

## BCBSM TEST REQUIREMENTS FOR INDIVIDUAL SUBMITTERS (SELF/OWNS)

To be considered an approved submitter for submission of electronic claims with BCBSM, the submitter must pass the test requirements as outlined below for the billing type being tested (Professional, Institutional, or Dental) for whichever line of business to be submitted electronically. The submitter must at the very least test for BCBSM claims for the selected bill type and will be approved as long as tested claims for BCBSM and the other selected lines of business for that bill type pass both the Validator and Subsystem Test Processes. To obtain a login id and password for Validator, please follow “Testing Steps” under Transaction Testing on the BCBSM website (use link below).

Must follow the 837/835 Companion Document requirements for the specific bill type. Companion documents can be found at [http://www.bcbsm.com/providers/systems/systems\\_edl.shtml](http://www.bcbsm.com/providers/systems/systems_edl.shtml).

<b>PROFESSIONAL</b>	<b>INSTITUTIONAL</b>	<b>DENTAL</b>
Claim files must contain production-ready data with <b>different claims and subscriber information. Must at the very least test for BCBSM Claims.</b>	Claim files must contain production-ready data with <b>different claims and subscriber information. Must at the very least test for BCBSM Claims.</b>	Claim files must contain production-ready data with <b>different claims and subscriber information. *At this time we will not accept BCBSM &amp; FEP COB claims.</b>
Claim types/specialty should represent types of claims submitted in the current production environment	Claim types/specialty should represent types of claims submitted in the current production environment	Claim types/specialty should represent types of claims submitted in the current production environment
File must contain claims where the Patient is the Subscriber for each line of business.	File must contain claims where the Patient is the Subscriber	File must contain claims where the Patient is the Subscriber
File must contain claims where the Patient is not the Subscriber for each line of business.	File must contain claims where the Patient is not the Subscriber	File must contain claims where the Patient is not the Subscriber
A test file with a minimum of 15 valid claims for whichever line of business is being tested: <ul style="list-style-type: none"> <li>➤ <b>Blue Cross Blue Shield</b></li> <li>➤ <b>BCN</b></li> <li>➤ <b>FEP</b></li> <li>➤ <b>Medicare Plus Blue</b></li> <li>➤ <b>Supplemental</b> (where the secondary claim is either a BCBSM, FEP or BCN claim and Medicare is the primary claim)</li> <li>➤ <b>Coordination of Benefits</b> (claims for other payers not on our exclusion list)</li> <li>➤ <b>Medicare B</b></li> <li>➤ <b>Medicaid</b></li> <li>➤ <b>Commercial</b></li> </ul>	Test file with a minimum of 15 valid claims for whichever line of business is being tested: <ul style="list-style-type: none"> <li>➤ <b>Blue Cross Blue Shield</b></li> <li>➤ <b>BCN</b></li> <li>➤ <b>FEP</b></li> <li>➤ <b>Medicare Plus Blue</b></li> <li>➤ <b>Supplemental</b> (where the secondary claim is either a BCBSM, FEP or BCN claim and Medicare is the primary claim)</li> <li>➤ <b>Coordination of Benefits</b> (claims for other payers not on our exclusion list)</li> <li>➤ <b>Medicare A</b></li> <li>➤ <b>Medicaid</b></li> </ul>	Test file with a minimum of 15 valid claims for whichever line of business is being tested: <ul style="list-style-type: none"> <li>➤ <b>Blue Cross Blue Shield</b></li> <li>➤ <b>BCN</b></li> </ul>