



**ASC X12N 837 (004010X098A1)
Professional Health Care Claim
Companion Guide Notes**

The ISA segment terminator, which immediately follows the component element separator, must consist of only one character code. This same character code must be used as the segment terminator for each segment in the ISA-IEA segment set.

Billing Provider Identification should be submitted as follows:

Within the 2010AA loop there must be at least one REF segment to identify the employer's identification number (EIN). The REF01 element should contain the 'EI' identification qualifier. The REF02 element should contain the actual provider EIN.

When the billing provider is the same as the rendering provider, the provider's taxonomy must be filed in the PRV segment of the 2000A loop.

The 2000A loop, 2010AA loop, and REF segment(s) will be used for provider identification for all lines of business submitted for this provider within this loop.

ICD9 codes should not contain periods.

**WE STRONGLY RECOMMEND THE USE OF UPPER CASE ALPHA-CHARACTERS.
THIS WILL ASSURE DATA LOOKUP COMPATIBILITY.**



**ASC X12N 837 (004010X098A1)
Professional Health Care Claim – Secondary Claims
Companion Guide Notes**

For quicker and more accurate payment of secondary claims, please include as much information from the 835 Remit Transaction or the Remittance Advice as possible. We recommend that you refer to the HIPAA Implementation Guide for additional COB information.

BlueCross BlueShield of Tennessee will accept secondary claims in the 4010.A1 format only.

We strongly recommend sending prior claim payment information at the line level if that level of detail is available.

Whether you send prior payment information at the claim level, the line level or both, the minimum requirements for a secondary claim to be paid are as follows:

An accurate **Policy Number** for each coverage whose payor has adjudicated the claim.
This information should be found in:

Loop 2330A Segment/Element NM109 where NM101 is 'IL'

The **Adjudication Date** for each payor who has adjudicated the claim.
This information should be found in:

Loop 2330B Segment/Element DTP03 where DTP01 is '573'

The **Other Payor Paid Amount** for each payor who has adjudicated the claim.
This information should be found in:

Loop 2320 Segment/Element AMT02 where AMT01 is 'D'

CAS Adjustment Segments that explain any differences between the Other Payer Paid Amount and the Total Claim Charges. These segments should be found in the 2320 Loop for claim level information and/or the 2430 Loop for line item level information.

THIS INFORMATION IS SUBJECT TO CHANGE. PLEASE CHECK BACK TO THIS SITE ROUTINELY TO ENSURE YOU HAVE THE MOST UPDATED INFORMATION REGARDING SECONDARY CLAIM SUBMISSION AND REQUIREMENTS.



**ISA and GS Data Elements Definitions for Trading Partners
837: Health Care Claim: Professional (004010X098A1)
Outbound for Submitters**

- ISA01 – Always '00'
- ISA02 – Always spaces
- ISA03 – Always '00'
- ISA04 – Always spaces
- ISA05 – Trading Partner ID qualifier – usually 'ZZ' – must match TP agreement form
- ISA06 – Trading Partner ID (*Sender*) – must match TP agreement form (usually Tax ID)
- ISA07 – BlueCross BlueShield of Tennessee ID – qualifier 'ZZ' – must match TP agreement form
- ISA08 – BlueCross BlueShield of Tennessee ID – '00390' (*Receiver*) – must match TP agreement form
- ISA09 – Interchange date – YYMMDD – provided by your software
- ISA10 – Interchange time – HHMM – provided by your software
- ISA11 – Interchange standard – 'U'
- ISA12 – Interchange version – '00401'
- ISA13 – Interchange control number – assigned by your software (usually sequential integer)
- ISA14 – Acknowledgement requested '1'
- ISA15 – Usage 'T' Test (Certification) or 'P' Production after BlueCross BlueShield of Tennessee approval
- ISA16 – Sender defined component separator (delimits components within a data element) – provided by your software

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- GS01 – 'HC' (for 837 transactions)
 - GS02 – Trading Partner ID (*Sender*) – must match TP agreement form (usually Tax ID)
 - GS03 – BlueCross BlueShield of Tennessee ID – '00390' (*Receiver*) – must match TP agreement form
 - GS04 – Group creation date – CCYYMMDD – provided by your software
 - GS05 – Group creation time – HHMM – provided by your software
 - GS06 – Group control number – assigned by your software (usually sequential integer)
 - GS07 – Responsible Agency Code – 'X'
 - GS08 – Version/Release/Code – '004010X098A1' – must match TP agreement form



**ISA and GS Data Element Definitions for Trading Partners
997: Acknowledgement of 837: Professional Health Care Claim
Inbound for Submitters**

ISA01 – Always '00'
ISA02 – Always spaces
ISA03 – Always '00'
ISA04 – Always spaces
ISA05 – BlueCross BlueShield of Tennessee ID – qualifier 'ZZ'
ISA06 – BlueCross BlueShield of Tennessee ID – '00390' (*Sender*)
ISA07 – Trading Partner ID qualifier – will match TP agreement form
ISA08 – Trading Partner ID (*Receiver*) – will match TP agreement form (usually Tax ID)
ISA09 – Interchange date – YYMMDD – date processed
ISA10 – Interchange time – HHMM – time processed
ISA11 – Interchange standard – 'U'
ISA12 – Interchange version – '00401'
ISA13 – Interchange control number – from TP record – based on TP internal ID
ISA14 – Acknowledgement requested – '0' on 997 acknowledgements
ISA15 – Usage – 'T' Test (Certification) or 'P' Production after BlueCross BlueShield of Tennessee approval
ISA16 – Sender defined component separator provided by your software

GS01 – 'FA' (for 997 transactions)
GS02 – BlueCross BlueShield of Tennessee ID – 00390 (*Sender*) – will match TP agreement form
GS03 – Trading Partner ID (*Receiver*) – will match TP agreement form (usually Tax ID)
GS04 – Group creation date – CCYYMMDD – date processed
GS05 – Group creation time – HHMM – time processed
GS06 – Group control number – assigned number (usually sequential integer)
GS07 – Responsible Agency Code – 'X'
GS08 – Version/Release/Code – '004010X098A1' – will match TP agreement form



997 – FUNCTIONAL ACKNOWLEDGEMENT
837: Health Care Claim: Professional (004010X098A1)

A 997 Functional Acknowledgement is generated for every complete incoming transaction received. The 997 transaction validates the compliancy of the transaction received, and identifies any issues that need to be corrected within the file. This acknowledgment will be distributed to the client's mailbox within 2 hours after receipt of a successful transaction.

Below is an example of a 997. We will be using delimiters as defined in the ISA record to separate elements, components and segments. The element separator will be found immediately following the Interchange Control Header. The component element separator will be found in the ISA16 segment, and the segment terminator will be found at the end of the ISA segment. Please refer to the HIPAA Implementation Guide for documentation on how to read this transaction.

You may download this guide from the following website:

http://www.wpc-edi.com/hipaa/HIPAA_40.asp

```
ISA*00*      *00*      *ZZ*SENDER ID  *ZZ*RECEIVER ID
*020129*1444*U*00401*000000060*0*P*>
GS*FA*SENDER ID*RECEIVER ID *20020129*144400*46*X*004010X098A1
ST*997*46001
AK1*HC*1
AK2*837*0001
AK5*A
AK2*837*0002
AK3*REF*3**8
AK4*1**7*72
AK5*R
AK9*P*2*2*1
SE*10*46001
GE*1*46
IEA*1*000000060
```