Blue Cross Blue Shield of Michigan

HIPAA Transaction Standard Companion Guide

American National Standards Institute (ANSI) ASC X12N 276/277 (005010X212) Health Care Claim Status Request and Response

Disclosure Statement

This companion document is the property of Blue Cross Blue Shield of Michigan (BCBSM) and is for use solely in your capacity as a trading partner of health care transactions with BCBSM. It is incorporated by reference in the EDI Trading Partner Agreement. All instructions were written as known at the time of publication and are subject to change. Changes will be communicated in future letters and on the BCBSM web site: www.bcbsm.com.

Preface

The Health Insurance Portability and Accountability Act-Administration Simplification (HIPAA-AS) requires Blue Cross Blue Shield of MI and all other covered entities to comply with the electronic data interchange standards for health care as established by the Secretary of Health and Human Services. The ASC X12N/005010X212 276/277 Technical Report Type 3 (TR3) for Health Care Claim Status Request and Response has been established as the standard for the exchange of claim status transactions and is available at www.wpc-edi.com.

TABLE OF CONTENTS

1. INTRODUCTION

This section describes how ASC X12N Implementation Guides (IGs) adopted under HIPAA will be detailed with the use of a table.

The tables contain a row for each segment that BCBSM has something additional, over and above, the information in the IGs. That information can:
1. Limit the repeat of loops, or segments
2. Limit the length of a simple data element
3. Specify a sub-set of the IGs internal code listings
4. Clarify the use of loops, segments, composite and simple data elements
5. Any other information tied directly to a loop, segment, composite or simple data element pertinent to trading electronically with BCBSM

In addition to the row for each segment, one or more additional rows may be used to describe BCBSM's usage for composite and simple data elements and for any other information.

276 or 277 Loop	276 or 277 Segment/ Element	Instruction	Industry/ Data Element Name	TR3 Pg #
LOOP NUMBER:	SEGMENT OR ELEMENT IDENTIFIER:	BCBSM OR OTHER PAYER SPECIFIC INSTRUCTION:	IMPLEMENTATION NAME:	CORRESPONDING TR3 PAGE NUMBER:
2100A	*NM108*	*Use qualifier 'PI'.*	*Identification Code Qualifier*	*42*

1.1 SCOPE/OVERVIEW

This document is intended for use as a companion to the HIPAA-mandated ASC X12N/005010X212 276/277 TR3, dated August 2006. Specific payer instructions contained in this document are provided for clarification purposes only and should be used in conjunction with the noted HIPAA TR3 published by Washington Publishing Company.

1.2 REFERENCES

To obtain any or all of the HIPAA mandated 005010 ASC X12 TR3s, please visit X12's website: http://store.x12.org/store/, or Washington Publishing Company's website: http://www.wpc-edi.com

To obtain Health Care Code Lists, please refer to Washington Publishing Company's website: http://www.wpc-edi.com/reference/

1.3 GENERAL EDI TERMINOLOGY

Accumulated Amount – The amount that the member has paid/used on deductible, out-of –pocket and benefit limits.

Addenda – Refers to a version of the HIPAA mandated transaction sets that corrects identified implementation issues noted in the original TR3.

ASC X12N/005010X212 276/277 – The HIPAA mandated (ANSI) ASC X12N 276/277 Health Care Claims Status Request and Response transaction format.

BCBSA – An acronym for Blue Cross Blue Shield Association

BCC – An acronym for Blue Cross Complete

BCN – An acronym for Blue Care Network

BlueExchange – A BCBSA process through which non-claim HIPAA transactions for members from all other Blue Cross and/or Blue Shield plans that are governed by the BCBSA can be accepted by a local host plan (the plan that delivers the benefits to a member) and routed to the home plan (the plan that covers the member) for processing.

Canned Response – Informational response to the submitter for exception processing (EDI term).

Data Segment – Corresponds to a record in data processing terminology. Consists of logically related data elements in a defined sequence (defined by X12N). Each segment begins with a segment identifier, which is not a data element and one or more related data elements, which are preceded by a data element separator. Each segment ends with a segment terminator.

Data Element – Corresponds to a field in data processing terminology. Assigned unique reference number. Each element has a name, description, type, minimum length and maximum length. The length of an element is the number of character positions used, except as noted for numeric, decimal and binary elements. Data element types are defined in Appendices B of the TR3.

Delimiter – A character used to separate two data elements (or sub-elements) or to end a segment. They are specified in the interchange header segment (ISA). Once specified in the ISA, they should not be used in the data elsewhere other than as a separator or terminator.

EDI – An acronym for Electronic Data Interchange.

Electronic Data Interchange – The application-to-application transfer of key business information transacted in a standard format using a computer-to-computer communications link. There are typically 6 components used in order to do EDI. They are: an EDI file, a trading partner, an application file/form, translator (mapper), communications and value-added network or value-added service provider.

FEP – Federal Employee Program.

Home Plan – The Blue Cross Blue Shield plan that holds a member's contract.

Host Plan – The Blue Cross Blue Shield plan that delivers the service. For example, if a Michigan member receives services from a BCBS participating physician in another state, the physician would bill the BCBS plan [host plan] located in that state.

NASCO – The National Account Service Company connects several Blue Cross and Blue Shield plans across the country through a common automated system to administer health benefit programs.

Interface – The point at which two systems connect to pass data.

Loops – Loops are groups of semantically related segments. Data segment loops may be unbounded or bounded.

Out-of-pocket – Patient liability.

Routing – Separation of data based on specific criteria for subsequent transfer to an internal or external system.

Static Amount – The beginning amount for deductible, out-of-pocket and benefit limitations.

Technical Reports Type 3 (TR3s) – Documents that provide standardized data requirements and content as the specifications for consistent implementation of a standard transaction set. The Washington Publishing Company publishes HIPAA TR3s on their web site: www.wpc-edi.com.

Trading partners – Entities that exchange electronic data files. Agreements are sometimes made between the partners to define the parameters of the data exchange and simplify the implementation process.

Translation Software – Commercial computer software that with input instructions converts a standard format to an application format or an application format to a standard format. Most translation software products also compliance check standard format files and automatically create interchange/functional acknowledgements to identify receipt and translation status of a file. Some products also offer translation capability from any format to any format.

Transaction Set – A transaction set is considered one business document which is composed of a transaction set header control segment, one or more data segments, and a transaction set trailer control segment.

X12N – An Accredited Standards Committee commissioned by the American National Standards Institute to develop standards for Electronic Data Interchange. While X12 indicates EDI, the N identifies the Insurance Subcommittee that is responsible for developing EDI standards for the insurance industry. There is a special health care task group within this subcommittee responsible for the development of health care insurance transactions.

2. GETTING STARTED

2.1 WORKING WITH BCBSM

Appropriate steps must be taken before submitting production 005010X212 276/277 transactions, such as completion of an EDI Trading Partner Agreement, testing, and demographic confirmation with our customer support staff. To begin this process, receive more information or ask questions, please contact the EDI Help Desk at 1-800-542-0945.

2.2 TRADING PARTNER REGISTRATION

Providers must complete a BCBSM Trading Partner Agreement (TPA) prior to submitting Real Time transactions (270/271 and 276/277). In addition, providers must complete a Provider Authorization to register their National Provider Identifier (NPI) with EDI. Both forms are completed online: https://editest.bcbsm.com/tpalogon.html.

- Go to www.bcbsm.com
- Select "*Provider*" above the blue banner bar and then choose the "*Quick Links*" box below
- From the Quick Links list, select "*Electronic Connectivity (EDI)*"
- From the EDI Agreements choices, select *"Update your Provider Authorization Form"*
- Enter your User ID and Password and click *"Enter"*

TPA not completed:
Providers that have **not** previously completed a TPA must follow these steps prior to submitting Real Time transactions:

- ✓ Obtain the submitter ID from your Real Time submitter;
- ✓ Contact the EDI Helpdesk at 1-800-542-0945, opt. #3, or email EDISupport@bcbsm.com, to obtain a BCBSM User ID and Password. Providers will need to supply their NPI, and specify if they are Institutional, Professional, or Dental. Dental providers will also need to supply their Tax ID.
- ✓ A User ID and Password will be assigned and provided via fax or email. This process should take no more than 24 hours.
- ✓ Follow the instructions in the fax or email to access and complete the TPA online.
- ✓ Once the TPA is completed, providers must complete the Provider Authorization (see online information above). **PLEASE NOTE: When completing the Provider Authorization, do NOT enter a Trading Partner ID for Real Time Transactions.**

TPA already completed:
Some providers may have already completed a TPA for submission of electronic 837 claims. If the submitter ID for Real Time transactions **is different** than the 837 submitter ID, providers must**:**

- ✓ Obtain the submitter ID from your Real Time Submitter.
- ✓ Complete a new Provider Authorization to register their NPI with the Real Time submitter ID. **PLEASE NOTE: When completing the Provider Authorization, do NOT enter a Trading Partner ID for Real Time Transactions.**
- ✓ Go to above URL.
- ✓ Enter the User ID and Password previously issued for completing the 837 TPA (if unable to locate, call 1-800-542-0945, opt. #3 for assistance).
- ✓ Complete the Provider Authorization form (see online information above). **PLEASE NOTE: When completing the Provider Authorization, do NOT enter a Trading Partner ID for Real Time Transactions.**

2.4 CERTIFICATION AND TESTING OVERVIEW

BCBSM does not require or provide certification for its trading partners.

Validator Testing Process for Vendors and Software Developers/Self Submitters

Send 3 consecutive 276 requests for each line of business. Transactions should represent current production data.

Once you have received a green check for each transaction, you are ready to contact EDI.

Contact BCBSM/EDI by email at: EDICustMgmt@bcbsm.com
Please mark Subject line: **5010 Testing**
Please give the following information:
Vendor Code or Submitter ID:
Contact:
Phone:

Please allow 3 business days for review.

An EDI Consultant or EDI Testing Analyst will review the test files, validate companion guide requirements and contact you regarding your status. If you do not receive a call after 3 business days or have additional questions, please contact us at 248-486-8657.

3. TESTING WITH THE PAYER

Review the **Self-testing User Guide for 837 and Non-Claims Transactions:**
http://www.bcbsm.com/content/dam/public/secured/application/SelfTestUserGuide.pdf

4. CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

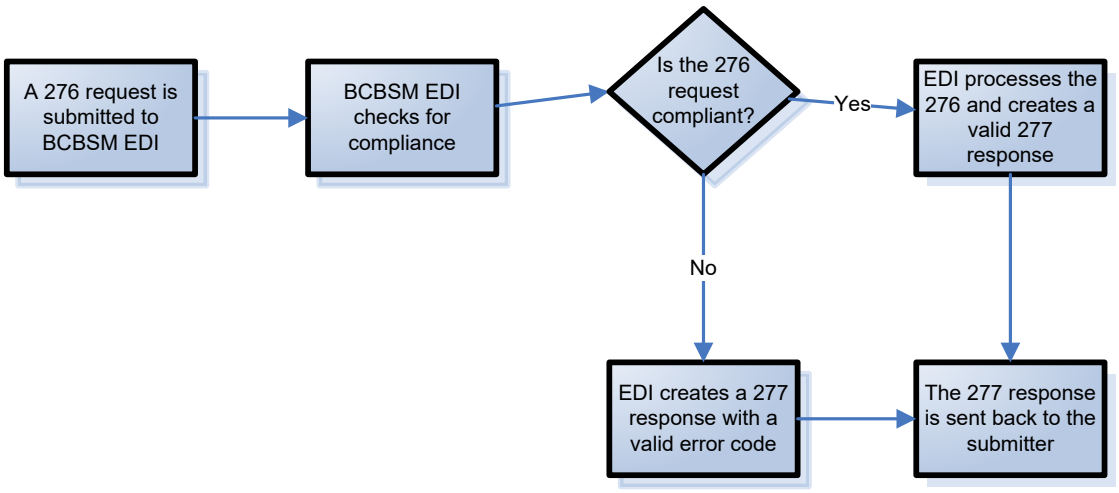
4.1 CONNECTIVITY

Hours of operation for purposes of transmitting and receiving data through the BCBSM EDI-System shall be Monday from 1:00 am – Sunday at 6:00 pm Eastern Time (Standard or Daylight, as then in effect).

Scheduled Maintenance window:
BCBSM
Sundays 1:00 AM – 7:00 AM

4.2 PROCESS FLOWS

Process flows for HIPAA Transactions Sets are located in the front matter of the applicable TR3 implementation guides. BCBSM'S 276/277 process includes:



4.3 COMMUNICATION PROTOCOL SPECIFICATIONS

We currently support commercial messaging software called WebSphere MQ. System and software requirements, together with connectivity instructions are provided during setup or upon request. Email EDICustMgmt@bcbsm.com for more information and assistance.

4.4 PASSWORDS

BCBSM does not issue or require real time passwords for submission of transactions.

5. CONTACT INFORMATION

5.1 EDI CUSTOMER SERVICE: 1-800-542-0945. The EDI Help Desk is available 8:00 am to 4:30 pm M-F.

When you contact the EDI Help Desk, we need to make sure of your identity before we can release any sensitive data, such as membership, benefit or claim information. BCBSM will request the following information from you to verify your identity and ensure the privacy and confidentiality of health care data of our members and providers:

1. Caller name
2. Name of provider, facility or submitter/software developer office
3. Reason for call
4. Member contract number (if applicable)
5. Name of member (if applicable)
6. Providers, submitters and software developers:

Professional (includes vision and hearing):	BCBSM provider code, NPI and/or BCBSM-assigned submitter ID
Facility:	BCBSM facility code or Federal tax ID
Dental:	Federal tax identification number

5.1.1 ELECTRONIC DATA INTERCHANGE DEPARTMENT CONTACTS

Customer inquiries should be made to the EDI Help Desk at 1-800-542-0945. The following telephone prompts should be followed:

Option 1: Questions on transaction edits, remittances, Internet claim tool support, SFTP password resets and connections, transmission issues, recreates and Payer ID listings.

Option 2: New customers or vendors who wish to obtain Submitter ID or electronic submission information.

Option 3: Trading Partner Agreement and NPI or Provider Number Authorization questions including TPA and Authorization Login and Password IDs.

For general information or other questions, please email realtimesupport@bcbsm.com

5.2 EDI TECHNICAL ASSISTANCE

For technical information or other questions, email realtimesupport@bcbsm.com

5.3 APPLICABLE WEBSITES/E-MAIL

BCBSM contact information: http://bcbsm.com/providers/help/contact-us.html

6. CONTROL SEGMENTS/ENVELOPES

6.1 ISA- IEA: DATA CLARIFICATION – ASC X12N 00510X212 276/277 INTERCHANGE ENVELOPE AND FUNCTIONAL GROUP STRUCTURE

Transaction Set	Element	Instruction	Imp Gde Pg#
Health Care Claim Status Request 276	ISA05 – Interchange ID Qualifier	Report ZZ	C.4
Health Care Claim Status Request 276	ISA06 – Interchange Sender ID	For institutional and dental claims, report the Federal Tax ID number of the submitter of the claim status inquiry. For professional claims, report the EDI-assigned "Billing Location Code" of the submitter of the claim status inquiry. All sender ID's must be registered with BCBSM EDI.	C.4
Health Care Claim Status Request 276	ISA07 – Interchange ID Qualifier	Report ZZ	C.5
Health Care Claim Status Request 276	ISA08 – Interchange Receiver ID	Report 382069753	C.5
Health Care Claim Status Request 276	GS02 – Application Sender's Code	For institutional and dental claims, report the Federal Tax ID number of the submitter of the claim status inquiry. For professional claims, report the EDI-assigned "Billing Location Code" of the submitter of the claim status inquiry. All sender ID's must be registered with BCBSM EDI.	C.7
Health Care Claim Status Request 276	GS03 – Application Receiver's Code	Report 382069753	C.7
Health Care Claim Status Request 276	GS08 –Version/Release/Industry Identifier Code	Report 005010X212	C.8
Health Care Claim Status Response 277	ISA05 – Interchange ID Qualifier	ZZ will be returned from EDI	C.4
Health Care Claim Status Response 277	ISA06 – Interchange Sender ID	382069753 will be returned from EDI	C.4
Health Care Claim Status Response 277	ISA07 – Interchange ID Qualifier	ZZ will be returned from EDI	C.5
Health Care Claim Status Response 277	ISA08 – Interchange Receiver ID	For institutional and dental claims, the Federal Tax ID number of the submitter of the claim status inquiry will be returned. For professional claims, the EDI-assigned "Billing Location Code" of the submitter of the claim status inquiry will be returned.	C.5
Health Care Claim Status Response 277	GS02 – Application Sender's Code	382069753 will be returned	C.7
Health Care Claim Status Response 277	GS03 – Application Receiver's Code	The value reported on the corresponding 276 will be returned from EDI.	C.7
Health Care Claim Status Response 277	GS08 – Version/Release/Industry Identifier Code	005010X212 will be returned	C.8

7. PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

7.1 REPORTING INSTRUCTION CLARIFICATION - ASCX12N/005010X212 – 276/277

7.1.1 MAXIMUMS/LIMITATIONS

Please note the following maximums or limitations:

- Submit the 276 transaction as a continuous string to assure proper processing.
- Report one status response for one subscriber or one dependent per 276 submission.
- BCBSM, BCN, BCN Advantage, Blue Cross Complete, and Medicare Advantage - Responses will be returned for one claim status inquiry.
- Up to twenty claims will be returned per response transaction for BCBSM, BCN, BCN Advantage, Blue Cross Complete and Medicare Advantage inquiries. A maximum of 32,000-byte limit will be returned per response transaction for all inquiries.

7.1.2 REJECTED TRANSACTIONS/ACKNOWLEDGMENTS

Transactions that contain an unauthorized submitter identification number, invalid submitter/provider combinations, or are found to be HIPAA non-compliant will result in the return of a TA1 transaction(s) or 999 transaction(s). The TA1 transaction and 999 transaction specify the reason for rejection via error code(s). The error code definitions for both the ASC X12C TA1 transaction and the 999 transaction are found in the ASC X12C/005010X231 999 TR3 and the adopted Type 1 Errata (005010X231A1) published by Washington Publishing Company. If the 276 request transaction is accepted for processing, and a data processing error or a system processing error is encountered, the returned 277 response will specify the applicable error via the 2200D or 2200E STC segment.

8. TRADING PARTNER AGREEMENTS

Our Trading Partner Agreement follows HIPAA guidelines for transactions, medical code sets, privacy and security. The TPA is a contract that must be completed by all providers and submitters who trade health care information electronically with us.

Step 1: Request User ID and Password
To complete the TPA, you'll need a user ID and password. Visit http://www.bcbsm.com/content/public/en/providers/help/faqs/electronic-connectivity-edi/request-a-tpa-user-id-and-password.html for more information.

Step 2: Login and Complete the TPA
Once you've received your TPA user ID and password from us, enter them in the fields to the left and select Enter to login. Please have the following information available when you login:

- Trading Partner ID of the entity that submits your claims electronically
- National Provider Identifier (NPI) for BCBSM, BCN HMO, Medicare and Medicaid, as applicable (providers only)
- Provider's Federal Tax ID Number (providers only)

8.1 TRADING PARTNERS

An EDI Trading Partner is defined as any BCBSM customer (provider, billing service, software vendor, employer group, financial institution, etc.) that transmits to, or receives electronic data from Blue Cross Blue Shield Michigan.

Payers have EDI Trading Partner Agreements that accompany the standard implementation guide to ensure the integrity of the electronic transaction process. The Trading Partner Agreement is related to the electronic exchange of information, whether the agreement is an entity or a part of a larger agreement, between each party to the agreement.

For example, a Trading Partner Agreement may specify among other things, the roles and responsibilities of each party to the agreement in conducting standard transactions.

9. TRANSACTION SPECIFIC INFORMATION

9.1 REPORTING INSTRUCTION CLARIFICATIONS – ASCX12N/005010X212 – 276/277

The 005010X212 version of the ANSI ASC X12N 276/277 transactions was selected as the format to meet HIPAA requirements for electronic submission of claim status requests and responses. They were designed so that inquiry submitters (information receiver) can determine:

- If an information source organization (e.g. payer) has a claim on file for a particular subscriber or dependent.
- The status of the claim on file for a particular subscriber or dependent.

9.2 BCBSM SUPPORTED USAGE AND GUIDELINES OF THE 276/277 TRANSACTION

The ANSI ASC X12N 276 transaction is used to request the current status of a specified claim(s). The paired 277 transaction provides the response to the health care claim status request. The following provide the BCBSM 276/277 usage and guidelines:

- BCBSM claim status responses only provide the status of claims that were accepted within 2 years of the present date.
- Size limitation is 32K.
- BCBSM accepts and responds to ANSI ASCX12N/005010X212 276/277 transactions for Blue Cross Blue Shield of Michigan, Medicare Advantage, Blue Care Network HMO and the Federal Employee Program claims.
- The 276/277 transaction set can be used to obtain claim status for the following lines of business: professional, institutional, vision, hearing, dental and Medicare Advantage.
- Minimally, BCBSM will use the following elements as search criteria on status requests:
  - Payer ID
  - Provider ID
  - Contract Number (must include the three position prefix followed by the contract number)
  - Claim service period date range
  - Patient Last Name
  - Patient First Name
  - Patient Date of Birth
- Claim status transactions can be submitted for status of claim(s) from all other Blue Cross and/or Blue Shield plans. These transactions are routed to the home plan through a Blue Cross Blue Shield Association process referred to as BlueExchange. BlueExchange responses can be returned at either the claim or service level and content will vary by home plan.

9.3 BCBSM/BCN NONSUPPORTED USAGE AND GUIDELINES OF THE 276/277 TRANSACTION

Claim Status is not available for the following:

- Claims submitted to the ExpressScripts Pharmacy Program.

9.3 ASC X12N/005010X212 – 276 TRANSACTION

There are data elements within the ASC X12N 005010X212 276/277 TR3 that reflect multiple codes or non-specific data definitions. The following section addresses specific information needed by BCBSM in order to process the ASC X12N/005010X212 276 Health Care Claim Status Request Transaction. This information should be used in conjunction with the ASCX12N/005010X212 – 276/277 TR3.

276 Loop	276 Segment/Element	Instruction	Industry/Element Name	TR3 Page#
2100A	NM108	Use qualifier 'PI'	Identification Code Qualifier	42
2100A	NM109	Report one of the following payer ID's as applicable: Professional BCBSM, BCN, BCN Advantage, Blue Cross Complete, Medicare Advantage: 00710P Institutional BCBSM, BCN, BCN Advantage, Blue Cross Complete, Medicare Advantage: 00210I BCBSM Dental: 00710D BCBSM Vision: 00710V BCBSM Hearing: 00710H Note: Use the above identifiers for in-state as well as BlueExchange inquiries. FEP: 00710W	Payer Identifier	42
2100B	NM109	For institutional and dental inquiries report the federal tax ID of the organization requesting to receive the status information. For professional, vision, hearing and FEP inquiries, report the BCBSM-EDI assigned billing location code.	Information Receiver Identification Number	46
2100C	NM1	BCBSM recognizes the first iteration of this loop as the billing provider.	Service Provider Name	49
2100C	NM108	Report "XX"	Identification Code Qualifier	51
2100D	NM108	Report "MI"	Identification Code Qualifier	57
2100D	NM109	BCBSM, BCN, BCN Advantage, Blue Cross Complete, and Medicare Advantage: Report the three leading prefix characters followed by the nine-digit contract number. If the prefix is not known, report the nine-digit contract number. BlueExchange: When the member is covered by another BCBS plan, report the prefix followed by the contract number. FEP: Report R followed by eight numeric digits.	Subscriber Identifier	57
2200D	REF01	When the patient is the subscriber and the applicable payer's claim number is known, report '1K'. Refer to 2200D REF02.	Reference Identification Qualifier	59
2200D	REF02	BCBSM/BCN, BCN Advantage, Blue Cross Complete: If available, report the document number/internal control number assigned to the claim. BlueExchange: If available, report the SCCF number assigned to the Blue Card claim. Otherwise, report the document number if available.	Reference Identification Number	59
2200E	REF01	When patient is a dependent and the applicable payer's claim number is known, report '1K'. Refer to 2200E REF02.	Reference Identification Qualifier	82

276 Loop	276 Segment/Element	Instruction	Industry/Element Name	TR3 Page#
2200E	REF02	BCBSM/BCN, BCN Advantage, Blue Cross Complete: If available, report the document number/internal control number assigned to the claim. BlueExchange: If available, report the SCCF number assigned to the Blue Card claim. Otherwise, report the document number if available.	Reference Identification Number	82

9.4 ASC X12N/005010X212 – 277 TRANSACTION

There are data elements within the ASC X12N/005010X212 276/277 TR3 that reflect multiple codes or non-specific data definitions. The following section addresses specific information BCBSM will return within the ASC X12N/005010X212-277 Health Care Claim Status Response Transaction. This information should be used in conjunction with the 276277276/277ASCX12N/005010X212 – 276/277 TR3.

277 Loop	277 Segment/Element	Instruction	Industry/Element Name	TR3 Page#
2100A	NM108	Qualifier 'PI' will be reported.	Identification Code Qualifier	112
2100A	NM109	One of the following payer ID's will be returned as applicable: Professional BCBSM, BCN, BCN Advantage, Blue Cross Complete, Medicare Advantage: 00710P Institutional BCBSM, BCN, BCN Advantage, Blue Cross Complete, Medicare Advantage: 00210I BCBSM Dental: 00710D BCBSM Vision: 00710V BCBSM Hearing: 00710H Note: Use the above identifiers for in-state as well as BlueExchange inquiries. FEP: 00710W	Payer Identifier	112
2100C	NM108	Qualifier "XX" will be returned	Identification Code Qualifier	128
2100D	NM108	Qualifier "MI" will be returned	Identification Code Qualifier	136

277 Loop	277 Segment/Element	Instruction	Industry/Element Name	TR3 Page#
2200D & 2200E	STC01-1, STC01-2 & STC01-3	Applicable Claim Status information will be reported for claims accepted for processing (pended, paid, denied). The following responses will be returned when a 276 data error or an internal BCBSM or affiliated system process error occurs: A Claim Status Category Code of E0, a Claim Status Code of 164 and an Entity Identifier of IL will be returned when the contract number was missing on the inbound 276. A Claim Status Category Code of E0 and a Claim Status Code of 187 will be returned when the service date was missing on the inbound 276. A Claim Status Category Code of E0 and a Claim Status Code of 33 will be returned when the subscriber is not found. A Claim Status Category Code of E0, a Claim Status Code of 97, and an Entity Identifier of G0 will be returned when the patient is not found. A Claim Status Category Code of E0, a Claim Status Code of 25, and an Entity Identifier of 1P will be returned when a request is received from a provider other than that which originated the claim. A Claim Status Category Code of E0, a Claim Status Code of 562 and an Entity Identifier of 1P will be returned when the transaction receives an NPI error. A Claim Status Category Code of D0 and a Claim Status Code of 485 will be returned when the transaction size exceeds 32,000 bytes. A Claim Status Category Code of A4 and a Claim Status Code of 35 will be returned when no claims are found. A Claim Status Category Code of E1 and a Claim Status Code of 0 or 484 will be returned when BCBSM is experiencing system errors. A Claim Status Category Code of E2 and a Claim Status Code of 0 will be returned when BCBSM receives a time-out or other system error.	Health Care Claim Status Category Code, Health Care Claim Status Code and Entity Identifier	138 (2200D) 178 (2200E)

10. APPENDICES

10.1 IMPLEMENTATION CHECKLIST

IMPLEMENTATION CHECKLIST:

Providers:

- ✓ Did you complete the Provider Authorizations; authorizing the submitter to submit on your behalf?
  - This must be completed if you are not currently sending other transaction to BCBSM under another ID.
  - Reminder - Please do not update the Trading Partner ID (Submitter Only on Authorization form)
- ✓ Contact 800-542-0945 for a logon ID and password

Submitters:

- ✓ Complete Requirement Letter.
- ✓ Complete Third Party Agreement.
- ✓ Complete Validator testing.
- ✓ Confirm with Provider that they have completed the above process.
- ✓ Complete VPN form or request as HTTPS logon ID and password.

Reminder: Once you are approved in subsystem; it will take 3 business days to move to production.

10.2 CHANGE SUMMARY

This section describes the differences between the current Companion Guide and previous guide(s)

The table below summarizes the changes to companion document.

Section	Description of Change	Page	Date
Section 5.3: APPLICABLE WEBSITES/E-MAIL	Removed web-DENIS information	8	Mar. 2013
Section 4: CONNECTIVITY WITH THE PAYER/COMMUNICATIONS	Added section 4.1 Connectivity	8	Feb. 2014
Section 4.3: COMMUNICATION PROTOCOL SPECIFICATIONS	Added link to HTTPS Connectivity User Guide	8	Feb. 2014
Section 1.3: GENERAL EDI TERMINOLOGY	Add the definition of Blue Cross Complete	4	June 2016
Section 2.4: CERTIFICATION AND TESTING OVERVIEW	Updated email.	7	June 2016
Section 3: TESTING WITH PAYER	Updated self-testing document link.	7	June 2016
Section 4.1: CONNECTIVITY	Added maintenance window times.	7	June 2016
Section 7.1.1: MAXIMUMS/LIMITATIONS	Added Blue Care Network and Blue Care Complete information.	11	June 2016
Section 9.2: BCBSM SUPPORTED USAGE AND GUIDELINES OF THE 276/277 TRANSACTION	Updated size limitations.	12	June 2016
Section 9.3: BCBSM/BCN NONSUPPORTED USAGE AND GUIDELINES OF THE 276/277 TRANSACTION	Removed dental reference.	13	June 2016
Section 9.3: ASCX12N/005010X212 – 276 TRANSACTION	Added BCN Advantage and BCC information for the following loops: 2100A – NM109, 2100D-NM109, 2200D-REF02, 2200E-REF02.	14-15	June 2016
Section .4: ASCX12N/005010X212 - 277 TRANSACTION	Added BCN Advantage and BCC information for the following loops: 2100A-NM109	15	June 2016
9.2 BCBSM SUPPORTED USAGE AND GUIDELINES OF THE 276/277 TRANSACTION	Removed "alpha" reference to prefix.	13	January 2018
9.3 ASC X12N/005010X212 – 276 TRANSACTION	Removed "alpha" reference to prefix in loop 2100D, segment NM109.	14	January 2018

Section	Description of Change	Page	Date
4.3 COMMUNICATION PROTOCOL SPECIFICATIONS	Removed SFTP and HTTPS instructions.	9	February 2020