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BlueCross BlueShield of Vermont

Standard Companion Guide Trading Partner Information

Instructions related to 837 Health Care Professional Claim Transactions, based on ASC X12 Implementation Guides, Version 005010

837 Professional (HIPAA/V5010X222A1)

Companion Guide Version: 1.02

September 2024

Preface

Blue Cross Blue Shield of Vermont (BCBSVT) accepts X12N 837 Professional (837P) Healthcare Claims, as mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The X12N 837P version of 5010 Standards for Electronic Data Interchange Technical Report Type 3 and Errata for Healthcare Professional claims is the established standard version for Healthcare claims transaction compliance.

This document serves as the BCBSVT Plan specific Companion Guide to 837P transaction sets. This document supplements, and is intended for use in conjunction with, the requirements in the HIPAA Implementation Guide 837P Technical report, Type 3. The purpose of this document is to clarify BCBSVT usage on specific loops, segments and data elements for X12 Professional claims transaction submission to the Plan. This document is subject to revision as new versions of 837P Health Care Claim Transaction set technical reports are released.

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Trading Partner Information (TP)

1 Trading Partner Introduction

1.1 Purpose

This document is the property of Blue Cross Blue Shield of Vermont (BCBSVT) and is for use solely in your capacity as a Trading Partner of healthcare transactions with BCBSVT. This Companion Guide provides the additional trading partner information needed to successfully submit 837 professional claims to BCBSVT, and should be used in conjunction with the 837P 5010A1 HIPAA Implementation Guide.

Please reference the National Electronic Data Interchange Transaction set Technical report and errata for Health Care Claim: Professional ASC X12N 837 (005010X222 and 005010X222A1). HIPAA 5010 Implementation Guides are available at Washington Publishing Company website at www.wpc-edi.com.

This Companion Guide is subject to revision as new information becomes available. Please check the BCBSVT Web site at www.bluecrossvt.org for updated documents.

Note:
* BCBSVT accepts 5010A1 version for 837 Professional Claims
* All Alpha Characters in the file must be Upper Case.

1.2 Scope

The scope of this document is to convey BCBSVT specific business rules, X12 element usage and other plan specific information. The document does not duplicate or negate the X12 standard requirements for HIPAA 5010 837 Professional claim X12 transaction submission. For complete X12 HIPAA standard instructions, please reference the 5010 837P HIPAA Implementation Guide on the Washington Publishing website.

The BCBSVT Provider Manual also provides specific claims billing related information. This can be found at Reference Guides.

1.3 Overview

This Companion Guide is divided into sections to guide you through the process of becoming a certified Trading Partner with BCBSVT and successfully submitting 5010 837 Professional claims.

1.4 References

837P 5010 HIPAA Implementation Guide for 837P claim transaction format at www.wpc-edi.com

1.5 Additional Information

N/A

2 Getting Started

2.1 Working Together

The BCBSVT EDI technical department will work with you during the on-boarding, testing and certification processes.

BCBSVT EDI technical support contact information is:

EDI Technical Support:
Phone: (800) 334-3441, select option 2
Email: editechsupport@bcbsvt.com
Fax: (802) 225-7696

2.2 Trading Partner Registration

A BCBSVT EDI trading partner is any business partner (provider, clearinghouse, billing service, software vendor, employer, etc.) who transmits or receives electronic data from BCBSVT.

To establish a trading partner relationship with BCBSVT, it is necessary to complete a Trading Partner Agreement. In addition, trading partners must also complete the EDI enrollment form for certain EDI transaction types. To obtain a Trading Partner

Agreement, please contact EDI Technical Support. The EDI Enrollment form can be found at https://www.bluecrossvt.org/providers/provider-forms-resources

Both documents must be completed and returned to:

Blue Cross and Blue Shield of Vermont (BCBSVT)
Attn: Channel Services (EDI Department)
P.O. BOX 186
Montpelier, VT 05601-0186

BCBSVT only accepts transactions from valid trading partners who have certified through the testing process and have a Trading Partner ID on file. BCBSVT rejects 837 transactions/transmissions for any Trading Partner/submitter ID that cannot be validated.

2.3 Trading Partner Testing and Certification Process Overview

The process includes Trading Partner enrollment, 837 Professional Claim test file submission, and processing, certification and conversion to Production status. BCBSVT requires multiple test files to be submitted as outlined in the testing and certification requirements.

BCBSVT also provides access to a Ramp Management™ website to allow Trading Partners to validate 837 test files before submitting to BCBSVT. Please contact EDI Technical Support for information and access to the Ramp Management™ website.

3 Testing and Certification Requirements

3.1 Testing Requirements

Upon receipt of the completed Trading Partner agreement and EDI Enrollment forms, BCBSVT will provide the necessary information to start sending test files. Things to note for 837 X12 file submission:

3.1.1 Usage Indicator (Element-ISA15)

Test files must be submitted with usage indicator of 'T'. Test files with a usage indicator of 'P' or production files with a usage indicator of 'T' reject and require the Trading Partner to correct and re-submit the file.

3.1.2 Interchange Control Number (Element-ISA13)

Test and production files require a unique Interchange control number for every file. Files submitted with a duplicate Interchange Control number reject and require the Trading Partner to correct and resubmit the file.

3.1.3 File Naming

Files must be named as outlined in the SFTP User Guide available at

https://www.bluecrossvt.org/documents/moveit-sftp-guide

3.2 Certification Requirements

BCBSVT processes all submitted test files, but requires a minimum of two successful test files. Successful claim test files must pass the BCBSVT EDI validation layer and adjudicate correctly in the BCBSVT claims processing system. Test files must include a representative volume of claims of different types including claims with multiple service lines. Test files should also contain different services types including but not limited to those provided in the examples in Appendix 9.2.

The EDI Technical Support team will advise of any issues with your test files, and provide reports as outlined in the Reporting section of this guide. Upon successful completion of testing, the EDI Technical team will contact you and work with you to set the production implementation date.

4 Connectivity / Communications

4.1 Process flows

Blue Cross uses SFTP to exchange any test or production file. Trading Partners can access Blue Cross SFTP site to submit X12 files. You will be provided with username and password upon receipt of a completed Trading Partner Agreement. If you need more information about our SFTP guide, please visit the Blue Cross website https://www.bluecrossvt.org/documents/moveit-sftp-guide. Please contact

Blue Cross helpdesk at: (800) 334-3441 or by e-mail helpdesk@bcbsvt.com for password reset, if required.

Via FTP Client using FTP over SSL or FTP over SSH Configure your FTP client to use one of the above protocols along with the hostname, username and password. After it is configured, simply login to see your "Home" and "Distribution" folders. SFTP User Guide the "Online Manual" link from the website provides more information about supported clients.

4.2 Transmission Administrative Procedures

BCBSVT establishes logins and passwords to the SFTP site to exchange files.

4.2.1 Re-transmission procedures

If you need to resubmit a file, please make sure that it has a Unique Interchange control number (ISA13). If it has a duplicate interchange control number, BCBSVT rejects the file, and requires resubmission with a unique Interchange Control number.

4.3 Communication Protocols

BCBSVT uses Secure File Transfer protocol.

4.4 Security

BCBSVT uses Secure File Transfer protocol, and adheres to a strict confidentiality policy for safeguarding patient, employee, and health plan information.

5 Contact information

5.1 EDI Customer Service

EDI Customer service contact is the same as the EDI Technical assistance provided below.

5.2 EDI Technical Assistance

BCBSVT EDI technical support is available Monday through Friday from 7:00 AM to 5:00 PM (Eastern Time).

For more information regarding EDI transactions, please contact us at:

Phone: (800) 334-3441 (Select Option 2)

Email: editechsupport@bcbsvt.com

Fax: (802)225-7696

5.3 Provider Services

N/A

5.4 Applicable websites / e-mail

This section contains detailed information about useful web sites and email addresses.

You can find all EDI related forms and reference documents (TP agreement, SFTP User Guide, Companion Guides and other EDI forms) at
https://www.bluecrossvt.org/providers/provider-forms-resources

Washington Publishing site to obtain the HIPAA Implementation Guides:
www.wpc-edi.com

SFTP User Guide:
https://www.bluecrossvt.org/documents/moveit-sftp-guide

Provider Manual
Reference Guides

6 Control Segments / Envelopes

6.1 ISA-IEA

This section describes the use of the interchange control segments. It includes expected sender and receiver codes, authorization information, and delimiters. Only one ISA-IEA segment is allowed per 837 file. Data examples are provided in Appendix 9.2.

Interchange Control Header (ISA)		
Authorization Information Qualifier	ISA01	BCBSVT requires 00
Authorization Information	ISA02	BCBSVT requires 10 spaces
Security Information Qualifier	ISA03	BCBSVT requires 00
Security Information	ISA04	BCBSVT requires 10 spaces
Interchange ID Qualifier	ISA05	BCBSVT requires ZZ

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Interchange Control Header (ISA)		

Interchange Sender ID	ISA06	BCBSVT requires the assigned 4 digit Sender (Trading Partner) ID followed by 11 spaces. (The 4 digit Sender ID is assigned when you complete the Trading Partner agreement)
Interchange ID Qualifier	ISA07	BCBSVT requires ZZ
Interchange Receiver ID	ISA08	Must be BCBSVT followed by 9 spaces
Interchange Date	ISA09	Format should be YYMMDD
Interchange Time	ISA10	Format should be HHMM
Repetition Separator	ISA11	Suggested { or ^ (or other character not used as a delimiter, separator and not occurring in the data)
Interchange Control Version Number	ISA12	00501
Interchange Control Number	ISA13	A unique 9 digit control number – it must match IEA02. For Retransmission of files, please refer to Appendix 4.2.1
Acknowledgment Requested	ISA14	0 – BCBSVT does not use this value to generate Acknowledgements. Please contact EDI department with your request for Acknowledgements.
Usage Indicator	ISA15	P – for Production Files T – for Test Files
Component Element Separator	ISA16	Use a valid HIPAA element separator. It must be different from the Repetition separator you specify in ISA11

Interchange Control Trailer (IEA)		
Number of Included Functional Groups	IEA01	Number of functional groups (GS/GE)
Interchange Control Number	IEA02	A unique 9 digit control number-it must match ISA13

6.2 GS-GE

This section describes the use of the functional group control segments. It includes a description of expected application sender and receiver codes, how functional

groups are to be sent, how similar transaction sets will be packaged, and the use of functional group control numbers.

Only one GS-GE loop is allowed per file. Multiple GS-GE loops are not allowed within an ISA-IEA envelope.

Functional Group Header (GS)		
Functional Identifier Code	GS01	HC
Application Sender's Code	GS02	BCBSVT assigned 4 digit Sender ID
Application Receiver's Code	GS03	BCBSVT requires BCBSVT
Date	GS04	Format should be CCYYMMDD
Time	GS05	Format should be HHMM
Group Control Number	GS06	1 to 9 digit control number – it must match GE02
Responsible Agency Code	GS07	X
Version / Release / Industry Identifier Code	GS08	For Professional Claims – 005010X222A1
Functional Group Trailer (GE)		
Number of Transaction Sets Included	GE01	Number of Transaction sets (ST/SE) included.
Group Control Number	GE02	1 to 9 digit control number – it must match GS06

6.3 ST-SE

This section describes the use of transaction set control numbers. BCBSVT allows multiple ST-SE loops within the GS-GE loop.

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Transaction Set Header (ST)		
Transaction Set Identifier Code	ST01	837
Transaction Set Control Number	ST02	4 to 9 digit control number – it must match SE02
Implementation Convention reference	ST03	005010X222A1
Transaction Set Trailer (SE)		
Number of Included Segments	SE01	Number of segments included in the transaction set.
Transaction Set Control Number	SE02	4 to 9 digit control number - it must match ST02

7 BCBSVT Specific business rules and limitations

This section describes BCBSVT specific business rules, usage and validations on the data in 837 Professional Claim X12 files.

CLAIM MODEL SUPPORTED: BCBSVT supports only a Provider-to-Payer claim model with the exception of BCBSVT Blue on Blue coverage. Therefore, if a Payer is secondary to BCBSVT, Providers must submit their own secondary claims to the payer. BCBSVT accepts claims from Medicare for which BCBSVT is the secondary payer; therefore Provider will not have to submit it again to BCBSVT.

VALID SUBMITTERS: BCBSVT accepts claims from only certified Trading Partners with BCBSVT registered Trading Partner / Submitter IDs. BCBSVT rejects any transmission file if the Submitter ID can't be validated.

VALIDATION: BCBSVT validates 837P claims in accordance with HIPAA 5010 TR3 data requirements.

ENVELOPING: BCBSVT requires single ISA/IEA and GS-GE loops per 837 file.

DATA CONTENT/FORMAT OF FILES: BCBSVT recommends you submit a wrapped format 837 file, however, does continue to accept 80 character wrapped files with CRLF (windows based carriage return / line feed) at the end of each line.

BCBSVT accepts all HIPAA compliant data elements on 837 professional claim files. The following provides guidelines for submitting consistent data and content:

Diagnosis code set version: BCBSVT follows CMS guidelines for ICD-9/ICD-10 diagnosis submission on both paper and 837 electronic claims.

CLAIM CORRECTION AND REVERSAL:

The 837P TR3 defines the values submitters must use for 837 claim transactions containing a reversal or correction to a claim that has previously been submitted for processing. For professional claims, the 2300 loop (element CLM05-03-Claim Frequency code) must contain a value from the National Uniform billing data element specification type list of bill position 3. Values supported for correction and reversals are:

5 = late charges only
7 = replacement of prior claim
8 = void/cancel of prior claim

For these types of claims, BCBSVT expects to receive the submitter claim number in the 2300 loop (Element – CLM01). In addition, BCBSVT expects to receive to the payer claim number of the original claim in the REF02 element in the REF*F8 segment. (Note: the original BCBSVT payer claim number is sent on the 835 Electronic Remittance Advice (ERA) in the 2100 loop (element CLP07) or on the paper Remittance Advice (RA). If the BCBSVT Original Claim Number is missing or incorrect, BCBSVT will reject this claim back to the Provider.

For detailed information on the usage of loops, segments and elements, please refer to the 5010 837 Professional HIPAA Implementation Guide. The following provides supplemental information on the loop and segment usage by BCBSVT.

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837 Professional – 005010X222A1		
Beginning Segment	BHT	Follow HIPAA 5010 Implementation Guide

LOOP 1000A – SUBMITTER NAME

SUBMITTER NAME	NM1	
Last Name or Organization Name	NM103	BCBSVT requires either the submitter last name or organization name

LOOP 1000B – RECEIVER NAME

RECEIVER NAME	NM1	
Identification code qualifier	NM108	BCBSVT requires 46
Identification code	NM109	BCBSVT requires BCBSVT

LOOP 2000A – BILLING PROVIDER INFORMATION (BCBSVT requires)

BILLING PROVIDER	PRV	
Provider Code	PRV01	BCBSVT requires BI for this loop
Reference Identification	PRV03	BCBSVT requires a valid provider taxonomy code
CURRENCY	**CUR**	(Use only if claim amounts are not in US Dollars)
Currency Code	CUR02	BCBSVT requires a valid currency code.

LOOP 2010AA – BILLING PROVIDER NAME AND ADDRESS (BCBSVT requires)

BILLING PROVIDER NAME	NM1	
Entity Identifier code	NM101	BCBSVT requires 85
Identification code Qualifier	NM108	BCBSVT requires XX
Identification code	NM109	BCBSVT requires a valid 10 digit NPI
BILLING PROVIDER ADDRESS	**N3**	BCBSVT requires this segment
BILLING PROVIDER ADDRESS	**N4**	BCBSVT requires this segment

BILLING PROVIDER TAX IDENTIFICATION	REF	
Reference Identification Qualifier	REF01	BCBSVT requires EI

LOOP 2010AB – Pay-To Name and Address (If different from LOOP2010AA)

Pay-to Address Name	NM1	
Pay-to Address	**N3**	BCBSVT requires this segment
Pay-to Address	**N4**	BCBSVT requires this segment

LOOP 2000B – Subscriber Level Information

Subscriber Information	SBR	
Payer Responsibility Sequence number	SBR01	BCBSVT accepts the following values: P – Primary S – Secondary T – Tertiary U – Unknown
	SBR09	For Medicare claims, BCSBVT expects the following values: MA – Medicare Part A MB – Medicare Part B MC – Medicaid For BCBS claims, BCBSVT expects BL

LOOP 2010BA – Subscriber Name and Address (BCBSVT requires)

Subscriber Name	NM1	
Identification code	NM109	BCBSVT requires the BCBSVT identifier including prefix as sent on the BCBSVT Member Identification Card in addition to member last and first name. (Reference Section 9 for transmission data examples)
Subscriber Address	**N3**	BCBSVT requires this segment
Subscriber Address	**N4**	BCBSVT requires this segment

Subscriber secondary identification	REF	
	REF01	BCBSVT requires SY
	REF02	BCBSVT requires a valid 9 digit social security number with no separators

LOOP 2010BB – Payer Name and Address

Payer Name	**NM1**	BCBSVT requires this segment
Identification code qualifier	NM108	BCBSVT requires PI

Identification code	NM109	BCBSVT requires value of BCBSVT
Payer Address	**N3**	BCBSVT Payer Mailing Address value: P O BOX 186
Payer City State and Zip code	**N4**	BCBSVT Payer Mailing City Address value: MONTPELIER*VT*056010186
Payer Secondary Identification	**REF**	

LOOP 2300 – CLAIM INFORMATION (BCBSVT requires)

Claim Information	**CLM**	
Claim Submitter Identifier	CLM01	Submitter Claim number (Note: The recommended length is no more than 20 characters
Claim frequency type code	CLM05-03	Submit to indicate correction/adjustment to a previously submitted claim using the following values from the National Uniform Billing data specification types: 5 – Late Charges 7 – Replacement of prior claims 8 – Void/Cancel of prior claims BCBSVT requires the original BCBSVT payer claim number to be submitted in REF*F8 segment at 2300 loop for these types of claims.
Date-Admission	**DTP**	Admission date (DTP*435*CCYYMMDD) is required if CLM05-01 (Place of Service) = 21-Inpatient Hospital, 51-Inpatient Psych or 61-Comprehensive Inpatient
Payer Claim Control Number	**REF**	
	REF02	For Claim Frequency types 5, 7, and 8 (CLM05-03), BCBSVT requires the BCBSVT Claim number from the original claim. (Reference the 835 ERA 2100A Loop – Element CLP07 or paper RA).
Clinical laboratory Improvement Amendment (CLIA Number)	REF	
Investigational Device Exemption Number	REF	
Claim Identifier for Transmission Intermediaries	REF	
Medical Record Number	REF	
Demonstration Project Identifier	REF	
Claim Note	NTE	
Ambulance Transport Information	CR1	

Spinal Manipulation Service Information	CR2	
Homebound Indicator	CRC	
HealthCare Diagnosis code	**HI**	
	HI01	

	HI02	BCBSVT requires a valid principle diagnosis code in accordance with CMS ICD10 guidelines. (Note: Do not send decimal point.
Condition information	HI	
Claim Pricing/ Re Pricing information	HCP	

LOOP – 2310A – Referring Provider (If applicable)

Referring Provider Name	**NM1**	
	NM108	XX
	NM109	BCBSVT requires a valid 10 digit NPI
Referring Provider Secondary Identification	REF	

LOOP – 2310B – Rendering Provider (Required if different from billing)

Rendering Provider Name	**NM1**	
	NM108	XX
	NM109	BCBSVT requires a valid 10 digit NPI
Rendering Provider Specialty Information	**PRV**	
	PRV02	BCBSVT use PE for Rendering
	PRV03	BCBSVT requires a valid Provider Taxonomy Code
Rendering Provider Secondary Identification	**REF**	

LOOP – 2310C – Service Facility Name and Location

Service Facility location name	NM1	(Note: NM108/NM109 should not be submitted)
Service facility location address	N3	
Service facility City, State and Zip	N4	
Service Facility secondary identification	REF	
Service facility contact information	PER	

LOOP – 2310D – Supervising Provider

Supervising provider identification	REF	

LOOP – 2310E – Ambulance pick up location (Should be submitted when the CLM0501 element is a value of '41','42' (Ambulance services)

Ambulance Pick up location address	N3	

Ambulance pick up city, state and zip code	N4	

LOOP – 2310E – Ambulance drop off location (Should be submitted when the CLM0501 element is a value of '41','42' (Ambulance services)

Ambulance drop off location address	N3	
Ambulance drop off city, state and zip code	N4	

LOOP 2320 – Other Subscriber information

When submitting service lines (2400 loop/SV103 through SV106) with a GY modifier (Medicare statutorily excluded), you must also submit this loop containing the Medicare Information.		
Other subscriber information	**SBR**	
Claim Filing Indicator	SBR09	BCBSVT requires Claim Filing Indicator for claim services with the GY Modifier. MA – Medicare Part A MB – Medicare Part B MC - Medicaid
Claim level adjustments	**CAS**	
Coordination of Benefits Payer Paid amount	**AMT**	
Other Insurance coverage information	**OI**	
Outpatient Adjudication information	**MOA**	

LOOP – 2330A – Other Subscriber Name and Address

Other subscriber name	NM1	
Other subscriber address	N3	
Other subscriber city state and zip	N4	
Other subscriber secondary identification	REF	

LOOP – 2330B – Other Payer Information

Other Payer Name	NM1	
	NM109	NM109 in this loop cannot have same value as Payer ID of other payer in the claim.
Claim Check or Remittance Date	DTP	
	DTP03	BCBSVT requires a valid check remittance date for Medicare cross over claims. If (Claim receipt – Medicare Remittance date) < = 30 days, BCBSVT returns/rejects the claim back to the provider.
Other Payer Secondary Identification	REF	
Other Payer Prior Authorization Number	REF	
Other Payer Claim adjustment indicator	REF	

LOOP – 2330C – Other Payer Referring Provider

Other payer referring provider Name	NM1	
Other payer referring provider secondary identification	REF	

LOOP – 2330D – Other Payer Rendering Provider

Other payer rendering provider name	NM1	
Other payer rendering provider secondary identification	REF	

LOOP – 2330E – Other Payer Service facility location

Other payer service facility location	NM1	
Other payer service facility location secondary identification	REF	

LOOP – 2400 – Service Line number

Service line number	LX	
Professional service	SV1	
Product/Service ID qualifier	SV101-1	BCBSVT requires HC (HCPCS code)
Production/Service ID	SV101-2	BCBSVT requires valid HCPCS Procedure codes
Unit or Measurement code	SV103	BCBSVT requires UN for services MJ (minutes) for Anesthesia Services
Durable medical equipment service	SV5	
Durable medical equipment certificate of Medical Necessity indicator	PWK	
Ambulance Transport information	CR1	
Durable Medical equipment certification	CR3	
Hospice Employee Indicator	CRC	
Condition indicator/Durable medical equipment	CRC	
Date-Service Date	DTP	
	DTP03	
Date-Certification revision/Recertification Date	DTP	
Date-Begin Therapy date	DTP	
Date-Last Certification date	DTP	
Date-Last seen date	DTP	
Date-Test date	DTP	

Date-Shipped date	DTP	
Date-Last X Ray date	DTP	
Date-Initial treatment date	DTP	
Test Results	MEA	
Contract information	CN1	Send if your provider contract requires you to send this information
Re Priced line item reference number	REF	
Prior Authorization	REF	
Line item Control number	REF	
Mammography Certification number	REF	
Clinical laboratory improvement Amendment (CLIA)	REF	
Referring Clinical laboratory improvement amendment (CLIA) facility identification	REF	
Immunization Batch Number	REF	
Referral Number	REF	
Sales Tax Amount	AMT	
Postage Claim Amount	AMT	
Line Note	NTE	
Purchased service information	PS1	
Line Pricing/Re pricing information	HCP	

LOOP – 2410 – Drug Identification

Drug Identification	LIN	
Drug quantity	CTP	Always submit CTP segment when submitting LIN (Note: CTP04-Qty (e.g. 999999999.99) and CTP05-Unit of measure are required)
Prescription or Compound drug association number	REF	

LOOP – 2420A – Rendering Provider Name

Rendering provider secondary identification	REF	

LOOP – 2420B – Purchased Service Provider Name

Purchased service provider name	NM1	

LOOP – 2420E – Ordering Provider Name

Ordering Provider Name	NM1	

LOOP – 2420G – Ambulance pick up location

Ambulance pick up location address	N3	

Ambulance pick up location city, state and Zip code	N4	
LOOP – 2420H – Ambulance drop off location		
Ambulance drop off location address	N3	
Ambulance drop off location city, state and Zip code	N4	
LOOP – 2430 – Line Adjudication Information		
Line Adjudication information	SVD	
Line Adjustment	CAS	
Line Check or Remittance Date	DTP	
	DTP03	BCBSVT requires the check Remittance date if missing at claim level for Medicare Crossover claims.
Remaining Patient Liability	AMT	
LOOP – 2440 – Form Identification Code		
Form Identification code	LQ	
Supporting documentation	FRM	
LOOP – 2000C – Patient Hierarchical level		
Patient Hierarchical level	HL	
Patient information	PAT	
	PAT01	This segment needs to be how the patient is related to the contract holder and should mention the actual relationship of the patient to the contract holder.
LOOP – 2010CA – Patient Name and Address		
Patient Name	NM1	
Patient address	N3	
Patient City, State and Zip	N4	
Patient Demographic information	DMG	
Property and causality Claim Number	REF	

8 Acknowledgements and Reports

This section contains information on acknowledgements and reports returned by BCBSVT,

8.1 ASC X12 Acknowledgments

- BCBSVT does not support 277CA
- BCBSVT provides 999 acknowledgments as per TR3

If one or more claim transactions in the 837 file fail EDI validation, BCBSVT rejects the entire file. The trading partner must correct the file and resubmit a corrected file with a new unique Interchange control number.

The examples below illustrate 999 responses for both rejected (AK*9 value of 'R') and accepted (AK*9 value of 'A') 837 professional claim files.

999 Example – Rejected File

```
ST*999*0001*005010X231A1~
AK1*HC*5446299*005010X222A1~
AK2*837*5498840*005010X222A1~
IK5*A~
AK2*837*5498841*005010X222A1~
IK5*A~
AK2*837*5498842*005010X222A1~
IK3*N4*25988*2010*8~
IK4*2*156*5*MONTREAL~
IK4*2*156*I13*MONTREAL~
CTX*SITUATIONAL TRIGGER*N4*25988**4*26~
IK4*3*116*4*QC~
IK4*4*26*I12*99999~
IK4*4*26*5*99999~
IK3*N4*26013*2010*8~
IK4*2*156*5*MONTREAL~
IK4*2*156*I13*MONTREAL~
CTX*SITUATIONAL TRIGGER*N4*26013**4*26~
IK4*3*116*4*QC~
IK4*4*26*I12*99999~
IK4*4*26*5*99999~
IK5*E*5*I5~
AK9*R*3*3*0~
SE*24*0001~
```

999 Example – Accepted File

```
ST*999*0001*005010X231A1~
AK1*HC*334009011*005010X222A1~
AK2*837*334009010*005010X222A1~
IK5*A~
AK9*A*1*1*1~
SE*6*0001~
```

8.2 Report Inventory

BCBSVT sends out Audit reports and HTML error reports.

The Audit report gives you a summary of claims accepted and rejected. Accepted claims are processed into the BCBSVT claims adjudication system. Rejected

claims require correction and resubmission by the Trading partner.

(Note: With the migration of BlueCard claims to a new processing system, the Audit Report will reflect only claims sent to the current processing system)

BCBSVT returns HTML Error reports when rejecting an entire 837 file. The HTML Error report gives details regarding the rejection reason(s) and should be used in conjunction with the 999 acknowledgement information to correct and resubmit the file.

9 Additional Trading Partner Information

This section contains additional reference information.

9.1 Implementation Checklist

N/A

9.2 Transmission Examples

This section contains sample Control segment examples in addition to 837 Claim examples for:

Professional Physician Services

Claim Corrections / Adjustments

Medicare Statutorily Excluded Services (GY Modifier)

Envelope /Control Segment Examples

(Note: Replace #### with the Trading Partner/Sender ID assigned in the Enrollment process)

Interchange Control - ISA /IEA
ISA*00*   *00*   *ZZ*####   *ZZ*BCBSVT   *140301*1800*^*00501*123456789*0*P*:
IEA*1*123456789

Functional Group GS-GE
GS*HC*####*BCBSVT*20140328*0839*5447983*X*005010X222A1
GE*2*1234567

Transaction Set Control ST-SE
ST*837*0001*005010X222A1
SE*999*0001 (where 999 is replaced with the actual segment count)

BHT and Payer/Payee Loops 1000A/B
BHT*0019*00*805058768*20140127*0917*CH~
NM1*41*2*####*****46*###~
PER*IC*SUPPORT*TE*8885555555~ NM1*40*2*BCBSVT*****46*BCBSVT~

CLAIM EXAMPLES - PROFESSIONAL SERVICES

HL*10**20*1~
NM1*85*2*VT HEALTH PROVIDER*****XX*1194442450~
N3*HLTHPROV DR~
N4*HEALTHPROVCTY*VT*056011234~
REF*EI*511111111~
HL*11*10*22*1~
SBR*P**00004011******BL~
NM1*IL*1*LASTNAMSUB*FIRSTNAMSUB***MI*ABC12345678900~
NM1*PR*2*BCBS VT*****PI*84980~
HL*12*11*23*0~
PAT*01~
NM1*QC*1*LASTNAMPAT*FIRSTNAMPAT*M~
N3*888 PATIENT ROAD~
N4*PATIENTCITY*VT*05601~
DMG*D8*198101*F~
CLM*234567801*196.06***11:B:1*Y*A*Y*Y~
DTP*435*D8*20170601
HI*ABK:Z0000*ABF:R635*ABF:M25571*ABF:M25572*ABF:Z23~
NM1*DN*1*PROVALASTNAM*PROVAFSTNAM****XX*1183349747~
NM1*82*1*PROVRNDLASTNAM*PROVRNDFSTNAMAN****XX*1183339747~
PRV*PE*PXC*207R00000X~
NM1*77*2*PROVSVCFACILITYLOCATION~
N3*SVCFACILITYROAD ROAD~
N4*SVCFACILITYCTY*VT*05601~
LX*1~
SV1*HC:99396:25*165*UN*1***1:2:3:4~
DTP*472*D8*20170601~
REF*6R*421544~
NM1*DK*1*LASTNAME*FIRSTNAME***XX*ABC12345678900~
LX*2~
SV1*HC:90714*2.01*UN*1***5~
DTP*472*D8*20170601~
REF*6R*421545~
LIN**N4*49281021510~
CTP****1*ML~
NM1*DK*1*LASTNAME*FIRSTNAME***XX*ABC12345678900~
LX*3~
SV1*HC:90471*29.05*UN*1***5~

```
DTP*472*D8*20170601~
REF*6R*421546~
NM1*DK*1*LASTNAME*FIRSTNAME***XX*ABC12345678900~
```

CLAIM EXAMPLES-CLAIM CORRECTIONS AND ADJUSTMENTS

REPLACEMENT OF PRIOR CLAIM- CLAIM FREQUENCY TYPE of 7

```
HL*1**20*1~
NM1*85*2*BILLINGPROV*****XX*1192394162~
N3*BILLPROV DRIVE~
N4*BILLPROVTOWN*VT*056011004~
REF*EI*555555555~
PER*IC*BILLPROVCONTACT*TE*8025551111~
NM1*87*2~
N3*PO BOX 1234~
N4*BILLPROVTOWN*VT*056011200~
HL*2*1*22*0~
SBR*P*18*123456******BL~
NM1*IL*1*PATLASTNAME*PATFIRSTNAME*L***MI*ABC2345678900~
N3*PATIENT STREET~
N4*PATIENTCITY*VT*05601~
DMG*D8*198101*F~
REF*SY*000111222~
NM1*PR*2*BCBSVT BCBS OF VERMONT*****PI*BCBSVT~
N3*PO BOX 186~
N4*MONTPELIER*VT*056010186~
CLM*12345676T421111*1359***22^B^7*Y*A*Y*Y~
REF*D9*172161035550~
REF*F8*201705110001~
HI*ABK^C781~
NM1*82*1*SVCPROVLASTNAM*SVCPROVFSTNAM****XX*1356507388~
PRV*PE*PXC*2085R0001X~
NM1*77*2*SVCFACILITYLOCATIONNAME~
N3*SVCFACILITY RD~
N4*SVCFACILITYTOWN*052015010~
LX*1~
SV1*HC^77427*1359*UN*1***1~
DTP*472*D8*20170501~
REF*6R*987654321B40325~
NM1*DK*1*LASTNAME*FIRSTNAME***XX*ABC12345678900~
```

<u>CLAIM EXAMPLES - MEDICARE STATUTORILY EXCLUDED</u> <u>DIRECT PAYER SUBMISSON (GY MODIFIER)</u>

Service line (2400 loop)
LX*1~
SV1*HC:99213:**GY**:25*100*UN*1***1:2:3:4**Y~

Should be accompanied with applicable Medicare information in
2320 Loop
SBR*P*18*******MB~
OI***Y***Y~

2330 Loop information
NM1*IL*1*LASTNAME*FIRSTNAME*B***MI*123456789A~
N3*195 STREET ADDRESS~
N4*VERMONTTOWN*VT*053019998~

9.3 Trading Partner Agreement

EDI Trading Partner Agreements 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.

Please contact EDI Technical Support to obtain a copy of the Trading Partner Agreement form

9.4 Frequently Asked Questions

N/A

9.5 Other Resources

N/A

10 TP Change Summary

This section details the changes between this version and the previous version.

Version	Date	Section(s) changed	Change Summary
1.0		Original 5010	
1.01	08/10/2017	Title Page	Logo Modification
1.01	08/10/2017	Section 7 – BCBSVT Specific Rules and Limitations	Clarifications of BCBSVT required loops/Provider to Payer Model, Claim Adjustments, Provider and Member Identifiers
1.01	08/10/2017	Section 8.2	Audit Report Claim Inclusion Change
1.01	08/10/2017	Section 9 –Additional Trading Partner Information	Updates to submission examples for ICD10/Adjustments
1.02	10/14/2021	Section 7 - Supplemental information on the loop and segment	Updated the notes for NM109 in LOOP – 2330B and PAT01 segment in LOOP – 2000C.
1.02	10/14/2021	Updated SFTP and EDI form hyperlinks wherever applicable.	Earlier URLs were outdated so updated with the new ones.
1.03	09/16//2024	Updated SFTP guide hyperlinks wherever applicable (3.1.3, 4.1,5.4)	Earlier URLs were outdated so updated with the new ones.
1.04	10/31/2024	Loop 2420E added as per ACT 111 state mandate.	Earlier we do not have this loop in the document though the EDI system accepts this loop.