Florida Blue Health Plan

HIPAA Transaction Standard Companion Guide

For Availity® Health Information Network Users

Refers to the Technical Reports Type 3 Based on ASC X12 version 005010X222A1

837I – Health Care Claim Institutional

Companion Guide Version Number: 4.2

Disclosure Statement

The Florida Blue (Blue Cross and Blue Shield of Florida, Inc.) *HIPAA Transaction Standard Companion Guide for EDI Transactions Technical Reports, Type 3 (TR3)* provides guidelines for submitting electronic batch transactions. Because the HIPAA 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 Florida Blue business processes when implementing the HIPAA ASC X12 5010 TR3s.

This *Companion Guide* does **not** replace or cover all segments specified in the HIPAA 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 Florida Blue that are not permitted to be imposed by the HIPAA Standards for Electronic Transactions. This *Companion Guide* provides information on Florida Blue specific codes relevant to Florida Blue business processes, rules and situations that are within the parameters of HIPAA. Readers of this *Companion Guide* should be acquainted with the HIPAA ASC X12 TR3s, their structure and content.

This *Companion Guide* provides supplemental information that exists between Florida Blue and its trading partners. Trading partners should refer to their Trading Partner Agreement for guidelines pertaining to Availity[®][1] LLC, legal conditions surrounding the implementation of the EDI transactions and code sets. However, trading partners should refer to this *Companion Guide* for information on Florida Blue business rules or technical requirements regarding the implementation of HIPAA-compliant EDI transactions and code sets.

Nothing contained in this *Companion Guide* is 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 your applicable Trading Partner Agreement, the terms of the Trading Partner Agreement will govern. If there is an inconsistency between the terms of this *Companion Guide* and any terms of the TR3, the relevant TR3 will govern with respect to HIPAA edits and this *Companion Guide* will govern with respect to business edits.

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Version Change Log

Date	Description	Page
09-2013	**cosmetic changes and adding version log**	

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1 INTRODUCTION

What is HIPAA 5010?

The Health Insurance Portability and Accountability Act (HIPAA) requires the health care industry in the United States to comply with the electronic data interchange (EDI) standards as established by the Secretary of Health and Human Services. The ASC X12 005010X222A1 is the established standard for Health Care Claim Institutional Claims (837I).

What is NPI?

The National Provider Identifier (NPI) is required wherever you identify a provider or provider organization in any standard covered HIPAA-AS electronic transaction. The NPI must be valid and it must be registered with Florida Blue.

If you are a provider or provider organization who needs to obtain an NPI, please access the National Plan and Provider Enumeration System (NPPES) at https://nppes.cms.hhs.gov/NPPES/Welcome.do . To register your NPI with Florida Blue, please access our NPI Notification Form at http://www.bcbsfl.com/DocumentLibrary/Providers/Content/NPI_ProviderNotificationForm.pdf.

What is a Taxonomy code, and is it required for Florida Blue?

Taxonomy codes are administrative codes that identify the provider type and area of specialization for health care providers. Each taxonomy code is a unique ten character alpha-numeric code that enables providers to identify their specialty. Taxonomy codes are assigned at both the individual and organizational provider levels.

Taxonomy codes have three distinct levels: Level I is provider type, Level II is classification, and Level III is the area of specialization. A complete list of taxonomy codes can be found on the National Uniform Claim Committee website at https://www.nucc.org.

Taxonomy codes are required by Florida Blue under specific circumstances. Taxonomy is one of several data elements used by Florida Blue to help determine the appropriate provider record for processing. In cases where the NPI is shared by multiple provider entities, specialties or locations, the taxonomy becomes a critical data element.

For example:

ABC Hospital, Urgent Care, Lab and Physician PA Group all share the same NPI. In this case, the taxonomy becomes critical to ensure appropriate processing and fee schedule assignment.

Scope

This 837 Companion Guide was created for Florida Blue trading partners to supplement the 837 TR3. It describes the data content, business rules, and characteristics of the 837 transaction.

Overview

The Technical Report Type 3 Guide (TR3) for the 837 Health Care Institutional Claim transactions specifies in detail the required formats. It contains requirements for the use of specific segments and specific data elements within segments, and was written for all health care providers and other submitters. It is critical that your software vendor or IT staff review this document carefully and follow its requirements to send HIPAA-compliant files to Florida Blue via your vendor.

References

TR3 Guides for ASC X12 005010X222A1 Health Care Institutional Claim (837I) and all other HIPAA standard transactions are available electronically at the Washington Publishing website (www.wpc-edi.com).

For more information, including an online demonstration, please visit www.availity.com or call 1 (800)-AVAILITY (282-4548)

CAQH CORE Operating Rules Phase II http://www.caqh.org/CORE_operat_rules.php]

2 GETTING STARTED

Working with Florida Blue

Availity optimizes information exchange between multiple health care stakeholders through a single, secure network. The Availity[®1] Health Information Network encompasses administrative, financial, and clinical services, supporting both real-time and batch EDI via the web and through business to business (B2B) integration. For more information, including an online demonstration, please visit www.availity.com or call (800)-AVAILITY (282-4548).]

Trading Partner Registration

In order to register, you will need:

- Basic information about your practice, including your Federal Tax ID and National Provider Identifier.
- Someone with the legal authority (typically an owner or senior partner) to sign agreements for your organization.
- An office manager or other employee who can oversee the Availity implementation and maintain user IDs and access.

Certification and Testing Overview

All trading partners and 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.

3 TESTING WITH FLORIDA BLUE AND AVAILITY

Florida Blue recommends that Trading Partners contact Florida Blue to obtain a testing schedule and or notify Florida Blue of potential testing opportunities prior to implementing any foreseen transaction impacts to the business flow of both Florida Blue and /or the Trading Partner.

4 CONNECTIVITY/COMMUNICATIONS WITH FLORIDA BLUE AND AVAILITY

Process Map
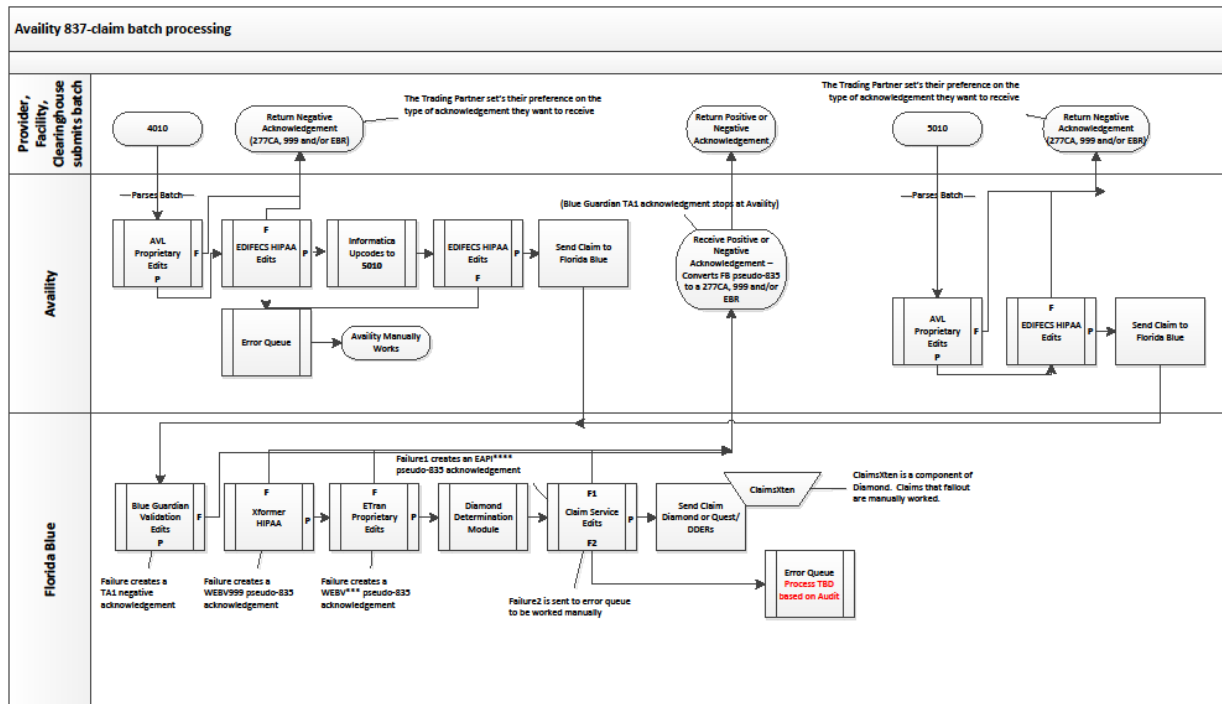
Transmission Administrative Procedures

Connectivity

- Secure File Transfer via Internet
- FTP via ISDN, Leased Lines, Frame Relay, VPN
- Secure Socket Layer (SSL)

Communication protocol specifications

Protocols Used

- HTTPS/FTPS
- HTTPS and your common Internet browsers (IE, Firefox, etc.) Port 443 (default)
- FTPS: Any FTP client capable of SSL encryption
- Client examples
- Valicert ftp client
- Cute-FTP
- WS-FTP Pro
- FileZilla
- FTPS Parameters
- Port 21
- Authentication: FTP over SSL (explicit) or FTP over TLS (explicit)
- Active Mode

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- File retention is 72 hours
- SSH Parameters
- Use SFTP or SCP
- Port 22
- Authentication: user ID and password

This section is specifically intended for trading partners who exchange transactions directly with Florida Blue.

Connectivity	• Secure File Transfer via Internet • FTP via ISDN, Leased Lines, Frame Relay, VPN
Test and Production URL	https://securefile.BCBSFL.com
Encryption Method	Secure Socket Layer (SSL)
Protocols Used Client examples are:	• HTTPS/FTPS • HTTPS and your common Internet browsers (IE, Firefox, etc.) Port 443 (default) • FTPS: Any FTP client capable of SSL encryption • Valicert ftp client • Cute-FTP • WS-FTP Pro • FileZilla • Others
FTPS Parameters	• Port 21 • Authentication: FTP over SSL (explicit) or FTP over TLS (explicit) • Active Mode • File retention is 72 hours
SSH Parameters	• Use SFTP or SCP • Port 22 • Authentication: user id and password
Firewall Mechanics	If you are a behind a firewall make sure that your FTPS client passes the Internet faceting IP address of the Server rather than the Internal IP. Failure to do so usually causes the communication break when the client tries to list the files available in the Server or during upload or download of files.

Passwords

Example: If a password change is necessary, please contact Availity[®] at (800)-Availity (282-4548) or www.Availity.com.

Firewall Mechanics
If you are behind a firewall, make sure that your FTPS client passes the Internet faceting IP address of the server rather than the internal IP. Failure to do so usually causes the communication break when the client tries to list the files available in the Server or during upload or download of files.

5 CONTACT INFORMATION

EDI Customer Service

The Florida Blue ANSI 837 P – Health Care Claim Professional systems are available from Monday 12 a.m. through Saturday 11:59 p.m. Central time of any calendar week, excluding the following specified holidays.

- New Year's Day (01/01/CCYY)
- Memorial Day (Last Monday in May)
- Independence Day (07/04/CCYY)
- Labor Day (First Monday in September)
- Thanksgiving Day (Fourth Thursday in November)
- Christmas Day (12/25/CCYY)

EDI Technical Assistance and Provider Service Number

For support of EDI transactions through Availity[®], please visit www.Availity.com or call (800) Availity (282-4548).

Applicable websites/e-mail

Example: www.Availity.com

6 CONTROL SEGMENTS/ENVELOPES

837I - Health Care Institutional Claim

The purpose of this section is to delineate specific data requirements where multiple valid values are presented within the 5010 TR3.

- **Interchange control header (ISA06) Interchange Sender ID (Mailbox ID)** – is individually assigned to each trading partner.

- **Interchange control header (ISA08) Interchange Receiver ID** – is the Florida Blue tax ID, 592015694.

- **Interchange control header (ISA15) Usage Indicator** – defines whether the transaction is a test (T) or production (P).

- **Functional Group Header (GS02) Application Sender's code** – is individually assigned to each trading partner.

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Global Information

Req #	Loop ID – Segment Description & Element Name	TR3 Data Element	TR3 Page(s)	Plan Requirement
G1	All Transactions for Availity Users only			Florida Blue requires a Trading Partner Agreement to be on file with Availity indicating all electronic transactions the Trading Partner intends to send or receive.
G2	All Segments			Only loops, segments, and data elements valid for the 837 HIPAA-AS TR3 Guides ASC X12 **005010X223A2** will be used for processing.
G3	Acknowledgments –

Florida Blue acknowledgements are created to communicate the status of files or claims. It is imperative that they be retrieved on a daily basis. One file could result in multiple acknowledgements.

ANSI X12:

-TA1 – Interchange Acknowledgement

-999– Functional Acknowledgement | | | **TA1** is available immediately after "depositing file"

 999 is available immediately after "depositing file"

Files and/or claims that do not pass edits are indicated on these acknowledgements and must be corrected and resubmitted.

Availity Users: Availity will forward Florida Blue acknowledgements to the submitter. Please refer to the Availity EDI Guide at www.Availity.com. |
| G4 | Negative Values | | | Submission of any negative values in the 837 transaction is not allowed. |

Req #	Loop ID – Segment Description & Element Name	TR3 Data Element	TR3 Page(s)	Plan Requirement
G5	Date fields			All dates submitted on an incoming 837 Health Care Institutional Claim must be a valid calendar date in the appropriate format based on the respective HIPAA-AS TR3 qualifier. Failure to do so may cause processing delays or rejection.
G6	Batch Transaction Processing			Generally, Availity and Florida Blue Gateways accept transmissions 24 hours a day, 7 days a week
G7	Multiple Transmissions	All Segments		Any errors detected in a transaction set will result in the entire transaction set being rejected.
G8	All transactions – B2B / EDI			Florida Blue requires that "-"(dashes) be removed from all Tax IDs, SSNs and Zip codes.
G9	All transactions			Health Care Institutional Claims submitted with multiple patient events will be split into separate transactions and returned one at a time.
G10	All transactions			Florida Blue requires that no special characters be submitted in any text fields.
G11	Transaction Balancing	All Segments		All transactions must follow the 5010 TR3 rules of balancing. This includes the COB segments.

837I Enveloping Information

IMPORTANT NOTE: If you submit your transactions through Availity, please refer to the Availity EDI guide (www.Availity.com). This section is specifically intended for trading partners who exchange transactions directly with Florida Blue

Req #	Loop ID - Segment Description & Element Name	TR3 Data Element	TR3 Page(s)	Plan Requirement

Req #	Loop ID - Segment Description & Element Name	TR3 Data Element	TR3 Page(s)	Plan Requirement
E1	**Interchange Control Header** Authorization Information Qualifier	ISA01	*Appendix C (C.4)*	Florida Blue requires **00** in this field.
E2	**Interchange Control Header** Authorization Information	ISA02	*Appendix C (C.4)*	Florida Blue requires **10 spaces** in this field.
E3	**Interchange Control Header** Security Information Qualifier	ISA03	*Appendix C (C.4)*	Florida Blue requires **00** in this field.
E4	**Interchange Control Header** Security Information	ISA04	*Appendix C (C.4)*	Florida Blue requires **10 spaces** in this field.
E5	**Interchange Control Header** Interchange ID Qualifier	ISA05	*Appendix C (C.4)*	Florida Blue requires **01** in this field.
E6	**Interchange Control Header** Interchange Sender ID	ISA06	*Appendix C (C.4)*	Florida Blue requires submission of your **individually assigned Florida Blue sender mailbox number** in this field.
E7	**Interchange Control Header** Interchange ID Qualifier	ISA07	*Appendix C (C.5)*	Florida Blue requires **ZZ** in this field.
E8	**Interchange Control Header** Interchange Receiver ID	ISA08	*Appendix C (C.5)*	Florida Blue will only accept the submission of the tax ID number **592015694** in this field.
E9	**Interchange Control Header** Acknowledgement Requested	ISA14	*Appendix C (C.6)*	The TA1 will not be provided without a code value of **1** in the field.

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Req #	Loop ID - Segment Description & Element Name	TR3 Data Element	TR3 Page(s)	Plan Requirement
E10	**Interchange Control Header** Functional Group Header/Functional Group Trailer	GS - GE ISA - IEA	*Appendix C (C.7)*	Florida Blue will only process **one transaction type per GS-GE** (functional group). However, we will process **multiple ST's within one (1) GS-GE** group as long as they are all the **same transaction type**.
E11	**Functional Group Header** Functional Identifier Code	GS01	*Appendix C (C.7)*	**HC–** Health Care Claim - Institutional Florida Blue requires submission of the above value in this field.
E12	**Functional Group Header** Application Sender's Code	GS02	*Appendix C (C.7)*	Florida Blue requires the submission of the **Florida Blue assigned Sender Code** in this field.
E13	**Functional Group Header** Application Receiver's Code	GS03	*Appendix C (C.7)*	**592015694** Florida Blue requires the submission of the above value in this field for 837 Institutional Claim Submission, all others may cause rejection.
E14	**Implementation Convention Reference**	ST03	*67*	Must contain **005010X223A2.**

7 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

Trading Partners and Providers

Failure to abide by these requirements will result in provider correctable errors and must be corrected and resubmitted.

Req #	Loop ID – Segment Description & Element Name	TR3 Data Element	TR3 Page(s)	Plan Requirement
B1	**1000A - Submitter Primary Identification Number** Submitter Identifier	NM109	72	Florida Blue requires the submission of the **Florida Blue assigned Sender Code** in this data element.

Req #	Loop ID – Segment Description & Element Name	TR3 Data Element	TR3 Page(s)	Plan Requirement
B2	**1000A – Submitter EDI Contact Information** Submitter Contact Name	PER 02	74	Required when the **contact name is different** than the name contained in the Submitter Name segment of this loop and it is the first iteration of the Submitter EDI Contact Information (PER) Segment.
B3	**1000B – Receiver Name** Last Name or Organization Name	NM103	77	**BCBSF** Florida Blue requests submission of above value in this field.
B4	**1000B – Receiver Name** Receiver Primary Identification Number	NM109	77	**592015694** Florida Blue requires submission of above value in this field.
B5	**2000A-Billing Provider Specialty Information**	PVR03	80	**Taxonomy codes are required** by Florida Blue **under specific circumstances**. Taxonomy is one of several data elements used by Florida Blue to help determine the appropriate provider record for processing. In cases where the NPI is shared by multiple provider entities, specialties or locations, the taxonomy becomes a critical data element. For example: ABC Hospital, Urgent Care, Lab and Physician PA group all share the same NPI. In this case, the taxonomy becomes critical to ensure appropriate processing and fee schedule assignment. Taxonomy codes and descriptors can be located at www.nucc.org.
B6	2010AA- Billing Provider Postal Code	N4	88	Florida Blue requires submission of a valid 9 digit postal **zip** code.
B7	**2010AA – Billing Provider NPI** **Reference Identification code**	NM109	90	Florida Blue requires the Billing providers **NPI**. Invalid or missing NPI will result in claims being returned as a provider correctable error. These must be corrected and resubmitted electronically.

Req #	Loop ID – Segment Description & Element Name	TR3 Data Element	TR3 Page(s)	Plan Requirement
B8	**2010AA– Billing Provider Contact Name** Billing Provider Contact Name	PER02	92	**Required** in the first iteration of the Billing Provider Contact Information Segment.
B9	**2010AB - Pay to Provider** Postal Code	N4	98	Florida Blue requires submission of a valid 9 digit postal **zip** code.
B10	**2010BA – Subscriber Name** Subscriber First Name	NM104	113	Required when NM102 = 1 (Person) and the person has a First Name.
B11	**2010BA - Subscriber Name** Identification Code Qualifier Subscriber Primary Identifier	 NM108 NM109	 113 114	Florida Blue requires MI in **NM108** Florida Blue requires submission of the ID number in **NM109** exactly as it appears on the member's ID card. **Do not use any embedded spaces or the claim could be returned as a provider correctable error and must be corrected and resubmitted.**
B12	**2010BB – Payer Name** Payer Name	NM103	123	**BCBSF** Florida Blue requests submission of above value in this field.
B13	**2010BB – Payer Name** Qualifier Payer ID	NM108 NM109	123	**PI –** Payer Identification **00090 -** Florida Blue Plan Code ID Florida Blue requires submission of above value in this field.
B14	**Coordination of Benefits (COB) Balancing**	2300	143	**Total Claim Charge Amount and Service Line Charges must balance**. CLM02 must be equal to sum of the service line charge amounts (sum of the SV102's).

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Req #	Loop ID – Segment Description & Element Name	TR3 Data Element	TR3 Page(s)	Plan Requirement
B15	**2300 Claim Information / 2400 Service Line Number** Monetary Amount Line Item Charge Amount	CLM02 SV203	145 427	**The total claim charge amount must equal the sum of all submitted line items.** Failure to do so will result in claims being returned as a provider correctable error and must be corrected and electronically resubmitted. Note: If the whole dollar amounts are sent in monetary elements, do not include the decimal or trailing zero (E.g. $30 = 30). When indicating the dollars & cents, the decimal must be indicated (E.g. $30.12 = 30.12)
B16	**2300 – Claim Information** Claim Frequency Type Code	CLM05-3	145	Florida Blue will accept only the following codes: **0 = Non- Payment/Zero** **1 = Admit Through Discharge Claim** **2 = Interim – First Claim** **3 = Interim – Continuing Claim** **4 = Interim – Last Claim** **5 = Late Charge(s) Only** **7 = Replacement of Prior Claim** **8 = Void/ Cancel of Prior Claim Note: When submitting the corrected claim, the original Reference Number (ICN/DCN) also known as the Original Claim Number, is required to be sent in loop 2300 REF.** **(REF01= F8 qualifier for Original Reference Number, REF02 = Original Claim Number).**
B17	**2300 – Claim Supplemental Information** Paperwork Claim Note	PWK NTE	154 178	At this time, Florida Blue will *not* be utilizing information in these segments for electronic claim processing.

Req #	Loop ID – Segment Description & Element Name	TR3 Data Element	TR3 Page(s)	Plan Requirement
B18	**2300 Claim Information Health Care Diagnosis Code**	HI	184-304	Florida Blue requires that you **do not transmit the decimal points in the diagnosis codes**. The decimal point is assumed.
B19	**2310A-Attending Provider Specialty Information**	PRV03	322	**Taxonomy code** is one of several data elements used by Florida Blue to help determine the appropriate provider record for processing. Please include taxonomy code when submitting attending provider information. Taxonomy codes can be located at www.nucc.org
B20	**2310D – Rendering Provider NPI** **Rendering Provider Identifier**	NM109	336	**When a rendering provider is submitted**, Florida Blue requires the rendering provider's **NPI** be submitted for all claims. Invalid or missing NPI will result in claims being returned as a provider correctable error and must be corrected and electronically resubmitted.
B21	**2310C- Service Facility Location** Postal code	N4	345	Florida Blue requires submission of a valid 9 digit postal **zip** code.
B22	**Coordination of Benefits (COB) Balancing**	2320	354	**Total Claim Charge Amount and sum of service lines must balance**. (CLM02) must be equal to sum of the service line charge amounts (sum of the SV102's).
B23	**2330B Other Payer Name**	REF01 REF02	384	In Loop 2320, if SBR09=MB; then the Medicare Report Number needs to be reported in Loop 2330B, in the following REF segment configuration: • REF01=F8 • REF02=Medicare Report Number=Medicare ICN
B24	**2400 – Service Line Number** Assigned Number	LX01	423	For Institutional claims Florida Blue **will only allow and process 450 service lines per claim**. Claims greater than 450 service lines will be returned as a provider correctable error.

Req #	Loop ID – Segment Description & Element Name	TR3 Data Element	TR3 Page(s)	Plan Requirement
B25	**2400 – Service Line Number** Product/Service ID Qualifier	SV202-1	425	**HC** Florida Blue requires submission of above value in this field as only HCPCS Procedure codes are accepted by Florida Blue at this time.
B26	**2400 Service Line Number** Line Item Charge Amount	SV203	427	The total claim charge amount must equal the sum of all submitted line items. **Otherwise** will result in claims being returned as provider correctable error and must be corrected and electronically resubmitted. Note: If the whole dollar amounts are submitted, do not include a decimal or trailing zero (E.g. $30 = 30). When indicating the dollars & cents, the decimal must be indicated (E.g. $30.12 = 30.12).
B27	**2400 – Service Line Number** National Drug Code (NDC)	LIN03	451	NDC Format must be eleven numeric digits in 5-4-2 format. Other characters or formats are not allowed.

I.   Florida Blue NPI TR3 Matrices - Attributes Requirements

Florida Blue NPI Attributes Requirements																								
	NPI						Taxonomy						EIN (Tax ID)						Zip + 4 Digit					
Claims	Institutional			Professional			Institutional			Professional			Institutional			Professional			Institutional			Professional		
PROVIDER TYPES	IG	BC	A	IG	BC	A	IG	BC	A	IG	BC	A	IG	BC	A	IG	BC	A	IG	BC	A	IG	BC	A
Billing Provider	R	R	R	R	R	R	S	R	R	S	R	R	R	R	R	R	R	R	R	R	R	R	R	R
Pay To																			S	R	R	S	R	R
Rendering Provider	S	R	R	S	R	R				S	R	R												
Referring Provider	S	S		S	S*	S																		
Ordering Provider				S	S*	S																		
Supervising Provider				S	R	R																		
Servicing Facility	S	S	S	S	S	S													R	R	R	R	R	R
Attending	S	R	R				S	R	R															
Operating	S	R	R																					
Other Operating Physician	S	R																						
Purchase Service Provider				S	S																			

Legend:
R - Required
S - Situational
Blank - Not Available
IG - Implementation Guide
BC - Blue Cross
A - Availity

*Important Note: For Ancillary Providers, see Billing Requirements pg. 18 and 19

II. NPI TR3 Matrices - Attributes Technical Location Information

837 Professional	NPI					Taxonomy					Zip + 4 Digit				
PROVIDER TYPE	IG	BC	Loop	Segment	Data Element	IG	BC	Loop	Segment	Data Element	IG	BC	Loop	Segment	Data Element
Billing Provider	R	R	2010AA	NM1	09	**S**	**R**	**2000A**	**PRV**	03	S	R	**2010AA**	**N4**	03
Pay To Provider											S	S	**2010AB**	**N4**	03
Rendering Provider	S	R	2310B 2420A	NM1	09	**S**	S	2310B 2420A	PRV	03					
Referring Provider	S	S*	2310A 2420F	NM1	09										
Ordering Provider	S	S*	2420E	NM1	09										
Supervising Provider	S	R	2310D 2420D	NM1	09										
Purchase Service Provider	S	S	2420B	NM1	09										
Service Facility	S	S	2310C 2420C	NM1	09						S	R	2310C 2420C	N4	03

Legend:
R - Required
S - Situational
Blank – N/A
IG - Implementation Guide
BC - Blue Cross

*Important Note: For Ancillary Providers, see Billing Requirements pg. 18 and 19

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III.   Helpful Tips: How to Avoid Provider Identification Errors for Claims involving National Provider Identifier (NPI) and Tax ID number.

Below are reminders to help you reduce the number of WEBV040 and WEBV042 claims errors displayed when claim data (or information) does not match information registered with Florida Blue.

A. Billing Provider Section
This section is used to provide information regarding the billing provider for services rendered. It should match the name written on the check or electronic funds transfer from Florida Blue.

   i. **OPTION 1**: If you are registered as a group provider (PA, LLC, etc.) with Florida Blue and you want to bill as a group provider, enter the appropriate group name, Tax ID number and the group NPI (type 2).

     1. **THE MATCH**: Group Name matches Group NPI matches Group Tax ID

   ii. **OPTION 2**: If you are registered as an individual provider with Florida Blue and you are billing as an individual provider, please enter your name, Social Security Number and your individual NPI (type 1).

     1. **THE MATCH**: Individual Name matches Individual NPI matches Individual Social Security Number

B. Rendering Provider Section

This section is used to provide information regarding who performed the services. It is the provider who actually sees the patient.

   iii. **OPTION 1**: If you billed as an organization (PA, LLC, etc.) list the name of the rendering individual provider and the rendering individual NPI.

   iv. **OPTION 2**: If you billed as an individual, do not list a rendering provider. This would be redundant as the billing individual would be the same as the **rendering** individual. Submitting redundant information can cause a different provider correctable error.

Below is an example to assist you in understanding the appropriate entry of billing and rendering provider information to reduce the number of returned claims. Additional HIPAA 5010 reference information can be found on our website at *www.floridablue.com* under the Provider tab and by selecting "Get Ready for 5010."

C. Billing as a Group Provider – OPTION 1

If you are billing as a group provider (PA, LLC, etc.), the NPI must be the Group NPI (type 2) along with the appropriate Tax ID number for the group.

Please note that the Billing Section is for the entity BILLING for the services. The Rendering Provider Section is for the provider who PERFORMED the services.

Correct Entry (THE MATCH):

This example shows how the information submitted matches data registered with Florida Blue.

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1.

The Group Name matches Group NPI which matches Group Tax ID number and all match Florida Blue provider files.
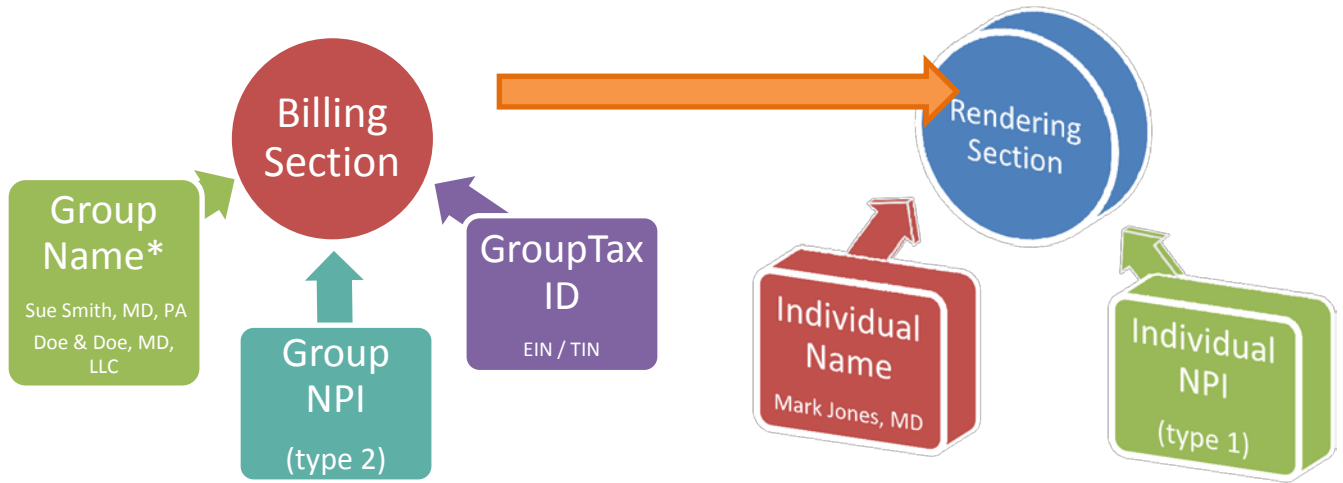
Incorrect Entries (THE MISMATCH):

Below are examples of information that will result in a mismatch of data causing a WEBV040 provider correctable error ultimately resulting in a delay in
payment. The mismatch is highlighted in red.
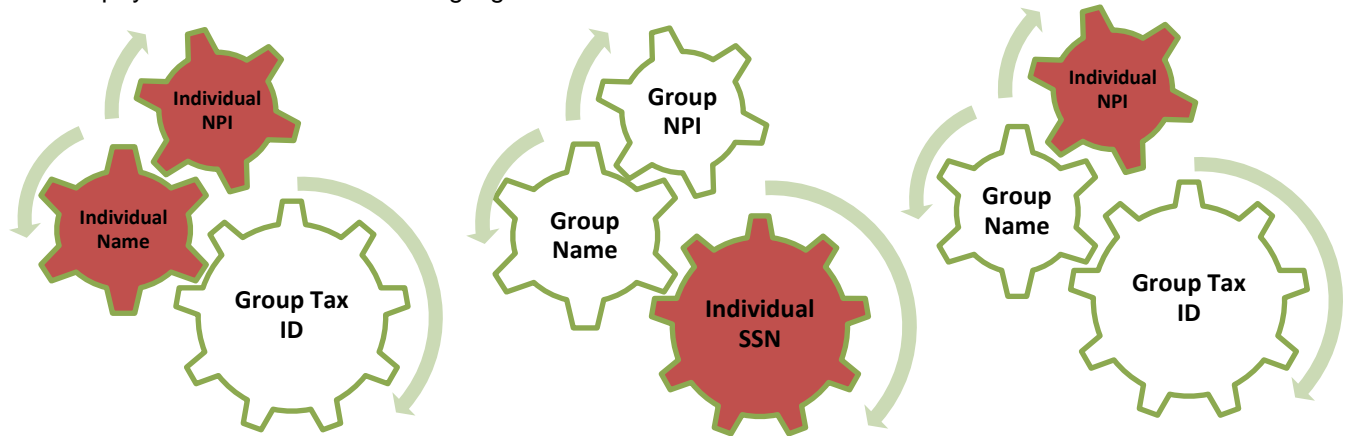
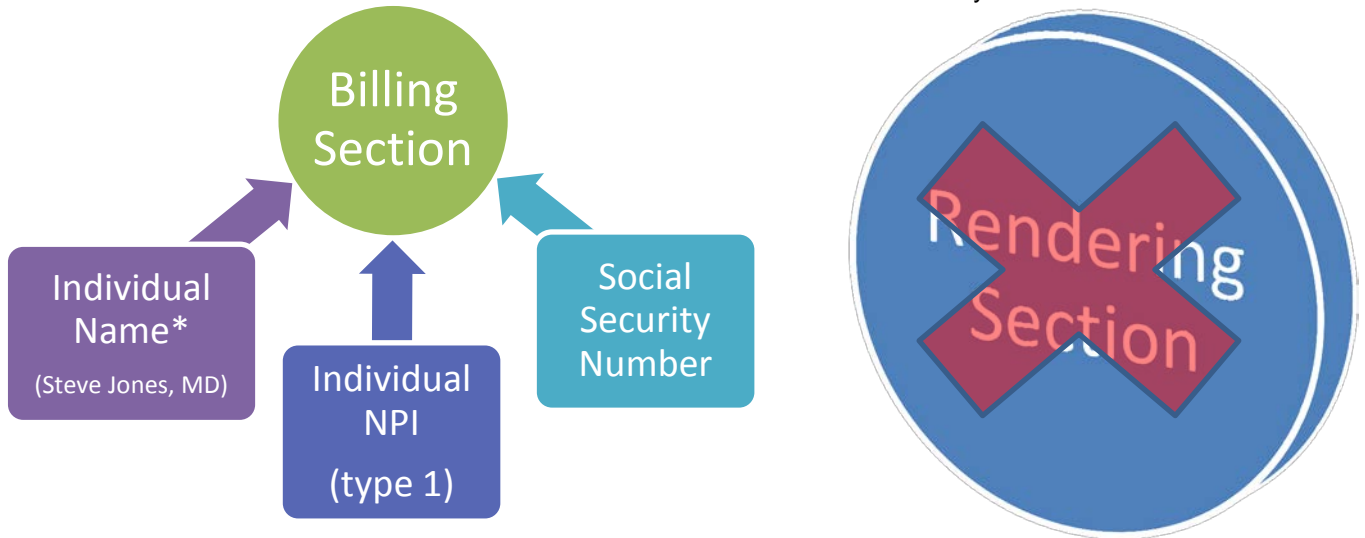**Remember: Group Name = Group NPI = Group Tax ID Number**

To confirm how you are registered with Florida Blue, please call the Provider Contact Center at (800) 727-2227, select option 5, and then option 2. If you would like to register a different Tax ID number, please complete the Provider Information Update Form (sections 1 and 6.) A completed IRS confirmation letter must be included.

D. Billing as an Individual Provider – OPTION 2

If you are billing as an individual provider, the NPI must be the individual NPI (type 1) along with the appropriate Social Security Number. Do not enter a provider at all in the rendering section when the billing and rendering provider is the same person. Submitting redundant information can cause a different provider correctable error.

Correct Entry (THE MATCH):

This example shows how the information entered matches data registered with Florida Blue. Individual Name matches Individual NPI matches Individual Social Security Number.

Incorrect Entries (THE MISMATCH):

Below are examples of information entered that will result in a mismatch of data causing a delay in payment. The mismatch is highlighted in red.
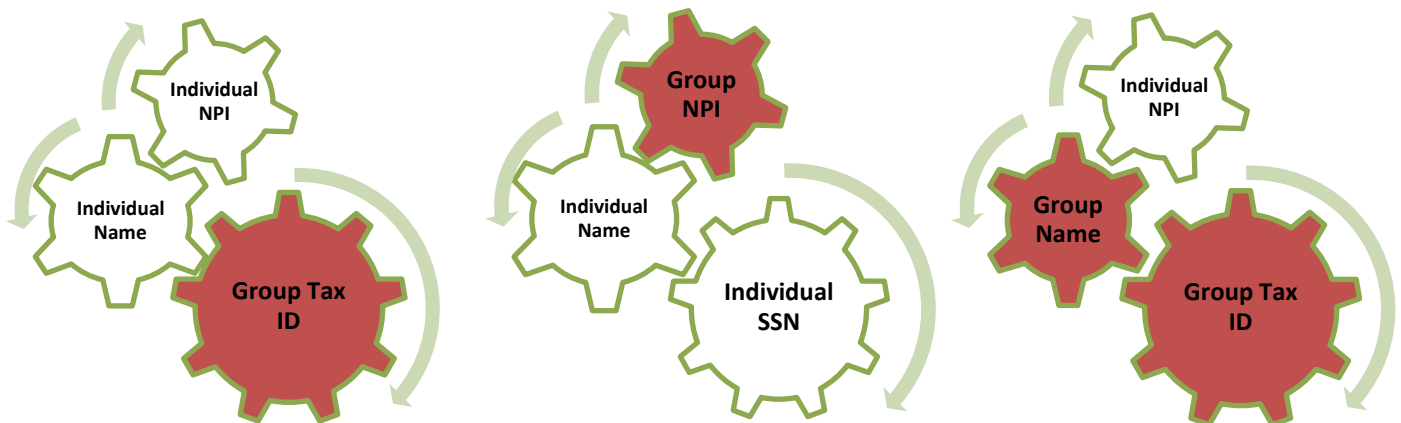
REMEMBER: Individual Name = Individual NPI = Individual Social Security Number

To confirm how you are registered with Florida Blue, please call the Provider Contact Center at (800) 727-2227, select option 5, and then option 2. If you would like to register a different Tax ID number, please complete the Provider Information Update Form.(sections 1 and 6.) A completed IRS confirmation letter must be included.

IV.   Tips for Sending Coordination of Benefits Information on Electronic Claims

837 Institutional Health Care Claims

When Florida Blue is secondary, please remember to include coordination of benefits (COB) data on your claim as outlined below. All HIPAA mandated information is required. The business requirements and corresponding 837 elements listed below are necessary to process COB information on claims.

NOTE: When the charges, payment amount, deductible, coinsurance, co-pay or adjustment is zero, the AMT or CAS segment must still be submitted. Indicate the zero amounts as "0".

R =Required S=Situational	837 Fields	Business Requirement
R	Total Claim Charge Amount	Loop 2300 CLM02 - Must balance to the sum of all service line charge amounts reported in Loop 2400 SV203.
R	Claim Payment Amount	When Florida Blue is secondary, submit the primary insurer payment information to support correct processing of COB information. 2320 AMT01 – **D** is required 2320 AMT02 – Sum of all Line level Payment Amount minus any Claim Level Adjustment amounts must balance to Claim level Payment Amount.
R	Allowed Amount	Loop 2320 AMT (COB Payer Paid Amount) + LOOP 2320 AMT02 (Remaining Patient Liability AMT amount) = the Allowed Amount.
S	Total Non-covered Amount	Loop 2320, AMT02 must equal the Total claim Charge Amount reported in CLM02.
R	Patient Responsibility	Loop 2300 HI01-1 = BE, HI01-2 = Value Code (A1- Deductible, A2 – Coinsurance and A7 – Copay) and HI01-5 = Amount*Note: The first value code will be reported as HI01; the second will be HI02 and will continue up to 12 value codes.

R =Required S=Situational	837 Fields	Business Requirement
R	HEALTH CARE SERVICE LOCATION INFORMATION	When the institutional claim is for inpatient services (loop 2300, CLM05-1=11), the number of covered days is required and is calculated starting from the admit date to the day before discharge. In Loop 2300 use the following HI segment configuration: HI01-1 = BE, HI01-2 = 80, HI01-5= number of days.
S	Inpatient Adjudication Information	Required when Inpatient adjudication Information is reported in the remittance advice, or used to report Medicare Remittance Remarks Codes. Refer to TR3, pages 391-397 for details.
S	Outpatient Adjudication Information	Required when Outpatient adjudication Information is reported in the remittance advice. Or Used to submit Medicare Remittance Remarks Codes. Refer to TR3, pages 398-401 for details.
S	Payer Claim Control Number	Loop 2330B, REF01 = F8, REF02 = Payer's Internal Claim Control Number or Original Reference Number

8 ACKNOWLEDGEMENTS AND/OR REPORTS

The purpose of this section is to outline the Florida Blue processes for handling the initial processing of incoming files and electronic acknowledgment generation.

TA1 Interchange Acknowledgement Transaction

All X12 file submissions are pre-screened upon receipt to determine if the interchange control header (ISA) or interchange control trailer (IEA) segments are readable. If errors are found, a TA1 response transaction will be sent to notify the trading partner that the file could not be processed provided the file contains a code value of 1 in the ISA14. No TA1 response transaction will be sent for error-free files. Once Florida Blue determines that the file is readable, validation is performed on the ISA and IEA loop information. If these segments have a non-standard structure, the file will receive a full file reject and the TA1 response transaction will be sent to the trading partner, provided the file contains a code value of 1 in the ISA14.

999 Functional Acknowledgement Transactions

If the file submission passes the ISA/IEA pre-screening above, it is then checked for ASC X12 syntax and HIPAA compliance errors. When the compliance check is complete, a 999 will be sent to the trading partner informing them if the file has been accepted or rejected. If multiple transaction sets (ST-SE) are sent within a functional group (GS-GE), the entire functional group (GS-GE) will be rejected when an ASC X12 or HIPAA compliance error is found.

9 TRADING PARTNER AGREEMENTS

Please contact Availity for your Trading Partner Agreement at 1 (800)-AVAILITY or www.Availity.com.

10 TRANSACTION SPECIFIC INFORMATION

ASC X12 Transactions Supported

IMPORTANT NOTE: If you submit your transactions through Availity, please refer to the Availity EDI Guide located on the Availity website at http://www.availity.com/.

Florida Blue processes the following ASCX12 HIPAA transactions for Eligibility and Benefit Request

ASC X12 **837** 005010X222A1	Institutional Claim Submission
ASC X12 **TA1** v005010X231A1	Response to the X12 transactions where errors are encountered in the outer envelopes (ISA/IEA and GS/GE segments)
ASC X12 **999** v005010X231A1	Functional Acknowledgement - Response to the X12 transactions where structural and syntactical errors are encountered within the transaction segments itself (ST-SE segments)