

**Provider EDI  
Reference Guide  
for  
Blue Cross  
Blue Shield of  
Delaware**

*Highmark EDI Operations*

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# 1 Introduction

The Provider EDI Reference Guide addresses how Providers, or their business associates, conduct Professional Claim, Institutional Claim, Claim Acknowledgment, and Claim Payment Advice, HIPAA standard electronic transactions with Highmark. This guide also applies to the above referenced transactions that are being transmitted to Highmark by a clearinghouse.

An Electronic Data Interchange (EDI) **Trading Partner** is defined as any Highmark customer (Provider, Billing Service, Software Vendor, Employer Group, Financial Institution, etc.) that transmits to, or receives electronic data from, Highmark.

Highmark's EDI transaction system supports transactions adopted under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as well as additional supporting transactions as described in this guide. Highmark EDI Operations supports transactions for multiple payers, including Blue Cross Blue Shield of Delaware (BCBSD).

While Highmark EDI Operations will accept HIPAA compliant transactions from any covered entity, HIPAA security requirements dictate that proper procedure be established in order to secure access to data. As a result, Highmark has a process in place to establish an Electronic Trading Partner relationship. That process has two aspects:

- A Trading Partner Agreement must be submitted which establishes the legal relationship and requirements. This is separate from a participating provider agreement.
- Once the agreement is received, the Trading Partner will be sent a logon ID and password combination for use when accessing Highmark's EDI system for submission or retrieval of transactions. This ID is also used within EDI Interchanges as the ID of the Trading Partner. Maintenance of the ID and password by the Trading Partner is detailed in the security section of this document.

## 1.1 Supported EDI Transactions

Highmark will be supporting the following EDI Transactions:

### Provider Transactions

837 Transaction	Two implementations of this transaction for BCBSD: <ul style="list-style-type: none"> <li>• Institutional</li> <li>• Professional</li> </ul>
835 Transaction	Claim Payment/Advice (Electronic Remittance)

### Employer/Sponsor Transactions

834 Transaction	Benefit Enrollment and Maintenance
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### Acknowledgment Transactions

TA1 Segment	Interchange Acknowledgment
997 Transaction	Functional Group Acknowledgment
277 Acknowledgment	Claim Acknowledgment to the 837 (Provider Transaction)

### 1.1.1 General Requirements and Best Practices

Trading Partners must use the ASC X12 National Implementation Guides adopted under the HIPAA Administrative Simplification Electronic Transaction rule and Highmark's EDI Reference guidelines for development of the EDI transactions. These documents may be accessed through Blue Cross Blue Shield of Delaware's EDI Trading Partner Portal:

<https://www.highmark.com/edi-bcbsde>

Trading Partners must use the most current national standard code lists applicable to the EDI transactions. The code lists may be accessed at the Washington Publishing Company website:

<http://www.wpc-edi.com>



The applicable code lists and their respective X12 transactions are as follows:

- Claim Adjustment Reason Codes and Remittance Advice Remark Codes (835)
- Claim Status Category Codes and Claim Status Codes (277 Claim Acknowledgement)
- Provider Taxonomy Codes (837)



## 2 General Information

EDI specifications, including this reference guide, can be accessed online at: <https://www.highmark.com/edi-bcbsde>

### Contact Information

Contact information for EDI Operations:

Address: EDI Operations

P.O. Box 890089

Camp Hill, PA 17089-0089

or

TELEPHONE NUMBER: (717) 302-5170 or

(800) 992-0246

EMAIL ADDRESS: [edisupport@highmark.com](mailto:edisupport@highmark.com)

When contacting EDI Operations have your Trading Partner Number and Logon ID available. These numbers facilitate the handling of your questions.

Inquiries pertaining to Blue Cross Blue Shield of Delaware (BCBSD) claims processing should be referred to BCBSD Provider Service at (800) 346-6262.

EDI Operations personnel are available for questions from 8:00 a.m. to 5:00 p.m. ET, Monday through Friday.

### 2.1 System Operating Hours

Highmark is available to handle EDI transactions 24 hours a day seven days a week, except during scheduled system maintenance periods.

We strongly suggest that Highmark EDI Trading Partners transmit any test data during the hours that Highmark EDI Operations support is available.

## 2.2 Provider Information Management

Inquiries pertaining to BCBSD providers should be referred to BCBSD Provider Relations at (302) 421-8700.

## 2.3 Valid Characters in Text Data (AN, string data element type)

For data elements that are type AN, "string", Highmark can accept characters from the basic and extended character sets with the following exceptions:

<u>Character</u>	<u>Name</u>	<u>Hex value</u>
!	Exclamation point	(21)
>	Greater than	(3E)
^	Caret	(5E)
	Pipe	(7C)
~	Tilde	(7E)

These five characters are used by Highmark for delimiters on outgoing transactions and control characters for internal processing and therefore would cause problems if encountered in the transaction data. As described in the X12 standards organization's Application Control Structure document (X12.6), a string data element is a sequence of characters from the basic or extended character sets and contains at least one non-space character. The significant characters shall be left justified. Leading spaces, when they occur, are presumed to be significant characters. In the actual data stream trailing spaces should be suppressed. The representation for this data element type is AN.

## 3 Security Features

Highmark EDI Operations personnel will assign Logon IDs and Passwords to Trading Partners. EDI Transactions submitted by unauthorized Trading Partners will not be accepted by our Highmark EDI Operations system.

Trading Partners should protect password privacy by limiting knowledge of the password to key personnel. Passwords should be changed regularly; upon initial usage and then periodically throughout the year. Also, the password should be changed if there are personnel changes in the Trading Partner office, or at any time the Trading Partner deems necessary.

Password requirements include:

- Password must be 8 characters in length.
- Password must contain a combination of both numeric and alpha characters.
- Password cannot contain the Logon ID.
- Password must be changed periodically.

### 3.1 Confidentiality

Highmark and its Trading Partners will comply with the privacy standards for all EDI transactions as outlined in the Highmark EDI Trading Partner Agreement.

### 3.2 Authorized Release of Information

When contacting EDI Operations concerning any EDI transactions, you will be asked to confirm your Trading Partner information.



## 4 Authorization Process

New Trading Partners wishing to submit EDI transactions must submit an EDI Transaction Application to Highmark EDI Operations.

The EDI Transaction Application process includes review and acceptance of the appropriate EDI Trading Partner Agreement. If you already have a Trading Partner relationship with Highmark, you must still submit an application for a new Trading Partner number for Blue Cross Blue Shield of Delaware business, but a new Agreement is not required. Submission of the EDI Transaction Application indicates compliance with specifications set forth by Highmark for the submission of EDI transactions. This form must be completed by an authorized representative of the organization.

Highmark may terminate this Agreement, without notice, if participant's account is inactive for a period of six (6) consecutive months.

Complete and accurate reporting of information will insure that your authorization forms are processed in a timely manner. If you need assistance in completing the EDI Transaction Application contact your company's technical support area, your software vendor, or EDI Operations.

Upon completion of the authorization process, a Logon ID and Password will be assigned to the Trading Partner. EDI Operations will authorize, in writing, the Trading Partner to submit production EDI transactions.

Test files may be submitted at the discretion of the Trading Partner.

### 4.1 Where to Get Enrollment Forms to Request a Trading Partner ID

To receive a Trading Partner ID, you must complete an online EDI Transaction Application and agree to the terms of Highmark's EDI Trading Partner Agreement. The EDI Transaction Applications and all other EDI request forms are available through the enrollment center on our Internet website. You may access the online Application from the BCBSD EDI Trading Partner Business Center page at:

<https://www.highmark.com/edi-bcbsd>

## 4.2 Receiving 835 Transactions Generated from the Payment Cycle (Batch)

If you are not currently receiving 835 remittance transactions generated from the payment cycle in a batch process and wish to, you will need to submit a request to "Update Claims Transactions" by completing a request form to update their EDI Trading Partner on the BCBSD EDI Trading Partner Business Center website at:

<http://www.highmark.com/edi-bcbsde>

## 4.3 Adding or Deleting a Provider on an Existing Trading Partner

Trading Partners currently using electronic claim submission who wish to make Provider Changes to their Trading Partner should complete a request form to Update their EDI Trading Partner on the BCBSD EDI Trading Partner Business Center website at:

<https://www.highmark.com/edi-bcbsde>

## 4.4 Reporting Changes in Status

Trading Partners changing their demographic or transaction information must inform EDI Operations by completing the appropriate Trading Partner update request form on the BCBSD EDI Trading Partner Business Center website at:

<https://www.highmark.com/edi-bcbsde>



## 5 Web-Based Testing Policy

Web-based syntax and validation testing is done using a Highmark-customized version of Foresight Corporation's HIPAA Community Manager product. Web-based testing is available for claims where BCBSD Interchange Receiver ID (ISA08) is either 00570 or 00070. This testing includes the following types of edits:

- Transaction syntax testing (4010 transaction standards),
- HIPAA data requirements testing (4010A1 Addenda Implementation Guides).

This Web-based testing is available free of charge to our trading partners who have executed a new EDI Trading Partner Agreement. This functionality is designed to make EDI HIPAA syntax and validation testing for Highmark fast, simple, and secure by using a Web-based environment. Testing partners will receive detailed error analysis reports or a notice of successful validation. For more information on Foresight's Community Manager, please visit their Web site describing the product at <http://foresightcorp.com>.

If you need assistance during your Community Manager testing, you may call EDI Operations at 800-992-0246 or e-mail us at [edisupport@highmark.com](mailto:edisupport@highmark.com). A member of our support staff will be available Monday through Friday 8:00 a.m. to 5:00 p.m. ET to assist with any HIPAA Community Manager Trading Partner testing questions you may have.

To get started, you need a Highmark Trading Partner ID. This requires completion of an EDI Transaction Application and execution of an EDI Trading Partner Agreement as explained in section 4.1. The Transaction Application includes a place to request access to the Web-based testing function.



## 6 Communications

### 6.1 Internet File Transfer Protocol (FTP) through “eDelivery”

The Highmark Secure FTP Server (“eDelivery”) provides an FTP service over an encrypted data session providing “on-the-wire” privacy during file exchanges. This service offers an Internet accessible environment to provide the ability to exchange files with customers, providers, and business partners using a simple FTP process in an encrypted and private manner.

Any state of the art browser can be used to access the Highmark Secure FTP Server. Browsers must support strong encryption (128 bit) and must allow cookies for session tracking purposes. Once the browser capabilities are confirmed, the following are the general guidelines for exchanging files.

1. Launch your web browser. Highmark has tested Internet Explorer 6.x and Netscape 7.x browsers.
2. Connect to the FTP servers at: <https://ftp.highmark.com>
3. The server will prompt for an ID and Password. Use the ID/ Password that Highmark has provided you for accessing this service. Enter the ID, tab to password field and enter the password, then hit enter or click on OK.
4. The server will then place you in your individual file space on the FTP server. No one else can see your space and you cannot access the space of others. You will not be able to change out of your space.
5. You will need to change into the directory for the type of file you are putting or getting from the server.
6. By default, the file transfer mode will be binary and this mode is acceptable for all data types. However, you may change between ASCII and Binary file transfer modes by clicking the “Set ASCII”/”Set Binary” toggle button.
7. Send Highmark a file. The following is an example of the submission of an 837 claim transaction file:
  - a. Click on the “hipaa-in” folder to change into that directory.
  - b. Click on the browse button to select a file from your system to send to Highmark. This will pop open a file finder box listing the files available on your system.

- c. Select the file you wish to send to Highmark and Click on OK.
  - d. This will return you to the browser with the file name you selected in the filename window. Now click on the “**Upload File**” button to transfer the file to Highmark. Once completed, the file will appear in your file list.
8. Retrieve a file from Highmark. The following is an example of retrieval of a 997 Functional Acknowledgment file:
- a. Click on the “hipaa-out” directory.
  - b. Your browser will list all the files available to you.
  - c. Click on the “997” directory.
  - d. Click on the file you wish to download. Your browser will download the file. If your browser displays the file instead of downloading, click the browser back button and click on the tools next to the file you wish to receive. Select **application/octet-stream**. Your system may then prompt you for a “Save As” file location window. Make the selection appropriate for your system and click on **Save** to download the file.

# 7 Transmission Envelopes

## 7.1 General Information

Interchange Control (ISA/IEA) and Function Group (GS/GE) envelopes must be used as described in the national implementation guides. Highmark’s expectations for inbound ISAs and a description of data on outbound ISAs are detailed in this chapter. Specific guidelines and instructions for GS and GE segments are contained in each transaction chapter.

Note - Highmark only supports one interchange (ISA/IEA envelope) per incoming transmission (file). A file containing multiple interchanges will be rejected for a mismatch between the ISA Interchange Control Number at the top of the file and the IEA Interchange Control Number at the end of the file.

### 7.1.1 Delimiters

As detailed in the national implementation guides, delimiters are determined by the characters sent in specified, set positions of the ISA header. For transmissions to Highmark (inbound transmissions), the following list contains all characters that can be accepted as a delimiter. Note that LineFeed, hex value “0A”, is not an acceptable delimiter.

Description	Hex value
StartOfHeading	01
StartofTeXt	02
EndofTeXt	03
EndOfTrans.	04
ENQuiry	05
ACKnowledge	06
BELL	07
VerticalTab	0B
FormFeed	0C

Description	Hex value
CarriageReturn	0D
DeviceControl1	11
DeviceControl2	12
DeviceControl3	13
DeviceControl4	14
NegativeAcK	15
SYNchron.Idle	16
EndTransBlock	17
FileSeparator	1C
GroupSeparator	1D
RecordSeparator	1E
!	21
“	22
%	25
&	26
‘	27
(	28
)	29
*	2A
+	2B
,	2C
.	2E
/	2F
:	3A
;	3B
<	3C
=	3D
>	3E

Description	Hex value
?	3F
@	40
[	5B
]	5D
^*	5E
{	7B
}	7D
~	7E

- \* “^” may be used as a Data Element Separator, but will not be accepted as Component Element Separator, Repeating Element Separator, or Segment Terminator.

Highmark will use the following delimiters in all outbound transactions. Note that these characters as well as the Exclamation Point, "!", can not be used in text data (type AN, Sting data element) within the transaction; reference section 2.5 of this document titled Valid Characters in Text Data.

Delimiter Type	Character Used	(hex value)
Data element separator	^	(5E)
Component element separator	>	(3E)
Segment terminator	~	(7E)
Repeating element separator (version 4030 and beyond)		(7C)

## 7.2 Data Detail and Explanation of Incoming ISA to Highmark

**Segment:** **ISA** Interchange Control Header (Incoming)

**Note:** This fixed record length segment must be used in accordance with the guidelines in Appendix B of the national transaction implementation guides, with the clarifications listed below.

### Data Element Summary

Ref Des.	Element Name	Element Note
ISA01	Authorization Information Qualifier	Highmark can only support code 00 - No Authorization Information present.
ISA02	Authorization Information	This element must be space filled.
ISA03	Security Information Qualifier	Highmark can only support code 00 - No security Information present.
ISA04	Security Information	This element must be space filled.
ISA05	Interchange ID Qualifier	Use qualifier code value "ZZ" to designate a payer-defined ID.
ISA06	Interchange Sender ID	Use the BCBSD Trading Partner Logon ID. The ID must be left justified and space filled. Any alpha characters must be upper case.
ISA07	Interchange ID Qualifier	Use qualifier code value "ZZ" to designate a payer defined ID.
ISA08	Interchange Receiver ID	Use the value corresponding to the type of claims in the file: <ul style="list-style-type: none"> <li>• Professional claims, use "00570"</li> <li>• Institutional claims, use "00070"</li> </ul>



### Data Element Summary

Ref Des.	Element Name	Element Note
ISA14	Acknowledgment Requested	Highmark does not consider the contents of ISA14. A TA1 segment is returned when the incoming interchange is rejected.
ISA15	Usage Indicator	Highmark uses the value in this element to determine the test or production nature of all transactions within the interchange.

## 7.3 Data Detail and Explanation of Outgoing ISA from Highmark

**Segment:** **ISA** Interchange Control Header (Outgoing)

**Note:** Listed below are clarifications of Highmark’s use of the ISA segment for outgoing interchanges.

### Data Element Summary

Ref Des.	Element Name	Element Note
ISA01	Authorization Information Qualifier	Highmark can only support code 00 - No Authorization Information present.
ISA02	Authorization Information	This element must be space filled.
ISA03	Security Information Qualifier	Highmark can only support code 00 - No security Information present.
ISA04	Security Information	This element must be space filled.
ISA05	Interchange ID Qualifier	Use qualifier code value “ZZ” to designate payer-assigned ID.

### Data Element Summary

Ref Des.	Element Name	Element Note
ISA06	Interchange Sender ID	Value will correspond to the type of claim: <ul style="list-style-type: none"> <li>Professional claims, use “00570”</li> <li>Institutional claims, use “00070”</li> </ul>
ISA07	Interchange ID Qualifier	“ZZ” is used to designate payer-assigned ID.
ISA08	Interchange Receiver ID	BCBSD Trading Partner Logon ID. This ID will be left-justified and space filled.
ISA14	Acknowledgment Requested	Highmark always uses a 0 (No Interchange Acknowledgment Requested).
ISA15	Usage Indicator	Highmark provides T or P as appropriate to identify the test or production nature of all transactions within the interchange.

## 7.4 Outgoing Interchange Acknowledgment TA1 Segment

Highmark returns a TA1 Interchange Acknowledgment segment when the entire interchange (ISA - IEA) must be rejected. TA1 segments are not returned for interchanges that do not have interchange-level errors.

The interchange rejection reason is indicated by the code value in the TA105 data element. This fixed length segment is built in accordance with the guidelines in Appendix B of the national transaction implementation guides. Each Highmark TA1 will have an Interchange control envelope (ISA - IEA).

## 7.5 Outgoing Functional Acknowledgment 997 Transaction

Highmark returns a 997 Functional Acknowledgment for each Functional Group (GS - GE) envelope that is received in a batch mode. If multiple Functional Groups are received in an Interchange (ISA - IEA) envelope, a corresponding number of 997 Functional Acknowledgment transactions will be returned.

Action on a Functional Group can be: acceptance, partial acceptance, or rejection. A partial acceptance occurs when the Functional Group contains multiple transactions and at least one, but not all, of those transactions is rejected. (Transaction accepted/rejected status is indicated in AK501.) The location and reason for errors are identified in one or more of the following segments:

AK3 - segment errors  
AK4 - data element errors  
AK5 - transaction errors  
AK9 - functional group errors

Rejection reason codes are contained in Appendix B of each transaction's national Implementation Guide. Rejected transactions or functional groups must be fixed and resubmitted.

997 transactions will have Interchange Control (ISA - IEA) and Functional Group (GS - GE) envelopes. The Version Identifier Code in GS08 of the envelope containing the 997 will be "004010", indicating a generic 4010 997 transaction. Note that this will not match the Implementation Guide identifier that was in the GS08 of the envelope of the original submitted transaction. This difference is because the 997 is generic to the 4010 version and is not unique to each transaction standard.

As part of your trading partner agreement, values were supplied that identify you as the submitting entity. If any of the values supplied within the envelopes of the submitted transaction do not match the values supplied in the trading partner agreement, a rejected 997 will be returned to the submitter. In the following example the AK404 value 'TRADING PARTNER PROFILE' indicates that one or more incorrect values were submitted. In order to process your submission, these values must be corrected and the transaction resubmitted.

```
ISA^00^      ^00^      ^ZZ^00070 ^ZZ^XXXXXXXX  
^060926^1429^U^00401^035738627^0^P^>  
GS^FA^XXXXX^999999^20060926^142948^1^X^004010  
ST^997^0001  
AK1^HC^655  
AK2^837^PA03  
AK3^GS^114^^8  
AK4^2^^7^TRADING PARTNER PROFILE  
AK5^R  
AK9^R^1^1^0  
SE^8^0001  
GE^1^1  
IEA^1^035738627.
```



## 8 Professional Claim (837P)

The 837P transaction is utilized for professional claims and encounters. The May 2000 ASC X12N Implementation Guide named in the HIPAA Administrative Simplification Electronic Transaction rule as modified by the October 2002 Addenda document named in the Modifications to Electronic Data Transaction Standards and Code Sets rule is the primary source for definitions, data usage, and requirements.

Companion documents supplement the national guide and addenda with clarifications and payer-specific usage and content requirements.

Sections 8.1 and 8.2 of this Reference Guide make up the companion document for submitting 837 Professional claims for patients with BCBSD coverage.

Accurate reporting of codes to identify the appropriate payer and to control routing is critical for claims submitted to Highmark EDI.

### 8.1 General Information and Guidelines for Submitting an 837P

#### 8.1.1 Transaction Size

As required in the national implementation guide, Highmark can accept up to 5,000 claims per 837 transaction. That is, up to 5,000 “2300” Claim Information loops per ST-SE.

#### 8.1.2 Claim Submission Acknowledgment

Highmark is using the 277 Claim Acknowledgment transaction to return a reply of "accepted" or "not accepted" for claims or encounters submitted via the 837 transaction in batch mode. Refer to Chapter 10 - Claim Acknowledgment (277) for additional information on Highmark's implementation of this transaction.

For electronic claim submitters using batch mode, that are not able to interpret the 277 Claim Acknowledgment Transaction, a text format Claim Acknowledgment Report has been developed. For retrieval of this text format report, see Section 6.1 Command Prompt Options. To print this report, set page orientation to landscape and font size to 8.

## 8.2 Data Detail for 837P

The following segment references are clarifications and payer-specific requirements related to data usage and content.

Loop ID	Reference	Segment Name	Element Name	Codes	Notes/Comments
	GS02	Functional Group Header	Application Sender's Code		Delaware Trading Partner number.
	GS03	Functional Group Header	Application Receiver's Code	00570	
1000A	NM109	Submitter Name	Submitter Identifier		Delaware Trading Partner number.
1000B	NM103	Receiver Name	Organization Name	BCBSD	
1000B	NM109	Receiver Name	Receiver Primary Identifier	00570	
2010BA	NM109	Subscriber Name	Identification Code		This is the identifier from the subscriber's identification card (ID Card), including alpha characters. Spaces, dashes and other special characters that may appear on the ID Card are for readability and appearance only and are not part of the identification code and therefore should not be submitted in this transaction.
2010BB	NM109	Payer Name	Payer Identifier	00570	

Loop ID	Reference	Segment Name	Element Name	Codes	Notes/Comments
2010CA	NM109	Patient Name	Patient Primary Identifier		This is the identifier from the member's identification card (ID Card), including alpha characters. Spaces, dashes and other special characters that may appear on the ID Card are for readability and appearance only and are not part of the identification code and therefore should not be submitted in this transaction.
2300	DTP	Admission Date			Reporting of admission dates is required on all inpatient services.
2310D	NM1	Service Facility Location	Facility Primary Identifier		Highmark requires that this segment, including the National Provider Identifier (NPI) of the service location, be submitted when the Place of Service reported in the CLM05-1 is one of the following: 21 - Inpatient Hospital 22 - Outpatient Hospital 23 - Emergency Room - Hospital 31 - Skilled Nursing Facility 32 - Nursing Facility 51 - Inpatient Psychiatric Facility 61 - Comprehensive Inpatient Rehabilitation Facility
2400	SV103	Unit Measurement Code	Unit Measurement Code	MJ	For Anesthesia services (Procedure Codes 00100-01995, 01999, 02100-02101) the code must be MJ.
2410	LIN	Drug Identification			NDC codes should be submitted for prescribed drugs and biologics when required by government regulations.



## **9 Institutional Claim (837I)**

The 837 transaction is utilized for institutional claims and encounters. The May 2000 ASC X12N Implementation Guide named in the HIPAA Administrative Simplification Electronic Transaction rule as modified by the October 2002 Addenda document named in the Modifications to Electronic Data Transaction Standards and Code Sets rule is the primary source for definitions, data usage, and requirements.

Companion documents supplement the national guide and addenda.

### **9.1 General Information and Guidelines for Submitting an 837I**

#### **9.1.1 Transaction Size**

As required in the national implementation guide, Highmark can accept up to 5,000 claims per 837 transaction. That is, up to 5,000 “2300” Claim Information loops per ST-SE.

#### **9.1.2 Number of Lines per Claim**

Highmark accepts 837I institutional claims with up to 999 lines per claim in batch mode.

#### **9.1.3 Claim Submission Acknowledgment**

Highmark is using the 277 Claim Acknowledgment transaction to return a reply of "accepted" or "not accepted" for claims or encounters submitted via the 837 transaction in batch mode. Refer to Chapter 10 - Claim Acknowledgment (277) for additional information on Highmark's implementation of this transaction.

For electronic claim submitters using batch mode that are not able to interpret the 277 Claim Acknowledgment Transaction, a text format Claim Acknowledgment Report has been developed. This report is only produced for acknowledging batch claims submitted to BSBCD. For retrieval of this text format report, see Section 6.1. To print this report, set page orientation to landscape and font size to 8.

Loop ID	Reference	Segment Name	Element Name	Codes	Notes/Comments
	GS02	Functional Group Header	Application Sender's Code		Delaware Trading Partner number.
	GS03	Functional Group Header	Application Receiver's Code	00070	
1000A	NM109	Submitter Name	Submitter Identifier		Delaware trading partner number.
1000B	NM103	Receiver Name	Organization Name	BCBSD	
1000B	NM109	Receiver Name	Receiver Primary Identifier	00070	
2010BA	NM109	Subscriber Name	Identification Code		This is the identifier from the Subscriber's identification card(ID Card), including alpha characters. Spaces, dashes and other special characters that may appear on the ID Card are for readability and appearance only and are not part of the identification code and therefore should not be submitted in this transaction.
201BC	NM109	Payer Name	Identification Code	00070	
2010CA	NM109	Patient Name	Identification Code		This is the identifier from the member's identification card (ID Card), including alpha characters. Spaces, dashes and other special characters that may appear on the ID Card are for readability and appearance only and are not part of the identification code and therefore should not be submitted in this transaction.

Loop ID	Reference	Segment Name	Element Name	Codes	Notes/Comments
2300	DTP03	Admission Date/Hour	Admission Date and Hour		Required for Inpatient Services. Hours (HH) are expressed as '00' for midnight, '01' for 1 a.m., and so on through '23' for 11 p.m. A default of '99' will not be accepted. Minutes (MM) are expressed as '00' through '59'. If the actual minutes are not known, use a default of '00'.
2300	REF	Original Reference Number			Delaware's claim number of the previous claim is needed when this claim is a replacement, void or late charge (CLM05-3 value of 5, 7, or 8) related to that previously adjudicated claim.
2300	HI01	Principle Procedure Information	Health Care Code Information	BR	As required by the federal Electronic Transaction rule, ICD-9-CM procedure codes (qualifier BR) must be used to report hospital inpatient services.
2300	HI01	Other Procedure Information	Health Care Code Information	BQ	As required by the federal Electronic Transaction rule, only ICD-9-CM procedure codes (qualifier BQ) must be used to report hospital inpatient services.
2310A 2310A 2310B	NM109	Attending Physician, Operating Physician, and Other Provider Name	Attending Physician, Operating Physician, and Other Provider Primary Identifier		This "primary identifier" is not required for processing. In order to satisfy the transaction syntax requirements, a default of all "9"s may be used if the actual Employer's Identification Number (EIN) or Social Security Number (SSN) is not available to the submitter.

Loop ID	Reference	Segment Name	Element Name	Codes	Notes/Comments
2410	LN	Drug Identification			NDC codes should be submitted for prescribed drugs and biologics when required by government regulations.

## 10 Claim Acknowledgment (277)

The Claim Acknowledgment Transaction is used to return a reply of "accepted" or "not accepted" for claims submitted via the 837 transaction in batch mode. Acceptance at this level is based on 837 Implementation Guide and front-end edits, and will apply to individual claims within an 837 transaction. That is, for a given 837 transaction, this 277 Acknowledgment will indicate which claims were accepted for processing and which claims were not accepted. For those claims not accepted, the 277 will detail additional actions required of the submitter in order to correct and resubmit those claims. Claims that were accepted should not be resubmitted.

Due to the length of the file name, DOS operating systems will not be able to receive 277 Claim Acknowledgment files.

This document applies to acknowledgment transactions from Blue Cross Blue Shield of Delaware - 00570 and 00070.

### 10.1 General Information and Guidelines for 277 Claim Acknowledgment

#### 10.1.1 Identifying the 837 in the 277 Claim Acknowledgment

The 277 Claim Acknowledgment Transaction will contain a reference back to the specific 837 claim transaction that is being acknowledged. The acknowledgment transaction's Reference Identification element (BHT03) will contain the "Originator Application Transaction Identifier" element (BHT03) from the 837 claim transaction. When multiple 837 transactions (ST-SE) are submitted to Highmark in a single Functional Group envelope (GS-GE), one 277 Claim Acknowledgment transaction will be returned acknowledging all the 837 transactions in that Functional Group. The Originator Application Transaction Identifier (BHT03) from the first 837 will be placed in the Reference identification element (BHT03) of the 277 Claim Acknowledgment.

This document applies to acknowledgment transactions from Blue Cross Blue Shield of Delaware - 00570 and 00070.

## 10.1.2 Text Format Options

For electronic claim submitters using batch mode, that are not able to interpret the 277 Claim Acknowledgment transaction, a text format Claim Acknowledgment report is available for Blue Cross Blue Shield of Delaware submitters.

For retrieval of this text format report, see Section 6.1 For best results in printing this report, save the text file in your word processing format and print from that word processing program with orientation as landscape and font size 8.

## 10.1.3 Timeframe for Batch 277 Claim Acknowledgment

Generally, batch claim submitters should expect a 277 Claim Acknowledgment within twenty-four hours after Highmark receives the 837 claims, subject to processing cutoffs. See section 6.1, for information on retrieving the batch 277 Claim Acknowledgment Transaction.

# 11 Claim Payment Advice (835)

The 835 transaction is utilized to send an electronic Explanation of Benefits (EOB) remittance advice from a health care payer to a health care provider. The May 2000 ASC X12N Implementation Guide named in the HIPAA Administrative Simplification Electronic Transaction rule as modified by the October 2002 Addenda document named in the Modifications to Electronic Data Transaction Standards and Code Sets rule is the primary source for definitions, data usage, and requirements.

Companion documents supplement the national guide and addenda with clarifications and payer-specific usage and content.

Sections 11.1 and 11.2 of this Reference Guide make up the companion document for version 4010A1 835 remittance transactions from Blue Cross Blue Shield of Delaware.

## 11.1 General Information and Guidelines for 835

While the Claim Payment Advice information listed below may have been submitted in a standard claim transaction, it was not captured and used in processing by the payers listed in the EDI Reference Guide. The payers will utilize data from internal databases.

- Payer name and address
- Payee name and address

### 11.1.1 Missing Checks

If a payment reflected in the 835 is not received, the provider or facility should contact the payer's customer or provider service department for assistance.

### 11.1.2 Availability of Payment Cycle 835 Transactions

Payment 835 transactions are created on a weekly or daily basis to correspond with Blue Cross Blue Shield of Delaware's weekly or daily payment cycles. The 835 payment transaction files become available for retrieval after the payment cycle is complete, and remain available for 7 days. If an 835 transaction was expected but not available for

retrieval on the third day after the payment cycle was complete, contact EDI Operations for assistance.

### **11.1.3 Unavailable Claim Data**

Paper claims may not provide all data utilized in the 835. Therefore, some data segments and elements in the 835 Claim Payment Advice may be populated with “dummy data” or not available as a result of the claim submission mode.

### **11.1.4 Electronic Funds Transfer (EFT)**

EFT is the direct deposit of BCBSD payments to the provider's bank account. Providers should contact their Provider Relations Representative for more information on EFT eligibility and enrollment.

### **11.1.5 Capitation Payments**

Capitation payments will not be combined or reported in the weekly 835 Transaction for fee for service claim payments.

### **11.1.6 Member Identification Numbers**

This is the identification number reflected on the member's identification card (ID Card), including alpha characters. Spaces, dashes and other special characters that may appear on the ID Card are for readability and appearance only and are not part of the identification code and therefore will not be returned in this transaction.

## **11.2 Data Detail for 835**

The following segment references are clarifications and payer-specific requirements related to data usage and content.



Loop ID	Reference	Segment Name	Element Name	Codes	Notes/Comments
	GS02	Functional Group Header	Application Sender's Code	00070 00570	"00070" for Institutional claims "00570" for Professional claims
	GS03	Functional Group Header	Application Receiver Code		Delaware Trading Partner Number
	GS06	Functional Group Header	Group Control Number		A unique control number will be used for each functional group.
	BPR01	Financial Information	Transaction Handling Code	I	
	BPR04	Financial Information			CHK will be utilized when payment is made via check. NON will be used when the payment amount is zero.
1000A	REF01	Additional Payer Identification	Reference Identification Qualifier	2U	
1000A	REF02	Additional Payer Information	Additional Payer ID	00570 00070	"00070" for Institutional claims "00570" for Professional claims
1000B	N103	Payee Identification	Payee Identification Qualifier	XX	XX will be used for payee's National Provider Identifier.
1000B	REF01	Payee Additional Identification	Payee Additional Identification Qualifier	TJ PQ	There will be two occurrences of this REF.TJ - Will be utilized for the Provider's Tax Identification Number and PQ will be utilized for the local provider Identification Number.
2000	LX01	Header Number	Assigned Number	1	There will only be one LX segment per 835 transaction.
2100	CLP01	Claim Payment Information	Claim Submitters Identifier		This field will only contain a Patient Control Number if it is available on the originating 837 or submitted on the paper claim.

