BCBSM V5010 Acknowledgements

Blue Cross Blue Shield of Michigan

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1) Acknowledgment for Health Care Insurance (999) Version 5010

When claim files are submitted electronically, BCBSM EDI returns a 999 functional acknowledgement as the first level of response. The 999 acknowledges receipt of the files and indicates whether the files are Accepted, Rejected, Partially accepted, or E accepted with errors. Submitters will receive an accepted 999 acknowledgement if the entire transaction is without errors. Submitters will receive a rejected or partially rejected 999 acknowledgment if:

- BCBSM EDI rejected interchanges, functional groups or 837 transactions that did not follow all HIPAA TR3 and BCBSM Companion Document requirements;
- BCBSM EDI rejected an interchange submitted with a submitter identification number that is not authorized for electronic submission.

Please note: if an entire transaction is rejected, claims included in the transaction will not be processed. These transactions must be corrected and resubmitted

Detailed instructions on the structure and interpretation of the 999 are located in Appendix B of all HIPAA Implementation guides (TR3) available from Products | X12[1].

For additional information about reading 999 transactions, please contact your software vendor. Most software vendors have programmed this transaction into a report that advises you how to interpret the information.

BCBSM returns 999 transactions using the naming convention of: (999P) (**Julian date**) (36-character GUID).

- For example, a file for April 25 would be: **999P116**_75CACFE8-5F8A-4AE3-8EA6-83861F2C0ED3.

999 Examples:

The following 999 Acknowledgment is an example of an accepted file.

An **A** in the AK9 is accepted without errors.

An **E** is accepted with errors. To avoid rejecting the entire file, these errors are reported in the 277CA.

```
ISA*00* *00* *ZZ*RECEIVERID*ZZ*SENDERID*041117*1024*^*00501*000000286*0*P*:~
GS*FA*RCVR*SNDR*20041117*1024*287*X*005010X231~
ST*999*2870001*005010X231~
AK1*HC*17456*005010X222~
AK2*837*0001~
IK5*A~
AK9*A*1*1*1~
SE*6*2870001~
GE*1*287~
IEA*1*000000286~
```

File accepted without errors

[1] *BCBSM does not own or control this website.*

The following 999 Acknowledgment provides a sample of the various responses available.

The first IK5 with an **A**, shows the transaction is accepted.

The second IK5 indicates a transaction level rejection.

The **P** listed in the AK9 indicates a part of this file was accepted, while another part was rejected. If a **P** is found at the AK9 level, the rejected transactions can be found by locating the IK5 with an **R**.

```
ISA*00* *00* *ZZ*(BCBSM ID)*ZZ*(SubmitterID)*110418*1623*^*00501*108136266*0*T*:
GS*FA*(BCBSM ID)*0003000*20250418*1623*108136393*X*005010X231A1
ST*999*0001*005010X231A1
AK1*HC*683*005010X224A2
AK2*837*0683*005010X224A2
IK5*A                                   <-- Transaction accepted
AK2*837*0684*005010X224A2
IK3*HI*21*2300*8
CTX*CLM01:2235057

IK4*3:1*1270*2                          <-- Transaction rejected
IK5*R*5
AK9*P*2*2*1                             <-- File partially accepted
SE*11*0001
GE*1*108136393
IEA*1*108136266
```

2)

999 FUNCTIONAL AKNOWLEDGEMENT

In the example below, the data received from submitter C0XXX for GS control # 507, ST Control # 0001 was rejected.

ISA*00* *00* *ZZ*382069753 *ZZ*C0XXX *382069753*0045*^*00501*000000001*0*P*:~
GS*FA*382069753*C0XXX*20110729*0045*1*X*005010X231A1~
ST*999*0001*005010X231A1~
AK1*HC*507*005010X222A1~ (GS Control Number from Original Input)
AK2*837*0001*005010X222A1~ (ST Control Number from Original Input)
IK3*CLM*20*2300*8~ (Error Identification) (Segment ID Code*Line# in Error*Loop ID*Error Code)
CTX*CLM01:123456789~ (Data that triggered the situational requirement in the IK3)
IK4*2*782*1~ (Errors in a data element) (Element position*Element reference no*Error code)
IK5*R*5~ (TRANSACTION A – Accepted) (E – Accepted w/Errors) (R – Rejected entire batch will need to be resubmitted)
AK9*R*1*1*0~ (GROUP A – Accepted, E – Accepted w/Errors, P – Partially Accepted, R – Rejected)
SE*6*0001~
GE*1*1~
IEA*1*000000001~

TA1 Interchange Acknowledgements

Similar to the 999, a TA1 Interchange Acknowledgement is used to reply to an interchange or transmission. This acknowledgement provides the capability for the receiver to notify the sender of problems that were encountered in the interchange control structure and verifies the envelope information. BCBSM may also use a TA1 to identify duplicate files or other file level rejections. Refer to Appendix A and B of the ANSI ASC X12N HIPAA TR3s for additional terminology, summaries and format information for the TA1 Interchange Acknowledgement.

The TA1 verifies the envelopes only. It is a single segment and is transmitted without the GS/GE envelope structure.

Interchange Acknowledgement (TA1) transactions are only provided:

- when requested in the Interchange Control Header (ISA14) of the submitted 837 file;
- to identify interchange control structure errors;
- when the 837 file contains errors that prohibit further processing of the file;
- to identify duplicate interchanges;
- when an invalid sender ID is reported in ISA06; or
- when an invalid receiver ID is reported in ISA08.

TA1 example:

```
ISA*00*          *00*          *ZZ*123456789
*ZZ*123456789*120622*1005*{*00501*000000000*0*P*>~
TA1*000000010*062212*1005*R*025~
IEA*1*000000000~
```

TA1 Segment

TA1*000000010*062212*1005*R*025~

This segment reports the status of processing a received interchange header and trailer.

The **TA101** contains the interchange control number. This should be the original interchange that this TA1 is acknowledging.

The **TA102** contains the date of the original interchange being acknowledged. The format is YYMMDD.

The **TA103** contains the time of the original interchange being acknowledged. The format is HHMM.

The **TA104** provides the Interchange Acknowledgement Code indicating the status of the receipt of the interchange control structure.

Possible codes in the **TA104**:

Code	Description
A	Interchange accepted with no errors.
E	Interchange accepted, but errors are noted. Sender must NOT resend this data.
R	Interchange rejected because of errors. Sender must resend data.

3) Health Care Claim Acknowledgments (277CA)

BCBSM EDI selected the ANSI ASC X12 277CA acknowledgement format to return notification of v5010 837 claim statuses. Accepted claims and claims receiving BCBSM EDI front-end edits are identified on either a 277CA transaction or 277CA report.

a) 277CA Transaction

The 277CA transaction identifies which claims have edited and will not continue on for processing. The transaction is generally used by clearinghouses, software vendors or submitters with practice management systems that can translate the information into a human readable report. See **277CA Transaction Example**.

b) 277CA Report

In addition to, or in place of the 277CA transaction, BCBSM EDI returns a 277CA edit report. The report provides detailed information about claims that have received edits. The report also contains a summary of all accepted and rejected claims, together with the total charges. See **277CA Report Example**.

c) 277x228CA Transaction and Report

277x228 acknowledgements identify pended claims for Health Insurance Marketplace Advance Premium Tax Credit eligible members during the 31-90 day grace period of premium delinquency. The report and transaction format is very similar to R277CA and 277CAP files. See **277x228 Transaction Example** and **277x228CA Report Example**

The table below identifies the U277 and 277CA acknowledgement names as returned by BCBSM EDI. **Please note:** BCBSM will continue to return unsolicited (U277) reports for some payers, rather than v5010 277CAs. U277 reports will not contain 100% accountability of accepted and rejected claims - U277s only contain edit detail for rejected claims.

Transaction names	**Description**
277CAP	Transaction version for all payers
277x228	Health Care Claim Pending Status Information electronic transaction
Front-end edit report names	**Description**
COMMERCIAL_DPT	This acknowledgement will return only rejected claims. Please note not all Commercial Payers will return rejected claims.
R277CAK	Medicare Advantage (Medicare Plus Blue) - Professional and Institutional
R277CAC	All Commercial payers
R277CAA	Blue Cross Complete Professional
R277CAB	Blue Cross Complete Institutional
R277CAF	Blue Care Network (includes BCN Advantage)
R277CAH	BCBSM Professional (includes FEP, Auto National, and NASCO/MOS)
R277CAD	Dental (FEP only)
R277CAI	BCBSM Institutional (includes FEP, Auto National, and NASCO/MOS)
R277CAN	Medicare Part A – WPS Part A
R277CAW	Medicare Part B – WPS Part B
R277CAM	Medicare Part B – DMERC
Pended claim report names	Identifies pended claims for Health Insurance Marketplace Advance Premium Tax Credit eligible members during the 31-90 day grace period of premium delinquency. Submitters may not see these reports returned on a daily or weekly basis:
R277CAE	BCBSM Professional
R277CAG	BCBSM Institutional
R277CAJ	Blue Care Network Professional
R277CAQ	Blue Care Network Institutional
Informational report names	Prior to implementing new edit rejections, BCBSM may issue informational edits for a short period of time. These two reports will only be distributed when informational edits are active. Submitters will not see these reports returned on a daily or weekly basis:
R277CAX	Professional informational edits
R277CAZ	Institutional informational edits

The report and transaction use the naming convention of: (Report/File Name) (Julian date) (36-character GUID).

- For example, a file for April 25 would be: R277CAH116_75CACFE8-5F8A-4AE3-8EA6-83861F2C0ED3.

Submitters should contact their software developers and inquire about whether they will receive their edit information via the transaction file or report.

Submitters who transmit claims via a clearinghouse other than BCBSM may receive their responses in files with names different from those noted above. Consult with your clearinghouse for a list of file names.

If electronic claims are submitted and your 277CA file (or report) is not downloaded and reviewed, you will not be aware that your claims have edited. It is very important that providers have the ability to download these files.

To understand more about the 277CA, please refer to the Technical Report Type 3 Implementation Guide. TR3s can be purchased from X12 Technical Reports | X12[2]. Copies of the Claims Status Category Codes and the Claim Status Codes are available at no charge External Code Lists | X12.

Distribution Cycle:

TA1 / 999	Monday – Saturday Sunday	Hourly, 6AM-8PM* Hourly 6AM-3PM**
277CA transactions	Monday – Saturday Sunday	8:00 PM 1:00 PM
277CA reports	Monday – Saturday Sunday	10:00 PM 5:00 PM
Other payer 277CA reports	Daily	Distributed upon receipt

* After 8PM, the TA1 / 999 will be generated the following day at 6AM.
** After 3PM, the TA1 / 999 will be generated the following day at 6AM.

[2] *BCBSM does not own or control this website.*

277CA Transaction Example

ISA*00* *00* *ZZ*123456789 *ZZ*C0xxx *120607*1643*^*00501*000000132*1*P*:~
GS*HN*123456789 *C0xxx*20120607*1643*2321*X*005010X214~
ST*277*0081*005010X214~
BHT*0085*08*277X2140001*20120607*1643*TH~
HL*1**20*1~
NM1*AY*2*BCBSM EDI*****46*00710~
TRN*1*0001~
DTP*050*D8*20120607~
DTP*009*D8*20120607~
HL*2*1*21*1~
NM1*41*2*(Submitter Name)*****46*(Submitter ID)~
TRN*2*1~

277CAP STANDARD TRANSACTION

STC*A1:19*20120607*WQ*2490~

File accepted at the Information Receiver (Submitter) level

QTY*90*7~

Total claims accepted (7). HINT: If a QTY*AA* segment were also present, it would indicate the total claims rejected

AMT*YU*2490~
HL*9*2*19*1~
NM1*85*2*(Billing Provider Name)*****XX*(Billing Provider NPI)~
TRN*1*0~

STC*A1:19**WQ*125~

File accepted at the Billing Provider level. HINT: 'WQ' present in the STC segment indicates acceptance

QTY*QC*1~
AMT*YY*125~
HL*10*9*PT~
NM1*QC*1*(Patient Last)*(Patient First)****MI*(Contract #)~
TRN*2*001000439011~

STC*A3:164*20120607*U*125~

File rejected at claim/patient level. HINT: 'U' present in the STC segment indicates rejection

DTP*472*RD8*20111004-20111004~
SE*60*0029~
GE*25*2321~
IEA*1*000000132~

277CA Report Example

The following is an example of a 277CA report as it is delivered to the trading partner from BCBSM, in a format that is easy to read. **This example is not for the same claim data shown in the transaction example above**.

```
                    BLUE CROSS BLUE SHIELD OF MICHIGAN - HIPAA 5010
       RUN DATE: 04-16-2012   277CA UNSOLICITED RPT   PROFESSIONAL   TIME: 22:05:50
        MSGFLW_277CA                                                  PAGE: 0000001

PAYER ID: 00710
SUBMITTER ID: C0xxx
NAME: PROVIDER                          SUB ETIN/TIN: C0xxx
NPI: 0000000000                         SOP: BL
NAME: PROVIDER                          TAX EIN: 123456789

MEMBER NBR                      LAST NAME                 FIRST NAME
PATIENT ACCOUNT NBR
TRACE NUMBER
SERV LN   SERV DATE             PROC CODE                 ORIG CHG
REA ST CD    DESCRIPTION

_____________________           _________________         _______________
AAA000000000                    DUCK                      DAFFY
ZZZYYYQQQ1234

CLAIM TOTAL CHARGES                                                130.00
A3 164  IL  P013    BCBSM OR BCN CONTRACT NUMBER IS INVALID
A3 164  IL  P615    CONTRACT PREFIX IS REQUIRED

001                             K0001                      130.00
A3 247      LINE INFORMATION

NPI TOTALS      ------ACCEPTED-----    ------REJECTED-----    ---GRAND TOTAL---
SOP NPI         CLAIMS       AMOUNT    CLAIMS       AMOUNT    CLAIMS     AMOUNT

___ __________  _______ ____________   _______ ____________  _______ _________
BL  0000000000    9       7,605.50       1        130.00       10     7,735.50
```

Summary of total claims accepted and rejected. Accepted claims did not receive a front-end edit.

The Claim Status Category and Claim Status Codes on the report match what is shown in the STC segments of the 277CA transaction. They provide detail of the claim disposition.		
Claims Status Category Code (External Code Lists | X12)	A3	Acknowledgement/Receipt – The claim/encounter has been rejected. For a complete list of codes, visit Washington Publishing Company.
Health Care Claim Status Code (External Code Lists | X12)	164	Entity's contract/member number. For a complete list of codes, visit Washington Publishing Company.
Entity Identifier Code (Defined in 277CA TR3)	IL	IL = Insured or Subscriber
Payer Edit Code	P013 P615	Proprietary to individual payers. Detail of edit is shown next to the code on the report

Line-by-line detail of the 277CA report information:

Report Fields	Description
BLUE CROSS BLUE SHIELD OF MICHIGAN – HIPAA 5010 277CA UNSOLICITED REPORT	This is the report name. The name includes one of the following to further describe the report, as applicable: Dental; Professional; Institutional, ValueOptions, WPS Part A; WPS Part B; CEDI DMERC, Commercial.
RUN DATE	Date the report was generated
PAGE	Page number of the report
PAYER ID:	This field will contain one of the following, depending on the entity that has issued the front end edit rejection: 00710: Professional (includes BCBSM, BCN, BCN Advantage, Blue Cross Complete, FEP, and Medicare Advantage [Medicare Plus Blue].) 00210: Institutional (includes BCBSM, BCN, BCN Advantage, Blue Cross Complete, FEP, and Medicare Advantage [Medicare Plus Blue]) 382069753: Dental (FEP) D00111: Professional or Institutional (Medicaid) 08202: Professional (Medicare) 08201: Institutional (Medicare) 17013: DMERC (Medicare) Commercial insurance payer ID: See Commercial Payer list
The following information is returned from the originating inbound transaction BCBSM received from the trading partner.	
SUBMITTER ID	Submitter ID
NAME	Submitter Name
SUB ETIN/TIN	Submitter tax ID
NPI	Billing provider NPI
SOP	Source of payment BL=BCBSM HM=BCN, BCN Advantage and Blue Cross Complete CI=Commercial MA=Medicare A and Medicare Advantage [Medicare Plus Blue] MB=Medicare B, DMERC, Medicare Advantage [Medicare Plus Blue] and Medicare Advantage DME MC=Medicaid FI=FEP (Professional, Institutional and Dental)
NAME	Provider name
TAX EIN	Provider tax ID
MEMBER NBR	Subscriber contract number
LAST NAME	Patient last name
FIRST NAME	Patient first name
PATIENT ACCOUNT NBR	Trading partner assigned patient account number
TRACE NUMBER	Claim number or document number assigned by clearinghouse
SERV LN	Service line number
SERV DATE	Date of service
PROC CODE	Procedure code
ORIG CHARGE	Line item charge
REA ST CD	Claim adjustment reason codes (see Claims Status Category and Claim Status Codes description on report example)
DESCRIPTION	Payer edit code and edit description
The following information is the submitter summary and grand total sections of the report.	
NPI TOTALS	Breakdown by billing provider NPI
ACCEPTED / Claims and Amount	Total number of ACCEPTED claims and total charges of ACCEPTED claims. No further action is needed from the provider for these claims.
REJECTED / Claims and Amount	Total number of REJECTED claims and total charges of REJECTED claims
GRAND TOTAL	Total number of claims and total charges for ALL accepted and rejected claims
SOP	Breakdown by source of payment

277x228 Transaction Example

277x228CA pended claim transaction

ISA*00* *00* *ZZ*123456789 *ZZ* C0xxx *140315*1643*^*00501*000000132*1*P*:~
GS*HN*123456789* C0xxx*20140315*1643*2321*X*005010X228~
ST*277*0081*005010X228~

BHT*0085*08*277BCBSMPEND*140315*1643***NO**~

HINT: 'NO' indicates the transaction is a Notice

HL*1**20*1~

NM1*PR*2*BCBSM NASCO*****PI*00710~

Identifies the payer issuing the notice

HL*2*1*21*1~
NM1*41*2*BCBSM EDI DEPARTMENT*****46*382069753~
HL*3*2*19*1~
NM1*1P*2*(Billing Provider Name)*****XX*(Billing Provider NPI)~
HL*4*3*PT~

NM1*QC*1*(Patient Last)*(Patient First)****MI*(Contract #)~
TRN*1*(Claim Control Number)~

Claims for this patient are in pended status

STC*P5:734*140316**110~

P5:734 present in the STC segment indicates 'Pending – verifying premium payment'

REF*EJ*(Patient control number)~
REF*D9*(Claim number)~
DTP*472*D8*(Service date)~
DTP*050*D8*(claim accepted date)~
SE*17*0007~
GE*2*601~
IEA*1*000000601~

277x228CA Report Example

Example of a 277x228CA report as it is delivered to the trading partner from BCBSM.

```
                    BLUE CROSS BLUE SHIELD OF MICHIGAN - HIPAA 5010
   RUN DATE: 01-06-2014   277CA UNSOLICITED RPT Prof BCBSM - Pend  TIME:     10:25:18
             SGFLW_277CA                                          PAGE:       1

PAYER ID: 00710
SUBMITTER ID: C0xxx                        SUB ETIN/TIN:     123456789

NPI: 0987654321                            SOP: BL
NAME: PHYSICIAN OR PRACTICE NAME

MEMBER NBR                          LAST NAME                  FIRST NAME
PATIENT ACCOUNT NBR
CLAIM NBR
TRACE NUMBER
REA ST CD    DESCRIPTION
_____________________               _______________            _____________
AAA000000000                        DUCK                       DAFFY
ZZZYYYQQQ1234
0000000000_5
201400000000000000000
CLAIM TOTAL CHARGES                                                      145.00

P5 734           Pending - verifying premium payment
```

The Claim Status Category and Claim Status Codes on the report match what is shown in the STC segments of the 277CA transaction. They provide detail of the claim disposition.		
Claims Status Category Code (External Code Lists | X12)	P5	Pending/Payer Administrative/System hold. For a complete list of codes, visit Washington Publishing Company.
Health Care Claim Status Code (External Code Lists | X12)	734	Verifying premium payment. For a complete list of codes, visit Washington Publishing Company.
Claim Detail		Patient information and claim charges for pended claims.