



# **BlueCross BlueShield of Tennessee**

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## **837 Companion Guide**

**October 2023**

BlueCross BlueShield of Tennessee, Inc., an Independent Licensee of the BlueCross BlueShield Association

## Disclosure Statement

The information in this document is subject to change. Changes will be posted on the BlueCross BlueShield of Tennessee website located at <https://provider.bcbst.com/tools-resources/digital-resources>.

## **Preface**

The Health Insurance Portability and Accountability Act (HIPAA) requires covered entities, including health insurance payers, in the United States to comply with the EDI standards for health care as defined in the ANSI Version 5010 Implementation Guides.

The following information is intended to serve as a companion document to the HIPAA ANSI Version 5010 Implementation Guides for the following transactions: ASC X12N 837P, ASC X12N 837I, and ASC X12N 837D, The use of this document is solely for the purpose of clarification on electronic transactions with BCBST.

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## 1. INTRODUCTION

The Health Insurance Portability and Accountability Act (HIPAA) requires covered entities, including health insurance payers, in the United States to comply with the Electronic Data Interchange (EDI) standards for health care as defined in the ANSI Version 5010 Implementation Guides when exchanging health care information.

BlueCross BlueShield of Tennessee (BCBST) has created a convenient and secure eBusiness environment to meet the needs of health care professionals. With eBusiness, providers can access eligibility and benefit details, submit electronic claims, and perform many other activities to help increase administrative efficiency.

### 1.1 Purpose

The 837 companion guide is intended to provide information regarding the exchange of health care information with BlueCross BlueShield of Tennessee (BCBST) and will assist providers/vendors with setup and utilization of EDI tools and services. The following pages offer detailed information on electronic claims submission, reports, and other data exchange information.

### 1.2 References

In addition to this guide, users may need to refer to:

- ANSI Version 5010 Implementation Guides which are available on the Washington Publishing website, [www.wpc-edi.com](http://www.wpc-edi.com). These guides contain the standards and specifications used to exchange health information electronically.

## 2. GETTING STARTED

Providers may submit claims directly, without the assistance of a third-party, or they may use a vendor such as a clearinghouse or billing agency. All claim files must be formatted in the ANSI-837 Version 5010 format.

### 2.1 Electronic Filing Options

**Direct Submission:** Any provider using software capable of creating an ANSI837 claim may file electronic claims directly to BCBST. Providers should direct questions regarding the capabilities of software to their vendor.

**Indirect Submission:** Providers may utilize a third-party vendor such as a clearinghouse or billing agency to submit claims.

## 2.2 Trading Partner Registration

An EDI Trading Partner is any entity (provider, billing service, software vendor, etc.) that transmits electronic data to or receives electronic data from another entity. While BCBST will accept HIPAA compliant transactions from any covered entity, HIPAA security mandates require established procedures to secure access to the data. As a result, BCBST has a formal process to begin an Electronic Trading Partner relationship.

If you need to enroll in electronic claims filing, add a provider to an existing electronic practice or make any changes to your electronic filing process you must complete an [Electronic Provider Profile form](#). Also available on [Availability](#).

If you're a new Billing Agent, Clearinghouse or Vendor you must complete an [Electronic Vendor Profile form](#).

Medicaid Reclamation Trading Partners

[Medicaid Reclamation / Subrogation Claims Trading Partner enrollment form](#)

For additional assistance please contact the eBusiness Service Center at (423) 535-5717 option 2, Monday through Thursday 8 a.m. to 6:00 p.m. (EST) and Friday 9 a.m. to 6:00 p.m. (EST).

## 3. TESTING WITH THE PAYER

Testing is not required at this time.

## 4. CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

### BCBST Secure File Gateway (SFG)

Users can submit electronic claims and download electronic reports using the following secure managed file transfer protocols: HTTPS, SFTP, and FTPS.

- HTTPS Website – Using the BCBST Secure File Gateway (SFG), users can submit electronic claims and download reports using their web browser. No special software or hardware is required.
- SFTP - SFG allows users to automate submitting electronic claims and downloading electronic reports using their own secure FTP client.

BCBST will work with any vendor or provider that would like to submit electronic claims. All new submitters must complete enrollment procedures before filing claims electronically. For additional information see section [2.2 Trading Partner Registration](#) of this guide or contact the eBusiness Service Center at (423) 535-5717 option 2, Monday through Thursday 8 a.m. to 6:00 p.m. (EST) and Friday 9 a.m. to 6:00 p.m. (EST).

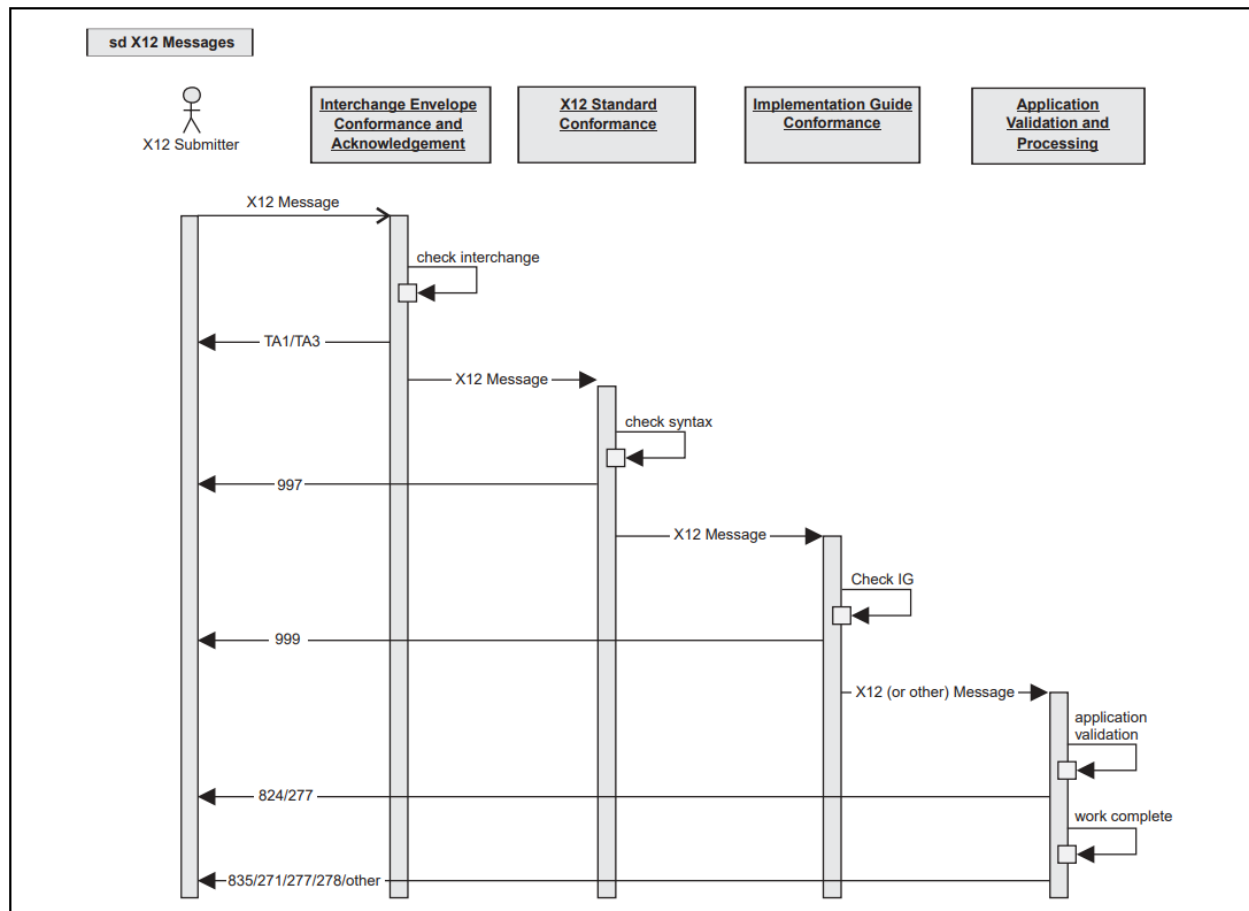
Each person who wants access to our Secure File Gateway must submit a [Provider Account Security form](#). The answers to these questions will be used later as a “token” so users can gain access if they’ve forgotten a password and need access.

If you’d like to make changes to your current electronic mailbox or add additional users to access your mailbox, you must complete a [Secure File Gateway \(SFG\) Request for Access form](#).

#### [Secure File Gateway instructions \(HTTPS\)](#)

Note: BCBST does not charge a fee for processing electronic transactions.

## 4.1 EDI Claim Process Flow





### 4.3 Transmitting Transactions

The Secure File Gateway is available seven days a week during the following hours for our submitters to send and retrieve files:

Sunday	2 a.m. until 12 a.m. (EST)
Monday	2 a.m. until 12 a.m. (EST)
Tuesday	2 a.m. until 12 a.m. (EST)
Wednesday	2 a.m. until 12 a.m. (EST)
Thursday	2 a.m. until 7 p.m. (EST)
Friday	7 a.m. until 12 a.m. (EST)
Saturday	2 a.m. until 12 a.m. (EST)

Claims acknowledged by 5 p.m. (EST), Monday through Friday, will be considered received same day. Claims acknowledged after 5 p.m. (EST), Monday through Friday, will be considered received the following business day.

#### Holiday Schedule

Claims submitted on the following holidays will be processed the following business day.

- New Year's Day
- Martin Luther King Day
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Thanksgiving
- Christmas

### 4.4 Re-Transmission Procedure

Re-transmission of an accepted file could result in duplicate claim denials on the 277CA report. Submitters can retransmit files at their discretion. However, we strongly suggest submitters review their 999 acknowledgement reports. Any rejections should be corrected and resubmitted immediately to ensure timely filing.

## 5. CONTACT INFORMATION

For Questions About	Contact	Telephone Number Fax Number E-mail Address Hours of Operation
<b>Enrollment</b> – Obtaining forms, status, or modification of demographic information.	eBusiness Enrollment/System Configuration	1-800-924-7141 (Voice options: Contracting then Enrollment) 423-535-7523 (Fax) <a href="mailto:ecomm_sysconfig@bcbst.com">ecomm_sysconfig@bcbst.com</a> Mon. –Fri., 8 a.m. to 5 p.m. (EST)
<b>Marketing</b> – Website use (claim status inquiry, member benefits and eligibility inquiry, preauthorization submission, claim submission, real time claim adjudication)	eBusiness Marketing	423-535-3057 423-535-3334 (Fax) <a href="mailto:eBusiness_Marketing@bcbst.com">eBusiness_Marketing@bcbst.com</a> Mon.-Thurs., 8 a.m. to 6:00 p.m. (EST) Fri., 9 a.m. to 6:00 p.m. (EST)
<b>Technical Support</b> - Connectivity, specifications format, electronic claims submission and/or claim acknowledgement reports, electronic remittance advice, EFT, bcbst.com, or any additional technical questions or assistance.	eBusiness Service Center	423-535-5717 Option 2 423-535-1922 (Fax) <a href="mailto:eBusiness_service@bcbst.com">eBusiness_service@bcbst.com</a> Mon.-Thurs., 8 a.m. to 6:00 p.m. (EST) Fri., 9 a.m. to 6:00 p.m. (EST)

## 6. CONTROL SEGMENTS/ENVELOPES

Interchange Control (ISA/IEA) and Function Group (GS/GE) envelopes must be used as described in the national implementation guides. BCBST's expectations for inbound ISA & GS and a description of data elements are detailed this section.

## 6.1 ISA-IEA

### ISA - Interchange Control Header (Inbound)

Loop ID	Reference	Name	Codes	Notes/Comments
<b>ISA</b>		Interchange Control Header		
	ISA01	Authorization Information Qualifier	00	Always 00
	ISA02	Authorization Information		This element must be filled with spaces.
	ISA03	Security Information Qualifier	00	Always 00
	ISA04	Security Information		This element must be filled with spaces.
	ISA05	Interchange ID Qualifier	ZZ	
	ISA06	Interchange Sender ID		Trading Partner Agreement ID
	ISA07	Interchange ID Qualifier	ZZ	
	ISA08	Interchange Receiver ID	00390	Always 00390
	ISA09	Interchange Date		The date format is YYMMDD.
	ISA10	Interchange Time		The time format is HHMM.
	ISA11	Repetition Separator		This value must be different than the data element separator, component element separator, and the segment terminator
	ISA12	Interchange Control Version Number	00501	
	ISA13	Interchange Control Number		This must be unique for each submitted interchange.
	ISA14	Acknowledgment Requested	0 or 1	0 -- No Interchange Acknowledgment Requested 1-- Interchange Acknowledgment Requested (TA1)
	ISA15	Interchange Usage Indicator	P or T	P-Production Data T-Test Data
	ISA16	Component Element Separator		This value must be different than the data element separator and the segment terminator

## 6.2 GS-GE

### GS – Functional Group Header (Inbound)

Loop ID	Reference	Name	Codes	Notes/Comments
<b>GS</b>		Functional Group Header		
	GS01	Functional Identifier Code	HC	837 Transactions
	GS02	Application Sender's Code		Trading Partner Agreement ID; must match ISA06
	GS03	Application Receiver's Code	00390	Always 00390
	GS04	Group Creation Date		Date expressed as CCYYMMDD where CC represents the first two digits of the calendar year.
	GS05	Group Creation Time		The format is HHMM.
	GS06	Group Control Number		This must be unique.
	GS07	Responsible Agency Code	X	Accredited Standards Committee X12
	GS08	Version / Release / Industry Identifier Code		Must match TP agreement form.

## 7. PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

### 7.1 File naming convention

When submitting files electronically, the file type must be .X12 and the transaction filename should comply with the following naming convention:

**MAILBOX\_NAME.X12**

MAILBOX\_NAME corresponds to the actual mailbox name assigned to the trading partner. The mailbox name is returned to the trading partner in the confirmation letter.

The only characters allowed within a filename are letters, numbers, and underscores.

## 7.2 Payer ID

The BCBST electronic payer ID is 00390.

## 7.3 Corrected Claim Guidelines

Please visit link provided for Corrected Claim Guidelines in the ANSI-837 Version 5010 Professional and Institutional electronic formats.

[https://www.bcbst.com/providers/ecom/bcbst\\_5010/5010\\_Corrected\\_Claims.pdf](https://www.bcbst.com/providers/ecom/bcbst_5010/5010_Corrected_Claims.pdf)

## 7.4 Secondary Claims Guidelines

Please visit link provided for Secondary Claim Guidelines in the ANSI-837 Version 5010 Professional and Institutional electronic formats.

[https://www.bcbst.com/providers/ecom/bcbst\\_5010/Electronic\\_Secondary\\_Claim\\_Guideline.pdf](https://www.bcbst.com/providers/ecom/bcbst_5010/Electronic_Secondary_Claim_Guideline.pdf)

## 7.5 Medicaid Reclamation Guidelines

Medicaid Reclamation / Subrogation Claims Situations exist when a Patient who has BCBS as primary and Medicaid as secondary (last payer), indicates to the provider that he has Medicaid insurance only. The service is rendered and the provider bills Medicaid as primary. Medicaid pays the claim as the sole payer (“pays out of turn”) and later determines that the patient had primary insurance. To reclaim monies, states submit claims to the primary insurance after reconciliation of eligibility files between BCBS and Medicaid. Exempt from NPI, trading partners on behalf of states must submit specific data elements in Loops 2010AA, 2010AC, 2010BB, etc. for Medicaid reclamation.

*(Medicaid Reclamation Guidelines)*

Loop/Segment	Reference	Additional Information
<b>BHT</b> Beginning of Hierarchical Transaction	<b>BHT 06</b> Expected Value = '31'	(31) Designates transaction as subrogation, fee-for-service, or capitated services.
<b>2010AA: Billing Provider</b>	<b>NM1</b> Billing Provider Name <b>N3</b> Billing Provider Address <b>N4</b> Billing Provider City, State, ZIP Code <b>REF</b> Billing Provider Tax Identification	Billing Provider Data expected here.
<b>2010AC: Pay-to Plan</b>	<b>NM1</b> Pay-To Plan Name PE qualifier <b>NM1 08</b> PI <b>NM1 09</b> Atypical ID (BCBST PIN) or NPI <b>N3</b> Pay-to Plan Address <b>N4</b> Pay-To Plan City, State, ZIP Code <b>REF</b> Pay-To Plan Tax Identification Number	Medicaid Agency Information is expected here.
<b>2300: Claim Information</b>	<b>CLM01</b> Patient Control#	Medicaid agency's own payer claim control number. Required (Does not have to match original claim)
<b>2320: Other Subscriber Information</b>	<b>AMT</b> COB Payer Paid Amount	Medicaid paid amount (Recovery Amount) - (AMT*D*411~ segment)
<b>2330B: Other Payer Name</b>	<b>NM1</b> Other Payer Name <b>N3</b> Other Payer Address <b>N4</b> Other Payer City, State, ZIP Code	Medicaid agency
<b>2430 – Line Adjudication Information</b>	<b>DTP</b> Line Check or Remittance Date	
<b>2310B: Rendering Provider Name</b>	<b>NM1</b> Rendering Provider Name	Rendering Practitioner
<b>2310C: Service Facility Location Name</b>	<b>NM1</b> Service Facility Location Name <b>N3</b> Service Facility Location Address <b>N4</b> Service Facility Location City, State, ZIP Code	Include if different from Billing

## 8. ACKNOWLEDGEMENT AND REPORTS

BCBST will return a 999 Implementation Acknowledgment report to submitters to indicate if the file was accepted and compliant. Entities submitting electronic claims to BCBST are responsible for reviewing acknowledgement reports, correcting errors, and resubmitting claims when necessary.

Additionally, BCBST returns a 277CA Claim Acknowledgment report indicating individual claims that have been rejected. It is vital that submitters and providers review these reports to determine if all claims have been accepted. Any rejected claims must be corrected and resubmitted.

All reports can be retrieved electronically from the submitter's electronic mailbox using the BCBST Secure File Gateway.

### 8.1 Implementation Acknowledgement for Health Care Insurance (999)

The 999 report is generated for all transactions received with a valid interchange. It informs the submitter that the file arrived at BCBST and includes information about the syntactical quality of the file and implementation guide compliance. **This report does not serve as proof of timely filing.**

The 999 is not easily readable in its native form and may require the use of translating software to assist users in understanding rejections.

Below is an example of a 999 Acknowledgement report for a compliant file.

ISA*00* GS*FA*00390*123456789*20121228*1440*56543*X*005010X231A1 ST*999*1 *005010X231A1 AK1*HC*56543*005010X222A1 AK2*837*000000001*005010X222A1 IK5*A AK9*A*1*1*1 SE* 6*1 GE*1*56543 IEA*1*000056543
--

A Transaction Set Acknowledgement Code (IK501) of “A” indicates that the batch transaction passed compliance and was accepted. For this Transaction Set Acknowledgement Code (IK501) the Functional Group Acknowledgment Code (AK901) will have a value of “A” Accepted.

IK5\*A  
AK9\*A\*1\*1\*1

A Transaction Set Acknowledgement Code (IK501) of “P” indicates that the batch transaction set was partially accepted; the claims or inquiries that passed compliance were accepted for processing. For this Transaction Set Acknowledgement Code (IK501) the Functional Group Acknowledgement Code (AK901) will have a value either of “E” Accepted, but errors were noted or “P” Partially Accepted, At Least One Transaction Set Was rejected.

IK5\*E  
AK9\*E\*1\*1\*1 or AK9\*P\*1\*1\*1

A Transaction Set Acknowledgement Code (IK501) of “R” indicates that the entire batch transaction was rejected as non-compliant. For this Transaction Set Acknowledgement Code (IK501) the Functional Group Acknowledgement Code (AK901) will have a value of “R” Rejected.

IK5\*R  
AK9\*R\*1\*1\*1

**\*\*\*A rejection on the 999 Acknowledgment indicates that one or more of your claims are not in a compliant format. The claim(s) will not be considered received and must be corrected and resubmitted.**

## 8.2 Health Care Claim Acknowledgement (277CA)

The ANSI Version 5010 Health Care Claim Acknowledgment (277CA) is a business application-level acknowledgment for the ANSI Version 5010 Health Care Claim (837) transaction(s). This report acknowledges the validity and acceptability of claims prior to adjudication and is performed to quickly inform providers of claims containing incorrectly formatted data or missing information. Because the report is returned to the



submitter within moments of submission, claims can be corrected and resubmitted more quickly.

The 277CA acknowledges receipt of claims and contains an electronic control number (ECTN) that can be used as proof of timely filing. The 277CA is not easily readable in its native format. Many offices use their own software or third-party services (i.e. clearinghouses) to assist in translating the 277CA report.

Below is an example of a 277CA Claims Acknowledgement.

```
ISA*00*      *00*      *ZZ*00390      *ZZ*123456789      *121228*0946*^*00501*236300098*0*P*:
GS*HN*00390*123456789*20121228*0946*236300098*X*005010X214
ST*277*0001*005010X214
BHT* 0085*08*123630200-236300098*20121228*09460956*TH
HL*1**20*1
NM1*PR*2*BLUE CROSS BLUE SHIELD OF TN*****46*00390
TRN*1*12363020000098000056544
DTP*050*D8*20121228
DTP*009*D8*20121228
HL*2*1*21*1
NM1*41  *2*John Doe*****46*1234567890
TRN *2*56544X1
STC*A1:19:PR*20121228*WQ*426
QTY*90*2
AMT*YU*426HL*3*2*19*1
NM1*85*1*John Doe*K***XX*1234567890
TRN*1*0
STC*A1:19:PR**WQ*426
QTY*QA*2
AMT*YU*426HL*4*3*PT
NM1*QC*1*DOE*SALLY*J***MI*XYZ123456789
TRN*2*ABC13723
STC*A2:20:PR*20121228*WQ*60
REF*1K*12345P67890
DTP*472*RD8*20120919  -20120919
HL*5*3*PT
NM1*QC*1*DOE*JANE*L***MI*ABC123456789
TRN*2* ZZZ138610
STC*A2:20:PR*20121228*WQ*366
REF*1K*12345P67890
DTP*472*RD8*20121109-20121109
SE*32*0001
GE*1*236300098
IEA*1*236300098
```

All 277CA Acknowledgments are returned to the entity submitting the claim transaction. If you submit claims using a vendor, that clearinghouse or billing agency will translate the reports and make them available to you. If you submit directly, then you are responsible for translating your own reports.

## **9. TRADING PARTNER AGREEMENTS**

Trading Partner Agreement Form for Providers

[Electronic Provider Profile Form](#)

Trading Partner Agreement Form for Vendors

[Electronic Vendor Profile Form](#)

## **10. TRANSACTION SPECIFIC INFORMATION**

BCBST accepts multiple types of electronic transactions, below is a brief description of each.

### **10.1 Health Care Claim: Professional, Institutional, and Dental**

The ANSI-837 Version 5010 transactions are used to electronically transfer and exchange health care claim billing and encounter information for the following:

ANSI Version 5010 837P — (Professional Claims).

ANSI Version 5010 837I — (Institutional Claims)

ANSI Version 5010 837D — (Dental Claims)