Blue Cross Blue Shield of Michigan

HIPAA Transaction Standard Companion Guide

American National Standards Institute (ANSI) ASC X12N 278 (005010X217) Health Care Services Review and Response

Disclosure Statement

IMPORTANT

Beginning September 2024, all 278 005010X217 batch electronic data exchange services will transition to BCBSM's clearinghouse partner, Availity®[1]. This information applies to all 278 Transactions for BCBSM and Blue Care Network health plans.

To learn more on getting ready with Availity, go to <u>www.availity.com</u>.

Preface

The Health Insurance Portability and Accountability Act-Administration Simplification (HIPAA-AS) requires BCBSM and all other covered entities to comply with the electronic data interchange standards for health care as established by the Department of Health and Human Services.

The ASC X12N Technical Reports Type 3 (TR3), also referred to as the ASC X12N Implementation Guides, have been established as the standard for electronic health care transactions and are available for purchase at https://x12.org/products/licensing-program[2].

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[1] *Availity® is an independent company that contracts with Blue Cross Blue Shield of Michigan and Blue Care Network to offer provider portal and electronic data interchange services.*
[2]*BCBSM does not control this website or endorse its general content.*

CONTENTS

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 Blue Cross Blue Shield of Michigan 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 Blue Cross Blue Shield of Michigan

The following table example specifies the columns used by BCBSM for the detailed description:

Loop	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:
2010A	*NM101*	*Report a value of 'X3''*	*Entity Identifier Code*	*42*

SCOPE/OVERVIEW

This Companion Guide to the v5010 ASC X12N Implementation Guides and associated errata adopted under HIPAA clarifies and specifies the data content when exchanging electronically with Blue Cross Blue Shield of Michigan and Blue Care Network. Transmissions based on this companion guide, used in tandem with the v5010 ASC X12N Implementation Guides, are compliant with both ASC X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

REFERENCES

To purchase any or all of the HIPAA mandated 005010 ASC X12N TR3s, visit X12's website: https://x12.org/products/licensing-program.

ADDITIONAL INFORMATION

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/Implementation Guide.

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ASC X12N/005010X217 278 – The HIPAA mandated (ANSI) ASC X12N 278 Health Care Claims Status Request and Response transaction format.

BCBSA – An acronym for Blue Cross Blue Shield Association

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) – X12 copyrighted Implementation Guide documents that standardize data structure requirements and content for a specific electronic business exchange. Information regarding the purchase of these Implementation Guides is available at https://x12.org/products/licensing-program.

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.

UMO –UMO refers to insurance companies, health maintenance organizations, preferred provider organizations, health care purchasers, professional review organizations, other providers, and other utilization review entities that receive and respond to requests for authorization or certification. The UMO may or may not be the organization that makes the medical decision on a service review request. The UMO might have a relationship with a payer that calls for the payer to make a decision in certain cases. It is the role of the UMO to forward that request to the payer, receive the response from the payer, and then return the response to the requestor. From the requestor's perspective, the exchange of information is between the requestor and the UMO.

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.

GETTING STARTED

WORKING WITH BCBSM

Appropriate steps must be taken before you can submit production 278-13 or 278-11:

FOR PROVIDERS:

- Providers must be registered with BCBSM's Provider Enrollment and Data Management department.
    - To register, call Blue Cross Provider Enrollment and Data Management at 1-800-822-2761.
- All providers who submit transactions through Availity must have a registered Availity account.
    - If you're new to Availity, go to availity.com** and click Get Started.
- If applicable, work with your vendor to ensure software is configured to send and receive transactions via Availity using FTP.
    - Reference *Availity's EDI Companion Guide*[3] for FTP specifications.
- If applicable, work with your vendor to ensure that batch files generated by the software include proper Availity Sender and Receiver information.

FOR THIRD PARTY VENDORS OR CLEARINGHOUSES:

- Register directly with Availity.

- Review Availity's EDI Companion Guide and EDI Connectivity Guide. Contact Availity with questions.

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[3] *While Blue Cross Blue Shield of Michigan and Blue Care Network recommend this website and we're responsible for its Blue Cross and BCN-specific content, we don't own or control this website.*

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TRADING PARTNER REGISTRATION

  FOR PROVIDERS:

- Providers must be registered with BCBSM's Provider Enrollment and Data Management department.
    - o To register, call Blue Cross Provider Enrollment and Data Management at 1-800-822-2761.
- All providers who submit transactions through Availity must have a registered Availity account.
    - o If you're new to Availity, go to availity.com** and click Register.
- If applicable, work with your vendor to ensure software is configured to send and receive transactions via Availity using FTP.
    - o Reference *Availity's EDI Companion Guide* for FTP specifications.
- If applicable, work with your vendor to ensure that batch files generated by the software include proper Availity Sender and Receiver information and Payer ID information.

  FOR BILLING SERVICES, SOFTWARE VENDORS OR CLEARINGHOUSES:

- Register directly with Availity.

- Review Availity's EDI Companion Guide and EDI Connectivity Guide. Contact Availity with questions.

CERTIFICATION AND TESTING OVERVIEW

BCBSM and BCN do not require certification or testing for batch transactions. Contact Availity if you'd like to conduct testing or have questions.

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TESTING WITH THE PAYER

TESTING OVERVIEW

Testing will be facilitated by your BCBSM EDI business analyst. A test file will be required; testing is performed internally at BCBSM.

FTP SELF REQUESTING TOOL:
TESTING (QA):

- Go to https://qa-apps.availity.com/   and click **Create a User Account**.
- Configure your FTP client - see page 15 in the Availity Companion Guide.
- URL password will be sent to you after the self – FTP setup mailbox is completed.
- Configure EDI Reporting Preferences – see page 30 in the Availity Companion Guide.
- Once you receive your Submitter ID, please provide it to BCBSM EDI business analyst

PRODUCTION:

- Go to www.availity.com click **Create a User Account**.
- Configure your FTP client - see page 15 in the Availity Companion Guide.
- URL and password will be sent to you after the self – FTP setup mailbox is completed.
- Configure EDI Reporting Preferences – see page 30 in the Availity Companion Guide.
- Once you receive your Submitter ID, please provide it to BCBSM EDI business analyst

CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

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).

PROCESS FLOWS

Process flows for HIPAA Transactions Sets are located in the front matter of the applicable TR3 implementation guides.

BlueExchange Home transactions are processed in the real time environment. Michigan providers that would like to submit 278 transactions can contact 248-486-8657 for further assistance.

CONTACT INFORMATION

EDI CUSTOMER SERVICE

Contact Availity:
- o Visit Availity.com, or
- o Contact Availity Client Services at 1-800-AVAILITY (282-4548).

ELECTRONIC DATA INTERCHANGE DEPARTMENT CONTACTS

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

EDI TECHNICAL ASSISTANCE

Contact Availity:
- o Visit Availity.com, or
- o Contact Availity Client Services at 1-800-AVAILITY (282-4548).

PROVIDER SERVICE NUMBERS

- o BCBSM Provider Enrollment and Data Management department 1-800-822-2761
- o BCBSM Provider Inquiry department and Provider Consultants
  - o Visit For Providers: Contact us | BCBSM

APPLICABLE WEBSITES

- o For Providers: EDI paperless | BCBSM
- o Availity.com

PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

REJECTED TRANSACTIONS

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 278-13 request transaction is accepted for processing, and a data processing error or a system processing error is encountered, the returned 278-11 response will specify the applicable error via a (AAA) segment.

TRADING PARTNER AGREEMENTS

TRADING PARTNERS

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

BCBSM does not require Trading Partner Agreements or Provider Authorizations.

All BCBSM Trading Partners must be registered with Availity.

TRANSACTION SPECIFIC INFORMATION

REPORTING INSTRUCTION CLARIFICATION - ASCX12N/005010X217 – 278

The ANSI ASC X12N 278 transaction was selected as the HIPAA-mandated format for electronic referrals, pre-certification and case management requests and responses. The 278 transaction was designed to submit the request and respond with the information regarding the specified request for review.

BCBSM accepts and responds to ANSI ASC X12N 278 transactions for Blue Cross Blue Shield of Michigan and Blue Care Network HMO, including Point of Service (POS). Health Care Services Review request transactions can also be submitted for members from other Blue Cross and/or Blue Shield plans. These transactions will be routed to the home plan through a Blue Cross Blue Shield Association process referred to as BlueExchange.

BlueExchange transactions may return one or more responses until final disposition is determined.

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BCBSM SUPPORTED USAGE AND GUIDELINES OF THE 278 TRANSACTION

Two of the programs administered by BCBSM (Hospital Pre-certification Request for Admission and Human Organ Transplant Program Pre-authorization requests) meet the definition of a 278 transaction.

BLUE CROSS BLUE SHIELD OF MICHIGAN SUPPORTED USAGE

- Pre-certification for hospital admissions.
- Pre-authorizations for human organ transplants as part of the Human Organ Transplant Program (HOTP).
- For BCBSM pre-certification, providers can use Interqual guidelines in most cases to determine whether or not a patient qualifies for admission. Providers notify BCBSM (via Pre-Note) when a patient meets Interqual guidelines and qualifies for admission. In situations where providers cannot make the determination, a 278 pre-certification request may be submitted to BCBSM for an authorization decision.

BLUE CARE NETWORK HMO SUPPORTED USAGE

- Referral requests (including those for POS).
  - Renewal and revised referral requests will be treated the same as an initial request.
  - Immediate appeals will be treated the same as standard appeals. For expedited appeals, please request by calling 248-799-6312.
- Pre-admissions.
- Pre-certifications.

BCBSM/BCN NONSUPPORTED USAGE AND GUIDELINES OF THE 278 TRANSACTION

The following programs cannot be included in 278 functionality:

- Programs subcontracted to a vendor/ business associate:
  - Examples include American Imaging Management, Magellan, Value Options and Northwood/NPN. These vendors are responsible for receiving and responding to 278 requests for their programs.
- Case Management and Request for Pre-pricing fall outside the definition of a 278. They are considered voluntary programs as a service to the provider or the member.
- Pre-approval for Specified Clinical Oncology Trials rider for whom the facility provider sends assigned evidence to meet medical criteria.
- Pharmacy pre-authorizations.
- Dental pre-determination pricing is not a HIPAA 278 business event.

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FOR USE BY PROVIDERS AND SUBMITTERS OF 278.13 REQUESTS:

CONTROL SEGMENTS/ENVELOPES

ISA- IEA: DATA CLARIFICATION – ASC X12N 00510X217 278 INTERCHANGE ENVELOPE AND FUNCTIONAL GROUP STRUCTURE

Transaction Set – 278.13	Industry Data Element Name	Instruction	TR3 Page #
278 Health Care Services Review Request	ISA05 – Interchange ID Qualifier	Report ZZ	B.4
278 Health Care Services Review Request	ISA06 – Interchange Sender ID	AV09311993	B.4
278 Health Care Services Review Request	ISA07 – Interchange ID Qualifier	Report 01	B.4
278 Health Care Services Review Request	ISA08 – Interchange Receiver ID	030240928	B.5
278 Health Care Services Review Request	GS02 – Application Sender's Code	Report the Tax Identification Number of the submitter	B.8
278 Health Care Services Review Request	GS03 – Application Receiver's Code	Report 030240928	B.8
278 Health Care Services Review Request	GS08 – Version Number	Report 005010X217	B.8
Transaction Set – 278.11	**Industry Data Element Name**	**Instruction**	**TR3 Page #**
278 Health Care Services Review Response	ISA05 – Interchange ID Qualifier	ZZ will be returned from EDI.	B.4
278 Health Care Services Review Response	ISA06 – Interchange Sender ID	030240928 will be returned from Availity.	B.4
278 Health Care Services Review Response	ISA07 – Interchange ID Qualifier	01 will be returned.	B.4
278 Health Care Services Review Response	ISA08 – Interchange Receiver ID	The Tax Identification Number of the receiver will be returned.	B.5
278 Health Care Services Review Response	GS02 – Application Sender's Code	Facets or 030240928 will be returned from Availity CA is sending BCBSM TAX ID	B.8
278 Health Care Services Review Response	GS03 – Application Receiver's Code	The Tax Identification Number of the receiver will be returned. (Should be Availity's ID)	B.8
278 Health Care Services Review Response	GS08 – Version Number	005010X217 will be returned.	B.8

DATA CLARIFICATIONS FOR THE 005010X217 REQUEST TRANSACTION SET (278.13)

278-13 Loop	278-13 Segment/Element	Instruction	Industry/Element Name	TR3 Page #
Header	BHT03	**BCN**: Report a unique number for each referral request.	Submitter Transaction Identifier	68
2010A	NM101	Report a value of "X3"	Entity Identifier Code	72
2010A	NM102	Report a value of "2"	Entity Type Qualifier	72
2010A	NM103	**BCN**: Report BCN, BCN HMO, and POS referral as well as pre-authorization and pre-certification requests. **BCBSM**: Report BCBSM for pre-authorization and pre-certification requests.	UMO Name	72
2010A	NM108	**BCBSM & BCN**: Report "PI".	Identification Code Qualifier	73
2010A	NM109	**BCBSM & BCN**: Report 00710	UMO Identifier	73
2010B	NM101	**BCBSM & BCN**: Report either: 1P - Provider FA - Facility	Entity Identifier Code	76
2010B	NM108	**BCBSM & BCN**: Report: XX - NPI	Reference Identification Qualifier	77
2010B	PER02	**BCBSM**: Report the contact person's name.	Requester Contact Communication Number Qualifier	85
2010B	PER03	**BCBSM**: Report "TE"	Requester Contact Communication Number	85
2010B	PER04	**BCBSM**: Report the contact person's telephone number.	Requester Contact Communication Number Qualifier	85
2010B	PER05	**BCBSM**: Report "EX"	Requester Contact Communication Number	85
2010B	PER06	**BCBSM**: Report the contact person's telephone extension number when applicable.	Requester Contact Communication Number Qualifier	86
2010C	NM103	**BCBSM & BCN**: Report the subscriber's last name	Subscriber Last Name	92
2010C	NM104	**BCBSM & BCN**: Report the subscriber's first name	Subscriber First Name	92
2010C	NM108	**BCBSM & BCN**: Report "MI"	Identification Code Qualifier	93
2010C	NM109	**BCBSM & BCN**: Include the prefix and the member's 9 digit contract number	Subscriber Primary Identifier	93
2010C	REF01	**BCBSM**: Report "6P" if REF02 will contain the actual Group Number.	Subscriber Supplemental Qualifier	95
2010C	REF02	**BCBSM**: Report the subscriber group number for pre-authorization, pre-certification requests and specialty referral requests.	Subscriber Supplemental Identifier	95
2010C	DMG02	**BCBSM & BCN**: Required if the subscriber is the patient.	Subscriber Birth Date	100
2010C	DMG03	**BCBSM & BCN**: Required if the subscriber is the patient.	Subscriber Gender Code	100
2010D	NM103	**BCBSM & BCN**: Required if the patient is not the subscriber.	Dependent Last Name	106
2010D	NM104	**BCBSM & BCN**: Required if the patient is not the subscriber.	Dependent First Name	106
2010D	DMG02	**BCBSM & BCN**: Required if the patient is not the subscriber.	Dependent Date of Birth	113
2010D	DMG03	**BCBSM & BCN**: Required if the patient is not the subscriber.	Dependent Gender Code	113
2010D	INS02	**BCBSM**: Required for pre-certification and pre-authorization requests. **BCN**: Optional.	Relationship to Insured Code	115

278-13 Loop	278-13 Segment/Element	Instruction	Industry/Element Name	TR3 Page #
2000E	UM01	**BCBSM:** SC- specialty referral requests AR - admission reviews or "HS" for pre-certification and pre-authorization requests **BCN:** SC - specialty referral requests AR - admission requests.	Request Category Code	120
2000E	UM06	**Required if UM02=1:** 03 – Emergency U = Urgent	Level of Service Code	126
2000E	HI Segment	**BCBSM & BCN:** Report the admitting diagnosis for pre-certification, pre-authorization requests and referrals.	Patient Diagnosis	137
2000E	HSD01	**BCBSM & BCN:** Report "DY" for length of stay (number of days) requested for pre-certification and pre-authorization requests.	Quantity Qualifier	156
2010EA	NM101	**BCBSM & BCN:** Report either "SJ" for Service Provider or "FA" for Facility. Use two occurrences of loop 2010EA when it is necessary to identify the service provider and the facility in which the service is to be performed.	Entity Identifier Code	210
2010EA	NM108	**BCBSM & BCN:** Report: XX - NPI	Identification Code Qualifier	211
2010EA	N3 Segment	**BCBSM:** Report for pre-certification and pre-authorization requests.	Patient Event Provider Address	215
2010EA	N4 Segment	**BCBSM:** Report for pre-certification and pre-authorization requests.	Patient Event Provider City, State, Zip Code	216
2010EA	PER02	**BCBSM:** Report the contact person's name.	Patient Event Provider Contact Information	219
2010EA	PER03	**BCBSM:** Report "TE"	Patient Event Provider Contact Communication Number	219
2010EA	PER04	**BCBSM:** Report the contact person's telephone number.	Patient Event Provider Contact Communication Number Qualifier	219
2010EA	PER05	**BCBSM:** Report "EX"	Patient Event Provider Contact Communication Number	219
2010EA	PER06	**BCBSM:** Report the contact person's telephone extension number when applicable.	Patient Event Provider Contact Communication Number Qualifier	220
2000F	UM01	**BCBSM:** When sending service level information report "AR" for admission reviews or "HS" for pre-certification and pre-authorization requests. **BCN:** When sending service level information report "SC" for specialty referral requests or "AR" for admission requests.	Request Category Code	238
2000F	UM04-1	**BCN:** For referrals, report a value of 11 when UM03 equals 3.	Facility Type Code	242
2010F	NM101	**BCBSM & BCN:** Report either "1T" for Physician, Clinic or Group Practice, "SJ" for Service Provider, or "FA" for Facility.	Entity Identifier Code	278
2010F	NM108	**BCBSM & BCN:** Report: XX - NPI	Identification Code Qualifier	279

278-13 Loop	278-13 Segment/Element	Instruction	Industry/Element Name	TR3 Page #
2010F	N3 Segment	**BCBSM:** Report for pre-certification and pre-authorization requests.	Service Provider Address	283
2010F	N4 Segment	**BCBSM:** Report for pre-certification and pre-authorization requests.	Service Provider City, State, Zip Code	284
2010F	PER02	**BCBSM:** Report the contact person's name.	Service Provider Contact Information	287
2010F	PER03	**BCBSM:** Report "TE"	Service Provider Contact Communication Number	287
2010F	PER04	**BCBSM:** Report the contact person's telephone number.	Service Provider Contact Communication Number Qualifier	287
2010F	PER05	**BCBSM:** Report "EX"	Service Provider Contact Communication Number	287
2010F	PER06	**BCBSM:** Report the contact person's telephone extension number when applicable.	Service Provider Contact Communication Number Qualifier	288

DATA CLARIFICATIONS FOR THE 005010X217 RESPONSE TRANSACTION SET (278.11)

- At this time, 278 requests accepted for processing will result in a 278 canned response. The 278 canned response indicates the request has been received and that any additional information will be provided outside of the 278 transaction. The applicable BCBSM pre-certification/preauthorization department or BCN referral/precertification/preauthorization department will manually process the request and contact the 278 Requester.
- BlueExchange 278 responses will vary based on the capability and functionality of the home plan.

278-11 Loop	278-11 Segment/Element	Instruction	Industry/Element Name	TR3 Page #
Header	BHT06	**BCBSM**: '18" Final Response	Transaction Type Code	305
2010A	NM101	A value of "X3" will be reported.	Entity Identifier Code	310
2010A	NM102	A value of "2" will be reported.	Entity Type Qualifier	311
2010A	NM103	**BCBSM:** BCBSM **BCN:** BCN or BCN HMO, or POS	UMO Name	311
2010A	NM108	**BCBSM & BCN:** "PI".	Identification Code Qualifier	311
2010A	NM109	**BCBSM & BCN:** "382069753"	UMO Identifier	312
2010A	AAA03	When applicable, one of the following will be returned: 42 – Unable to Response at Current Time 79 – Invalid Participant Identifier 80 – No Response Received, Transaction Terminated	Rejection Reason Code	316
2010B	NM108	**BCBSM & BCN:** Report: XX - NPI	Reference Identification Qualifier	321
2010B	REF01	**BCBSM & BCN:** "ZH"	Identification Code Qualifier	323
2010B	REF02	**BCBSM & BCN:** The Requester's provider number	Requester Supplemental Identifier	324

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278-11 Loop	278-11 Segment/Element	Instruction	Industry/Element Name	TR3 Page #
2010B	AAA03	When applicable, one of the following will be returned: 15 – Required Application Data Missing 41 – Authorization/Access Restrictions 43 – Invalid/Missing Provider Identification 44 – Invalid/Missing Provider Name 51 – Provider Not on File 79 – Invalid Participant Identifier	Rejection Reason Code	325
2010C	NM103	**BCBSM & BCN:** Subscriber's last name	Subscriber Last Name	332
2010C	NM104	**BCBSM & BCN:** Subscriber's first name	Subscriber First Name	332
2010C	NM108	**BCBSM & BCN:** "MI"	Identification Code Qualifier	333
2010C	NM109	**BCBSM & BCN:** The member's contract number	Subscriber Primary Identifier	333
2010C	REF01	**BCBSM & BCN:** "6P"	Subscriber Supplemental Qualifier	334
2010C	AAA03	When applicable, one of the following will be returned: 58 – Invalid/Missing Date of Birth 65 – Invalid/Missing Patient Name 71 – Patient Birth Date Does Not Match That for the Patient on the Database 72 – Invalid/Missing Subscriber/Insured ID 75 – Subscriber/Insured Not Found	Rejection Reason Code	339
2010C	DMG02	**BCBSM & BCN:** Subscriber's date of birth	Subscriber Birth Date	341
2010D	NM103	**BCBSM & BCN:** Dependent Last Name	Dependent Last Name	348
2010D	NM104	**BCBSM & BCN:** Dependent First Name	Dependent First Name	348
2010D	AAA03	When applicable, one of the following will be returned: 58 – Invalid/Missing Date of Birth 65 – Invalid/Missing Patient Name 67 – Patient Not Found 71 – Patient Birth Date Does Not Match That for the Patient on the Database 77 – Subscriber Found Patient Not Found	Rejection Reason Code	355
2010D	DMG02	**BCBSM & BCN:** Dependent date of birth	Dependent Date of Birth	357
2010D	INS02	**BCBSM & BCN:** Dependent's relationship to subscriber	Relationship to Insured Code	360
2000E	UM01	**BCBSM:** AR - admission reviews HS - pre-certification and pre-authorization requests. **BCN:** SC - specialty referral requests AR - admission requests.	Request Category Code	367
2010EA	NM108	**BCBSM & BCN:** Report: XX - NPI	Identification Code Qualifier	433

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278-11 Loop	278-11 Segment/Element	Instruction	Industry/Element Name	TR3 Page #
2000EA	AAA03	When applicable, one of the following will be returned: 33 – Input Errors 43 – Invalid/Missing Provider Identification 44 – Invalid/Missing Provider Name 51 – Provider Not on File	Rejection Reason Code	443
2000EC	AAA03	When applicable, the following will be returned: 33 – Input Errors (typically invalid characters in the name causes this Rejection)	Rejection Reason Code	461
2000F	AAA03	When applicable, the following will be returned: AG – Invalid/Missing Procedure Code(s) T5 – Certification Information Missing	Rejection Reason Code	467
2000F	UM01	**BCBSM:** AR - admission reviews HS - pre-certification and pre-authorization requests. **BCN:** SC - specialty referral requests AR - admission requests	Request Category Code	469
2010FA	NM101	**BCBSM & BCN:** SJ - Service Provider FA - Facility.	Entity Identifier Code	521
2010FA	NM108	**BCBSM & BCN:** Report: XX - NPI	Identification Code Qualifier	522
2000FA	AAA03	When applicable, the following will be returned: 43 – Invalid/Missing Provider Identification 44 – Invalid/Missing Provider Name	Rejection Reason Code	532

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Transaction Set – 278.11	Industry Data Element Name	Instruction	TR3 Page #
278 Health Care Services Review Response	ISA05 – Interchange ID Qualifier	Report ZZ	B.4
278 Health Care Services Review Response	ISA06 – Interchange Sender ID	AV09311993 <+5 spaces>	B.4
278 Health Care Services Review Response	ISA07 – Interchange ID Qualifier	Report 01	B.4
278 Health Care Services Review Response	ISA08 – Interchange Receiver ID	030240928 <+6 spaces>	B.5
278 Health Care Services Review Response	GS02 – Application Sender's Code	Report agreed upon vendor identification number	B.8
278 Health Care Services Review Response	GS03 – Application Receiver's Code	Report 030240928	B.8
278 Health Care Services Review Response	GS08 – Version Number	005010X217	B.8

DATA CLARIFICATIONS FOR THE 278 (005010X217) RESPONSE TRANSACTION SET

278-11 Loop	278-11 Segment/Element	Instruction	Industry/Element Name	TR3 Page #
Header	BHT06	**BCBSM**: '18" Final Response	Transaction Type Code	305
2010A	NM101	Report "X3"	Entity Identifier Code	310
2010A	NM102	Report "2"	Entity Type Qualifier	311
2010A	NM103	**BCBSM:** BCBSM **BCN:** BCN or BCN HMO, or POS	UMO Name	311
2010A	NM108	**BCBSM & BCN:** "PI".	Identification Code Qualifier	311
2010A	NM109	**BCBSM & BCN:** 00710	UMO Identifier	312
2010B	NM108	Report Qualifier: XX - NPI 24 – Employer Identification Number	Reference Identification Qualifier	321
2010B	REF01	**When applicable report:** ZH – Carrier Assigned Reference Number	Identification Code Qualifier	323
2010C	NM103	**BCBSM & BCN:** Subscriber's last name	Subscriber Last Name	332
2010C	NM104	**BCBSM & BCN:** Subscriber's first name	Subscriber First Name	332
2010C	NM108	**BCBSM & BCN:** "MI"	Identification Code Qualifier	333
2010C	NM109	**BCBSM & BCN:** The member's contract number	Subscriber Primary Identifier	333
2010C	REF01	**BCBSM & BCN:** "6P"	Subscriber Supplemental Qualifier	334
2010C	DMG02	**BCBSM & BCN:** Subscriber's date of birth	Subscriber Birth Date	341
2010D	NM103	**BCBSM & BCN:** Dependent Last Name	Dependent Last Name	348
2010D	NM104	**BCBSM & BCN:** Dependent First Name	Dependent First Name	348
2010D	DMG02	**BCBSM & BCN:** Dependent date of birth	Dependent Date of Birth	357

278-11 Loop	278-11 Segment/Element	Instruction	Industry/Element Name	TR3 Page #
2010D	INS02	**BCBSM & BCN:** Dependent's relationship to subscriber	Relationship to Insured Code	360
2010EA	NM101	**BCBSM & BCN:** SJ - Service Provider FA -Facility.	Entity Identifier Code	432
2010EA	NM108	Report Qualifier: XX - NPI 24 – Employer Identification Number	Identification Code Qualifier	433
2010EA	REF01	**When applicable report:** ZH – Carrier Assigned Reference Number	Identification Code Qualifier	435
2010FA	NM101	**BCBSM & BCN:** SJ - Service Provider FA - Facility	Entity Identifier Code	521
2010FA	NM108	Report Qualifier: XX - NPI 24 – Employer Identification Number	Identification Code Qualifier	522
2010FA	REF01	**When applicable report:** ZH – Carrier Assigned Reference Number	Identification Code Qualifier	525

APPENDICES

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
Document Updates	Entire Document updated for Availity Transition Separate instructions provided for 278.13 submitters, and 278.11 submitters	All	Oct. 2024
9.5 Data Clarifications for the 278 (005010X217) Response Transaction Set	Removed instruction for Loop 2010EA	15	May 2013
4 CONNECTIVITY WITH THE PAYER/COMMUNICATIONS	Added section 4.1 Connectivity	7	Feb. 2014
4 COMMUNICATION PROTOCOL SPECIFICATIONS	Added link to HTTPS Connectivity User Guide	8	Feb. 2014
9.5 Data Clarifications for the 278 (005010X217) Response Transaction Set	Corrected Header BHT segment to BHT06	15	June 2015
10 Appendices	Revised VPN instruction bullet under Submitters checklist instructions	16	June 2015
3 Testing with the Payer	Update link for the Self Testing User Guide	7	Sept. 2015
9.4 Data Clarifications for the 278 (005010X217) Request Transaction Set	Changed "alpha prefix" to prefix in 2010C NM109. Revised instruction for 2010C REF01 – added 'Report "6P" if REF02 will contain the actual Group Number' to BCBSM reporting Revised instruction for 2010C REF02 – added 'specialty referral requests' to BCBSM reporting Revised instruction for 2000E UM01 – added 'Report SC for specialty referral requests' to BCBSM reporting	13 14	Feb. 2018
4.3 COMMUNICATION PROTOCOL SPECIFICATIONS	Removed the link to the HTTPS Connectivity User Guide.	7	Feb 2020
Document Updates	Published new 278 Batch Transaction companion guide		September 2024

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