Blue Cross and Blue Shield of Alabama

Standard Companion Guide Related to Real-Time Processing (for Eligibility & Benefits, Claim Status and Referrals)

Trading Partner and Transaction Information

Instructions related to Transactions based on ASC X12 Implementation Guides, version 005010

Companion Guide Version Number: 3.2
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Disclaimer

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This document contains references to websites that may be useful or of interest to practice management software vendors, clearinghouses and providers. However, Blue Cross and Blue Shield of Alabama is not responsible for the content or privacy practices used by other site owners, nor does it endorse the information contained at these external sites.

The information in the **Transaction Instruction (TI) Section 3 – Instruction Tables** is intended to serve only as a companion document for the ASC X12 Type 3 Technical Reports (TR3) adopted under the Health Insurance Portability and Accountability Act (HIPAA). The tables contain requirements to be used for processing data in the Blue Cross and Blue Shield of Alabama electronic data exchange (EDI) system, specifically: ASC X12N/005010X279 Health Care Eligibility Benefit Inquiry and Response (270/271), ASC X12N/005010X212 Health Care Claim Status Request and Response (276/277), and the ASC X12N/005010X217 Health Care Services Review – Request for Review and Response (278) transactions and any Type 1 Errata published by ASC X12 and adopted under HIPAA.

The use of this document is solely for the purpose of clarification. This document supplements, but does not contradict any requirements in the ASC X12N implementation guides.

Log in to *ProviderAccess* for additional information regarding vendors and clearing houses.

Preface

Companion Guides (CG) may contain two types of data, instructions for electronic communications with the publishing entity [Trading Partner Information (TPI)] and supplemental information for creating transactions for the publishing entity while ensuring compliance with the associated ASC X12 IG [Transaction Instructions (TI)]. Either the TPI component or the TI component must be included in every CG. The components may be published as separate documents or as a single document.

The TPI component is included in the CG when the publishing entity wants to convey the information needed to commence and maintain communication exchange.

The TI component is included in the CG when the publishing entity wants to clarify the IG instructions for submission of specific electronic transactions. The TI component content is limited by ASCX12's copyrights and Fair Use statement.

This CG contains both types of data:

1. TPI - Instructions for electronic communications/connectivity information (CCI) with Blue Cross and Blue Shield of Alabama for real-time processing; and
2. TI - Supplemental information related to real-time transactions while ensuring compliance with the associated ASC X12 Technical Type Report 3 (TR3), also referred to as implementation guidance.

Real-time HIPAA transactions supported by Blue Cross and Blue Shield of Alabama for provider use are:

1. 270/271: Health Care Eligibility Benefit Inquiry and Response (270/271) – 005010X203A1
2. 276/277: Health Care Claim Status Request and Response (276/277) – 005010X212
3. 278: Health Care Services Review – Request for Review and Response (278) – 005010X217, referral only

Real-time proprietary transactions that contain data not supported in current standard HIPAA transactions are also maintained by Blue Cross and Blue Shield of Alabama for provider use. They are:

1. AB50/AB5A: Summary Plan Description Request and Response
2. AB51/AB5B: Summary Plan Description Options Request and Response
3. AB80/AB8A: Contract Lookup Request and Response
4. AB20/AB2A: Patient Account Blue Shield Payment History Request and Response
5. AD20/AD2A: Patient Account Dental Payment History Request and Response
6. AH20/AH2A: Patient Account Blue Cross Payment History Request and Response

Trading partner and transaction information related to batch transactions are contained in a separate CG titled: **STANDARD COMPANION GUIDE RELATED TO BATCH PROCESSING (CLAIMS, ACKNOWLEDGMENTS, REMITTANCES)** located on *ProviderAccess.*

Table of Contents

Document Change Summary Log

Information regarding version and change control pertinent to any section of this document has been consolidated. The Change Control Summary sections in the Table of Contents: 1) Trading Partner Information (TPI) Section 9, and; 2) Transaction Instruction (TI) Section 5, will be contained in this single Document Change Summary Log for ease of reference.

Version	Date	Section	Comment
DRAFT	6/20/2011	All	Draft version
1.0	9/19/2011	All	Version approved by the Data Interchange Standards Association (DISA).
2.0	9/20/2011	Preface 7.3 13.3 Appendix B	Added reference to the Contract Lookup proprietary message Updated AB5x release to 004 and added new message layouts for AB80 and AB8A New FAQ added Column added to Service Types table
	5/1/2012	7.3	Changed ZZZZ release number from “003” to “004” Changed AB51 release number to “003” Changed AB5B release number to “003” Changed AB80 "Sign-on provider ID" to "Submitter ID" Changed "User ID" to "Filler and Description from "Tax ID if Submitter, SSAN if Provider" to "Spaces" Changed "Initials" to "Filler" and Description from "Sign on Initials" to "Spaces" Added date of birth format: (CCYYMMDD)
2.1	2/1/2013	4.3.4	Changed ISA05 to ISA06: ISA06 should be the Submitter ID
3.0	11/1/2014	All	Added SOAP interface specifications Updated EDI Enrollment form links and instructions Removed Frame Relay references throughout, as it is no longer applicable
3.1	02/20/2015	All	Minor editing, changed the RT Process flow graphic, updated the payload information. Also removed the DRAFT watermark.
3.2	3/25/2021	All	Added additional Service Type Codes and updated URLs.

Versioning:
Small changes, such as verbiage clarifications or corrections, will be added as minor versions and increased by fractional numbers (1.0 to 1.1).
Large changes, such as new sections or changes in requirements will be added as major versions and increased by whole numbers (1.0 to 2.0).

Trading Partner Information (TPI)

1. Introduction

1.1 Purpose

The purpose of the **Trading Partner Information (TPI)** section is to explain the steps necessary for proper electronic data interchange (EDI) between healthcare providers and Blue Cross and Blue Shield of Alabama (hereinafter referred to as "Blue Cross"). The majority of our providers use a business associate for their data exchange needs, such as a Practice Management software vendor or a clearinghouse (both hereinafter referred to as "vendor"). This document may be used by those entities to ensure their clients are set up correctly for EDI with Blue Cross.

1.2 Scope

The TPI section of this guide is intended to be used by vendors and/or providers in understanding the appropriate process for initializing and maintaining a data exchange relationship with Blue Cross. Information about the steps necessary to connect to the Blue Cross real-time server for the exchange of eligibility & benefits, claim status, and referral information are located within the TPI section. The EDI enrollment process is addressed in this section as well.

1.2.1 Real-time vs. Batch

Real-time transactions/messages refer to requests that should receive a response within a short period of time (usually a few seconds to under a minute). This Real-time CG addresses those types of transactions.

Batch transactions are typically delivered to a location (server) where they are "picked-up" on a fixed schedule and run through specific processes. Complete responses or acknowledgments to a batch submission (such as a claim file) are usually available for retrieval within 24 business hours. The companion guide for Blue Cross and Blue Shield of Alabama batch transactions titled, **Standard Companion Guide Related to Batch Processing (claims, acknowledgments, remittances)**.

1.3 Overview

The data within the TPI section is intended to assist trading partners in successfully achieving communications and connectivity requirements. Data in TPI sections 1 through 3 mainly focus on communicating with Blue Cross EDI Services staff and testing at various levels. TPI sections 4 through 8 are geared toward connectivity and processes.

1.4 References

This trading partner Companion Guide is not intended to be used as a primary or stand-alone reference for ASC X12N TR3s (see section 1.5 for acronyms). To program correctly for the electronic transactions addressed in the **Transaction Instruction (TI)** Section of this document you must refer to 005010X279, 005010X212 and 005010X217 and all applicable errata subsequently published by ASC X12.

These TR3 documents are available for purchase in PDF and/or hardcopy formats at the ASC X12 website: **http://store.x12.org/**.

1.5 Additional Information

1.5.1 EDI acronyms specific to real-time transactions

ANSI	American National Standards Institute
ASCII	American Standard Code for Information Interchange is a standard code, consisting of 128 7-bit combinations, for characters stored in a computer or to be transmitted between computers.
ASC X12	The Accredited Standards Committee (ASC) X12 was tasked to develop uniform standards for inter-industry electronic interchange of business transactions by the American National Standards Institute. "ASC X12 develops, maintains, interprets, publishes and promotes the proper use of American National and UN/EDIFACT International Electronic Data Interchange Standards."†
CCI	Communications/Connectivity Information
CG	Companion Guide
DISA	The Data Interchange Standards Association is chartered by ASC X12 to serve as their Secretariat for the X12 standards development process.
DNS	Domain Name Server - Computers on the Internet are indexed by an Internet Protocol (IP) address. These are not very easy to remember and may sometimes change. When the DNS is sent in place of an IP, there is no need to remember a complicated number. It also eliminates errors when IPs change. Typically, the DNS of the old IP is redirected to point to the new IP so connectivity issues are less likely to occur when using a DNS.
EDI	Electronic Data Interchange
IT	Information Technology
HIPAA	Health Insurance Portability and Accountability Act - Federal law that addresses various aspects of healthcare that include pre-existing conditions, privacy, security, and transactions & code sets.
LAN	Local Area Network - A system that links together electronic office equipment and forms a network within an office or building.
NPI	National Provider Identifier
PHI	Protected Health Information - The HIPAA Privacy Rule defines PHI as individually identifiable health information about the past, present, or future physical or mental health or condition (including the provision of his/her healthcare, insurance, payment status, etc.) of an individual.
TI	Transaction Instruction
TR3	Technical Type Report 3 - the report type used to contain implementation guidance for a specific ASC X12 transaction. *Prior to 5010 this type of instruction was contained in documents referred to as Implementation Guides (IG).*
X12N	See ASC: Within X12 there are committees designated with a letter. N represents Insurance.
UN/EDIFACT	United Nations/Electronic Data Interchange for Administration, Commerce and Transport

WEDI	Workgroup for Electronic Data Interchange "MISSION: To provide multi-stakeholder leadership and guidance to the health care industry on how to use and leverage the industry's collective technology, knowledge, expertise and information resources to improve the administrative efficiency, quality and cost effectiveness of health care information." ‡

† Excerpt from the X12 website: http://www.x12.org/x12org/about/index.cfm
‡ Excerpt from the WEDI website: http://www.wedi.org/public/articles/details.shtml

2. Getting Started

2.1 Working Together

Within the EDI Services department at Blue Cross, there are EDI Vendor Representatives (Rep) assigned to specific vendors to establish partner relationships. This process allows Blue Cross to support our provider community in an efficient manner by communicating directly with the vendors that support provider systems.

If a vendor does not yet have a relationship with Blue Cross and would like to begin testing to establish themselves as a trading partner, they should contact EDI Services at **EDIVendorTesting@bcbsal.org** or call 205-220-6899.

Established vendors should notify their EDI Vendor Rep of their intention to begin testing a new transaction or to upgrade to a new version. Vendors that have an established relationship with Blue Cross may contact their assigned EDI Vendor Rep, email **Ask-EDI@bcbsal.org** or call 205-220-6899.

2.2 Trading Partner Registration

An EDI Trading Partner is any entity (provider, billing service, software vendor, employer group, financial institution, etc.) that transmits electronic data to or receives electronic data from another entity.

Vendors must have a signed **Electronic Data Trading Partner Agreement** on file with Blue Cross to exchange electronic data on behalf of their clients (Blue Cross providers). New vendors need to download the agreement, complete the information, sign and return it along with the **EDI Vendor Enrollment Form**.

2.3 Trading Partner Testing and Certification Process

The vendor will support the enrollment process and any testing requirements for their clients. Close coordination between vendors and Blue Cross ensures more efficient processes in support, troubleshooting, research and resolution, as well as, development of strong partnerships amongst trading partners.

Proof of certification by a third party entity is not required by Blue Cross. However, if a vendor continues to receive standard and implementation rejections during testing, it is advised that the vendor seek assistance by one of those entities.

2.4 Process for New Vendors

Once you have completed the required forms discussed in **TPI Section 2.2** and have been approved for EDI, your EDI Vendor Rep will contact you for further information.

2.5 Process for Testing with Existing Vendors

Approved vendors may test with existing client submitter IDs. However, the providers associated with the submitter ID must be setup on the test server for successful results. Verify the providers for which you intend to test are setup correctly by contacting your EDI Vendor Rep.

Production real-time transaction readiness will be determined as testing progresses.

Refer to **TPI Section 8.2** to view a sample Interchange Control Header with a Test usage indicator.

2.6 Setup Notification/Approval

The vendor will receive notification of the completed setup from Blue Cross within ten business days of receiving your forms. Test files submitted prior to completing the test setup may not be processed. Contact your EDI Vendor Rep if you have not received notification of acceptance for your paperwork within ten business days.

3. Testing and Certification Requirements

3.1 Testing Requirements

Once the vendor has the necessary User ID and password information and notification that their client's paperwork has been completed, they may begin testing for the specific real-time transactions that were indicated in the enrollment paperwork. Upon the submission of a test, a response should be returned within a short period of time – typically just seconds. If a response is not returned within one minute, the vendor should contact their EDI Vendor Rep to research. There are three types of responses that may be returned: 1) TA1; 2) 999; and 3) a valid response to the original inquiry (271 for the 270) or request (277 for the 276). These responses are detailed in **TPI Section 7**.

It is important for test transactions to contain the appropriate indicators in the sockets or SOAP header and Interchange Usage Indicator (ISA15). Refer to **TPI Section 4.3.4** for these requirements.

Vendors must test with valid participating Blue Cross providers. Providers that are unknown to Blue Cross will reject.

MINIMUM CRITERIA REQUIRED TO PASS TESTING:

- ✓ ***Zero TR3 errors***
- ✓ ***Positive response to the transaction – a 271 response to the 270 inquiry, a 277 response to the 276 request or a 278 referral response to the 278 referral request for review.***
  - ***Receipt of valid benefits or claim status information.***
  - ***It is also recommended that a vendor test for a negative response to see how rejections are returned in a response. For instance, "Not found."***
- ✓ ***Multiple successful test transactions of the same type that do not contain duplicate contracts/subscribers (270 and 278 referral) or claim numbers (276) where actual benefits are returned in the response.***

Once a vendor successfully achieves the criteria required to pass testing, they should notify their EDI Vendor Rep. A vendor will also need to show how they display responses. The EDI Vendor Rep will need to validate the software's ability to accurately and completely display the data contained within the response that Blue Cross returned. The vendor may email or fax a print screen to the EDI Vendor Rep, allow for a remote login to demonstrate the software's ability, or if practical, arrange a meeting for onsite validation. When emailing information that displays protected health information (PHI) the email should be encrypted. Upon the review and verification that all of the requirements have been met, the EDI Vendor Rep will send notification indicating approval status.

Upon approval/pass notification, vendors may begin transitioning existing providers to the version of compliant software that has been approved.

3.2 Certification Requirements

Proof of certification by a third party entity is not required by Blue Cross. However, if a vendor continues to receive standard and implementation rejections during testing, it is advised that the vendor seek assistance by one of those entities.

3.3 Going "Live"

Once approval has been granted to submit production (live) real-time transactions, the vendor's clients may begin submitting the new transactions or the updated version of the existing transaction for which the vendor tested. The Interchange Usage Indicator (ISA15) of the Interchange Control Header will need to be changed from T (test) to P (production).

4. Connectivity/Communications

4.1 Process Flows

Figure 1 displays the process flow related to the electronic data interchange of real-time transactions.

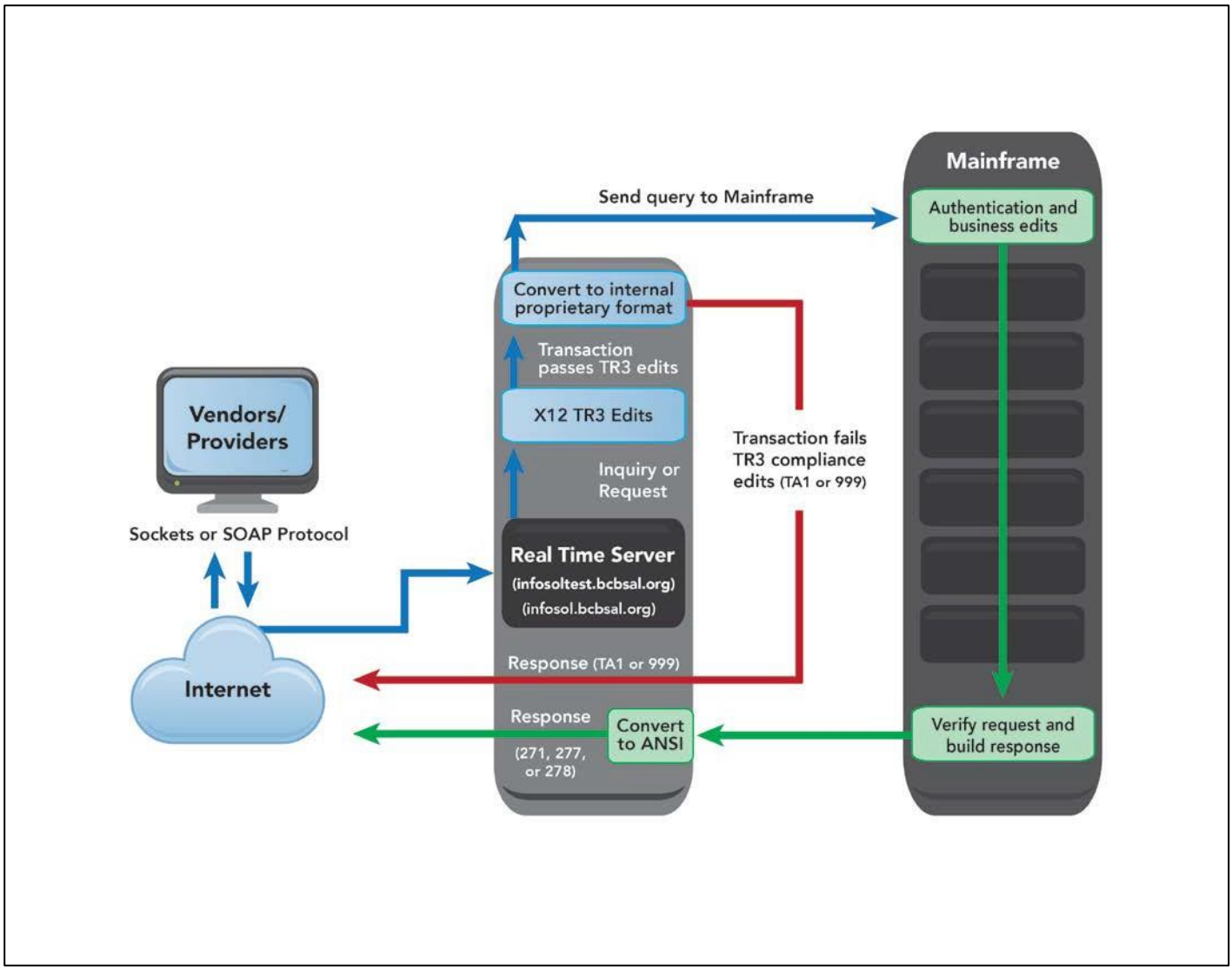

Figure 1

4.2 Transmission Administrative Procedures

This section contains information regarding the proper procedures to successfully perform real-time EDI with Blue Cross and system availability. Refer to **TPI Section 7** for information about the responses returned during this process.

4.2.1 Re-transmission procedures

If there is a disruption during the transmission of a real-time transaction, you may resubmit the inquiry/request without changing any values. Duplicate logic only occurs when submitting batch 837 files.

4.3 Communication Protocols

4.3.1 Order of procedures

- Establish a connection
- Establish an interface
- Submit the transaction
- Receive the response
- Terminate the interface
- Terminate the connection

4.3.2 Establish a Connection

Options available to connect to Blue Cross for real-time EDI include 1) an Internet Service Provider (ISP) or 2) an Internet Service Provider (ISP) with VPN

Recommended Text for Communication Errors

When a provider's system receives any of the following error codes in a real-time response to a proprietary message sent to Blue Cross and Blue Shield of Alabama, the recommended verbiage in **Table 2** should be displayed on the provider's screen. This verbiage is recommended and should be customized by each practice management vendor or clearinghouse to direct the provider to possible solutions before calling for support. Messages that direct the provider to call Blue Cross should include the Blue Cross EDI Services Support telephone number 205-220-6899. All other support calls on these issues should come from the vendor. Vendors may contact their EDI Vendor Representative for problem resolution on these matters, email Ask-EDI@bcbsal.org, or telephone EDI Services Support.

Error Code	Description	Response to Proprietary Message	Response to HIPAA Message	Additional Notes
0100	Bad sign-on id	ZZZZ with error 0100	TA1 with error code 006	
0200	Bad password	ZZZZ with error 0200	TA1 with error code 013	
0300	Message length incorrect	ZZZZ with error 0300	N/A	
0900	System problem	ZZZZ with error 0900	Will result in a 271,278 AAA or 276 E0	
0B00	Invalid message type	ZZZZ with error 0B00	TA1 with error code 031	Could indicate an invalid

				transaction not caught in the compliance map.
0C00	Vendor not contracted	ZZZZ with error 0C00	TA1 with error code 031	
0D00	Bad version	ZZZZ with error 0D00	TA1 with error code 031	Could indicate an invalid transaction not caught in the compliance map.
0E00	Compression problem	ZZZZ with error 0E00	TA1 with error code 031	
1200	Mapping functions failed	N/A	TA1 with error code 031 or ZZZZ with error 0E00	Depending on where the failure occurs. If it occurs on the response side, the ZZZZ would go back.
1300	Response from BX failed to map	N/A	Will result in a 271, 278 AAA or 276 E0	
1400	Non-HIPAA request	ZZZZ with error 1400	N/A	

Table 1

4.3.3 Connection Options

4.3.3.1 Internet Service Provider (ISP)

Our servers are available via the public Internet through an ISP.

4.3.3.2 Internet Service Provider (ISP)with VPN

Our servers are available via the public Internet through an ISP. Contact your EDI Services Rep to set up the VPN connection.

4.3.4 Establish an Interface

The appropriate interface protocols for real-time electronic interchange between vendor software and Blue Cross are either a proprietary system called Socket Server or a CAHQ/CORE compliant SOAP system called EDISOAP.

4.3.4.1 Socket Server

Request data is sent to our host from a vendor client using sockets. If the security information in the request is valid, a response will be returned that contains: 1) the requested data; 2) an acknowledgement of the data submitted; or 3) error information describing what failed in the transaction.

If the security information is not valid, no response is returned to avoid inadvertently aiding criminals attempting to hack into our system.

The request data is made up of:

1) A **Socket Interface Header**

• The **Socket Interface Header** is **always** clear text – never encrypted or compressed by the client (of course secured connections may encrypt and decrypt the data automatically).
• The **Socket Interface Header** is always 256 bytes in length. All information is represented by ASCII text to avoid concerns with data order differences between computers.

SOCKETS HEADER:

Name	Byte(s)	Length	Description
Length	0-11	12	Total length of the request including the header
Vendor ID	12-14	3	Assigned Vendor ID
Encryption	15	1	Encryption flag, 0 = none
Compression	16	1	Compression flag, 0 = none
User ID	17-24	8	Provider's Submitter ID
Transaction ID	25-32	8	Unused, but returned with response. Can be used to match responses with requests.
Version	33-35	3	Socket Header/Interface version = 000
Unused	36-255	220	Available for future development

Table 3

2) One or more proprietary messages OR a HIPAA transaction.

In operation, the Socket Server has two distinct functions. One function is a single thread that receives socket connections and queues them for processing. The second function is a number of identical processing threads that pull connections from that queue and perform the requested transaction. Each processing thread will look for a 256 byte header that contains information about the request length, data format and security. If this header is not correctly received or if any security information is incorrect, then no response will be returned. The connection will be dropped and the thread will pick up the next available connection. If the socket header is valid, the processing thread will attempt to read the indicated amount of data and then process the request.

The User ID, password, and provider identifier placement requirements within the interchange and transaction are:

- Interchange Control Header Segment (ISA):
  - ISA04 should be the password
  - ISA06 should be the Submitter ID
- Transaction Sets:
  - 270 and 276: Information Receiver Name (NM1) – Loop 2100B:
    - NM108 should be XX for National Provider Identifier (NPI)
    - NM109 should be the NPI
  - 278 (Referral): Requester Name (NM1) – Loop 2010B
    - NM108 should be XX for National Provider Identifier (NPI)
    - NM109 should be the NPI

4.3.4.2 EDISOAP

HTTPS with Digital Certificates
Blue Cross and Blue Shield of Alabama supports HTTPS transport for ensuring secure delivery of real time transactions over the public Internet.

HTTPS is HTTP used in conjunction with the Secure Sockets Layer (SSL).

This method allows for the transfer of data securely over the Internet with 128 bit SSL enabled encryption/decryption. The EDISOAP system expects the transaction data in the HTTP body. The submitter's system must establish a secure connection with Blue Cross before sending data.

Submitters will be issued a sender ID, Vendor ID, and password during the implementation process.

The Blue Cross supplied sender ID, Vendor ID, and password are passed in SOAP headers and may be required within the actual request (see specific request documentation)

Test Platform for EDISOAP SOAP/WSDL Transaction submitters:
https://infosoltest.bcbsal.org:4433

Production Platform for EDISOAP SOAP/WSDL Transaction submitters:
https://infosol.bcbsal.org:4433

Additional CAQH/CORE links:

Latest CAHQ/CORE Phase II Connectivity Rules
http://www.caqh.org/pdf/EDITED5010/270-v5010.pdf

CORE Phase II Connectivity XML Schema Specification (normative)
http://www.caqh.org/SOAP/WSDL/CORERule2.2.0.xsd

CORE Phase II Connectivity Web Services Definition Language (WSDL) Specification (normative)
http://www.caqh.org/SOAP/WSDL/CORERule2.2.0.wsdl

CORE II and Blue Cross and Blue Shield of Alabama HTTPS and SOAP Envelope Metadata Requirements

Field Name	PayloadType
Description	Specifies the type of payload included within a request
Format	X12_270_Request_005010X279A1,X12_276_Request_005010X212, X12_278_Request_005010X216E2, or BCBSAL_PROPRIETARY
Example	<PayloadType>X12_270_Request_005010X279A1</PayloadType>
Field Name	ProcessingMode
Description	Indicates Batch or Real Time processing mode
Format	RealTime or Batch, only RealTime supported
Example	<ProcessingMode>RealTime</ProcessingMode>
Field Name	PayloadID
Description	An identifier that you will use to identify the request submitted. Echoed in responses to aid in matching to requests
Format	Will conform to ISO UUID standards (ftp://ftp.rfc-editor.org/in-notes/rfc4122.txt), with hexadecimal notation, generated using a combination of local timestamp (in milliseconds) as well as the hardware (MAC) address, to ensure uniqueness.
Example	<PayloadID>f81d4fae-7dec-11d0-a765-00a0c91e6bf6</PayloadID>
Field Name	TimeStamp
Description	Time and date specifying when a message is created and sent to a receiver
Format	Universal Coordinated Time (UTC) time. See http://www.w3.org/TR/xmlschema11-2/#dateTime
Example	<TimeStamp>2007-08-30T10:20:34Z</TimeStamp>
Field Name	Username
Description	The vendor ID supplied by Blue Cross and Blue Shield of Alabama
Format	Always 3 digits
Example	<wsse:Username>000</wsse:Username>
Field Name	Password

Description	Supplied by Blue Cross and Blue Shield of Alabama
Format	8 alpha-numeric characters
Example	<wsse:Password>TestPass</wsse:Password>
Field Name	SenderID
Description	Supplied by Blue Cross and Blue Shield of Alabama
Format	8 alpha-numeric characters
Example	<SenderID>ABCTEST1</SenderID>
Field Name	ReceiverID
Description	Used to identify Blue Cross and Blue Shield of Alabama - Not currently validated
Format	Four to ten alpha-numeric characters suggested
Example	<ReceiverID>BCBSAL</ReceiverID>
Field Name	CORERuleVersion
Description	CORE Rule version that this envelope is using
Format	Must be 2.2.0
Example	CORERuleVersion>2.2.0</CORERuleVersion>
Field Name	Payload
Description	Contains the request data
Format	Must be clear text with no XML reserved characters or contained in a CDATA wrapper. See http://www.w3schools.com/xml/xml_cdata.asp.
Example	<Payload><![CDATA[ISA&00& &01&ABCD1234 &ZZ&ABCTEST1 &ZZ&00510BS &130718&0252&|&00501&084034638&0&P&:~GS&HS&ABCTEST1&00510BS&20130718&0 252&084034638&X&005010X279A1~ST&270&084034638&005010X279A1~BHT&0022&13 &084034638&20130718&0252~HL&1&&20&1~NM1&PR&2&BCBSAL&&&&&FI&00010BC~ HL&2&1&21&1~NM1&1P&2&PROVIDER NAME&&&&&FI&ABCTEST1~HL&3&2&22&0~TRN&1&$transactionRefId&$tcnNumber~NM 1&IL&1&JONES&JOHN&&&&MI&ABC123456789~DMG&D8&19700101~EQ&2~III&ZZ&22~S E&13&084034638~GE&1&084034638~IEA&1&084034638~]]></Payload>\r\n"

Table 4

4.4 Security Protocols

Encryption options should be discussed with your EDI Vendor Rep.

5. Contact Information

5.1 EDI Customer Service

For general EDI questions, vendors and providers may contact EDI Services Support by email at **Ask-EDI@bcbsal.org** or by telephone 205-220-6899.

5.2 EDI Technical Assistance

EDI Services Support is also the technical support area. Typically, technical questions are received from vendors unless providers have their own IT area that supports their own billing application. Submit questions to **Ask-EDI@bcbsal.org** or telephone 205-220-6899.

5.3 Provider Services

Vendors and providers may contact EDI Services Support with questions regarding their electronic transactions. However, if a provider is experiencing EDI issues it is recommended that they initially contact their vendor for support. The vendor and Blue Cross may already be researching the issue.

When questions expand beyond the scope of EDI and reach into content related information, providers should contact Customer Service. For example, questions about certain benefit details.

For information about provider networks and education, contact Provider Network Services.

Refer to Contact us on *ProviderAccess* to locate the appropriate telephone number for your questions.

5.4 Applicable EDI Websites

- Blue Cross and Blue Shield of Alabama Providers
- Blue Cross and Blue Shield of Alabama-Software Vendors
- Blue Cross and Blue Shield of Alabama Customer Service (non-EDI questions)
- Washington Publishing Company - EDI
- WEDI
- X12

Who Do You Want to Contact?	email address
Blue Cross and Blue Shield of Alabama EDI Services Support All EDI questions should be sent to this email address with the exception of the two instances listed below:	**Ask-EDI@bcbsal.org**
Only new vendors prior to passing the testing process should use this email. Once a new vendor is approved for production all EDI questions should be sent to the **Ask-EDI** mailbox.	**EDIVendorTesting@bcbsal.org**
Established vendors should use this email address when they have questions regarding enrollment paperwork for their clients (Refer to **TPI Section 2.2.1**).	**EDIEnrollment@bcbsal.org**

6. Control Segments/Envelopes

6.1 ISA-IEA

The Interchange Control Header Segment (ISA) contains information regarding the identification of an interchange and related control segments. The ISA is always the first segment in an interchange. Because every data element within the ISA must be filled to the maximum length, the ISA has a fixed length. Blue Cross will only process one interchange per request.

6.1.1 Eligibility & Benefits Inquiries, Claim Status and Referral Requests

Below are the envelope requirements for eligibility and benefits inquiries, claim status requests and health care service reviews for referrals. Refer to **TPI Section 8.2** to view sample ISA and IEA segments.

- The Security Information Qualifier (ISA03) should be 01.
- The Security Information (ISA04) should be the Blue Cross assigned password followed by two spaces.
- The Interchange Sender ID (ISA06) must contain the assigned eight-character submitter ID followed by 7 spaces to meet the minimum/maximum data element requirement of 15 bytes.

  Note: The Submitter ID reported in ISA06 must match the Submitter ID reported in GS02.
- The Interchange ID Qualifier (ISA07) should be the mutually defined code of ZZ.
- The Interchange Receiver ID (ISA08) must contain the 7-character receiver ID (left justified) followed by 8 spaces to meet the minimum/maximum data element requirement of 15 bytes.

  00010BC (for Institutional information)
  00510BS (for Professional information)
  00510DN (for Dental information)

  ! *National Health Plan Identifier(s) will be sent in place of the above receiver IDs once implemented.*

6.1.2 Eligibility & Benefits, Claim Status and Referral Responses

The data in the ISA14 of the response envelope for eligibility and benefits, claim status and health care service reviews for referrals will be 0 (zero) – No interchange acknowledgment requested.

Additionally:

- All responses will contain only upper-case characters.
- Transactions may contain any character from the basic character set as defined in Appendix A of the applicable TR3. In addition to the basic characters there may also be the @ symbol from the extended character set.

- The ~ (tilde) character is used as the segment terminator. The * (asterisk) character is used as the data element separator and the : (colon) character is used as the component element separator.

6.1.3 Delimiters

The incoming 837 transactions may utilize delimiters from the following list:

- > (greater than), * (asterisk), ~ (tilde), : (colon), and | (pipe)

  Submitting delimiters not supported within this list will cause an interchange (transmission) to be rejected. Although the colon is compliant, it is not recommended due to possible issues with free-form text segments.

- Preferred delimiters are:

  ~ (tilde) for **segment** separators
  ***** (asterisk) for **data element** separators
  > (greater than) for **component** data element separators
  ^ (caret) for **repetition separator**
  Repeating segment delimiters are not applicable to healthcare transactions. However, the ISA must hold this data. Blue Cross will return a caret in the ISA11 for 277 HCCA and 835.

6.1.4 Character Sets

This general information on character sets is applicable to all transactions.

- Blue Cross will convert all lower case characters submitted on an inbound transaction to upper case when sending data to and from the Blue Cross system.

- You must submit incoming transactions using the basic character set as defined in Appendix B of the appropriate TR3 document. In addition to the basic character set, you may choose to submit lower case characters, the apostrophe (') and the @ symbol from the extended character set. Any other characters submitted from the extended character set will cause the interchange to be rejected in the Implementation Acknowledgment (999).
  Refer to **TPI Section 7** for more information about acknowledgments.

6.2 GS-GE

Due to the nature of real-time transactions, there is only one Functional Group Header (GS) per each Interchange (ISA).

6.2.1 Eligibility & Benefits, Claim Status and Referrals

Below are the functional group requirements for eligibility and benefits inquiries, claim status requests and health care service reviews for referrals. Refer to **TPI Section 8.2** to view sample GS and GE segments.

- It is recommended that the GS02 match what was submitted in the ISA06.
- It is recommended that the GS03 match what was submitted in the ISA08.

6.2.2 Eligibility & Benefits, Claim Status and Referral Responses

Below are the data returned back in the response envelope for eligibility and benefits, claim status and health care service reviews for referrals:

- The GS02 will contain what was submitted in the GS03 of the inquiry or request.
- The GS03 will contain what was submitted in the GS02 of the inquiry or request.
- GS05 will be formatted as HHMMSSDD

Additionally:

- All responses will contain only upper-case characters.
- Transactions may contain any character from the basic character set as defined in Appendix A of the applicable TR3. In addition to the basic characters there may also be the @ symbol from the extended character set.
- The ~ (tilde) character is used as the segment terminator. The * (asterisk) character is used as the data element separator and the : (colon) character is used as the component element separator.

6.3 ST-SE

Due to the nature of real-time transactions, there is only one Transaction Set (ST) per each Functional Group (GS). Refer to **TPI Section 8.2** to view a sample ST segment.

7. Acknowledgements and Reports

Below is a complete list of acknowledgments (both proprietary and ASC X12 formats) that may be generated within the process of submitting a real-time transaction. ASC X12 transactions are explained in **TPI Section 7.1** and proprietary reports are explained in **TPI Section 7.2**.

This list demonstrates the order in which these acknowledgments may be created as the transaction enters the Blue Cross system. If there is a transmission error with a proprietary request, a proprietary ZZZZ message will be returned. If the interchange contains an error, an Interchange Acknowledgment (TA1) will be returned containing the rejection. If the inquiry or request rejects during the process of compliance validation, a Functional Acknowledgment (999) will be returned containing the rejection.

Summary Plan Description (SPD) messages and Payment History messages are also supported. These proprietary messages contain information that is not currently supported in the HIPAA transactions. It is recommended that the SPD be programmed by vendors that support the 270/271 transactions in order to supply their clients with more detail on a group's information.

7.1 ASC X12 Acknowledgments

The following ASC X12 acknowledgments may be created during the process of translating, validating and/or responding to real-time inquiries or requests.

TA1 Interchange Acknowledgment – ASC X12 No version/release
999 Implementation Acknowledgment – ASC X12 005010X231A1
271 Health Care Eligibility Benefit Response – ASC X12 005010X279A1
277 Health Care Claim Status Response – ASC X12 005010X212
278 Health Care Services Request for Review Response – ASC X12 005010X217, Referral only

TYPE	DESCRIPTION
TA1	This segment acknowledges enveloping structure only. The real-time inquiry/request will not progress to the next step of translation if a rejection occurs at this level. When the ISA of the transaction (270, 276 or 278) is in error, a TA1 will be generated with only an envelope to hold the structure errors (ISA, TA1, IEA segments only). Common TA1 errors are:

LOCATION	DESCRIPTION
TA105 = 031	Invalid Grade of Service – Vendor not authorized for this transaction. Contact EDI Services to investigate further.
TA105 = 006	Invalid Interchange Sender ID – Submitter ID sent in ISA06 is not in our security file.
TA105 = 013	Invalid Security Information Value – The password sent in ISA04 is not correct for the Submitter ID sent in ISA06.

TYPE	DESCRIPTION
999	The 999 contains TR3 compliance information. If the 999 rejects the real-time inquiry/request at this level, there will be no further responses for the 837 transaction.
271	If a Health Care Eligibility Benefit Inquiry (270) passes compliance, a 271 response will be returned.
277	If a Health Care Claim Status Request (276) passes compliance, a 277 response will be returned.
278	If a Health Care Services Review – Request for Review (278-referral) passes compliance, a 278 response will be returned.

7.1.1 Transaction Responses

If the inbound transaction passes 999 edits, the valid outbound response can contain error messages. For instance, a 271 response with a AAA request validation segment that returns the code meaning "**Contract Not Found**" is considered a valid response. Negative responses should be tested to validate software handling and display. Refer to **TPI Section 3.1** for test criteria.

7.2 Report Inventory

No proprietary reports are created for real-time EDI.

7.3 Proprietary Real-Time Messages

Below are explanations and specifications for all proprietary messages supported by Blue Cross. They are formatted to Blue Cross specifications and not considered a standard format. The attributes legend for the tables containing proprietary layouts are:

CODE	DESCRIPTION
A	Alphanumeric
N	Numeric
O	Optional
R	Required

TYPE	DESCRIPTION
ZZZZ	**Exception Message** (ZZZZ can be in response to any request) The format specifications are:

FIELD	LOCATION	LENGTH	ATTRIBUTE	DESCRIPTION
Length	1	6	N	Length in bytes
Message ID	7	4	A	ZZZZ
Release	11	3	N	004
Unused	14	1		
Sign-on ID	15	8	A	From the request message
Code 1	23	4	A	Error identifier
Code 2	27	8	A	Program name
Code 3	35	4	A	System - DB2, CICS, RS6, PGM, or MQ
Code 4	39	12	A	System error code - Used for DB2 and CICS
Error text	51	80	A	Error description
Message	131	Variable	A	Entire request message that contains the error

AB50 **Summary Plan Description Request (SPD)**

The AB50 message requests verbiage and explanations from group plan books. The AB50 is helpful in understanding an individual's benefits that are returned in the 271 and how they are applied to group members. The response to this request can be the AB5A or the ZZZZ if an exception is noted in the AB50.

FIELD	START LOCATION	LENGTH	ATTRIBUTE	DESCRIPTION
Length	1	6	N, R	000086
Message ID	7	4	A, R	AB50
Release	11	3	A, R	004
Sign-on Information:	*14*	*28*	*R*	*Comprised of:*
• Submitter ID	14	8	A	Assigned by Blue Cross
• Filler	22	9	A	Spaces
• Password	31	8	A	Assigned by Blue Cross
• Filler	39	3	A	Spaces
Provider ID qualifier	42	2	A, R	XX for NPI
Provider ID	44	15	A, R	Identifier indicated in Provider ID Qualifier field
Type of business	59	2	A, R	BC – Blue Cross BS – Blue Shield DN – Dental
Group number	61	7	N, R	Blue Cross Group Number
Division	68	3	A, R	Blue Cross Group Division

FIELD	START LOCATION	LENGTH	ATTRIBUTE	DESCRIPTION
Filler	71	2	A	Spaces
Date of service	73	8	N	CCYYMMDD - If no date sent, current date is used. Future dates not permitted.
Category group	81	3	A	If no category group is sent, the program uses one based on the provider's specialty on our system.
Contract prefix	84	3	A, R	First three characters in contract number

AB5A **Summary Plan Description Response**

The AB5A displays SPD book verbiage in response to the AB50.

FIELD	START LOCATION	LENGTH	ATTRIBUTE	DESCRIPTION
Length	1	6	N	Length in bytes
Message ID	7	4	A	AB5A
Release	11	3	A	004
Provider ID qualifier	14	2	A	XX for NPI
Provider ID	16	15	A	Identifier indicated in Provider ID Qualifier field
Type of business	31	2	A	BC – Blue Cross BS – Blue Shield DN – Dental
Group number	33	7	N	Blue Cross Group Number
Division	40	3	A	Blue Cross Group Division
Filler	43	2	A	Spaces
Effective date	45	8	N	CCYYMMDD
Category group	53	3	A	From AB50 message
Contract Prefix	56	3	A	First three characters of contract prefix
Group name	59	60	A	Name of requested Group
Sequence number	119	4	N	Display Order Sequence Number
Group plan category code	123	4	A	Category identifier
Text line count	127	3	N	Number of Text lines in this message (001-200)
Text line	130	72	A	Summary Plan Description Text may occur up to 200 times – based on the value in the text line count field.

AB51 **Summary Plan Description Options Request**

The AB51 requests a list of categories and their explanations applicable to specific group plans. The response to this request can be the AB5B or the ZZZZ if an exception is noted in the AB51.

FIELD	START LOCATION	LENGTH	ATTRIBUTE	DESCRIPTION
Length	1	6	N, R	000060
Message ID	7	4	A, R	AB51
Release	11	3	A, R	003
Sign-on Information:	*14*	*28*	*R*	*Comprised of:*
• Submitter ID	14	8	A	Assigned by Blue Cross
• Filler	22	9	A	Spaces
• Password	31	8	A	Assigned by Blue Cross
• Filler	39	3	A	Spaces
Provider ID qualifier	42	2	A, R	XX for NPI
Provider ID	44	15	A, R	Identifier indicated in Provider ID Qualifier field
Type of business	59	2	A, R	BC – Blue Cross BS – Blue Shield DN – Dental

AB5B **Summary Plan Description Options Response**

This is the response to the AB51.

FIELD	LOCATION	LENGTH	ATTRIBUTE	DESCRIPTION
Length	1	6	N	Length in bytes
Message ID	7	4	A	AB5B
Release	11	3	A	003
Provider ID qualifier	14	2	A	XX for NPI
Provider ID	16	15	A	Identifier indicated in Provider ID Qualifier field
Type of business	31	2	A	BC – Blue Cross BS – Blue Shield DN – Dental
Category group count	33	3	N	Number of category groups in this message (001-200)
Category group	36	3	A	Category group (may occur up to 200 times - based on the value in the Category group count field)
Option code description	39	60	A	Category group description (may occur up to 200 times - one for each Option Code returned)

AB80 **Contract Lookup by Social Security Number Request**

The AB80 returns a list of contract numbers associated with a specific social security number and name. The response to this request can be the AB8A or the ZZZZ if an exception is noted in the AB80.

FIELD	LOCATION	LENGTH	ATTRIBUTE	DESCRIPTION
Length	1	6	N, R	Length in bytes
Message ID	7	4	A, R	AB80
Release	11	3	N, R	001
Sign-on Information:	*14*	*28*	*R*	*Comprised of:*
• Submitter ID	14	8	A	Assigned by Blue Cross
• Filler	22	9	N	Spaces
• Password	31	8	A	Assigned by Blue Cross
• Filler	39	3	A	Spaces
Provider ID qualifier	42	2	A, R	XX for NPI
Provider ID	44	15	N, R	Identifier indicated in Provider ID Qualifier field
Social Security Number	59	9	N,R	Social Security number to be searched
First Name	68	25	A, R	First name of member associated with the Social Security Number
Last name	93	35	A, R	Last name of member associated with the Social Security Number
Date of Birth	128	8	N,R	Date of Birth(CCYYMMDD) of member associated with the Social Security Number

AB8A **Contract Lookup by Social Security Number Response**

This is the response to the AB80.

FIELD	LOCATION	LENGTH	ATTRIBUTE	DESCRIPTION
Length	1	6	N, R	Length in bytes
Message ID	7	4	A, R	AB8A
Release	11	3	N, R	001
Sign-on Information:	*14*	*28*	*R*	*Comprised of:*
• Sign-on provider ID	14	8	A	Assigned by Blue Cross
• User ID	22	9	N	Submitter ID, from AB80
• Password	31	8	A	Assigned by Blue Cross
• Initials	39	3	A	From AB80
Provider ID qualifier	42	2	A, R	XX for NPI
Provider ID	44	15	N, R	Identifier indicated in Provider ID Qualifier field

FIELD	LOCATION	LENGTH	ATTRIBUTE	DESCRIPTION
Action Code	59	1	A	Will contain "N" if all contracts are listed on this request. Will contain "Y" if there were more than 10 contracts found for this Social Security Number/name/date of birth.
Contract Number count	60	3	N,R	Number of contracts found for this request. There can be up to 10 occurrences of the contract prefix/number combination
Contract Prefix	63	3	A	Contract prefix (there can be up to 10 occurrences of this field)
Contract Number	66	9	A	Contract number (there can be up to 10 occurrences of this field)

AB20 **Patient Account Blue Shield Payment History Line Request**

The AB20 returns professional payment summary information which includes total amount and number of claims. The response to this request can be the AB2A or the ZZZZ if an exception is noted in the AB20.

FIELD	LOCATION	LENGTH	ATTRIBUTE	DESCRIPTION
Length	1	6	N, R	000086
Message ID	7	4	A, R	AB20
Release	11	3	N, R	003
Sign-on Information:	*14*	*28*	*R*	*Comprised of:*
• Submitter ID	14	8	A	Assigned by Blue Cross
• Filler	22	9	A	Spaces
• Password	31	8	A	Assigned by Blue Cross
• Filler	39	3	A	Spaces
Provider ID qualifier	42	2	A, R	XX for NPI
Provider ID	44	15	N, R	Identifier indicated in Provider ID Qualifier field
Tax ID	59	9	A	Tax ID of provider
Payroll from date	68	8	N	CCYYMMDD
Filler	76	11	A	Spaces

AB2A **Patient Account Blue Shield Provider Payment History Response**

This is the response to the AB20.

FIELD	LOCATION	LENGTH	ATTRIBUTE	DESCRIPTION
Length	1	6	N, R	Length in bytes
Message ID	7	4	A, R	AB2A
Release	11	3	N, R	003
Sign-on Information:	*14*	*28*	*R*	*Comprised of:*
• Submitter ID	14	8	A	Assigned by Blue Cross
• Filler	22	9	A	Spaces
• Password	31	8	A	Assigned by Blue Cross
• Filler	39	3	A	Spaces
Provider ID qualifier	42	2	A, R	XX for NPI
Provider ID	44	15	N, R	Identifier indicated in Provider ID Qualifier field
Tax ID	59	9	A	Tax ID of provider
Payroll from date	68	8	N	CCYYMMDD
Provider TX access number	76	8	A	For Internal Use Only
IVR application code	84	3	A	For Internal Use Only
Message Output	*87*	*515*		*Comprised of:*
Payroll date	87	8	N	CCYYMMDD
Payee ID qualifier	95	2	A	XX for NPI
Payee ID	97	15	N	Payee NPI
Payee name	112	35	A	Name of Payee
Payee address1	147	35	A	Payee street address 1
Payee address2	182	35	A	Payee street address 2
Payee city	217	20	A	Payee city name
Payee state	237	2	A	Two-letter state code
Payee zip code (5)	239	5	N	First 5 digits of 9-digit zip code
Payee zip code (4)	244	4	N	Last 4 digits of 9-digit zip code
Provider last name	248	35	A	Last name of provider
Provider first name	283	15	A	First name of provider
Provider middle name	298	15	A	Middle name of provider
Multiple check indicator	313	1	A	"N" for No, or a number to represent how many
Number of claims	314	9	N	Number of claims (up to 999,999,999)
Total submitted charges	323	12	N	9(10)V99
IRS withholding	335	12	N	9(10)V99
Credit balance applied amount	347	12	N	9(10)V99

FIELD	LOCATION	LENGTH	ATTRIBUTE	DESCRIPTION
Paid amount	359	12	N	9(10)V99
Check total	371	12	N	9(10)V99
Check amount before IRS withholdings	383	12	N	9(10)V99
Payment ID number	395	15	N	9(15)
FEP claim count	410	9	N	Number of claims up to 999,999,999
FEP total submitted charges	419	12	N	9(10)V99
FEP IRS withholding	431	12	N	9(10)V99
FEP credit balance applied amount	443	12	N	9(10)V99
FEP paid amount	455	12	N	9(10)V99
FEP check total	467	12	N	9(10)V99
FEP check amount before IRS withholdings	479	12	N	9(10)V99
FEP payment ID number	491	15	N	9(15)

AD20 **Patient Account Dental Payment History Line Request**

The AB20 returns dental payment summary information which includes total amount and number of claims. The response to this request can be the AD2A or the ZZZZ if an exception is noted in the AD20.

FIELD	LOCATION	LENGTH	ATTRIBUTE	DESCRIPTION
Length	1	6	N, R	Length in bytes
Message ID	7	4	A, R	AD20
Release	11	3	N, R	003
Sign-on Information:	*14*	*28*	*R*	*Comprised of:*
• Submitter ID	14	8	A	Assigned by Blue Cross
• Filler	22	9	A	Spaces
• Password	31	8	A	Assigned by Blue Cross
• Filler	39	3	A	Spaces
Provider ID qualifier	42	2	A, R	XX for NPI
Provider ID	44	15	N, R	Identifier indicated in Provider ID Qualifier field
Tax ID	59	9	A	Tax ID of provider
Payroll from date	68	8	N	CCYYMMDD
Provider TX access number	76	8	A	For Internal Use Only
IVR application code	84	3	A	For Internal Use Only

AD2A **Patient Account Dental Provider Payment History Response**

This is the response to the AD20.

FIELD	LOCATION	LENGTH	ATTRIBUTE	DESCRIPTION
Length	1	6	N, R	Length in bytes
Message ID	7	4	A, R	AD2A
Release	11	3	N, R	003
Sign-on Information:	*14*	*28*	*R*	*Comprised of:*
• Submitter ID	14	8	A	Assigned by Blue Cross
• Filler	22	9	A	Spaces
• Password	31	8	A	Assigned by Blue Cross
• Filler	39	3	A	Spaces
Provider ID qualifier	42	2	A, R	XX for NPI
Provider ID	44	15	N, R	Identifier indicated in Provider ID Qualifier field
Tax ID	59	9	A	Tax ID of provider
Payroll from date	68	8	N	CCYYMMDD
Provider TX access number	76	8	A	For Internal Use Only
IVR application code	84	3	A	For Internal Use Only
Message output	87	515		Comprised of:
Payroll date	87	8	N	CCYYMMDD
Payee ID qualifier	95	2	A	XX for NPI
Payee ID	97	15	N	Payee NPI
Payee name	112	35	A	Name of Payee
Payee address 1	147	35	A	Payee street address 1
Payee address 2	182	35	A	Payee street address 2
Payee city	217	20	A	Payee city name
Payee state	237	2	A	Two-letter state code
Payee zip code (5)	239	5	N	First 5 digits of 9-digit zip code
Payee zip code (4)	244	4	N	Last 4 digits of 9-digit zip code
Provider last name	248	35	A	Last name of provider
Provider first name	283	15	A	First name of provider
Provider middle name	298	15	A	Middle name of provider
Multiple check indicator	313	1	A	"N" for No, or a number to represent how many
Number of claims	314	9	N	Number of claims (up to 999,999,999)
Total submitted charges	323	12	N	9(10)V99
IRS Withholding	335	12	N	9(10)V99

FIELD	LOCATION	LENGTH	ATTRIBUTE	DESCRIPTION
Credit balance applied amount	347	12	N	9(10)V99
Paid amount	359	12	N	9(10)V99
Check total	371	12	N	9(10)V99
Check amount before IRS withholdings	383	12	N	9(10)V99
Payment ID number	395	15	N	9(15)
FEP claim count	410	9	N	Number of claims up to 999,999,999
FEP total submitted charges	419	12	N	9(10)V99
FEP IRS withholding	431	12	N	9(10)V99
FEP credit balance applied amount	443	12	N	9(10)V99
FEP paid amount	455	12	N	9(10)V99
FEP check total	467	12	N	9(10)V99
FEP check amount before IRS withholdings	479	12	N	9(10)V99
FEP payment ID number	491	15	N	9(15)

AH20 **Patient Account Blue Cross Payment History Line Request**

The AB20 returns institutional payment summary information which includes total amount and number of claims. The response to this request can be the AH2A or the ZZZZ if an exception is noted in the AH20.

FIELD	LOCATION	LENGTH	ATTRIBUTE	DESCRIPTION
Length	1	6	N, R	Length in bytes
Message ID	7	4	A, R	AH20
Release	11	3	N, R	003
Sign-on Information:	*14*	*28*	*R*	*Comprised of:*
• Submitter ID	14	8	A	Assigned by Blue Cross
• Filler	22	9	A	Spaces
• Password	31	8	A	Assigned by Blue Cross
• Filler	39	3	A	Spaces
Provider ID Qualifier	42	2	A, R	XX for NPI
Provider ID	44	15	N, R	Identifier indicated in Provider ID Qualifier field
Tax ID	59	9	A	Tax ID of provider
Payroll From Date	68	8	N	CCYYMMDD
Provider TX Access Number	76	8	A	For Internal Use Only
IVR Application Code	84	3	A	For Internal Use Only

AH2A **Patient Account Blue Cross Provider Payment History Response**

This is the response to the AH20.

FIELD	LOCATION	LENGTH	ATTRIBUTE	DESCRIPTION
Length	1	6	N, R	Length in bytes
Message ID	7	4	A, R	AH2A
Release	11	3	N, R	003
Sign-on Information:	*14*	*28*	*R*	*Comprised of:*
• Submitter ID	14	8	A	Assigned by Blue Cross
• Filler	22	9	A	Spaces
• Password	31	8	A	Assigned by Blue Cross
• Filler	39	3	A	Spaces
Provider ID qualifier	42	2	A, R	XX for NPI
Provider ID	44	15	N, R	Identifier indicated in Provider ID Qualifier field
Tax ID	59	9	A	Tax ID of provider
Payroll from date	68	8	N	CCYYMMDD
Provider TX access number	76	8	A	For Internal Use Only
IVR application code	84	3	A	For Internal Use Only
Message Output	*87*	*515*		*Comprised of:*
Payroll date	87	8	N	CCYYMMDD
Payee ID qualifier	95	2	A	XX for NPI
Payee ID	97	15	N	Payee NPI
Payee name	112	35	A	Name of Payee
Payee address1	147	35	A	Payee street address 1
Payee address2	182	35	A	Payee street address 2
Payee city	217	20	A	Payee city name
Payee state	237	2	A	Two-letter state code
Payee zip code (4)	239	5	N	First 5 digits of 9-digit zip code
Payee zip code (4)	244	4	N	Last 4 digits of 9-digit zip code
Provider last name	248	35	A	Last name of provider
Provider first name	283	15	A	First name of provider
Provider middle name	298	15	A	Middle name of provider
Multiple check indicator	313	1	A	"N" for No or a number for how many checks
Number of claims	314	9	N	Number of claims (up to 999,999,999)
Total submitted charges	323	12	N	9(10)V99
IRS withholding	335	12	N	9(10)V99

FIELD	LOCATION	LENGTH	ATTRIBUTE	DESCRIPTION
Credit balance applied amount	347	12	N	9(10)V99
Paid amount	359	12	N	9(10)V99
Check total	371	12	N	9(10)V99
Check amount before IRS withholdings	383	12	N	9(10)V99
Payment ID number	395	15	N	9(15)
FEP claim count	410	9	N	Number of claims up to 999,999,999
FEP total submitted charges	419	12	N	9(10)V99
FEP IRS withholding	431	12	N	9(10)V99
FEP credit balance applied amount	443	12	N	9(10)V99
FEP paid amount	455	12	N	9(10)V99
FEP check total	467	12	N	9(10)V99
FEP check amount before IRS withholdings	479	12	N	9(10)V99
FEP payment ID number	491	15	N	9(15)

8. Additional Trading Partner Information

8.1 Implementation Checklist

A checklist is intended to aide in technical, testing and/or enrollment processes. Refer to **Appendix A** for documents that can be printed as stand-alone forms to assist in the various aspects of setup, testing and enrollment. The checklist titles are:

- ✓ Communications/Connectivity Checklist
- ✓ Enrollment and Test Results Checklist

8.2 Transmission Examples

This section contains samples of the envelope and control segments to be submitted in real-time transmissions. Although the samples listed represent the 270 transaction, the 276 and 278 envelopes would be created the same way with the exception of the **Version/Release/Industry Identifier Code** in GS08 and ST02. Detailed information regarding the use of these segments is contained within *Appendix C* of each applicable TR3. Refer to **TPI Section 6** of this document for guidance specific to Blue Cross.

- ISA/IEA segments are related to the entire interchange, GS/GE segments are related to the functional group and the ST/SE segments are pertinent to the transaction.

Sample ISA (test) and matching IEA segments for an Eligibility & Benefits Inquiry (270):

```
Position:                                                                                                  1         1
         1         2         3         4         5         6         7         8         9         0         1         0
         0         0         0         0         0         0         0         0         0         0         0         0
---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|

ISA*00*          *00*          *ZZ*ABCTEST1       *ZZ*00510BS        *010509*0930*^*00501*123456789*1*T*:~
       Add spaces to the ISA data elements that do not meet length requirements.                          TEST

IEA*1*123456789~          Interchange 123456789 contains 1 Functional Group.                    (PRODUCTION=P)
```

Sample GS and matching GE segments:

```
GS*HC*ABCTEST1*00510BS*20091231*0930*148*X*005010X279A1~

GE*1*148~                 Functional Group 148 contains 1 transaction set.
```

Sample ST and matching SE segments:

```
ST*23485*005010X279A1~

SE*18*4985~               Transaction Set 4985 contains 18 segments including the ST and SE.
```

8.3 Trading Partner Agreement

EDI Trading Partner Agreements ensure the integrity of the electronic transaction process. Trading Partner Agreements are related to the electronic exchange of information, whether the agreement is with an individual or an entity representing each party to the agreement.

For example, a Trading Partner Agreement may specify among other things, the roles and responsibilities of each party to the agreement in conducting standard transactions.

Refer to **TPI Section 2.2** for the process necessary to enroll in data exchange with Blue Cross, including the appropriate forms and their location on the Blue Cross website**.**

8.4 Frequently Asked Questions (FAQs)

Questions related to **TPI** such as general EDI processes, connectivity, electronic communications, and enrollment were combined with **TI** questions to contain all FAQs in one area for easier reference. All FAQs are contained in **TI Section 4.3**.

8.5 Other Resources

Refer to **TI Section 4.4** for other resource information pertinent to both Trading Partner Information (TPI) and Transaction Instruction (TI).

9. Trading Partner Information Change Control Summary

Change and version information regarding both the Trading Partner Information (TPI) Section and the Transaction Instruction (TI) Section of this document are contained in a single Change Control Summary Table located immediately following the Table of Contents for easy reference.

Transaction Instructions(TI)

This section contains transaction guidance including clarification of situational rules, business rules, frequently asked questions and additional related information.

10. TI Introduction

10.1 Background

10.1.1 Overview of HIPAA Legislation

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carries provisions for administrative simplification. This requires the Secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial healthcare transactions primarily between healthcare providers and plans. HIPAA directs the Secretary to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard HIPAA serves to:

- Create better access to health insurance
- Limit fraud and abuse
- Reduce administrative costs

10.1.2 Compliance according to HIPAA

The HIPAA regulations at 45 CFR 162.915 require that covered entities not enter into a trading partner agreement that would do any of the following:

- Change the definition, data condition, or use of a data element or segment in a standard.
- Add any data elements or segments to the maximum defined data set.
- Use any code or data elements that are marked “not used” in the standard’s implementation specifications or are not in the standard’s implementation specification(s).
- Change the meaning or intent of the standard’s implementation specification(s).

10.1.3 Compliance according to ASC X12

ASC X12 requirements include specific restrictions that prohibit trading partners from:

- Modifying any defining, explanatory, or clarifying content contained in the implementation guide.
- Modifying any requirement contained in the implementation guide.

10.2 Intended Use

The Transaction Instruction component of this companion guide must be used in conjunction with an associated ASC X12 Implementation Guide. The instructions in this companion guide are not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guides and is in conformance with ASC X12’s Fair Use and Copyright statements.

11. Included ASC X12 Implementation Guides

This table lists the X12N Implementation Guides for which specific transaction instructions apply and which are included in **TI Section 3** of this document.

Unique ID	Name	Submitter
005010X279A1	Health Care Eligibility Benefit Inquiry (270) Health Care Eligibility Benefit Response (271)	Vendor/Provider Blue Cross
005010X212	Health Care Claim Status Request (276) Health Care Claim Status Response (277)	Vendor/Provider Blue Cross
005010X217	Health Care Services Review – Request for Review (278) Health Care Services Review – Response (278)	Vendor/Provider Blue Cross

12. Instruction Tables

These tables contain one or more rows for each segment for which only supplemental instruction is needed. When the notes are applicable to a data element only, a shaded row naming the segment for which the data element belongs will precede the note for the data element. Instruction regarding the enveloping of the transactions is located in **TPI Section 6**.

Legend:

SHADED rows represent "**segments**" in the X12N implementation guide.
NON-SHADED rows represent "data elements" in the X12N implementation guide.

12.1 Health Care Eligibility Benefit Inquiry and Response - 005010X279A1

Loop ID	Reference	Name	Codes	Notes/Comments
270 INQUIRY				
Header	**BHT**	Beginning of Hierarchical Transaction		
Header	BHT02	Transaction Set Purpose Code	13	Only use the purpose code of 13 (Request).
2100C	**NM1**	Subscriber Name		If multiple matches are found on the minimum search criteria, additional data will be requested to find a single match.
2100C	**DTP**	Subscriber Date		
2100C	DTP02	Date Time Period Format Qualifier	D8	
2100C	DTP03	Date Time Period		Send qualifier D8. If RD8 is submitted only, the last date will be used for match criteria.
2110C	**DTP**	Subscriber/Eligibility Benefit Date		
2110C	DTP02	Date Time Period Format Qualifier	D8	
2110C	DTP03	Date Time Period		Send qualifier D8. If RD8 is submitted only, the last date will be used for match criteria.
2100D	**DTP**	Dependent Date		
2100D	DTP02	Date Time Period Format Qualifier	D8	
2100D	DTP03	Date Time Period		Send qualifier D8. If RD8 is submitted only, the last date will be used for match criteria.
2110D	**DTP**	Dependent/Eligibility Benefit Date		
2110D	DTP02	Date Time Period Format Qualifier	D8	
2110D	DTP03	Date Time Period		Send qualifier D8. If RD8 is submitted only, the

Loop ID	Reference	Name	Codes	Notes/Comments
				last date will be used for match criteria.
271 RESPONSE				
				None

12.2 Health Care Claim Status Request and Response - 005010X212

Loop ID	Reference	Name	Codes	Notes/Comments
276 REQUEST				
2100A	**NM1**	Payer Name		
2100A	NM108	Identification Code Qualifier	PI	
2100A	NM109	Identification Code		Use 010BC for Institutional, 00510BS for Professional and 00510DN for Dental requests.
2100B	**NM1**			
2100B	NM108	Identification Code Qualifier	46	
2100B	NM109	Identification Code		The **Electronic Transmitter Identification Number (ETIN)** referenced in the TR3 should be the 8-character Submitter ID assigned by Blue Cross.
2100D	**NM1**			
2100D	NM108	Identification Code Qualifier	MI	
2100D	NM109	Subscriber Identifier		Member Identification Number is required. It is also referred to as Contract Number.
277 RESPONSE				
				None

13. TI Additional Information

13.1 Business Scenarios

At this time there are no other business scenarios explicit to Blue Cross transmissions that are not addressed in another section of this document or in the TR3 documents for the 270/721, 276/277 or 278 transactions.

13.2 Payer Specific Business Rules and Limitations

13.2.1 Scheduled Maintenance

The Real Time server should be available 24 hours a day, seven days a week for real-time transactions. Routine maintenance may impact server availability each Sunday.

13.2.2 Date Fields

All dates should be valid calendar dates in the appropriate format based on the respective qualifier. Failure to submit valid dates will result in rejection of the transaction.

13.3 Frequently Asked Questions

This section contains questions that are commonly asked by vendors and providers relating to general EDI, communications, connectivity and specific electronic real-time transactions in both HIPAA and proprietary formats.

Q1: What is a submitter ID?

A: A submitter ID is an eight-character alphanumeric identifier assigned to a clearinghouse, or to separate vendor clients. It is used to group information together pertinent to that submitter and is typically assigned by the vendor. However, Blue Cross reserves the right to reject the submitter ID if it does not meet the criteria or is already assigned. The password for the Submitter ID is always assigned by Blue Cross and will be appropriately disclosed during the enrollment process.

Q2: In relation to ASC X12 transactions, what does that term "envelope" mean?

A: The "envelope" is the term used to refer to the combination of the Interchange Control Header Segment (ISA) and the Interchange Control Trailer Segment (IEA). These segments are not actually part of the specific transaction itself but are used to precede and follow a transaction. The interchange information contains high-level information that "informs" a computer system about the type of information contained inside the file so it can prepare for that type of data.

Q3: What type of provider identifiers are needed in real-time transactions?

A: The National Provider Identifier (NPI) is required as the provider's primary identifier. Depending on the type of provider at a specific level in the transaction, other identifiers

may be required. Secondary provider numbers such as proprietary location numbers (Blue Cross numbers) or Unique Physician Identification Numbers (UPINs) are not allowed.

Q4: Does Blue Cross support multiple EQ segments in the eligibility (270/271) transaction?

A: No.

Q5: Does Blue Cross respond to "stacked" eligibility transactions?

A: No, each real-time transaction must be submitted within its own envelope. However, if a vendor intends to send many (over 100) 270s back-to-back, it is recommended that those requests be sent outside of peak business hours. Please send large volume requests between 7:00 p.m. through 6:00 a.m. Central Time.

Q6: What Service Types do you support in the Eligibility Response?

A: Blue Cross supports the service types listed in Appendix B. If a request is submitted with a service type not in the list, a 30 (Health Benefit Plan Coverage) will be returned.

Q7: What are the Release 004 changes to the AB5x messages?

A: The changes in release 004 of the Summary Plan Description messages include carriage returns in the response so the information returned can be better understood for parsing and display.

13.4 Other Resources

13.4.1 External Code Sources

An External Code Set is a group of codes with pre-defined meanings where only the values from that named code set may be used in specific data elements. A code set may be controlled by X12 or by an independent industry group. Information about these code sources is contained in *Appendix A* of all TR3 documents.

14. Transaction Instruction (TI) Change Summary

Change and version information regarding both the TPI Section and the TI Section of this document are contained in a single Change Control Summary Table located immediately following the Table of Contents for easy reference.

Appendix A: Checklist Forms

A checklist is intended to aide in technical, testing and/or enrollment processes. These documents can be printed as stand-alone forms to assist in the various aspects of setup, testing and enrollment. The checklists included in this section are:

- Communications/Connectivity Checklist
- Enrollment and Test Results Checklist

Communications/Connectivity Checklist

Detail regarding connectivity to the Blue Cross real-time server is contained in **TPI Section 1.4**.

Task	✓ Dates or Annotations
Determine the type of connection for your client: **Internet, Lan-2-Lan VPN.**	
Inform your EDI Vendor Rep about the connection option you have chosen.	
Acquire a user ID and password to access the Blue Cross real-time server.	
Establish a connection to the real-time server.	
Establish an interface.	
Transmit the inquiry or request.	
Receive the response.	
Display acknowledgment information to clients. **Remote login, print screen or onsite visit are options for EDI Vendor Reps to authenticate this requirement.**	

Enrollment and Test Results Checklist

Task	Date or other annotation
Are you a new vendor to Blue Cross? If so, complete, sign and submit a **New EDI Vendor Enrollment Form** and **Electronic Data Training Partner Agreement**. **Return forms by Fax to**: 205-403-3693 or **Email:** EDIVendortesting@bcbsal.org	

There are no "dummy" providers set up in the Blue Cross system. Vendors must have at least one client that has a relationship with Blue Cross and Blue Shield of Alabama in order to test.	
Test Information: **Submitter ID:**____________________ Date submitted: Circle transaction returned: 271 277 278 999 TA1 ZZZZ **Submitter ID:**____________________ Date submitted: Circle transaction returned: 271 277 278 999 TA1 ZZZZ **Submitter ID:**____________________ Date submitted: Circle transaction returned: 271 277 278 999 TA1 ZZZZ **Submitter ID:**____________________ Date submitted: Circle transaction returned: 271 277 278 999 TA1 ZZZZ **Submitter ID:**____________________ Date submitted: Circle transaction returned: 271 277 278 999 TA1 ZZZZ **Submitter ID:**____________________ Date submitted: Circle transaction returned: 271 277 278 999 TA1 ZZZZ	
Minimum criteria to pass testing: Multiple successful unique test transactions that receive valid responses.	

Appendix B: Service Types

Below is the list of Service Types Blue Cross supports in the 270/271 transactions. If a service type that is not in this list is submitted in the 270, we will return a service type 30 in the 271.

SVC Type	Description
1	Medical Care
2	Surgical
4	Diagnostic X-Ray
5	Diagnostic Lab
6	Radiation Therapy
7	Anesthesia
8	Surgical Assistance
9	Other Medical (used for sleep study and nutrition benefits)
12	Durable Medical Equipment Purchase
13	Ambulatory Service Center Facility
18	Durable Medical Equipment Rental
20	Second Surgical Opinion
30	Health Benefit Plan Coverage
33	Chiropractic
35	Dental Care
40	Oral Surgery
42	Home Health Care
45	Hospice
47	Hospital
48	Hospital–Inpatient
50	Hospital-Outpatient
51	Hospital-Emergency Accident
52	Hospital-Emergency Medical
53	Hospital-Ambulatory Surgical
57	Air Transportation
60	General Benefits
61	In-Vitro Fertilization
62	MRI/CAT Scan
65	Newborn Care
67	Smoking Cessation
68	Well Baby Care
69	Maternity
73	Diagnostic Medical
76	Dialysis
78	Chemotherapy
79	Allergy Testing
80	Immunizations
81	Routine Physical
82	Family Planning
83	Infertility
84	Abortion
86	Emergency Services
88	Pharmacy

93	Podiatry
98	Professional (Physician) Visit - Office
99	Professional (Physician) Visit - Inpatient
A0	Professional (Physician) Visit - Outpatient
A3	Professional (Physician) Visit - Home
A4	Psychiatric
A6	Psychotherapy
A7	Psychiatric-Inpatient
A8	Psychiatric-Outpatient
AD	Occupational Therapy
AE	Physical Medicine
AF	Speech Therapy
AG	Skilled Nursing Care
AI	Substance Abuse
AL	Vision (Optometry)
AM	Frames
BB	Partial Hospitalization (Psychiatric)
BF	Pulmonary Rehabilitation
BG	Cardiac Rehabilitation
BH	Pediatric
BT	Gynecological
BU	Obstetrical
BV	Obstetrical/Gynecological
BY	Physician Visit – Office: Sick
BZ	Physician Visit – Office: Well
CC	Surgical Benefits – Professional (Physician)
CD	Surgical Benefits – Facility
CE	Mental Health Provider – Inpatient
CF	Mental Health Provider – Outpatient
CG	Mental Health Facility – Inpatient
CH	Mental Health Facility – Outpatient
CI	Substance Abuse Facility – Inpatient
CJ	Substance Abuse Facility – Outpatient
CK	Screening X-Ray
CL	Screening Laboratory
CM	Mammogram, High Risk Patient
CN	Mammogram, Low Risk Patient
CO	Flu Vaccination
DM	Durable Medical Equipment
GY	Allergy
MH	Mental Health
PT	Physical Therapy
RT	Residential Psychiatric Treatment
UC	Urgent Care