

## **Blue Cross and Blue Shield of Florida, Inc.**

### **HIPAA-AS Transaction**

**Standard Companion Guide** for Availity® Health Information Network Users

**Refers to the Technical Report Version Three (TR3) based on ASC X12 version 005010X221A1**

835 – Health Care Claim Payment/Advice

**Companion Guide Version Number: 3.00**

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## Disclaimer

The Blue Cross and Blue Shield of Florida, Inc. (BCBSF) *Companion Guide for EDI Transactions [Technical Reports, Type 3 (TR3)]* provides guidelines in submitting/receiving electronic batch transactions. Since the HIPAA-AS ASC X12- TR3s require transmitters and receivers to make certain determinations/elections (e.g., whether, or to what extent, situational data elements apply), this *Companion Guide* documents those determinations, elections, assumptions, or data issues that are permitted to be specific to BCBSF business processes when implementing the HIPAA-AS ASC X12 5010 TR3s.

This *Companion Guide* does **not** replace or cover all segments specified in the HIPAA-AS ASC X12 TR3s. It does not attempt to amend any of the requirements of the TR3s, or impose any additional obligations on trading partners of BCBSF that are not permitted to be imposed by the HIPAA Standards for Electronic Transactions. This *Companion Guide* provides information on BCBSF specific codes relevant to BCBSF business processes and rules and situations that are within the parameters of HIPAA. Readers of this *Companion Guide* should be acquainted with the HIPAA-AS ASC X12 TR3s, their structure, and content.

This *Companion Guide* provides supplemental information that exists between BCBSF and its trading partners. Trading partners should refer to their Trading Partner Agreement for guidelines pertaining to Availity<sup>®1</sup> LLC, legal conditions surrounding the implementation of the Electronic Data Interchange (EDI) transactions and code sets. However, trading partners should refer to this *Companion Guide* for information on BCBSF business rules or technical requirements regarding the implementation of HIPAA compliant EDI transactions and code sets.

The information contained in this *Companion Guide* is not intended to amend, revoke, contradict, or otherwise alter the terms and conditions of your applicable Trading Partner Agreement. If there is an inconsistency between the terms of this *Companion Guide* and the terms of the Trading Partner Agreement exists, the terms of your applicable Trading Partner Agreement will govern. If there is an inconsistency between the terms of this *Companion Guide* and any terms of the implementation guides exists, the relevant implementation guide will govern with respect to HIPAA edits, and this *Companion Guide* will control with respect to business edits.

<sup>1</sup>Availity, LLC is a multi-payer joint venture company. For more information or to register, visit Availity's website at [www.availity.com](http://www.availity.com).

## Preface

This *Companion Guide* to the ASC X12N TR3, adopted under HIPAA-AS, clarifies and specifies the data content when exchanging electronically with BCBSF. Transactions based on this *Companion Guide*, used in tandem with the X12N TR3 are compliant with both X12 syntax and accompanying guidelines. This *Companion Guide* is intended to convey information that is within the framework of the ASC X12N TR3 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 TR3.

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## 1. INTRODUCTION

The *Companion Guide* contains information necessary to establish and support receiving remittance information electronically from BCBSF.

### Scope

This *835 Companion Guide* was created for BCBSF trading partners to supplement the ASC X12 835 5010 Technical Reports Type 3 (TR3). It describes the data content, BCBSF business rules, and characteristics of the 835 transaction. This section specifies the appropriate and recommended use of the *Companion Guide*.

### Overview

The Health Insurance Portability and Accountability Act (HIPAA) requires that the health care industry in the United States comply with the Electronic Data Interchange (EDI) standards as established by the Secretary of Health and Human Services. The ASC X12 835 5010 is the established standard for the electronic Health Care Payment Advice.

The TR3 for the 835 Health Care Payment Advice Transaction specifies in detail the required format. It contains requirements for the use of specific segments and specific data elements within segments, and was written for all providers, facilities, suppliers and payers and clearinghouses involved in the exchange of the 835 transaction. It is critical that your software vendor or IT staff carefully review this companion document in conjunction with the 835 TR3 and follow the requirements to successfully receive HIPAA compliant files from BCBSF.

### References

- Technical Reports (version three) for ASC x12 835 v005010X221A1 (HIPAA-AS) and all other HIPAA-AS standard transactions – [www.wpc-edi.com](http://www.wpc-edi.com).
- BCBSF – [www.bcbsfl.com](http://www.bcbsfl.com)
- Workgroup for Electronic Data Interchange (WEDI) – [www.wedi.org](http://www.wedi.org)
- United States Department of Health and Human Services (HHS) – [aspe.hhs.gov](http://aspe.hhs.gov)
- Centers for Medicare and Medicaid Services (CMS) – [www.cms.gov](http://www.cms.gov)
- Accredited Standards Committee (ASC X12) – [www.x12.org](http://www.x12.org)

## 2. GETTING STARTED

To obtain electronic remittance transactions from BCBSF, you must register through Availity;

[www.availity.com](http://www.availity.com).

- The registration process will take one-three weeks, depending upon the first available remittance cycle after the request is received.

## 3. CONTACT INFORMATION

### EDI Technical Assistance

- Your first point of contact is the Availity Customer Support Team. If necessary, this team will triage your issue to BCBSF. Availity Customer Support can be reached at **1-800-AVAILITY**.

#### 4. CONTROL SEGMENTS / GLOBAL INFORMATION

Req #	Loop ID – Segment Description & Element Name	Reference Description	Plan Requirement
	<b>GLOBAL INFORMATION</b>		
G1	<b>All Segments</b>		Only loops, segments, and data elements valid for the 835 HIPAA Implementation Guide ASC X12N/005010X221A1 will be used for processing.
G2	<b>Remittance Advice</b>		<p>BCBSF electronic Health Care Payment Advice is available through Availity.</p> <p>Payment will be made either via electronic funds transfer (EFT) or paper check.</p> <p>Monthly capitation payments/adjustments will be disbursed with a paper roster and check.</p> <p>Institutional remittances: BCBSF does not return detail service line items for whole priced claims.</p>
G3	<b>Remittance Remarks</b>		Federal regulation limits BCBSF's ability to provide proprietary explanations on standard electronic transactions; therefore all remittance reasons and remarks will be reported using industry standard code sets.
G4	<p><b>Payment Method Code</b> Levy, Lien and Garnishment</p> <p>Note: All monies will be applied toward the levy, lien or garnishment. However, any money over the amount required to satisfy the levy, lien or garnishment will be reimbursed by BCBSF.</p>	<p>BPR04</p> <p>PLB03-1</p>	<p>NON – Non-payment data</p> <p>Anytime a levy, lien or garnishment is applied to the claim, BPR04 will contain the code NON.</p> <p>_____</p> <p>IR – Internal Revenue</p> <p>LE – Levy</p> <p>TL – Garnishment</p> <p>WO – Withholding</p>

G5	<b>Limitations</b>	CLP	BCBSF limits the maximum number of CLP segments to 10,000 within one ST-SE envelope.
G6	<b>Transition Handling Code</b>	BPR01	BCBSF will only generate an H or I

## 5. BCBSF REMITTANCE RETRIEVAL INFORMATION

### EDI Processing Hours

- BCBSF generates remittance cycles once a week per provider and forwards the 835 to Availity for routing to the EDI trading partner mailbox. These electronic remittance files can be retrieved from the Availity mailbox system seven days per week, 24 hours per day.

## 6. TRANSACTION SPECIFIC RULES

### 835 Health Care Remittance Advice Business Specifics for BCBSF HIPAA-AS ASC X12N 5010X221A1

Req #	Loop ID – Segment Description & Element Name	Reference Description	Plan Requirement
	<b>BUSINESS REQUIREMENTS</b>		
B1	<b>1000B Payee Identification and Additional Identification</b>	N1	N1
	Identification Code Qualifier	N103	The billing provider NPI will be returned in this segment.
	Identification Code	N104	REF
	Identification Code Qualifier	REF	Qualifier PQ in REF01 indicates the Availity Genkey
	Identification Code	REF01	Qualifier TJ in REF01 indicates the federal tax identification (ID) or social security number in REF02.
		REF02	



B2	<b>2000 Payer Medical Policy</b> Website for Local Business	PER	This new data element has been added to provide 835 recipients the URL for the published medical policies on the BCBSF website. This URL is <i>http://mcgs.bcbsfl.com</i> .  For BlueCard® business, BCBSF will report the URL if given, exactly as was provided from other Blue Plans.
B3	<b>2100 Corrected Priority Payer ID</b> Individual or Organizational Name	NM1 NM108 NM109	NM108 PI – Payer Identifier  BCBSF will return the above qualifier for this data element when BCBSF is aware that another payer should process a claim prior to BCBSF.
B4	<b>2100 Corrected Priority Payer Name</b> Individual or Organizational Name	NM1 NM103	NM103 BCBSF will return this information when BCBSF is aware that another payer should process a claim prior to BCBSF.
B5	<b>2100 Claim Payment Information</b> Claim Status Code Claim Filing Indicator Code	CLP02  CLP06	CLP02 - BCBSF will only send status codes 1, 2, 4, and 22.  Note:  Claim Status Code “4” will only be used to indicate that the patient is not recognized as a member of any BCBSF product.  Claim Status Code “22” is the only way to identify a reversal for 5010.  CLP06 - BCBSF will only send the following indicator codes:  12 – Preferred Provider Organization  HM – Health Maintenance Organization
B6	<b>2100 Patient Name</b> Identification Code Qualifier	NM1	BCBSF will only send code qualifier: MI to indicate patient identification

		NM108	
B7	<b>2100 Insured Name</b> Identification Code Qualifier	NM1 NM108	NM108 - BCBSF will only send qualifier type: M1 to indicate insured identification
B8	<b>2110 Service Payment Information</b> Claim Adjustment Information	CAS CAS01-03 CAS05-06 CAS08-09 CAS11-12 CAS14-15 CAS17-18	When Recognizing Physician Excellence (RPE) bonus amounts apply, Group Code and Claim Adjustment Reason Code (CARC) CO*161 (Payer Initiated Bonus) will be used at the service line level. In order to balance your account receivables, money amounts associated with CO*161 should not be applied to the patient's account, but rather to your general ledger account.  Reversals – Effective with version 5010, CR group code is no longer valid. The original group code from the previous 835 will be returned. The claim status indicator (CLP02) of "22" is the only way to identify a reversal for 5010.
B9	<b>2100 Line Item Control Number</b>	REF	The line item control number was expanded with 5010 and will be returned exactly as submitted on the 837 claim.
B10	<b>2100 Capitated Claims Indicator</b>	REF	When applicable, the Class of contract qualifier of "CE" will be present followed by "Capitated Encounter" in REF03.
B11	<b>2100 Member Coverage Expiration Date</b>		This new data element will be populated when claims are denied due to ineligibility at the time the service was rendered.
B12	<b>Provider Level Adjustment</b> Note: Levy's, liens and garnishments-  All monies will be applied toward the levy, lien or garnishment. However, any money over the amount required to satisfy the levy, lien or garnishment will be reimbursed by BCBSF.	Table 3 PLB03-1	72 - Refund  CS – Adjustment  FB - Forward Balance  IR – Internal Revenue Withholding  L6 - Interest

			<p>LE – Levy, Lien, Garnishment</p> <p>WO – Overpayment Recovery</p> <p>The above code values will identify the type of adjustment for the money amount found in PLB04.</p>
B13	<p><b>Provider Level Adjustment</b></p> <p>Note: See Examples in the Plan Requirements Column</p>	<p>Table 3</p> <p>PLB03-2</p>	<p>Whenever there are situations that require BCBSF to withhold or refund funds, the 835 TR3 requires payers to report these circumstances one of three specific ways on the 835.</p> <p>For overpayments, BCBSF has chosen to send an invoice to the provider requesting overpaid funds be returned to BCBSF within a specified timeframe. If those funds are not received within the timeframe, BCBSF will withhold funds from future payments. When this occurs, BCBSF will return a FCN (Financial Control Number) in the PLB03 composite data element following the WO qualifier. The FCN will consist of the patient account # and date of service. An example is indicated below:</p> <p>PLB* 12345845 (Provider NPI)*20110101 (date) *WO (overpayment recovery qualifier)&gt;1103006__20110101 (patient account # __date of service)*40 (dollar amount)</p> <p>Refunds will be reported similarly, but will be paired with the overpayment recovery qualifier in addition to the 72 qualifier followed by a negative dollar amount. For example:</p> <p>PLB* 12345845 (Provider NPI)*20110101 (date) *WO (overpayment recovery qualifier)&gt;1103006__20110101 (patient account # __date of service)*40 (dollar amount)*72 (Refund)&gt;1103006__201101*-40</p>

**\* Remember, positive amounts reported in the 835 decrease the payment and negative amounts increase the payment.**

## **I. Transactional Testing Processes**

All trading partners, clearing houses should be certified via Availity. It is recommended that the trading partner obtain HIPAA Certification from an approved testing and certification third party vendor, prior to testing.

## **II. Trading Partner Agreement**

Please contact Availity at (800)-AVAILITY or *www.Availity.com* for your Trading Partner Agreement.