

NEBLUE *connect*



Professional
Health Care Claim
ANSI ASC X12N 837P

Companion Document
Health Insurance Portability and Accountability Act



**BlueCross BlueShield
of Nebraska**

A Not-For-Profit Mutual Insurance Company and an Independent Licensee
of the Blue Cross and Blue Shield Association.

ANSI ASC X12N 837P Professional Health Care Claim

Companion Document
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The Health Insurance Portability and Accountability Act (HIPAA) requires that all health insurance payers in the United States comply with the electronic data interchange (EDI) standards for health care as established by the Secretary of Health and Human Services (HHS). The ANSI X12N 837P implementation guide has been established as the standards of compliance for eligibility transactions. The implementation guides for each transaction are available electronically at www.wpc-edi.com.

The following information is intended to serve only as a companion document to the HIPAA ANSI X12N 837P implementation guide. The use of this document is solely for the purpose of clarification. This companion document supplements, but does not contradict any requirements in the X12N 837P implementation guide.

This document is subject to change as new information is available. Please check the BCBSNE Provider Web Site at www.bcbsneprovider.com for updated documents. Just click on the NEBLUECONNECT link to find all of the BCBSNE Companion Guides.

BCBSNE Requirements – 837P

General Information

NEBLUECONNECT requires using delimiters from the following list: > * ~ ^ | :
Submitting delimiters not supported with this list may cause an interchange (transmission) to be rejected.

NEBLUECONNECT will generate a 997 Functional Acknowledgement transaction in reply to the 837 transaction. The 997 performs validation against the X12 Standard.

NEBLUECONNECT will also generate a Claims Confirmation Report, also known as Gen Response Report, if the 837 passes X12 Standard validation. This is a report of the validation against the HIPAA Implementation Guide.

BCBSNE will reject an interchange (transmission) submitted with more than 9999 loops.

BCBSNE will reject an interchange (transmission) submitted with more than 9999 segments per loop.

BCBSNE will reject an interchange (transmission) with more than 5000 CLM segments (claims) submitted per transaction set.

BCBSNE applies Business Quality Edits to the claim after the claims have passed syntax and structure edits. Any claims that are rejected during the Quality Edit Process are reported on the Quality Edit Reject Report. The Quality Edit Reject Report is generated during the nightly batch cycle and sent back out to the trading partner mailbox.

Credit/Debit card information will be ignored and will not be processed. Credit/Debit card information must not be used to bill payers.

Negative dollar amounts will not be processed and will result in the claim being rejected, unless the negative dollar amounts are in COB segments. The maximum size for dollar amount fields is 10 characters (8 digits and 2 decimals). Blue Cross claims submitted with dollar amounts in excess of 99999999.99 will be returned to the submitter.

Dollar amounts must be rounded to two decimal spaces.

BCBSNE requires that percentages and/or units must be rounded to the nearest whole number.

Interchange Sender and Receiver ID Requirements

ISA and GS

ISA05 = ZZ

ISA06 = Seven digit BCBSNE Trading Partner Number

ISA07 = ZZ

ISA08 = NEBLUECONNECT

GS02 = Seven digit BCBSNE Trading Partner Number

GS03 = NEBLUECONNECT

NPI Information

After May 23rd, 2008 BCBSNE requires the NPI (National Provider ID) to be present at both the billing provider level (2010AA loop) and the rendering provider level (2310B loop or the 2420A loop).

If you send the NPI Number, your Tax ID Number is required.

The NPI mandate states that legacy IDs are not to be sent after May 23rd, 2008.

Loop, Segment, Element

Header Level

BHT Segment

Beginning of Hierarchical Transaction

BHT02	For BCBSNE, the transaction set purpose code must equal 00 (original)
BHT06	BCBSNE requires the claim or encounter equal CH (chargeable)

Receiver Name 1000B Loop

NM1 Segment Receiver Name

NM103	Please use NEBLUECONNECT for the Organization name.
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Billing Provider 2000A Loop

CUR Segment Currency Information

2000A, CUR02	Currency Code must equal USA for BCBSNE.
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Billing Provider Name 2010AA Loop

NM108	NPI Qualifier
NM109	NPI number
REF01	Please use EI (Employer's Identification Number)
REF02	Employer's Identification Number

Subscriber Name 2000B Loop

SBR Segment Subscriber Name

- SBR02 Patient Relationship to Insured Code is edited against the BCBSNE Membership System.
- SBR09 For the claim to route correctly to BCBSNE please use BL.
BCBSNE also accepts HM.
Your claims will be rejected with "Unable to Determine Route" if one of these values is not sent

Subscriber Name 2010BA

NM1 Segment Subscriber Name

- NM108 Submit MI for BCBSNE.
- NM109 BCBSNE requires all Member ID information as follows:
1. Must include Member ID including Plan Prefix, ID# and Member suffix
 2. When submitting multiple parts of an ID, the data should be provided to BCBSNE as a string with no dashes, spaces, commas, slashes, etc. in between the elements of the ID.
 3. If the patient or subscriber name contains a hyphen, it must be present on the claim.

Without the Plan Prefix, BCBSNE may not be able to match the member identification number correctly.

An example of Member suffix for a Member ID is:

ID Card is YES123 45 6789 with the following names below that ID#:
John Q Public 01
Jane A Public 02

The suffix for John is 01 and the suffix for Jane is 02. The entire Member ID for Jane would consist of YES12345678902 with no dashes, no spaces, no commas and no slashes specified.

Payer Name 2010BB Loop

NM1 Segment Payer Name

- NM109 For your claims to route to BCBSNE correctly please use following:
77780 with qualifier NI (NAIC) in the NM108
00760 with qualifier PI (Payor Identification) in the NM108

Your claims will be rejected with "Unable to Determine Route" if one of these values is not sent.

Claim Information 2300 Loop

CLM Segment Claim Information

- CLM01 Patient Control Number can not exceed the IG gray box edit of:

No more than 20 positions of the submitted number will be stored on the BCBSNE claims processing system
- CLM02 For BCBSNE, claim total charges must be greater than zero.

Negative dollar amounts will not be processed and will result in the claim being rejected, unless the negative dollar amounts are in COB segments.

The maximum size for dollar amount fields is 10 characters (8 digits and 2 decimals). Blue Cross claims submitted with dollar amounts in excess of 99999999.99 will be returned to the submitter.

Dollar amounts must be rounded to two decimal spaces.
- CLM20 Data submitted in CLM20 will not be used for processing.

PWK Segment Paperwork

- PWK You may submit the PWK related to the claim by the following Report Transmission codes:
BM - By Mail at the following address:

PWK837
Blue Cross and Blue Shield of Nebraska
PO Box 247039
Omaha, NE 68124-7039

EM - Email to: PWK837@BCBSNE.com

FX - Fax to local #402-548-4684 or toll free to 1-888-233-8084

If the PWK segment is utilized, each page of PWK submitted MUST have the attachment control number clearly visible.

BCBSNE will not be able to process any PWK that is sent via fax, email, regular mail or electronically without the attachment control number.

ONLY information relating to Claim Supplemental Information (PWK) may be sent to these addresses.

NTE Segment Claim Note

Data submitted in this segment in the 2400 Loop with an "ADD" qualifier in the NTE01 will be used for processing. Data may be required in this field, for example when a code is used that does not provide detailed enough information to process the claim, i.e. 99499. Data in the 2300 Loop can not be currently used in the processing of a claim.

HI Segments

BCBSNE claim system does not process decimal points in the ICD9-CM diagnosis codes.

Diagnosis codes have a maximum of 5 characters.

Diagnosis codes may be sent as described in the Implementation Guide, however; only the first three diagnosis codes will be considered for adjudication and payment determination on professional claims.

Rendering Provider 2310B Loop

NM108	NPI Qualifier
NM109	NPI number
REF01	Please use EI (Employer's Identification Number)
REF02	Employer's Identification Number

Other Subscriber Information 2320 Loop

BCBSNE is using the business model referenced in the Implementation Guide as the "Provider-to-Payer-to-Provider Model 1" for COB processing

Service Line 2400 Loop

SV1 Segment Professional Service

SV101	On Blue Shield claims, you may send up to four modifiers. The BCBSNE claims system will only use the first 2 modifiers for adjudication and payment determination of claims.
SV103	The maximum size for the service unit count is 7 characters. Claims submitted with data that exceeds this limit will error and be returned to the submitter.

PWK Segment DMERC CMN Indicator

You may submit the PWK related to the claim by the following Report Transmission codes:

BM - By Mail at the following address:

PWK837
Blue Cross and Blue Shield of Nebraska
PO Box 247039
Omaha, NE 68124-7039

EM - Email to: PWK837@BCBSNE.com

FX - Fax to local #402-548-4684 or toll free to 1-888-233-8084

If the PWK segment is utilized, each page of PWK submitted MUST have the attachment control number clearly visible.

BCBSNE will not be able to process any PWK that is sent via fax, email, regular mail or electronically without the attachment control number.

ONLY information relating to Claim Supplemental Information (PWK) may be sent to these addresses.

NTE Segment Line Note

Data submitted in this segment with an "ADD" qualifier in the NTE01 will be used for processing.