



# **Blue Cross Blue Shield of Michigan**

## **HIPAA Transaction Standard Companion Guide**

**American National Standards Institute (ANSI)  
ASC X12N 835 (005010X221A1) Health Care  
Claim Payment/Advice**

## 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: [bcbsm.com](http://bcbsm.com).

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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 ASC X12N/005010X221 835 Technical Report Type 3 (TR3) for Health Care Claim Payment/Advice and its associated Errata 005010X221A1 - has been established as the standard for electronic remittance transactions and are available at [www.wpc-edi.com](http://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.

835 Loop	835 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:
2100	CLP06	BCN – HM will be returned.	Claim Filing Indicator Code	126

### 1.1 SCOPE/OVERVIEW

This document is intended for use as a companion to the HIPAA-mandated ASC X12N/005010X221 835 TR3, dated April 2006, and the modifications implemented with the adopted Type 1 Errata (X12N/005010X221A1) dated June 2010. Specific payer instructions contained in this document are provided for clarification purposes only and should be used in conjunction with the noted HIPAA TR3 and the adopted Type 1 Errata 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](http://www.wpc-edi.com)

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

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

**ASC X12N/005010X221 835** – The HIPAA mandated (ANSI) ASC X12N 835 Health Care Claim Payment/Advice transaction format.

**ASC X12N/005010X221A1** – The Type 1 Errata modifications mandated for use with the ASC X12N/005010X221 835 Health Care Claim Payment/Advice 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

Appropriate steps must be taken before you can submit production 005010X222A1 837 transactions or receive ASC X12N 835 005010X221A1 Health Care Claim Payment/Advice transactions. BCBSM requires:

- Completion of an EDI Trading Partner Agreement,
- Completion of a Provider Authorization,
- Completion of an ERA Enrollment form.

All three 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.

## 2.1.1 TRADING PARTNER REGISTRATION

### Completion of an EDI Trading Partner Agreement

Providers must complete a BCBSM Trading Partner Agreement (TPA) and complete a Provider Authorization to register their National Provider Identifier (NPI) with EDI.

#### **TPA not completed:**

Providers that have **not** completed a TPA must follow these steps prior to submitting 837 batch claim transactions:

- ✓ Obtain the submitter ID from your EDI submitter, service bureau or software vendor;
- ✓ Contact the EDI Helpdesk at 1-800-542-0945, opt. #3, or email [EDISupport@bcbsm.com](mailto: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 FEP Dental.
- ✓ 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 and ERA Enrollment Forms.

## 2.1.2 PROVIDER AUTHORIZATION

### Completion of Provider Authorization

The Provider Authorization should only be completed once you have verified with your EDI submitter, service bureau or software vendor that they have tested with BCBSM and are approved for electronic submission.

## 2.1.3 ERA ENROLLMENT

### Completion of an ERA Enrollment form

The ERA Enrollment form should be completed if a trading partner wants to receive 835 transactions.

#### **2.1.3.1 INSTRUCTIONS FOR COMPLETING THE 835 ERA ENROLLMENT FORM**

- 1) **Provider Information/Provider Name:** Complete legal name of institution, corporate entity, practice or individual provider
- 2) **Provider Contact Information/ Provider Contact Name:**
  - **Contact:** First and last name of person to be contacted to provide information that relates to the ERA (835).
  - **Telephone Number:** Number where contact can be reached.
  - **Telephone Number Extension:** Telephone number extension, if applicable.
  - **Email Address:** *\*\*This field is auto-populated from Provider Authorization screen; to make corrections go back to Provider Authorization screen\*\**

- 3) **Provider Identifiers:** *\*\*All of these fields are auto-populated from Provider Authorization screen; to make corrections go back to Provider Authorization screen\*\**
  - **Provider Federal Tax Identification or Employer Identification Number:** Number used to identify a business.
  - **National Provider Identifier (NPI)** – HIPAA unique provider identifier.
- 4) **Other Identifier(s):**
  - **Assigning Authority:** BCBSM-BCBS; BCBSM-BCN; BCBSM-Medicare A; BCBSM-Medicare B; BCBSM-Medicaid. The information populated corresponds to the line of business you selected on the Provider Authorization form.
  - **Trading Partner ID:** Unique Receiver ID; place where 835 is to be sent; typically the same as the Submitter ID.
- 5) **Electronic Remittance Advice Information/Preference for Aggregation of Remittance Data:** This field is used to collect information regarding provider grouping (bulking) claim payment remittance advice (e.g., Account Number Linkage to Provider Identifier).
  - When mandated to use an NPI, your ***Billing NPI*** must be entered. If you are not mandated to use an NPI, enter your practice federal tax ID/employer identification number (EIN). **Note:** If payment via Electronic Funds Transfer (EFT) is also being used, this entry must be the same Linkage ID entered for EFT.
    - **Tax Identification Number (TIN)** – a federal tax identification number (TIN) or employer identification number (EIN) (9 Numeric).
    - **National Provider Identifier (NPI)** - Unique identification number for covered healthcare providers (10 Numeric).
- 6) **Method of Retrieval:** Select one of the items from the drop down list. This is how the provider will receive their Electronic 835/ERA from BCBSM:
  - **SFTP** (preferred method - direct connection to BCBSM using a direct submitter id with self-created or vendor software, or you will use a third-party trading partner to retrieve your 835/ERA).
  - **Secure HTTPS** (direct internet connection; NOTE: self-created or your vendor software must be able support this method of retrieval).
- 7) **Submission Information/Reason for Submission:** *\*\*This field is auto-populated from Provider Authorization screen; to make corrections go back to Provider Authorization screen\*\**
  - **New Enrollment:** Enrollment of a new ERA account.
  - **Change Enrollment:** This information facilitates the change of the trading partner id for receipt of the 835.
  - **Cancel Enrollment:** Use to terminate receipt of ERA – 835 Standard Transaction.
- 8) **Submission Information/Authorized Signature:**



- **Electronic Signature of Person Submitting Enrollment:** Typed Signature of preparer or responsible individual.
- **Printed Title of Person Submitting Enrollment:** Enter the title of the person who signs the form.
- **Submission Date:** Enter the date the ERA Enrollment Form is submitted.

If you need help with your ERA registration, please call the EDI Helpdesk at 1-800-542-0945 and select the appropriate option.

## 2.2 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 receiving 835 files. If an Information Sheet is not completed for each new submitter, 835s will not be returned.

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!**

## 2.3 ERA/835 ONLY SETUP

For questions related to setup for receiving only 835 files, contact 1-800-542-0945.

## 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.

### 3.1 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.

## TESTING WITH THE PAYER

### 4.1 CERTIFICATION

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

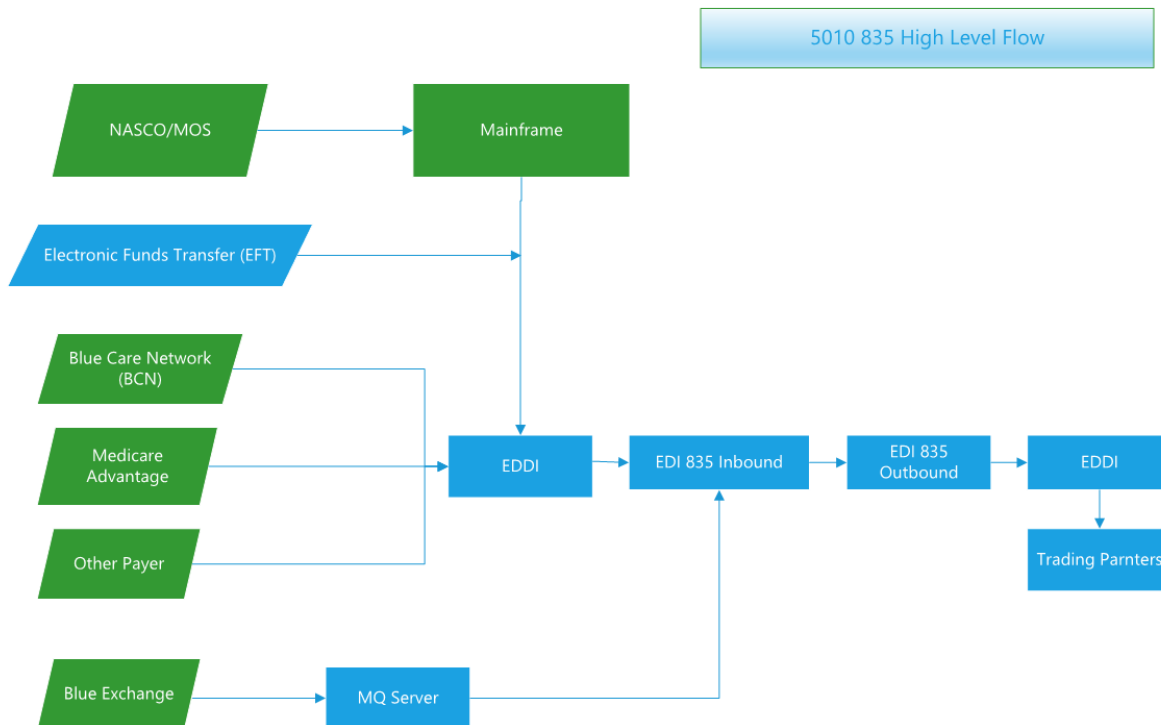
## 4.2 TESTING OVERVIEW

BCBSM does not test 835 files with trading partners.

## 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 835 process includes:



## 5.2 COMMUNICATION PROTOCOL SPECIFICATIONS

### 5.2.1 CONNECTION INSTRUCTIONS

BCBSM utilizes SFTP as the connection protocol for 837 transactions. If you are experiencing connectivity issues or need more information email [EDISupport@bcbsm.com](mailto:EDISupport@bcbsm.com) or contact our Help Desk at 1-800-542-0945.

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

BCBSM does not issue or require a password for HTTPS connections.

SFTP users can obtain a password by contacting the EDI Help Desk at 1-800-524-0945, 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](mailto:EDISupport@bcbsm.com), to obtain a BCBSM User ID and Password.

## CONTACT INFORMATION

### 6.1 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):	Billing NPI and BCBSM-assigned submitter ID
Facility:	Billing NPI or Federal tax identification number
Dental:	Federal tax identification number

#### 6.1.1 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 [EDISupport@bcbsm.com](mailto:EDISupport@bcbsm.com)

## 6.2 EDI TECHNICAL ASSISTANCE

For technical information or other questions, email [EDISupport@bcbsm.com](mailto:EDISupport@bcbsm.com).

## 6.3 APPLICABLE WEBSITES/E-MAIL

Visit [bcbsm.com](http://bcbsm.com) and click *Contact Us* for a complete listing of contact information.

# BCBSM GENERAL 835 HEALTH CARE PAYMENT/ADVICE INFORMATION

## 7.1 835 FILES RETURNED BY BCBSM:

The BCBSM clearinghouse returns the following 835 files:

- **Professional:** BCBSM, FEP, MOS, NASCO, Medicare Advantage, Blue Care Network, Medicare B and Medicaid.
- **Institutional:** BCBSM, FEP, MOS, NASCO, Medicare Advantage, Blue Care Network, MESSA, Medicare A and Medicaid.
- **Dental:** FEP only, DentaQuest 835 files do not route through the BCBSM clearinghouse. Non-FEP dental submitters must register with DentaQuest's clearinghouse to receive their commercial dental service 835 files. Registration information for BCBSM dental is available at [provideraccess.dentaquest.com](http://provideraccess.dentaquest.com)\*
- **Blue Cross Complete Professional and Institutional:** BCC submitters must enroll with Emdeon to receive their 835 transactions from Blue Cross Blue Shield of Michigan. Visit <http://www.emdeon.com/resourcelibrary/#119>† to locate forms and information about the set up process. An enrollment guide is available to walk you through the steps of completing the ERA Provider Setup Form for remittance files.
- **Blue Exchange:** Medicare Crossover payment file returned to a provider supplying services to Medicare patients with additional coverage by a Blue Cross and Blue Shield (BCBS) plan other than BCBSM. Blue Exchange 835 files are routed from the BCBS plan to the Blue Cross Blue Shield Association and then to BCBSM for distribution.
- **Blue Card:** Professional or institutional payment file returned to a provider supplying services to a patient with coverage by a BCBS plan other than BCBSM. Blue Card 835 files are routed from the BCBS plan to BCBSM for distribution.
- **Commercial:** BCBSM EDI does not return 835 files for any commercial payers.

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Distribution of all 835 remittance files by BCBSM is based upon the trading partner ID established in the Provider Authorization/ERA Enrollment process.

## **7.2 ONLINE REMITTANCE ADVICE VOUCHERS:**

BCBSM/BCN/Medicare Advantage remittance advice vouchers are viewable online through BCBSM Provider Secured Services. Information on how to sign up is available **bcbsm.com**. You can contact your Blues Provider Consultant or Provider Affairs Representative or call the BCBSM Web Support Team at 1-877-258-3932 for additional assistance.

## **7.3 EFT-ERA OPERATING RULES**

Blue Cross Blue Shield of Michigan is required under the federally mandated EFT-ERA Operating Rules to advise health care providers to notify their financial institution or bank that they have enrolled to use EFT. Further:

- Providers should request that their financial institution or bank return a health plan payment reassociation number to them in CCD+ format.
- When addressing this with your financial institution, it's recommended that you speak with the branch manager about obtaining the reassociation number.
- The reassociation number, located in the addenda record of the banking EFT CCD+ data elements, is necessary for reassociation or tracing of the EFT to ERA in a provider's accounts receivable or practice management system.

## CONTROL SEGMENTS/ENVELOPES

### 8.1 ISA- IEA: DATA CLARIFICATION

ASC X12N/005010X221A1 – 835 Transaction Interchange Envelope and Functional Group Structure:

Transaction Set	Element	Instruction	TR3 Pg #
Professional, Institutional and FEP Dental 835 Health Care Claim Payment Advice	ISA05 – Interchange ID Qualifier	ZZ will be returned from EDI.	C.4
Professional, Institutional and FEP Dental 835 Health Care Claim Payment Advice	ISA06 – Interchange Sender ID	382069753 will be returned from EDI.	C.4
Professional, Institutional and FEP Dental 835 Health Care Claim Payment Advice	ISA07 – Interchange ID Qualifier	ZZ will be returned from EDI.	C.5
FEP Dental 835 Health Care Claim Payment Advice	ISA08 – Interchange Receiver ID	FEP DENTAL ONLY: The provider designated Federal Tax ID will be reported. Providers that submit claims through multiple billers are required to designate a single receiving entity.	C.5
Professional and Institutional 835 Health Care Claim Payment Advice	ISA08 – Interchange Receiver ID	The trading partner ID (Unique Receiver ID), designated by the provider based on source of payment will be returned.	C.5
Institutional 835 Health Care Claim Payment Advice	GS02 – Application Sender's Code	One of the following application system identifiers will be reported for BCBSM-related 835 functional groups: NASCO and FEP: BCBSMNASCO BCBSM: BCBSMLOCALINS BCN: FACETSTHG Medicare Advantage: MED ADVANTAGE MOS: BCBSM MOS Medicaid: D00111 Medicare (WPS): 08201 Blue Cross Complete: 133052274	C.7
Professional 835 Health Care Claim Payment Advice	GS02 – Application Sender's Code	One of the following application system identifiers will be returned for BCBSM-related 835 functional groups: NASCO and FEP: BCBSMNASCO BCBSM: BCBSMLOCALPRO MOS: BCBSM MOS BCN: FACETSTHG Professional Master Medical: BCBSM MSTMD PRO Medicare (WPS): 08202 Blue Cross Complete: 133052274 Medicare Advantage: MED ADVANTAGE Medicaid: D00111	C.7
FEP Dental 835 Health Care Claim Payment Advice	GS03 – Application Receiver's Code	FEP DENTAL ONLY: BCBSM EDI will return the Federal Tax ID number reported in the corresponding 837 claim transaction.	C.7
Institutional 835 Health Care Claim Payment Advice	GS03 – Application Receiver's Code	The payer assigned ID will be returned from EDI.	C.7

Transaction Set	Element	Instruction	TR3 Pg #
Professional 835 Health Care Claim Payment Advice	GS03 – Application Receiver’s Code	Returns the same value as ISA08.	C.7
Professional, Institutional and FEP Dental 835 Health Care Claim Payment Advice	GS08 – Version/Release/Industry ID Code	005010X0221A1 will be returned	C.8

## PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

### 9.1 ONLY ONE RECEIVER ID PER SOURCE OF PAYMENT FOR RETURN OF 835S

BCBSM utilizes a unique trading partner ID to route 835 files to their destination. BCBSM allows for one trading partner ID per source of payment (BL, MB, MA, HM, MC) on the Provider Authorization and ERA Enrollment forms. Multiple IDs are not allowed per source of payment.

### 9.2 MISSING/LATE ERA (835 TRANSACTION)

After completing the ERA/835 setup if your practice or facility also receives payment by EFT and these are not received within 4 business days of each other:

- Contact your clearinghouse when a clearinghouse is used to receive your ERA/835.
- For Blue Cross Complete 835/ERA issues, contact Emdeon at 1-866-742-4355.
- For dental (non-FEP) 835/ERA issues, contact DentaQuest at 1-888-826-8152.
- For all others, contact the BCBSM EDI Helpdesk at 1-800-542-0945 or email [EDISupport@bcbsm.com](mailto:EDISupport@bcbsm.com) (with subject line: Missing Late ERA). Prior to contacting BCBSM please have ready the following: NPI, check date, check number and/or reference number, check amount, and line of business (i.e. BCN)

## TRANSACTION SPECIFIC INFORMATION

### 10.1 ASC X12N/005010X221A1 – 835 TRANSACTION

This information should be used in conjunction with the ASC X12N/005010X221A1 – 835 TR3. BCBSM returns professional, institutional and dental 835 files only. NOTE: Dental 835s are returned for FEP Dental claims only.

The addenda version of the ANSI ASC X12N 835 transaction set has been selected as the format to meet HIPAA requirements for the electronic return of health care remittance advice. One 835 transaction set reflects a single payment advice or check. Multiple claims can be referenced within one 835. The 835 may or may not contain responses for all services submitted within an individual claim and depends on how the claim is split by the adjudication system. This document refers only to 835s for BCBSM, BCN, Medicare Advantage, Blue Cross Complete, MOS and NASCO, and does not reflect what Medicare, MDCH (Medicaid) or Commercial Payers will return.

The 835 remittance advice contains information on the final disposition of a claim that is processed by the payer. The output file will also include some claims that were previously pended and subsequently paid or rejected.

Loop	Segment/Element	Instruction	Industry/Data Element Name	TR3 Pg #
1000A	N102	Professional and Institutional 835 files only will return the following: <b>BCBSM, MOS and NASCO</b> (includes FEP Professional and Institutional) – BCBSM <b>Medicare Advantage</b> – Blue Cross Blue Shield Michigan <b>BCN</b> – Blue Care Network of Michigan or BCN Service Company <b>Blue Cross Complete</b> - Blue Cross Complete of Michigan	Payer Name	77
1000A	N401	Professional and Institutional 835 files only will return the following: <b>BCBSM, Medicare Advantage, MOS and NASCO</b> (includes FEP Professional and Institutional) – Detroit <b>BCN</b> – Southfield <b>Blue Cross Complete</b> - London	Payer City	90
1000A	N402	Professional and Institutional 835 files only will return the following: <b>All BCBSM Payers, Medicare Advantage and BCN</b> – MI <b>Blue Cross Complete</b> – KY	Payer State	91
1000A	N403	Professional and Institutional 835 files only will return the following: <b>BCBSM and NASCO</b> (includes FEP Professional and Institutional) – 48226 <b>Medicare Advantage</b> – 482262998 <b>BCN</b> – 48034 or 48076 <b>Blue Cross Complete</b> – 40742	Payer Zip	91
1000A	REF01, REF02	<b>BCBSM LOCAL Professional</b> – <ul style="list-style-type: none"> <li>○ REF01 – 2U</li> <li>○ REF02 – 00710</li> </ul> <b>BCBSM LOCAL Institutional</b> – <ul style="list-style-type: none"> <li>○ REF01 – 2U</li> <li>○ REF02 – 00210</li> </ul> <b>Medicare Advantage</b> – <ul style="list-style-type: none"> <li>○ REF01 – 2U</li> <li>○ REF02 – BCBSM</li> </ul> <b>MOS and NASCO</b> (includes FEP Professional and Institutional) – <ul style="list-style-type: none"> <li>○ REF01 – 2U</li> <li>○ REF02 – 710</li> </ul> <b>BCN</b> – Not used. <b>Blue Cross Complete</b> – <ul style="list-style-type: none"> <li>○ REF01 – 2U</li> <li>○ REF02 – 32002</li> </ul>	Additional Payer ID	92-93
2100	CLP06	Professional and Institutional 835 files only will return the following: <b>BCBSM and Medicare Advantage</b> – Code values of 12 (Preferred Provider Organization (PPO) par arrangements) or 15 (Indemnity non-par arrangements). <b>MOS and NASCO</b> (includes FEP Professional and Institutional) – Code values of 12 (PPO), or 15 (Indemnity). <b>BCN</b> – HM, MB, MA, ZZ or 15 <b>Blue Cross Complete</b> – HM	Claim Filing Indicator Code	126



### 10.1.1. BCBSM AND NASCO INSTITUTIONAL 835S ONLY.

Pertinent information regarding Loop 2100 REF01\*CE/Type of Payment Indicator:

Voucher Codes – First Position		
Field (not mapped or discontinued)	Field	Description
	1	Inpatient Regular
	2	Out-of-State and Michigan Non-Par
	3	Outpatient Regular
4		
	5	BC Complementary Inpatient
	6	BC Complementary Outpatient
	7	Home Health Complementary
	8	Skilled Nursing Facility (SNF)
9		Pay Subscriber (Modes) not mapped for NASCO/MOS
A		Bank Host Regular Inpatient (not mapped)
B		Bank Host Inpatient Complementary
F		Serviced Inpatient/Outpatient
G		Equalized Inpatient/Outpatient
	H	Home Care Agency
J		Home Care Hospital
	K	Ambulatory Surgical Facilities

Accommodation Codes – Second Position		
Field (not mapped or discontinued)	Field	Description
	0	BC-65 Outpatient Complementary
	1	Regular Inpatient Hospital Admission
	2	BC-65 Inpatient Hospital Admission, Full Days; admission out of country, Canada and after ninety-first day in U.S. hospitals, subsequent admission
	3	Regular Outpatient
4		BC-65 Inpatient Hospital Admission, Full Days; admission out of country, Canada and after ninety-first day in U.S. hospitals, continuous admission
	5	BC-65 Inpatient Deductible
	6	BC-65 Inpatient Coinsurance and/or Lifetime Reserve Days Coinsurance
	7	BC-65 Deductible/Coinsurance and/or Lifetime Reserve Days Coinsurance
	8	BC-65 Skilled Nursing Facility Coinsurance
	B	Freestanding Physical Therapy Facility

<b>Accommodation Codes – Second Position</b>		
	D	Substance Abuse, Inpatient
	E	Substance Abuse, Outpatient
	H	BC-65 Home Health
	K	Ambulatory Surgical Facility
M		Skilled Nursing Facility, Full Days (Patient over 65) admitted under Medicare
	N	Skilled Nursing Facility
	P	Skilled Nursing Facility, Full Days (Patient over 65) non-Medicare Admission
	T	Outpatient Psychiatric Facility
	W	Regular Home Health Care Program

<b>DRG_PPA Process Indicator (Method of Reimbursement) – Third Position</b>		
Field (not mapped or discontinued)	Field	Description
B		Blue Care Network
	C	PHA Controlled Cost
D		Old de-par DRG
G		Old DRG Gain/loss pilot
H		Local Out of network claim. Pays at 100%.
I		ITS Home
J		BCN Outpatient Peer group 5, Ratio Cost to Charge
	K	Trust/PPO Outpatient Peer group 5, Ratio Cost to Charge
	L	PHA Lower of Cost to Charge
	M	Psych Managed Care
N		PHA new DRG
	P	PPO/Trust
S		Ford flat rate/price
	T	Case Management/CCM extra contractual
U		BCN Inpatient Total contract charge
	V	Traditional Inpatient total
W		Trust/PPO Inpatient Total contract charge
X		POS or CCP extra contractual

<b>Provider Contract Indicator – Fourth Position</b>		
Field (not mapped or discontinued)	Field	Description
B		Blue Care Network
	F	Psych Managed Care (network 556)
M		Community Care partnership -in network
N		Community Care partnership -out of network

<b>Provider Contract Indicator – Fourth Position</b>		
P		POS
	Q	Blue Preferred Plus
S		Psych Managed Care (network 556)
	T	Trust/PPO
“Blank”		PHA
R		Regional Community Blue

<b>Special Use Indicator – Fifth Position</b>		
Field (not mapped or discontinued)	Field	Description
	%	Percent of PHA
A		Mid Michigan

NOTE: The MOS Type of Payment Indicator is five characters. The first character is the Voucher Code, the second character is the Accommodation Code, the third character is the DRG-PPA Indicator, the fourth character is the Provider Contract Indicator and the fifth character is the Special Use Indicator.

## APPENDICES

### A. IMPLEMENTATION CHECKLISTS:

#### Providers:

- ✓ Did you complete a Provider Authorization for the Trading Partner to receive 835's on your behalf?
  - This must be completed if you are not currently sending other transaction to BCBSM under another ID.
- ✓ Contact 1-800-542-0945 for a logon ID and password

#### Vendors, Software Developers and Self-submitters:

- ✓ Complete an Information Sheet
- ✓ Confirm with Provider that they have completed the Trading Partner Registration and Provider Authorization processes
- ✓ HTTPS/SSL will require client authentication in the https handshake. Client app needs to use a commercial CA signed certificate, and submit this certificate to BCBSM to be loaded in the system.

#### ERA/835 only setup:

- ✓ Contact 1-800-542-0945 for assistance.

## 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
Section 7 - BCBSM General 835 Health Care Payment/Advice Information	Added DNoA information for Dental 835s	13	1/15/14
Appendix C – 835 Distribution Schedule	Revised distribution information for <i>IKA (MedAdv)</i> , <i>BCN/BCN Advantage</i> and <i>BlueCross Complete</i> .	25	1/15/14
Getting Started	Updated entire section	6-9	11/01/15
Section 7.1 – 835 Files Returned by BCBSM	Added Blue Cross Complete 835 information		11/01/15
Section 9.2 – Missing/Late ERA (835 Transaction)	<ul style="list-style-type: none"> <li>Added Blue Cross Complete information</li> <li>Added Dental Network of America (DNoA) information</li> </ul>		11/01/15
Section 10 – Transaction Specific Information	Loop 2100 Segment CLP06 - Added code value '15' to BCN instructions		11/01/15
Appendix C – 835 Distribution Schedule	<ul style="list-style-type: none"> <li>Removed PGBA (MedAdv) information</li> <li>Removed DMensions information</li> <li>Revised distribution information BlueCross Complete.</li> </ul>	22	11/01/15
All	Updated to remove references to DNoA, Dentemax.		11/1/19
Section 5.2.1 Connection Instructions	Removed SFTP and HTTPS information	11	2/21/20

**C. 835 DISTRIBUTION SCHEDULE**

<b>BCBSM Business</b>	<b>File Received</b>	<b>Distribution Date</b>	<b>Distribution Time</b>	<b>Check Date</b>
<b>BCBSM MOS</b>				
Facility (7101)	Daily	Daily	8:00 PM	Thursday
Professional (7102)	Daily	Daily	8:00 PM	Friday
<b>BCBSM NASCO (includes FEP)</b>				
Facility (7101)	Daily	Daily	8:00 PM	Friday
Professional (7102)	Daily	Daily	8:00 PM	Friday
<b>BCN and BCN ADVANTAGE</b>				
Professional and Facility	Tuesday	Tuesday	8:00 PM	Following Friday
<b>Medicare Advantage</b>				
Professional and Facility	Saturday	Saturday	8:00 PM	Same Day (Non-EFT) Following Tuesday (EFT)
<b>Other Payer</b>	<b>File Received</b>	<b>Distribution Date</b>	<b>Distribution Time</b>	<b>Check Date</b>
<b>BlueCross Complete</b>				
Professional and Facility	Tuesday – Friday	Tuesday - Friday	8:00 PM	Same day
<b>Medicaid</b>				
Facility	Wednesday	Wednesday	7:00 am & 7:00 pm	Thursday
Professional	Wednesday	Wednesday	7:00 am & 7:00 pm	Thursday
<b>WPS</b>				
Medicare A	Daily	Daily	7:00 am & 7:00 pm	Same day
Medicare B	Daily	Daily	7:00 am & 7:00 pm	Dated 2 days after file rec'd
<b>CEDI</b>				
	Daily	Daily	7:00 am & 7:00 pm	Prior day