



Blue Cross Blue Shield of Michigan

HIPAA Transaction Standard Companion Guide

American National Standards Institute (ANSI) ASC X12N 837 (005010X224A2) Dental Health Care Claim

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.

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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 ANSI ASC X12N Dental 837 version 005010X224 Technical Report Type 3 (TR3) for Health Care Claim Payment/Advice and its associated Errata 005010X224A2 - has been established as the standard for electronic dental health care claim transactions and are available at **www.wpc-edi.com***.

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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.

TR3 Pg #	837 Loop ID	837 Segment/Element Reference	Industry/Data Element Name	Codes	Notes/Comments/Instruction
TR3 PAGE NUMBER:	LOOP NUMBER:	SEGMENT OR ELEMENT IDENTIFIER:	IMPLEMENTATION NAME:	CODE, QUALIFIER MODIFIER OR OTHER:	BCBSM OR OTHER PAYER SPECIFIC INSTRUCTION:
75	1000B	NM103	Receiver Name	N/A	Report BCBSM as the receiver name.

1.1 SCOPE/OVERVIEW

This document is intended for use as a companion to the HIPAA-mandated ANSI ASC X12N Dental 837 version 005010X224 Technical Report Type 3 (TR3) and the modifications implemented with the adopted Type 1 Errata (X12N/005010X224A2) transaction set Addenda TR3. Specific payer instructions contained in this document are provided for clarification purposes only and should be used in conjunction with the applicable HIPAA TR3s 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: www.wpc-edi.com[‡]

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

[†] BCBSM does not control this website or endorse its general content.

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1.3 GENERAL EDI TERMINOLOGY

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

ASC X12N/005010X224 – The HIPAA mandated (ANSI) ASC X12N Dental Health Care Claim transaction format.

ASC X12N/005010X224A2 – The Type 2 Errata modifications mandated for use with the ASC X12N/005010X224 837 Dental Health Care Claim 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.

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.

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

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.

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.

GETTING STARTED

2.1 WORKING WITH BCBSM

Clearinghouses, service bureaus or providers who want to submit 837 FEP dental claims directly to the BCBSM clearinghouse must complete a submitter Trading Partner Agreement and Provider Authorization. All other dental claims are being administered by DentaQuest. Please visit their website for additional information: provideraccess.dentaquest.com[§].

[§]BCBSM does not control this website or endorse its general content.

2.2 TRADING PARTNER REGISTRATION

Direct submitters must complete a BCBSM submitter Trading Partner Agreement (TPA). To receive 835 remittance advice transaction for FEP Dental, a Provider Authorization must also be completed.

Both forms are completed online at <https://editest.bcbsm.com/tpalogon.html>. Instructions for completing the forms are available at the bottom of the log in screen.

- Go to **bcbsm.com**.
- Click on *Providers* above the blue banner bar.
- Click the *Quick Links* box.
- From the Quick Links list, click *Electronic Connectivity(EDI)*.
- From the *EDI agreements* section, click *Complete the Trading Partner Agreement*.
- To review the instructions document, click *Download step-by-step instructions for completing the TPA (PDF)* located under **Questions? We can help!**

To begin this process, receive more information or ask questions, please contact the EDI Help Desk at 1-800-542-0945.

2.3 EDI INFORMATION SHEET – VENDORS OR SELF DEVELOPERS ONLY

Software vendors, or electronic submitters who have developed their own software, must complete an EDI Information Sheet prior to submitting an 837 file. If an Information Sheet is not completed for each new submitter, 837 files will reject using a TA1 acknowledgement. For more information about TA1s, review the 5010 Acknowledgments Reference Document available on **bcbsm.com**.

Visit <https://editest.bcbsm.com/spokelogon.html> to complete or update the Information Sheet. The *Information Sheet Instructions (PDF)* document is located on the log in screen under **Questions? We can help!**

AGREEMENTS

3.1 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.

3.2 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.

TESTING WITH THE PAYER

4.1 CERTIFICATION

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

4.2 TESTING OVERVIEW

Prior to submission of electronic claims and non-claims transactions to Blue Cross Blue Shield of MI (BCBSM), there is a two step test process that software must pass:

1. Test in Validator: a self-testing tool that checks compliance Levels 1-6 based on requirements from the ANSI ASC X12N Technical Report Type 3 (TR3/Implementation Guide) for the specific 5010 Errata version transactions to be tested.
2. Test in Subsystem: a Level 7 compliance check based on specific requirements outlined in the appropriate BCBSM Companion Document for the ANSI ASC X12N transactions being tested.

4.2.1 DEVELOPED YOUR OWN ELECTRONIC BILLING SOFTWARE?

To become an approved submitter, you must meet our testing requirements and complete these steps:

1. Visit <https://editest.bcbsm.com/spokelogon.html>
2. Review the self-testing user guide available on the log in screen.

4.2.2 SOFTWARE VENDOR, CLEARINGHOUSE OR SERVICE BUREAU

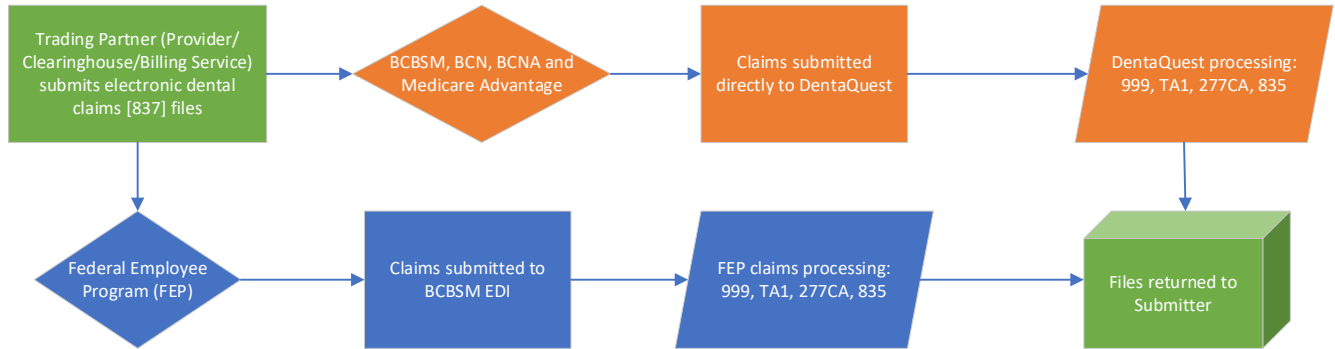
You must meet our testing requirements and follow these steps:

1. Visit <https://editest.bcbsm.com/spokelogon.html>
2. Review the self-testing user guide available on the log in screen.

CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

5.1 PROCESS FLOWS

Process flows for HIPAA Transactions Sets are located in the front matter of the applicable TR3 implementation guides. BCBSM'S 837 process includes:



5.2 COMMUNICATION PROTOCOL SPECIFICATIONS

5.2.1 CONNECTION INSTRUCTIONS

BCBSM utilizes SFTP as the connection protocol for 837 transactions. Visit bcbsm.com to locate our *SFTP Instructions (PDF)* document.

When setting up the connection information in any SFTP software product, you will need the following information:

IP address of the BCBSM - EDDI - SFTP site:	167.242.55.40
Protocol or Port number:	SFTP or Port 22 (SSH)
Your EDDI Login ID:	<Your ID> (d0xxx)
Your EDDI password:	<obtained via the EDI Help Desk>

Please call the EDI Help Desk at 1-800-542-0945 for SFTP password reset and connectivity questions.

Firewalls may cause problems with the connection. Please check your firewall before having password reset.

It is recommended that you read the tutorial for the product you select. BCBSM cannot assist with setup issues on your system; please contact your vendor or technical staff.

5.3 PASSWORDS

SFTP users can obtain a password by contacting the EDI Help Desk at 1-800-542-0945, Opt. #1.

Passwords are required for completion of a Trading Partner Agreement, Provider Authorization or ERA Enrollment Form. Contact the EDI Helpdesk at 1-800-542-0945, Opt. #3, or email EDISupport@bcbsm.com, to obtain a BCBSM User ID and Password.

CONTACT INFORMATION

6.1 WHO TO CONTACT

Federal Employee Program
Patient benefits, eligibility and claims:
Call 1-800-840-4505

6.2 BCBSM 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. Federal tax identification number

6.2.1 BCBSM EDI 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, 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 EDISupport@bcbsm.com

6.3 EDI TECHNICAL ASSISTANCE

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

BCBSM GENERAL 837 DENTAL HEALTH CARE CLAIM

7.1 GENERAL OVERVIEW

The BCBSM EDI Clearinghouse only accepts ANSI ASC X12N 837 addenda version dental transactions for the Federal Employee Program (FEP). Acceptance of 837 transactions will occur in batch mode and will not be accommodated in the real-time environment.

- BCBSM may edit data submitted beyond the requirements defined in HIPAA TR3s.
- BCBSM may reject interchanges, functional groups or transactions that do not follow all HIPAA TR3 and BCBSM Companion Document requirements.
- BCBSM will reject an interchange that is submitted with a submitter identification number that is not authorized for electronic submission.
- BCBSM will reject a file that is determined to be a duplicate of a previously submitted file.

7.2 COORDINATION OF BENEFITS

TR3 front matter Sections 1.4.4 and 1.4.5 provide examples and detailed information regarding claim balancing and allowed/approved amount calculations.

CONTROL SEGMENTS/ENVELOPES

8.1 ISA- IEA: DATA CLARIFICATION

ASC X12N/005010X224A2 – 837 Transaction Interchange Envelope and Functional Group Structure:

Trading partners should follow the Interchange Control Structure (ICS), Functional Group Structure (GS), Interchange Acknowledgement (TA1) and Functional Acknowledgement (999) guidelines for HIPAA that are located in the HIPAA TR3s in Appendices A and B. Trading partners should also follow the basic character set guidelines as set forth in the TR3s. The interchange cannot contain non-HIPAA version functional groups.

The following sections address specific information needed by BCBSM in order to process the ASC X12N/005010X224A2-Dental Health Care Claim Transaction. This information should be used in conjunction with the ASC X12N/005010X224A2 – Dental Health Care Claim TR3.

Transaction Set	Element	Instruction	Pg #
Health Care Claim: Dental (837)	ISA05 – Interchange ID Qualifier	Report ZZ.	C.4
Health Care Claim: Dental (837)	ISA06 – Interchange Sender ID	Report the Federal Tax ID of the submitter.	C.4
Health Care Claim: Dental (837)	ISA07 – Interchange ID Qualifier	Report ZZ.	C.5
Health Care Claim: Dental (837)	ISA08 – Interchange Receiver ID	Report 382069753.	C.5
Health Care Claim: Dental (837)	GS02 – Application Sender’s Code	Report the Federal Tax ID of the submitter of the file.	C.7
Health Care Claim: Dental (837)	GS03 – Application Receiver’s Code	Report 382069753.	C.7
Health Care Claim: Dental (837)	GS08 – Version/Release/Industry ID Code	Report 005010X224A2	C.8

PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

9.1 MAXIMUMS/LIMITATIONS

- Report a maximum of 50 services per claim.
- Report up to 100 claims per subscriber/patient combination.
- Decimal data reported in data element 782 (Monetary Amount) is limited to a maximum length of 10 characters including reported or implied place for cents (implied value of 00 after the decimal point).
 Note: the decimal point and leading sign, if sent, are not part of the character count.

9.2 DENTAL ELECTRONIC CLAIM EXCEPTIONS

Note: FEP Out of State claims should be routed to the State Home FEP Payer.

TRANSACTION SPECIFIC INFORMATION

10.1 ASC X12N/005010X224A2 – 837 Transaction

DATA CLARIFICATIONS FOR THE DENTAL 837 (005010X224A2) TRANSACTION SET

TR3 Pg#	Loop ID	Reference	Industry/Element Name	Codes	Notes/Comments/Instructions
70	1000A	NM109	Submitter Identifier		Report the Federal Tax ID of the submitter.
85	1000B	NM103	Receiver Name		Report BCBSM as the receiver name.
85	1000B	NM109	Receiver Primary Identifier		Report BCBSM 's Federal Tax ID# 382069753 as the receiver identification code for files directed to BCBSM as a clearinghouse or as a payer.
98	2010AB	N3, N4 All	Billing Provider Hierarchical Level Loop		FEP – If reported, the Pay-to provider address will not be recognized/used. Payments will continue to be directed to the provider address in corporate provider databases.
113	2000B	SBR09	Claim Filing Indicator	FI	Claim Filing Indicators determine the destination payer by the EDI Clearinghouse. For proper claim routing and adjudication use only the following codes: FEP : Report FI
116	2010BA	NM109	Subscriber Primary Identifier		FEP – Report R following by eight digits.
125	2010BB	NM109	Payer Identifier		Report Payer ID 382069753.
147	2300	CLM05-1	Place of Service Code	11, 21,22	FEP - For proper adjudication, we recommend reporting 11, 21, or 22. Use of other POS codes could result in claim rejection if the POS does not meet reimbursement policies based on benefits and billing guidelines.
225	2320	CAS	Claim Level Adjustments		FEP – Report all prior payer adjustments at the service level to ensure proper processing of secondary claims.

APPENDICES

A. IMPLEMENTATION CHECKLISTS:

Clearinghouses and direct submitters:

- ✓ Complete a submitter Trading Partner Agreement
- ✓ Complete an Information Sheet, if applicable

B. CHANGE SUMMARY

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

The table below summarizes the changes to this companion document.

Section	Description of Change	Page	Date
All	Removed references to DNoA and Dentemax; updated flow in section 5.1.		Oct. 2019
5.2.1 and 7.1	Removed references to Medicare Advantage	9, 11	Jan. 2018
All	Published document in new format		Dec. 2015