NM109*
- *ISA07 should contain 30*
- *ISA08 should contain 820344294*
- *ISA09 should contain Interchange Date (YYMMDD)*
- *ISA10 should contain Interchange Time (hhmm)*
- *ISA11 should contain U*
- *ISA12 should contain 00401*
- *ISA13 should contain Interchange Control Number*
- *ISA14 should contain 0 or 1 (will have no affect as 997 not supported at this time)*
- *ISA15 should contain T for test or P for production*



## GS Functional Group Header

**Purpose:** To indicate the beginning of a functional group and to provide control information

### Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
GS03	124	Application Receiver's Code	M	AN	2/15

BCI Business Rules:

***GS03 (Application Receiver's Code) = 820344294***



## BHT Beginning of Hierarchical Transaction

**Purpose:** To define the business hierarchical structure of the transaction set and identify the business application purpose and reference data, i.e., number, date, and time

### BCI Business Rules:

**Duplicate Transmission Checking: Clearinghouse will reject ST-SE Loop if the Loop 1000A.NM109 (submitter) has used the same control number (BHT03) and File creation date (BHT.04).**

**File Creation Date Check: The Clearinghouse will reject a file if the BHT04 Creation Date is in the future or more than 90 days old.**

### Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
BHT03	127	Reference Identification	O	AN	1/30
BHT04	373	Date	O	DT	8/8
BHT05	337	Time	O	TM	4/8



# NM1 Receiver Name - (Loop 1000B)

**Purpose:** To supply the full name of an individual or organizational entity

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
NM101	98	Entity Identifier Code BCI Business Rules: <b>NM101 should contain 40</b>	M	ID	2/3
NM102	1065	Entity Type Qualifier BCI Business Rules: <b>NM102 should contain 2</b>	M	ID	1/1
NM103	1035	Name Last or Organization Name BCI Business Rules: <b>NM103 should contain Blue Cross of Idaho</b>	O	AN	1/35
NM108	66	Identification Code Qualifier BCI Business Rules: <b>NM108 should contain 46</b>	C	ID	1/2
NM109	67	Identification Code BCI Business Rules: <b>NM109 should contain 820344294</b>	C	AN	2/80



## NM1 Billing Provider Name - (Loop 2010AA)

**Purpose:** To supply the full name of an individual or organizational entity

### BCI Business Rules:

**Billing Provider ID (Loop 2010AA.NM109) must be registered with the BCI Clearinghouse as a valid EDI Billing entity. That is, the BCI Clearinghouse will require Enrollment at the Billing Provider level prior to submitting data.**

**Note: Failure to enroll will result in rejection of Billing Provider Claims and Cause Batch Level rejection message to be returned to Submitter. See Section 2 Enrollment & Support.**

## REF Billing Provider Secondary Identification – (Loop 2010AA)

**Purpose:** To specify identifying information

### BCI Business Rules:

**Blue Cross of Idaho Requires a Site ID which is assigned to the providers at the time of enrollment in EDI**  
**EXAMPLE : REF\*G5\*0001~**

### Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
REF01	128	Reference Identification Qualifier	M	ID	2/3
REF02	127	Reference Identification	C	AN	1/30





# NM1 Payer Name - (Loop 2010BB)

**Purpose:** To supply the full name of an individual or organizational entity

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
NM101	98	Entity Identifier Code	M	ID	2/3
NM102	1065	Entity Type Qualifier	M	ID	1/1
NM103	1035	Name Last or Organization Name	O	AN	1/35
NM108	66	Identification Code Qualifier	C	ID	1/2
NM109	67	Identification Code	C	AN	2/80

**BCI Business Rules:**

***Payer ID should be from the following list:***

- \* ***BLUEC - Blue Cross of Idaho***
- \* ***BLUES - Regence BlueShield***
- \* ***EDS - Idaho Medicaid***
- \* ***CIGNA - Medicare***
- \* ***PRIME - Primary Health***
- \* ***DAK01 - Dakota Care***
- \* ***SRRGA - Railroad Medicare***
- \* ***SDMED - DMERC Region D***
- \* ***Participating Emedeon Payers will use the Payer ID assigned by Emedeon. These Participating Payer ID's are available on the BCI EDI website.***

***Payer ID should be loaded to 2010BB.NM109***



## NM1 Payer Name - (Loop 2310A)

**Purpose:** To supply the full name of an individual or organizational entity

### BCI Business Rules:

***Blue Cross of Idaho requires Referring Provider loop (2310A) on all Blue Cross of Idaho claims using codes for x-ray and lab charges***

### Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
NM101	98	Entity Identifier Code	M	ID	2/3
NM102	1065	Entity Type Qualifier	M	ID	1/1
NM103	1035	Name Last or Organization Name	O	AN	1/35
NM104	1036	Name First	O	AN	1/25
NM105	1037	Name Middle	O	AN	1/25
NM107	1039	Name Suffix	O	AN	1/10
NM108	66	Identification Code Qualifier	C	ID	1/2
NM109	67	Identification Code	C	AN	2/80



## NM1 Rendering Provider Name - (Loop 2310B)

**Purpose:** To supply the full name of an individual or organizational entity

### BCI Business Rules:

***For Blue Cross of Idaho Claims: Only Single Performing/Rendering providers allowed to bill on a single Claim***

### Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
NM101	98	Entity Identifier Code	M	ID	2/3
NM102	1065	Entity Type Qualifier	M	ID	1/1
NM103	1035	Name Last or Organization Name	O	AN	1/35
NM104	1036	Name First	O	AN	1/25
NM105	1037	Name Middle	O	AN	1/25
NM107	1039	Name Suffix	O	AN	1/10
NM108	66	Identification Code Qualifier	C	ID	1/2
NM109	67	Identification Code	C	AN	2/80



## NM1 Rendering Provider Name - (Loop 2420A)

**Purpose:** To supply the full name of an individual or organizational entity

### BCI Business Rules:

***For Blue Cross of Idaho Claims: Only Single Performing/Rendering providers allowed to bill on a single Claim***

### Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
NM101	98	Entity Identifier Code	M	ID	2/3
NM102	1065	Entity Type Qualifier	M	ID	1/1
NM103	1035	Name Last or Organization Name	O	AN	1/35
NM104	1036	Name First	O	AN	1/25
NM105	1037	Name Middle	O	AN	1/25
NM107	1039	Name Suffix	O	AN	1/10
NM108	66	Identification Code Qualifier	C	ID	1/2
NM109	67	Identification Code	C	AN	2/80

## 4 837 Health Care Claim - Institutional

### 4.1 Blue Cross of Idaho Coding Requirements for the 837 Institutional Health Care Claim transaction

Blue Cross of Idaho complies with the standards adopted by HIPAA when processing an 837 Institutional Health Care Claim.

## 837 Health Care Claim: Institutional

**The incoming 837 transactions should utilize recommended delimiters from the following list of characters:**

- ◆ > (Greater Than)
- ◆ \* (Asterisk)
- ◆ ~ (Tilde)
- ◆ ^ (Carrot Top)
- ◆ / (Vertical Bar)

**Data may be streaming (no <CR><LF>) or <CR><LF> delimited. Note the total length of segment separator should not exceed 3 Characters BCI recommends using only “~” for the Segment Separator.**

<u>Page</u>	<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Reg</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>
10		ISA	Interchange Control Header	M	1		
11		GS	Functional Group Header	M	1		

#### Enrollment Information

*Any entity desiring to send or receive electronic transactions through the Blue Cross of Idaho Clearinghouse must first be registered, and Blue Cross of Idaho requires a separate enrollment form for each transaction set being processed. If you are interested in registering with Blue Cross of Idaho, simply complete a copy of the Electronic Claims Submission Enrollment Form and Fax it to (208)-331-7203.*

*This form is available at the following website: [http://www.bcidaho.com/edi\\_clearinghouse/index.asp](http://www.bcidaho.com/edi_clearinghouse/index.asp)*

*Please look under the Providers column, and you will find a link to the Electronic Claims Submission Enrollment Form.*

*After Blue Cross of Idaho has received and processed your Electronic Claims Submission Enrollment Form, there are a number of tasks that must be completed:*

- *Receive your login and password information.*
- *Submit test files, assisted by a member of the Blue Cross of Idaho EDI Support Desk.*
- *Obtain permission to submit production data files.*



**Heading:**

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>
010	BHT	Beginning of Hierarchical Transaction	M	1		
<b>LOOP ID - 1000B</b>					<b>1</b>	<b>N1/020L</b>
020	NM1	Receiver Name	O	1		N1/020

**Detail:**

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>
<b>LOOP ID - 2000A</b>					<b>&gt;1</b>	
<b>LOOP ID - 2010AA</b>					<b>1</b>	<b>N2/015L</b>
015	NM1	Billing Provider Name	O	1		N2/015
<b>LOOP ID - 2000B</b>					<b>&gt;1</b>	
<b>LOOP ID - 2010BC</b>					<b>1</b>	<b>N2/015L</b>
015	NM1	Payer Name	O	1		N2/015

# ISA Interchange Control Header

**Purpose:** To start and identify an interchange of zero or more functional groups and interchange-related control segments

## BCI Business Rules:

**The ISA is a fixed record length segment and all positions within each of the data elements must be filled. The first element separator defines the element separator to be used through the entire interchange. The segment terminator used after the ISA defines the segment terminator to be used throughout the entire interchange. Spaces in the example are represented by '.' for clarity.**

- **ISA01 should contain 00**
- **ISA02 should contain Spaces**
- **ISA03 should contain 00**
- **ISA04 should contain Spaces**
- **ISA05 should contain ZZ**
- **ISA06 To be Assigned; Should Match Loop 1000A.NM109**
- **ISA07 should contain 30**
- **ISA08 should contain 820344294**
- **ISA09 should contain Interchange Date (YYMMDD)**
- **ISA10 should contain Interchange Time (hhmm)**
- **ISA11 should contain U**
- **ISA12 should contain 00401**
- **ISA13 should contain Interchange Control Number**
- **ISA14 should contain 0 or 1 (will have no affect as 997 not supported at this time)**
- **ISA15 should contain T for test or P for production**



# GS Functional Group Header

**Purpose:** To indicate the beginning of a functional group and to provide control information

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
GS03	124	Application Receiver's Code	M	AN	2/15

**Description:** Code identifying party receiving transmission; codes agreed to by trading partners

**BCI Business Rules:**

**GS03 (Application Receiver's Code) = 820344294**



# BHT Beginning of Hierarchical Transaction

**Purpose:** To define the business hierarchical structure of the transaction set and identify the business application purpose and reference data, i.e., number, date, and time

## BCI Business Rules:

**Duplicate Transmission Checking: Clearinghouse will reject ST-SE Loop if the Loop 1000A.NM109 (submitter) has used the same control number (BHT03) and File creation date (BHT.04).**

**File Creation Date Check: The Clearinghouse will reject a file if the BHT04 Creation Date is in the future or more than 90 days old.**

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
BHT01	1005	<b>Hierarchical Structure Code</b>	M	ID	4/4
		<b>Description:</b> Code indicating the hierarchical application structure of a transaction set that utilizes the HL segment to define the structure of the transaction set			
		<u>Code</u>		<u>Name</u>	
		0019		Information Source, Subscriber, Dependent	
BHT02	353	<b>Transaction Set Purpose Code</b>	M	ID	2/2
		<b>Description:</b> Code identifying purpose of transaction set			
		<u>Code</u>		<u>Name</u>	
		00		Original	
		18		Reissue	
BHT03	127	<b>Reference Identification</b>	O	AN	1/30
		<b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier			
BHT04	373	<b>Date</b>	O	DT	8/8
		<b>Description:</b> Date expressed as CCYYMMDD			
BHT05	337	<b>Time</b>	O	TM	4/8
		<b>Description:</b> Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99)			
BHT06	640	<b>Transaction Type Code</b>	O	ID	2/2
		<b>Description:</b> Code specifying the type of transaction			
		<u>Code</u>		<u>Name</u>	
		CH		Chargeable	
		RP		Reporting	



# NM1 Receiver Name – (Loop 1000B)

**Purpose:** To supply the full name of an individual or organizational entity

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>				
NM101	98	Entity Identifier Code	M	ID	2/3				
<p><b>Description:</b> Code identifying an organizational entity, a physical location, property or an individual</p> <p><b>BCI Business Rules:</b>  <b>NM101 should contain 40</b></p> <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>40</td> <td>Receiver</td> </tr> </tbody> </table> <p><b>Description:</b> <i>Entity to accept transmission</i></p>						<u>Code</u>	<u>Name</u>	40	Receiver
<u>Code</u>	<u>Name</u>								
40	Receiver								
NM102	1065	Entity Type Qualifier	M	ID	1/1				
<p><b>Description:</b> Code qualifying the type of entity</p> <p><b>BCI Business Rules:</b>  <b>NM102 should contain 2</b></p> <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>2</td> <td>Non-Person Entity</td> </tr> </tbody> </table>						<u>Code</u>	<u>Name</u>	2	Non-Person Entity
<u>Code</u>	<u>Name</u>								
2	Non-Person Entity								
NM103	1035	Name Last or Organization Name	O	AN	1/35				
<p><b>Description:</b> Individual last name or organizational name</p> <p><b>BCI Business Rules:</b>  <b>NM103 should contain Blue Cross of Idaho</b></p>									
NM108	66	Identification Code Qualifier	C	ID	1/2				
<p><b>Description:</b> Code designating the system/method of code structure used for Identification Code (67)</p> <p><b>BCI Business Rules:</b>  <b>NM108 should contain 46</b></p> <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>46</td> <td>Electronic Transmitter Identification Number (ETIN)</td> </tr> </tbody> </table> <p><b>Description:</b> <i>A unique number assigned to each transmitter and software developer</i></p>						<u>Code</u>	<u>Name</u>	46	Electronic Transmitter Identification Number (ETIN)
<u>Code</u>	<u>Name</u>								
46	Electronic Transmitter Identification Number (ETIN)								
NM109	67	Identification Code	C	AN	2/80				
<p><b>Description:</b> Code identifying a party or other code</p> <p><b>BCI Business Rules:</b>  <b>NM109 should contain 820344294</b></p>									



# NM1 Billing Provider Name – (Loop 2010AA)

**Purpose:** To supply the full name of an individual or organizational entity

## BCI Business Rules:

**Billing Provider ID (Loop 2010AA.NM109) must be registered with BCI Clearinghouse as valid EDI Billing entity. That is BCI Clearinghouse will require Enrollment at the Billing Provider level prior to submitting data.**

**Note: Failure to enroll will result in rejection of Billing Provider Claims and Cause Batch Level rejection message to be returned to Submitter. See Section 2 Enrollment & Support.**

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>								
NM101	98	Entity Identifier Code	M	ID	2/3								
		<b>Description:</b> Code identifying an organizational entity, a physical location, property or an individual											
		<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>85</td> <td>Billing Provider</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	85	Billing Provider							
<u>Code</u>	<u>Name</u>												
85	Billing Provider												
NM102	1065	Entity Type Qualifier	M	ID	1/1								
		<b>Description:</b> Code qualifying the type of entity											
		<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>2</td> <td>Non-Person Entity</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	2	Non-Person Entity							
<u>Code</u>	<u>Name</u>												
2	Non-Person Entity												
NM103	1035	Name Last or Organization Name	O	AN	1/35								
		<b>Description:</b> Individual last name or organizational name											
NM108	66	Identification Code Qualifier	C	ID	1/2								
		<b>Description:</b> Code designating the system/method of code structure used for Identification Code (67)											
		<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>24</td> <td>Employer's Identification Number</td> </tr> <tr> <td>34</td> <td>Social Security Number</td> </tr> <tr> <td>XX</td> <td>Health Care Financing Administration National Provider Identifier</td> </tr> </tbody> </table> <p><b>Description:</b> Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.</p>	<u>Code</u>	<u>Name</u>	24	Employer's Identification Number	34	Social Security Number	XX	Health Care Financing Administration National Provider Identifier			
<u>Code</u>	<u>Name</u>												
24	Employer's Identification Number												
34	Social Security Number												
XX	Health Care Financing Administration National Provider Identifier												
NM109	67	Identification Code	C	AN	2/80								
		<b>Description:</b> Code identifying a party or other code											
		<b>BCI Business Rules:</b>											
		<b>Billing Provider ID (Loop 2010AA.NM1.09) must be registered with BCI as valid EDI Billing entity. That is, BCI will require Enrollment at the Billing Provider level prior to submitting data.</b>											
		<b>ExternalCodeList</b>											
		<b>Name:</b> 537											
		<b>Description:</b> Health Care Financing Administration National Provider Identifier											



# NM1 Payer Name – (Loop 2010BC)

**Purpose:** To supply the full name of an individual or organizational entity

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
NM101	98	<b>Entity Identifier Code</b>  <b>Description:</b> Code identifying an organizational entity, a physical location, property or an individual <u>Code</u> <u>Name</u> PR            Payer	M	ID	2/3
NM102	1065	<b>Entity Type Qualifier</b>  <b>Description:</b> Code qualifying the type of entity <u>Code</u> <u>Name</u> 2             Non-Person Entity	M	ID	1/1
NM103	1035	<b>Name Last or Organization Name</b>  <b>Description:</b> Individual last name or organizational name	O	AN	1/35
NM108	66	<b>Identification Code Qualifier</b>  <b>Description:</b> Code designating the system/method of code structure used for Identification Code (67) <u>Code</u> <u>Name</u> PI            Payor Identification XV            Health Care Financing Administration National Payer Identification Number (PAYERID) <b>Description: <i>Required if the National Plan ID is mandated for use. Otherwise, one of the other listed codes may be used.</i></b>	C	ID	1/2
NM109	67	<b>Identification Code</b>  <b>Description:</b> Code identifying a party or other code	C	AN	2/80

**BCI Business Rules:**  
**Payer ID should be from the following list:**

- . **BLUEC - Blue Cross of Idaho**
- . **BLUES - Regence BlueShield**
- . **EDS - Idaho Medicaid**
- . **CIGNA - Medicare**
- . **PRIME - Primary Health**
- . **DAK01 - Dakota Care**
- . **SRRGA – Railroad Medicare**
- . **SDMED – DMERC Region D**

**Participating Emedeon Payers will use the Payer ID assigned by Emedeon. These Participating Payer ID's are available on the BCI EDI website.**

**ExternalCodeList**

**Name:** 540

**Description:** Health Care Financing Administration National PlanID



## REF Billing Provider Secondary Identification – (Loop 2010AA)

**Purpose:** To specify identifying information

### BCI Business Rules:

**Blue Cross of Idaho Requires a Site ID which is assigned to the providers at the time of enrollment in EDI**

**EXAMPLE : REF\*G5\*0001~**

### Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
REF01	128	Reference Identification Qualifier	M	ID	2/3
REF02	127	Reference Identification	C	AN	1/30

# 5 837 - Health Care Claim – Dental

## 5.1 Blue Cross of Idaho Coding Requirements for the 837 Dental Health Care Claim transaction

Blue Cross of Idaho complies with the standards adopted by HIPAA when processing an 837 Dental Health Care Claim.

### 837 Health Care Claim: Dental

**The incoming 837 transactions should utilize recommended delimiters from the following list of characters:**

- ◆ > (Greater Than)
- ◆ \* (Asterisk)
- ◆ ~ (Tilde)
- ◆ ^ (Carrot Top)
- ◆ / (Vertical Bar)

**Data may be streaming (no <CR><LF>) or <CR><LF> delimited. Note the total length of segment separator should not exceed 3 Characters BCI recommends using only “~” for the Segment Separator.**

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Page</u>
	ISA	Interchange Control Header	M	1			9
	GS	Functional Group Header	M	1			11

#### Enrollment Information

*Any entity desiring to send or receive electronic transactions through the Blue Cross of Idaho Clearinghouse must first be registered, and Blue Cross of Idaho requires a separate enrollment form for each transaction set being processed. If you are interested in registering with Blue Cross of Idaho, simply complete a copy of the Electronic Claims Submission Enrollment Form and Fax it to (208)-331-7203.*

*This form is available at the following website: [http://www.bcidaho.com/edi\\_clearinghouse/index.asp](http://www.bcidaho.com/edi_clearinghouse/index.asp)*

*Please look under the Providers column, and you will find a link to the Electronic Claims Submission Enrollment Form.*

*After Blue Cross of Idaho has received and processed your Electronic Claims Submission Enrollment Form, there are a number of tasks that must be completed:*

- Receive your login and password information.
- Submit test files, assisted by a member of the Blue Cross of Idaho EDI Support Desk.
- Obtain permission to submit production data files.



**Heading:**

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>
010	BHT	Beginning of Hierarchical Transaction	M	1		
<b>LOOP ID - 1000B</b>					<b>1</b>	<b>N1/020L</b>
020	NM1	Receiver Name	O	1		N1/020

**Detail:**

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>
<b>LOOP ID - 2000A</b>					<b>&gt;1</b>	
<b>LOOP ID - 2010AA</b>					<b>1</b>	<b>N2/015L</b>
015	NM1	Billing Provider Name	O	1		N2/015
<b>LOOP ID - 2000B</b>					<b>&gt;1</b>	
<b>LOOP ID - 2010BB</b>					<b>1</b>	<b>N2/015L</b>
015	NM1	Payer Name	O	1		N2/015
<b>LOOP ID - 2300</b>					<b>100</b>	
<b>LOOP ID - 2310A</b>					<b>2</b>	<b>N2/250L</b>
250	NM1	Referring Provider Name	O	1		N2/250
<b>LOOP ID - 2310B</b>					<b>1</b>	<b>N2/250L</b>
250	NM1	Rendering Provider Name	O	1		N2/250
<b>LOOP ID - 2400</b>					<b>50</b>	<b>N2/365L</b>
<b>LOOP ID - 2420A</b>					<b>1</b>	<b>N2/500L</b>
500	NM1	Rendering Provider Name	O	1		N2/500

# ISA Interchange Control Header

**Purpose:** To start and identify an interchange of zero or more functional groups and interchange-related control segments

## BCI Business Rules:

*The ISA is a fixed record length segment and all positions within each of the data elements must be filled. The first element separator defines the element separator to be used through the entire interchange. The segment terminator used after the ISA defines the segment terminator to be used throughout the entire interchange. Spaces in the example are represented by '.' for clarity.*

- *ISA01 should contain 00*
- *ISA02 should contain Spaces*
- *ISA03 should contain 00*
- *ISA04 should contain Spaces*
- *ISA05 should contain ZZ*
- *ISA06 To be Assigned; Should Match Loop 1000A.NM109*
- *ISA07 should contain 30*
- *ISA08 should contain 820344294*
- *ISA09 should contain Interchange Date (YYMMDD)*
- *ISA10 should contain Interchange Time (hhmm)*
- *ISA11 should contain U*
- *ISA12 should contain 00401*
- *ISA13 should contain Interchange Control Number*
- *ISA14 should contain 0 or 1 (will have no affect as 997 not supported at this time)*
- *ISA15 should contain T for test or P for production*



## GS Functional Group Header

**Purpose:** To indicate the beginning of a functional group and to provide control information

### Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
GS03	124	Application Receiver's Code	M	AN	2/15

BCI Business Rules:

***GS03 (Application Receiver's Code) = 820344294***



## BHT Beginning of Hierarchical Transaction

**Purpose:** To define the business hierarchical structure of the transaction set and identify the business application purpose and reference data, i.e., number, date, and time

### BCI Business Rules:

**Duplicate Transmission Checking: Clearinghouse will reject ST-SE Loop if the Loop 1000A.NM109 (submitter) has used the same control number (BHT03) and File creation date (BHT.04).**

**File Creation Date Check: The Clearinghouse will reject a file if the BHT04 Creation Date is in the future or more than 90 days old.**

### Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
BHT03	127	Reference Identification	O	AN	1/30
BHT04	373	Date	O	DT	8/8
BHT05	337	Time	O	TM	4/8



# NM1 Receiver Name - (Loop 1000B)

**Purpose:** To supply the full name of an individual or organizational entity

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
NM101	98	Entity Identifier Code BCI Business Rules: <b>NM101 should contain 40</b>	M	ID	2/3
NM102	1065	Entity Type Qualifier BCI Business Rules: <b>NM102 should contain 2</b>	M	ID	1/1
NM103	1035	Name Last or Organization Name BCI Business Rules: <b>NM103 should contain Blue Cross of Idaho</b>	O	AN	1/35
NM108	66	Identification Code Qualifier BCI Business Rules: <b>NM108 should contain 46</b>	C	ID	1/2
NM109	67	Identification Code BCI Business Rules: <b>NM109 should contain 820344294</b>	C	AN	2/80



## NM1 Billing Provider Name - (Loop 2010AA)

**Purpose:** To supply the full name of an individual or organizational entity

### BCI Business Rules:

**Billing Provider ID (Loop 2010AA.NM109) must be registered with the BCI Clearinghouse as a valid EDI Billing entity. That is, the BCI Clearinghouse will require Enrollment at the Billing Provider level prior to submitting data.**

**Note: Failure to enroll will result in rejection of Billing Provider Claims and Cause Batch Level rejection message to be returned to Submitter. See Section 2 Enrollment & Support.**

## REF Billing Provider Secondary Identification – (Loop 2010AA)

**Purpose:** To specify identifying information

### BCI Business Rules:

**Blue Cross of Idaho Requires a Site ID which is assigned to the providers at the time of enrollment in EDI**

**EXAMPLE : REF\*G5\*0001~**

### Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
REF01	128	Reference Identification Qualifier	M	ID	2/3
REF02	127	Reference Identification	C	AN	1/30



# NM1 Payer Name - (Loop 2010BB)

**Purpose:** To supply the full name of an individual or organizational entity

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
NM101	98	Entity Identifier Code	M	ID	2/3
NM102	1065	Entity Type Qualifier	M	ID	1/1
NM103	1035	Name Last or Organization Name	O	AN	1/35
NM108	66	Identification Code Qualifier	C	ID	1/2
NM109	67	Identification Code	C	AN	2/80

**Description:** Code identifying a party or other code

### BCI Business Rules:

**Payer ID should be from the following list:**

- . **BLUEC - Blue Cross of Idaho**
- . **BLUES - Regence BlueShield**
- . **EDS - Idaho Medicaid**
- . **CIGNA - Medicare**
- . **PRIME - Primary Health**
- . **DAK01 - Dakota Care**
- . **SRRGA – Railroad Medicare**
- . **SDMED – DMERC Region D**

**Participating Emedeon Payers will use the Payer ID assigned by Emedeon. These Participating Payer ID's are available on the BCI EDI website.**



## NM1 Payer Name - (Loop 2310A)

**Purpose:** To supply the full name of an individual or organizational entity

### BCI Business Rules:

***Blue Cross of Idaho requires Referring Provider loop (2310A) on all Blue Cross of Idaho claims using codes for x-ray and lab charges***

### Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
NM101	98	Entity Identifier Code	M	ID	2/3
NM102	1065	Entity Type Qualifier	M	ID	1/1
NM103	1035	Name Last or Organization Name	O	AN	1/35
NM104	1036	Name First	O	AN	1/25
NM105	1037	Name Middle	O	AN	1/25
NM107	1039	Name Suffix	O	AN	1/10
NM108	66	Identification Code Qualifier	C	ID	1/2
NM109	67	Identification Code	C	AN	2/80



## NM1 Rendering Provider Name - (Loop 2310B)

**Purpose:** To supply the full name of an individual or organizational entity

### BCI Business Rules:

***For Blue Cross of Idaho Claims: Only Single Performing/Rendering providers allowed to bill on a single Claim***

### Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
NM101	98	Entity Identifier Code	M	ID	2/3
NM102	1065	Entity Type Qualifier	M	ID	1/1
NM103	1035	Name Last or Organization Name	O	AN	1/35
NM104	1036	Name First	O	AN	1/25
NM105	1037	Name Middle	O	AN	1/25
NM107	1039	Name Suffix	O	AN	1/10
NM108	66	Identification Code Qualifier	C	ID	1/2
NM109	67	Identification Code	C	AN	2/80



## NM1 Rendering Provider Name - (Loop 2420A)

**Purpose:** To supply the full name of an individual or organizational entity

### BCI Business Rules:

***For Blue Cross of Idaho Claims: Only Single Performing/Rendering providers allowed to bill on a single Claim***

### Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
NM101	98	Entity Identifier Code	M	ID	2/3
NM102	1065	Entity Type Qualifier	M	ID	1/1
NM103	1035	Name Last or Organization Name	O	AN	1/35
NM104	1036	Name First	O	AN	1/25
NM105	1037	Name Middle	O	AN	1/25
NM107	1039	Name Suffix	O	AN	1/10
NM108	66	Identification Code Qualifier	C	ID	1/2
NM109	67	Identification Code	C	AN	2/80