837 Institutional Claims
Standard Companion Guide

Refers to the Implementation Guides Based on
ASC X12N version: 005010X223A2

Blue Cross and Blue Shield of Louisiana's

837 Institutional Claims Standard Companion Guide

This guide is for clarification purposes only and is intended to assist in the submission of 837I transactions to Blue Cross and Blue Shield of Louisiana. It is not intended to include all claim filing guidelines or in any way to exceed the requirements or usage of data expressed in the TR3.

This companion guide has been developed by Louisiana Blue and should be used in conjunction with the ASC X12 Standards for Electronic Data Interchange Technical Report Type 3 (TR3) Health Care Claim: Institutional version 005010X223A2.

To use this guide, first familiarize yourself with the table of contents, which will direct you to the information you need.

All times in this guide refer to Central Standard Time (CST).

This guide is available online at www.lablue.com/providers >Electronic Services >Companion Guides.

If you have questions about the information in this guide, you may send an email to EDIservices@lablue.com.

Please Note:

This guide contains general instructions. It is provided for informational purposes only. Every effort has been made to print accurate, current information. Errors or omissions, if any, are inadvertent.

Contact Information

EDI Customer Service and Technical Assistance

All questions related to EDI transactions should be directed to EDI Services. Customer and technical support are provided during our normal business hours of Monday through Friday, 8:30 a.m. to 4:30 p.m. Central Standard Time (CST). Holiday and other unexpected closures will be communicated through iLinkBlue and on the EDI Services voicemail message.

Phone:	1-800-716-2299, option 3
Email Address:	EDIservices@lablue.com
Fax:	(225) 298-2945
Mailing Address:	Louisiana Blue – EDI Services P.O. Box 98029 Baton Rouge, LA 70898-9029

Provider Services

For questions unrelated to the electronic exchange or connectivity, the following units are available for other support services:

Support Unit	Phone Number
Customer Care Center	1-800-922-8866
Federal Employee Program (FEP)	1-800-272-3029
BlueCard® (Out of Area)	1-800-676-2583
Louisiana Blue Authorizations 8 a.m. - 5 p.m.	1-800-523-6435
Louisiana Blue Authorizations 5 p.m. - 8 a.m.	1-888-809-2698
Network Administration	1-800-716-2299
• For questions regarding provider contracts	option 1
• For questions regarding provider credentialing and data management	option 2
• For questions regarding iLinkBlue or Electronic Transactions	option 3
• For questions regarding provider relations	option 4
• For questions regarding administrative representative setup	option 5

Applicable Websites/emails

EDI Clearinghouse Support Email address: EDIservices@lablue.com

Louisiana Blue Provider Page: www.lablue.com/providers

EDI Clearinghouse Documentation: www.lablue.com/providers >Electronic Services

Disclosure Statement:

Claim adjudication to which a member is entitled are limited to those set out in the member's benefit plan in effect at the time services are performed. The payment of a claim is subject to and conditioned on the terms of the member contract/certificate, including, without limitation, eligibility, waiting periods, exclusions, medical waivers or riders, deductibles, coinsurance, copayments, coordination of benefits or other contract limitations, and/or determinations of medical necessity. Benefits for care received from non-network provider and/or for care not authorized by the member's Blue Plan, where required, may be subjected to the member's out-of-network benefits and/or contract stipulations.

Additionally, Louisiana Blue is committed to maintaining the integrity and security of healthcare data in accordance with applicable state and federal laws and regulations.

Table of Contents

General Information

The Health Insurance Portability and Accountability Act of 1996 (HIPAA), requires that all health insurance payers (including but not limited to Louisiana Blue) and all covered entities adopt national standards for electronic healthcare transactions, code sets, unique health identifiers and security. The 837I transaction set has been named under 45 CFR 162 as the Electronic Data Interchange (EDI) standard for Health Care Claim Institutional.

Scope

All clients exchanging institutional claim transactions must use the X12 IG/TR3 5010 ASC X12N 837I (005010X223A2), Health Care Claim: Institutional and the ASC X12 999, Implementation Acknowledgement for Health Care Insurance. Both can be purchased from the Washington Publishing Company.

This companion guide is within the framework of the ASC X12 adopted for use under HIPAA and is not intended to contradict or exceed the X12 requirements.

This guide provides clarification on Louisiana Blue requirements of situational data elements and segments that must be used as well as those that do not apply to Louisiana Blue. Additionally, it contains detailed information regarding the setup process, Louisiana Blue contact information, accepted communications, reports and more. Therefore, this document should be used by technical and business resources involved in the 837I process exchange.

Providers, clearinghouses and/or third-party vendors, hereinafter referred to as trading partners should use this companion guide to supplement the X12 guides for exchanging 837I transactions with Louisiana Blue.

All claim transactions must also conform to guidelines set forth in our Louisiana Blue provider manuals, including the *Member Provider Policy & Procedure Manual** as well as comply with any provisions in your Louisiana Blue provider agreement(s).

*The manual is available online at www.lablue.com/ilinkblue >Resources.

Overview

The 837I inbound is the claim transaction sent from the trading partner to Louisiana Blue to request claim adjudication. We allow batch submissions of claim transactions.

Batch transactions are an accumulation of 837 claim transactions for many members/patients. Once accumulated, the trading partner connects to Louisiana Blue and the "batch" is dropped off for processing.

On a normal business day, claim transmissions are moved at 3 p.m. for nightly processing. All batch transmissions received after this time will be processed the following business day. Additional details regarding normal business days and response times can be found in the "Connectivity with the Payer/Communications" section of this guide.

Claim transactions are subject to HIPAA validation. Validation occurs at the batch and claim level. All claim transactions are subjected to the Workgroup for Electronic Data Interchange (WEDI) Strategic National Implementation Process (SNIP) validation levels 1-4:

SNIP Level	Validation	Purpose of Validation
1	EDI Syntax Integrity	Ensures valid X12 syntax submitted
2	Syntactical Requirement	Validates X12 adheres to Implementation Guide (IG)
3	Balancing	Verifies field totals are correct and financial balancing
4	Situational	Tests inter segment situations (if A occurs then B is required)

In addition, Louisiana Blue business-specific edits are applied. A complete listing of the error message descriptions can be found in the "Acknowledgements and Reports" section of this guide.

Claims that fail HIPAA validation or Louisiana Blue's business rules require correction and resubmission.

Reference
_____

X12 Version 5010A1 Technical Requirements 3:

X12 transactions are developed and maintained by the Accredited Standards Committee X12, which is chartered by the American National Standards Institute. X12 guides are published and can be purchased from the Washington Publishing Company website at www.wpc-edi.com.

Getting Started

Working with Louisiana Blue

Trading partners exchanging 837I transactions with Louisiana Blue may do so 24 hours, seven days a week. The system will be periodically unavailable for scheduled maintenance and updates outside of normal business hours. Although Louisiana Blue strives to have the systems available 24 hours, seven days a week, uninterrupted service is not guaranteed.

Production transmissions are moved at 3 p.m. for nightly processing. All batch transmissions received after this time will be processed the following business day.

We provide both email and telephone support to our clients during our normal business hours, Monday through Friday, 8 a.m. to 4:30 p.m. Exceptions are made for holidays and emergency closures.

Trading Partner Registration

Trading partner registration is required in order to exchange transactions with Louisiana Blue.

The following table is designed to provide a high-level guide of enrollment and the activation process. For complete details on testing and moving into production processing, refer to the "Testing Overview" section of this guide.

Step	Activity
1	**EDI Enrollment** For initial enrollment, sign and return two (2) originals of the Electronic Trading Partner Agreement ("Agreement") and the EDI Transaction Addendum. These documents can be downloaded from the Louisiana Blue corporate website.
2	**Test Submitter ID Assigned and Notification** Upon receipt of the appropriate agreements, Louisiana Blue will issue a test submitter identification (ID) number and a secure password.
3	**Testing** Trading partner submits test transactions. Large locations maximum of 1,000 claims. Small locations, a minimum of 50. File should contain valid patient data; otherwise, the test may fail. Must contain claims representative of claims that will be submitted in production. The trading partner is responsible for reviewing test results, correcting identified errors and retesting.
4	**Live/Production** Once a successful test is completed, an EDI representative will issue a production submitter ID number and a secure password via written notification (email).

Electronic Trading Partner Agreement

In order to exchange electronic transactions with Louisiana Blue, we require the submission of our Electronic Trading Partner Agreement, which can be found along with the detailed enrollment instructions on our Provider Page at www.lablue.com/providers >Electronic Services >Clearinghouse Services.

Testing Overview

Louisiana Blue will require testing with trading partners before accepting production transmissions. Testing is prudent to ensure errors are identified prior to moving into production submissions. Failure to properly test can result in a negative impact on provider cash flow.

The trading partner will receive all report outputs that are available in production. For example, if a trading partner submits a test file, they will receive a TA1 and 999. Then, depending on the results; other reports may be provided. To explain, when the entire submission passes HIPAA validation, the Accepted/Not Accept Report will be generated. When individual claims or a batch (ST/SE) fails, the BCCLREDI report will also be returned. However, when the entire submission (ISA/IEA) fails, only the BCCLREDI report will be returned.

Retesting is required if you are upgrading your billing software or changing software vendors. Louisiana Blue reserves the right to revoke production status when trading partners' transactions repeatedly cause production errors.

Testing with the Payer

Adhere to this checklist to ensure a smooth transition in the electronic exchange of transactions with Louisiana Blue.

Testing Checklist:

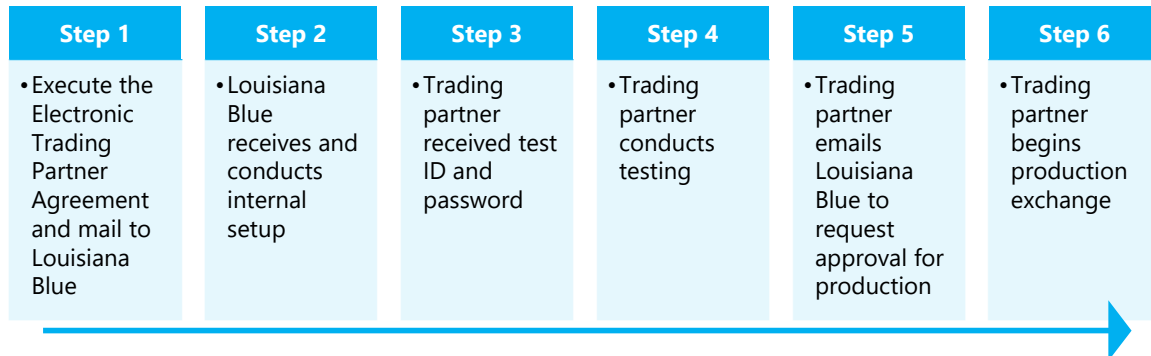| Validate Key Fields Prior to Test & Production Submissions	
✓	Verify usage indicator in the ISA15 is correct (Must be T for test and P for production)
✓	Use valid patient data and a rich variety of production claim types
✓	Validate the Blue member ID number and that the contract number fields include the member's 3-character prefix. Federal Employee Program member ID numbers do not have a 3-character prefix. These member ID numbers have the letter "R," followed by eight or nine numeric values.
✓	Confirm the correct billing provider number, National Provider Identifier (NPI) and taxonomy (when subunits share an NPI) are accurate for the unit in which services were performed
✓	Verify the assignment of benefits indicator correctly identifies the appropriate direction of payment (provider or subscriber)

Testing Steps

Below is a quick view of testing and how to request production activation.

	Testing Requirements
1	Trading partner submits completed Electronic Trading Partner Agreement
2	Louisiana Blue distributes a test submitter ID and secure password
3	Trading partner creates test file of claims containing: • Valid patient data • Rich variety of the claim types that will be submitted in production *Example: In and outpatient surgery, diagnostic and medical, emergency room*
4	Maximum of 1,000 claims per test. For smaller facilities, a minimum of 25/50 claims are required for test/approval
5	Trading partner transmits test file to Louisiana Blue clearinghouse
6	Test files automatically process at 8 a.m. and 10 a.m. Monday - Friday
7	Trading partner retrieves and reviews the following reports: • TA1 • 999 • BCCLREDI (if generated) • Accept/Not Accepted (if claims pass HIPAA validation)
8	Trading partner corrects and resubmits files if errors issued on BCCLREDI or Not Accepted Report
9	Continue testing (all claims) until 98% pass rate achieved
10	Trading partner emails EDIservices@lablue.com to advise: • Testing complete • Date of Accept/Not Accepted Report that indicated 98% pass rate • Request approval to be moved into production
11	Once a successful test is completed, an EDI representative will issue a production submitter ID number and a secure password via written notification (email)
	Note: Test Transactions are NOT Processed for Payment

Connectivity with the Payer/Communications

Process Flows

To submit 837I transactions with Louisiana Blue, the trading partner needs to comply with the requirements in our high-level enrollment process.

Step 1	Step 2	Step 3	Step 4	Step 5	Step 6
• Execute the Electronic Trading Partner Agreement and mail to Louisiana Blue	• Louisiana Blue receives and conducts internal setup	• Trading partner received test ID and password	• Trading partner conducts testing	• Trading partner emails Louisiana Blue to request approval for production	• Trading partner begins production exchange

Transmission Administrative Procedures

Structure Requirements
For claim transactions we accept batch transactions. Batching is an accumulation of 837I transactions for many members/patients. Once accumulated, the trading partner connects to Louisiana Blue and the "batch of transactions" is dropped off for processing.

Response Times Production
Responses for transactions received Monday through Friday (non-holiday) by 3 p.m., should be available by 8 p.m. the same business day. Transactions received after 3 p.m., all responses will be returned by 8 p.m. the following business day.

Test
Responses will be returned at 8 a.m. and 10 a.m.

Communication Management

Louisiana Blue uses a communication management software package called Ipswitch Messageway as the focal point for secure file transfers with business partners.

File Transfer Protocol (FTP)

The secure session options that Louisiana Blue has available to its clients are:

- FTPS – FTP with SSL (Implicit encryption)
- FTPS – FTP with SSL (Explicit encryption)
- SFTP – FTP over SSH

Just about any modern secure FTP client will work as long as it supports FTPS and SFTP. A list of common software packages that can be used to establish connection is listed below. Please be aware that Louisiana Blue does not advocate any of these products over the others available.

Common FTP Software
FileZilla
CuteFTP
CoreFTP
Glub Tech Secure FTP
WS_FTP Professional

If you are already using a dedicated FTP client, chances are it already has secure FTP capabilities built into it, so it is advised to explore that option prior to upgrading or changing to a different client program.

Configuring FTPS (Implicit port 990)

In the connection setup or properties of the connection to MFT.BCBSLA.COM (199.117.168.21), locate the option that allows you to choose the protocol type. Select the uses FTP with SSL (implicit encryption) on port 990.

To help illustrate this procedure, to the right is a screen capture from the CoreFTP client on how this feature appears (configuration options may vary depending on which FTP client is being used).
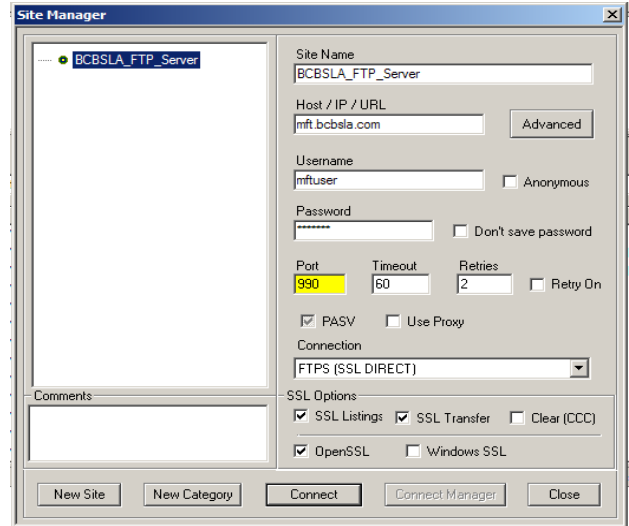
Configuring FTPS (Explicit port 10021)

In the connection setup or properties of the connection to MFT.BCBSLA.COM (199.117.168.21), locate the option that allows you to choose the protocol type. Select the uses FTP with SSL (explicit encryption) on port 10021.
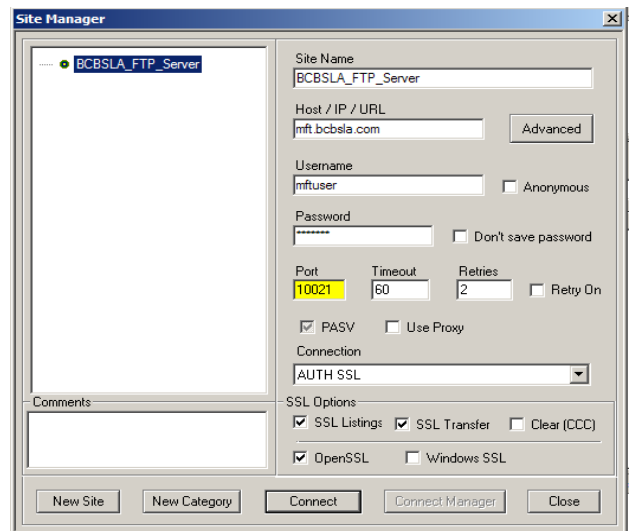
To help illustrate this procedure, to the right is a screen capture from the CoreFTP client on how this feature appears (configuration options may vary depending on which FTP client is being used).

Configuring SFTP

In the connection setup or properties of the connection to MFT.BCBSLA.COM (199.117.168.21), locate the option that allows you to choose the protocol type. Select the option that uses SFTP using SSH on port 22.
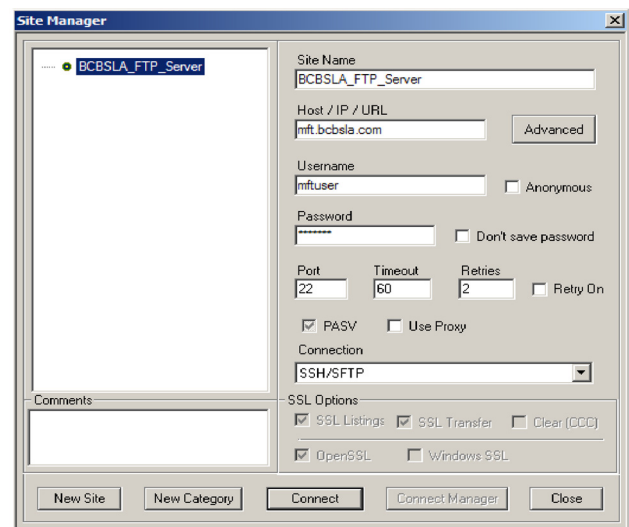
To help illustrate this procedure, to the right is a screen capture from the CoreFTP client on how this feature appears (configuration options may vary depending on which FTP client is being used).

FTP File Formats

Louisiana Blue accepts HIPAA ASC X12N approved standard transaction formats. The table below lists accepted transaction formats and their transmission modes.

Transactions	Transaction ID	Mode
Institutional Claims	837I	Batch
Professional Claims	837P	Batch
Dental Claims	837D	Batch
Eligibility Request and Response	270/271	Real-time and Batch
Claim Status and Response	276/277	Real-time and Batch
HC Services Review and Response	278	Real-time and Batch
Electronic Remittance	835	Outbound-Batch

FTP Host Site

MFT.BCBSLA.COM (199.117.168.21)

Trading Partner Submitter ID and Passwords

HIPAA privacy and security rules set forth in Social Security Act § 1173(d) require authentication to ensure that unauthorized access to protected health information does not occur. Therefore, Louisiana Blue has instituted ID and password protections with trading partner's engaging in EDI transactions.

Authentication requires a unique trading partner ID and password. Once the Electronic Trading Partner Agreement has been authorized, Louisiana Blue assigns and distributes, via secure email, the trading partner ID and in a separate email, the secure password. The password email will not contain the trading partner ID number due to security purposes.

Each trading partner is responsible for maintaining the security of the ID and password.

Control Segments/General Structure

- Each inbound transaction must contain at least one ISA/IEA interchange. Within the ISA to IEA, at least one GS/GE functional groups, and each GS/GE must contain one or more ST/SE transaction sets.

- Drug codes require National Drug Code (NDC) codes

- Negative values are not processed

- Claim charges submitted in excess of $99,999,999.99 are not allowed

- Maximum of 5,000 claims per batch

- Maximum of 99 lines per claim

- Louisiana Blue does not support file compression

- Louisiana Blue recommends that trading partners use the preferred transaction delimiters:

Preferred 837 Transaction Delimiters

Character	Name	Delimiter
*	Asterisk	Data Element Separator
:	Colon	Component Element Separator
~	Tilde	Segment Terminator
^	Carat	Repetition Separator

Enveloping Specifications

The following pages define the Louisiana Blue-specific requirements regarding the header and trailer associated with the Interchange Control (ISA/IEA), Function Group (GS/GE) and Transaction Set (ST/SE).

Interchange Control/Envelopes ISA (Header) and IEA (Trailer)

Element	Description	Value	Comments
ISA01	Authorization Info Qualifier	00	Use 00
ISA02	Authorization Info	1234567890	Must use 1234567890
ISA03	Security Qualifier	00	Use 00
ISA04	Security Information	1234567890	Must use 1234567890
ISA05	Interchange ID Qualifier	ZZ	Must use ZZ
ISA06	Interchange Sender ID		• Submitter ID number assigned by Louisiana Blue • Fixed length field: 15 positions must left justify • GS02 must contain same value
ISA07	Interchange ID Qualifier	ZZ	Must use ZZ
ISA08	Interchange Receiver ID	BCBSLA001	Must use BCBSLA001. Fixed length field: 15 positions must left justify Ex. BCBSLA001------
ISA09	Interchange Date	YYMMDD	Use YYMMDD format
ISA10	Interchange Time	HHMM	Use HHMM format
ISA11	Repetition Separator	^	Use ^ (carat)
ISA12	Version ID	00501	Must use 00501
ISA13	Interchange Control #		Must be identical to value in IEA02
ISA14	Acknowledgement Requested	0 or 1	TA1 will automatically be sent for files that cannot be processed or submitted for HIPAA validation
ISA15	Usage Indicator	T or P	Must be T for test or P for production
ISA16	Component Separator	:	Use : (colon)
IEA01	Number of Included Functional Groups		Count of functional groups (GS to GE) contained within the interchange

Element	Description	Value	Comments
IEA02	Interchange Control #		Assigned by the sender. (IEA02 must be identical to ISA13). Fixed length field must contain 9 positions.

Functional Group GS (header) and GE (trailer)

Element	Description	Value	Comments
GS01	Functional Identifier Code	HC	837 Institutional = HC
GS02	Application Sender ID		Must use Submitter ID number assigned by Louisiana Blue. Must contain same value as ISA06.
GS03	Application Receiver ID	BCBSLA001	Must use BCBSLA001
GS04	Date	CCYYMMDD	Creation Date in CCYYMMDD format
GS05	Time	HHMM	Creation Time in HHMM format
GS06	Group Control Number	Same as GS02	Assigned by the sender (GS06 must be identical to GE02)
GS07	Agency Code	X	Must be X Accredited Standards Committee
GS08	Version/Release	005010x223A2	837I must be: 005010X223A2
GE01	Number of Transaction Sets		Total number of transaction sets (ST to SE) contained within the functional group
GE02	Group Control Number		Assigned by the sender (GE02 must be identical to GS06)

Transaction Set ST (header) and SE (trailer)

Element	Description	Value	Comments
ST02 & SE02	Transaction Set Control Number		Assigned by the sender (ST02 must be identical to SE02). Field must contain 4 – 9 positions and cannot contain more than 3 leading zeros.
ST03	Implementation Convention Reference	005010X223A2	For 837 Institutional must use: 005010X223A2

Payer Specific Business Rules

Louisiana Blue Contract Numbers

The member ID number is vital in submission of paper and electronic transactions. Obtaining a basic understanding of the various contract types should assist in avoiding unnecessary rejections for invalid contract number.

Contract/Claim Filing Guide

Louisiana Blue Contract Types

Type	Contract	How to Identify	Filing Guide	Member ID Examples	Report Prefix
Louisiana Blue	Blue Cross and Blue Shield of Louisiana	Member ID card indicates Louisiana Blue as the healthcare plan	Always include the 3-character prefix that precedes the member ID. Patient name (first and last) and date of birth must match the Louisiana Blue system.	XUA 200000000 XUP 223456789 XUH 123456789 BPS 123456789	Yes
FEP	Federal Employee Program	Member ID begins with R, followed by 8 or 9 numeric digits	First position must be R, remaining 8 or 9 positions must be numeric	R123456780 R03456789	N/A
ITS	Out of Area BlueCard®	3-character prefix. Members ID card shows a BlueCard indicator	Always include the 3-character prefix that precedes the member ID. The prefix can be either all alpha or alpha numeric.	S4W 1234567890 MTM 123456789	Yes

Taxonomy Codes

Taxonomy codes are federally established 10 position alpha-numeric codes that healthcare providers use to identify their unique specialty areas.

When a healthcare provider (professional or facility) has a single NPI that is shared for multiple specialties/locations, Louisiana Blue uses the NPI, Tax ID, DOS and ZIP code in order to achieve a one-to-one match to the appropriate Louisiana Blue-assigned provider number. In the event a single match cannot be made, then the taxonomy code is required on claim submissions and is then used to select the appropriate number.

The following table provides a listing of the taxonomy codes currently set up for submission to Louisiana Blue. To expedite claims submission, it is recommended that if a taxonomy code is required for claim processing, the selection of a valid code be made from this listing. If a code will be used that is not listed, prior to submitting claims, please contact EDI Services, to advise the taxonomy code you will be using and to determine if Louisiana Blue will set up that taxonomy code for claims processing.

Failure to work with EDI staff prior to using a taxonomy code not found on the table may result in rejected claims.

Taxonomy Codes Set Up in Louisiana Blue System

Provider Description	Taxonomy Code	Claim Type
General Acute Hospital	282N00000X	837I
General Acute Hospital	282NC0060X	837I
General Acute Hospital	282NC2000X	837I
General Acute Hospital Rural	282NR1301X	837I
General Acute Hospital	282NW0100X	837I
Skilled Nursing Facility	275N00000X	837I
Skilled Nursing Facility (SKNF) & VA Military Hospital Skilled Nursing Facility	314000000X	837I
Nursing Home	376G00000X	837I
Urology	203BU0002X	837P
Family Practice	207Q00000X	837P
Internal Medicine	207R00000X	837P
Obstetrics and Gynecology	207V00000X	837P
Ophthalmology	207W00000X	837P
Physical Medicine & Rehabilitation	208100000X	837P
Psychiatry	2084P0800X	837P

Provider Description	Taxonomy Code	Claim Type
General Practice	208D00000X	837P
Cardiothoracic Vascular Surgery	208G00000X	837P
Hospitalist	208M00000X	837P
Home Health Agency	251E00000X	837I
Orthodontics and Dentofacial Orthopedics	1223X0400X	837D
Pharmacy	333600000X	837P
Pharmacy	3336C0002X	837P
Pharmacy	3336C0003X	837P
Pharmacy	3336C0004X	837P
Pharmacy	3336I0012X	837P
Pharmacy	3336L0003X	837P
Pharmacy	3336M0002X	837P
Pharmacy	3336M0003X	837P
Pharmacy	3336N0007X	837P
Specialty Pharmacy	3336S0011X	837P
Multi-Specialty Clinic	193200000X	837P
Rehabilitation – Clinic	261QR0400X	837P
Laboratories	291U00000X	837P
Ambulance	341600000X	837P
Ambulance	3416A0800X	837P
Ambulance	3416L0300X	837P
Psychologist	103T00000X	837P
Psychology – Prescribing (Medical)	103TP0016X	837P
Chiropractor	111N00000X	837P
Registered Nurse	166W00000X	837P
Ambulatory Surgery Center	261QA1903X	837I
Renal Dialysis Facilities	261QE0700X	837I
Nurse Practitioner	363L00000X	837P
Nurse Practitioner – Family	363LF00000X	837P
Clinical Nurse Specialty	364S00000X	837P

Provider Description	Taxonomy Code	Claim Type
CRNA	367500000X	837P
Physical Therapy	225100000X	837P
Occupational Therapist	225X00000X	837P
Speech & Language Pathologist	235Z00000X	837P
Physical Therapy-Clinic	261QP2000X	837P
Optometrist	152W00000X	837P
Durable Medical Equipment	332B00000X	837P
Durable Medical Equipment	332BC3200X	837P
Durable Medical Equipment	332BD1200X	837P
Durable Medical Equipment	332BN1400X	837P
Durable Medical Equipment	332BP3500X	837P
Durable Medical Equipment	332BX2000X	837P
Durable Medical Equipment	335E00000X	837P
Audiologist	231H00000X	837P
Social Worker	104100000X	837P
Rehabilitation Center	273Y00000X	837I
Rehabilitation Center	283X00000X	837I
Psychiatric Hospital	273R00000X	837I
Psychiatric Hospital	283Q00000X	837I
Rehabilitation, Substance Abuse Disorder	261QR0405X	837I
Alcohol Drug Rehab CDU	276400000X	837I
Hospice	251G00000X	837I
Hospice	315D00000X	837I
Lithotripsy Orthotripsy	261QL0400X	837I
Licensed Professional Counselor	101Y00000X	837P
Marriage & Family Therapist	106H00000X	837P
Hematology & Oncology	207RH0003X	837P
Diagnostic Radiology Center	2085R0001X	837P
Diagnostic Radiology Center	2085R0202X	837P
Diagnostic Radiology Center	261QR0200X	837I
VA Military Hospital Acute Care	282N00000X	837I

Provider Description	Taxonomy Code	Claim Type
VA Military Hospital Acute Care	286500000X	837I
VA Military Hospital Acute Care	2865C1500X	837I
VA Military Hospital Acute Care	2865M2000X	837I
VA Military Hospital Acute Care	2865X1600X	837I
VA Military Hospital Psychiatric	273R00000X	837I
VA Military Hospital Psychiatric	283Q00000X	837I
VA Military Hospital CDU	276400000X	837I
VA Military Hospital SNF	275N00000X	837I
VA Military Hospital SNF	314000000X	837I
VA Military Hospital - HHA	251E00000X	837I
VA Military Hospital – (ASC) Ambulatory Surgery Center	261QV0200X	837I
Residential Treatment Center	320600000X	837I
Residential Treatment Center	320700000X	837I
Residential Treatment Center	320800000X	837I
Residential Treatment Center	320900000X	837I
Residential Treatment Center	322D00000X	837I
Residential Treatment Center	323P00000X	837I
Residential Treatment Facilities – Substance Abuse	324500000X	837I
Emergency Room Physicians	207P00000X	837P
Emergency Room Physicians	207PE0004X	837D
Emergency Room Physicians	207PE0004X	837I
Emergency Room Physicians	207PE0004X	837P
Emergency Room Physicians	261QE0002X	837P
Infusion Therapy	251F00000X	837P
Infusion Therapy	261QI0500X	837P
Home Infusion Therapy Pharmacy	3336H0001X	837P
Charity Acute Hospital	282N00000X	837I
Charity Acute Hospital	282NC0060X	837I
State Owned Psychiatric Facility	273R00000X	837I
State Owned Psychiatric Facility	283Q00000X	837I

Provider Description	Taxonomy Code	Claim Type
State Owned CDU	276400000X	837I
Long Term Acute Care Facility (LTC)	282E00000X	837I
Comprehensive Outpatient Rehabilitation Facility (CORF)	261QR0401X	837I
Sleep Medicine	207RS0012X	837P
Sleep Disorder Diagnostic	261QS1200X	837P
Urgent Care Center	261QU0200X	837P
Federally Qualified Health Center (FQHC)	261QF0400X	837P
Rural Health	261QR1300X	837P
VA Military Hospital Rehab Center	283X00000X	837I
Certified Applied Behavioral Analyst (CABA)	103K00000X	837P
Pediatrics	208000000X	837P
Anesthesiology	207L00000X	837P

Acknowledgement and Reports

The Louisiana Blue clearinghouse provides a series of reports to assist in the tracking and monitoring of transactions. Clearinghouse reports are a critical part of the electronic submission/balancing process.

Trading partners must download their reports unless the FTP software is configured to pull them automatically.

Reports Generated After Claim Submission

File Name	Report Name	Purpose of Report
BCTA1.out	TA1 Interchange Acknowledgement	Immediate Acknowledgement of Communication
BC999.out	999 Functional Acknowledgement	Indicates the validity of the transaction
CLREDI.html	HIPAA validation	Created only if HIPAA validation errors have been detected
BCAccNotAccRep.out	Louisiana Blue Accepted/Not Accepted Reports	Disposition listing of claims after Louisiana Blue Business Rules applied
The trading partner is responsible for monitoring all reports to ensure all transactions sent were received and accepted. All rejections and failures require correction and resubmission.		

TA1 Interchange Acknowledgement

The TA1 communication report is an immediate acknowledgement of communication and receipt of transmitted files. It is the first step in the reconciliation process.

The TA1 provides the status of an X12 interchange header and trailer. Positive and negative TA1 acknowledgements will be available for X12 files. Negative TA1 reports are generated for files that cannot be processed or submitted for HIPAA validation. The trading partner is responsible for correcting and resubmitting files that produce a Negative TA1 report.

Functional Acknowledgment Report: 999

The 999 report is available for all X12 transactions and indicates the validity of a standard transaction. Trading partners will be able to download this report the next time they connect to the Louisiana Blue clearinghouse. If the 999 contains a rejected status, in many cases the trading partner will receive our HIPAA validation report (BCCLREDI).

A rejected 999 requires the claim or file be corrected and resubmitted.

HIPAA Validation: BCCLREDI Error Report

All transactions are subjected to the Workgroup for Electronic Data Interchange (WEDI) Strategic National Implementation Process (SNIP) Validation levels 1-4. Levels 5 and 6 are included in the Louisiana Blue business-specific edits.

Transmissions or claims that fail validation require correction and resubmission.

SNIP Level	Validation	Description of Validation	Report/ File Name
1	Syntax Integrity	Valid X12 Syntax Submitted	CLREDI
2	Syntactical Requirement	X12 Adheres to TR3	CLREDI
3	Balancing	Field & Financial Balancing	CLREDI
4	Situational	Inter Segment Situations -if A occurs then B is required	CLREDI
5	External Code Sets	TR3 Medical Code Sets (Included in Louisiana Blue Business Rules)	NOT ACCEPTED
6	Business Specific Testing	Payer (Louisiana Blue) Business Requirements	NOT ACCEPTED

This report is generated/returned only when HIPAA validation errors are detected at the Transmission (ISA/IEA, entire file), Functional Group (GS/GE) Transaction set (ST/SE) or individual claims (Detail Segments). If no errors detected, this report will not be generated.

Normal Severity	Resubmit Batch or Claim
ISA/IEA GS/GE ST/SE	Correct and resubmit the BATCH identified
CLM	Correct and resubmit CLAIM or CLAIMS identified
NM1*85	Correct and resubmit ALL CLAIMS associated with the provider Number that failed

Transactions/Claims Failed HIPAA Validation

Only claims with "normal" listed in the "severity" column have been rejected. Informational and "warning" listed in the severity column are alerts and do not require resubmission.

Instructions: Finding Failed Transactions/Claims:

1. Conduct a search (CTRL F) in report for the word "normal."

   Each occurrence will provide the exact error which caused the failure and the error message. The error message contents should provide the information needed to correct the claim/batch.

2. Continue the search throughout the entire report as all claims/batches with the "normal" indicator requires correction and resubmission.

Sample Report: Warning and Normal Severity Errors

Data with Error Report

Powered by Edifecs

Executed Tuesday, April 23, 2019 02:59:10 PM (GMT)
D:\Edifecs\XEServer\profiles\BCBSLA_BT\workspace\4D01D73F-4ABB-4877-9704-5F138DE828AD

This report shows the results of a submitted data file validated against corresponding guidelines. If there are errors, you must fix the application that created the data file and then generate and submit a new data file.

Report Summary
Total Errors: 1 Total Warnings: 0 Total Informations: 0

Error Count By WEDI SNIP Type		
SNIP Type	SNIP Name	Counts
0	System	0
1	EDI Syntax	0
2	HIPAA Syntax	0
3	Balancing	0
4	Situational	1 Errors 0 Warnings 0 Informations
5	External Code Set	0
6	Line of Service	0
7	Partner Specific	0

#	Data

0 EntireDocument start	
Errors at EntireDocument level: **Errors: 0** **Warnings: 0** **Informations: 0**	Interchange Received:1 Interchange Accepted:0

1 Interchange start		
Guideline file: D:\Edifecs\XEngine\config\BCBSLA\guidelines\BCBSLA_5010_ISA.ecs		

Errors at Interchange level: **Errors: 0** **Warnings: 0** **Informations: 0**	Group Received:1 Group Accepted:0	Sender ID: P0005002	Sender Qualifier: ZZ
		Receiver ID: BCBSLA001	Receiver Qualifier: ZZ
		Control Number: 009413592	Version: 00501
		Date: 190423	Time: 0626

1	ISA*00* *00* *ZZ*P0001234 *ZZ*BCBSLA001 *190423*0626*^*00501*001234567*1*P*:

1.1 Group start		
Guideline file: D:\Edifecs\XEngine\config\BCBSLA\guidelines\BCBSLA_5010_GS.ecs		

Errors at Group level: **Errors: 0** **Warnings: 0** **Informations: 0**	Transaction Received:1 Transaction Accepted:0	Sender ID: P0005002	Receiver ID: BCBSLA001
		Control Number: 9413592	Version: 005010X223A2
		Date: 20190423	Time: 0626

2	GS*HC*P0001234*BCBSLA001*20190423*0626*1234567*X*005010X223A2

1.1.1 Transaction start	
Guideline file: D:\Edifecs\XEngine\config\BCBSLA\guidelines\BCBSLA_5010_837I_X223A2.ecs	

Errors at Transaction level: **Errors: 1** **Warnings: 0** **Informations: 0**	Control Number: 0001 Transaction ID: 837

3	ST*837*0001*005010X223A2
4	BHT*0019*00*1234567*20190423*0626*CH
5	NM1*41*2*SUBMITTER NAME*****46*P0001234
6	PER*IC*EDI OPERATIONS*TE*8001244567*EX*489*EM*PRODUCTIONSUPPORT@SUBMITTER NAME.COM
7	NM1*40*2*BCBSLA*****46*BCBSLA001

8	HL*1**20*1
9	NM1*85*2*PROVIDER NAME*****XX*1245467890
10	N3*2629 STREET NAME
11	N4*CITY*STATE*ZIP
12	REF*EI*987654321

#	Error ID	Error Message	SNIP Type	Severity	Guideline Properties
1	0x3938B31	Business Message: Billing Provider Specialty Information is required. Segment PRV (Billing Provider Specialty Information) is missing. It is required when loops 2310B and 2310D are not used in at least one claim. This segment was expected after: Segment Count: 100 Character: 2441	4 - Situational	Normal	ID: PRV IID: 828 Name: Billing Provider Specialty Information Standard Option: Optional User Option: Used Max Use: 1

Guideline file: D:\Edifecs\XEngine\config\BCBSLA\guidelines\BCBSLA_5010_837I_X223A2.ecs

Errors at Transaction level: Errors: 0 **Warnings: 2** **Informations: 0**	Control Number: 0004 Transaction ID: 837

NOTE: SNIP Type indicates the validation level in which the issue was detected. Severity Warning or Informationals indicates accepted. Do not resubmit.

ST*837*0004*005010X223A2
BHT*0019*00*84174*20190501*090930*CH
NM1*41*2*SUB NAME*****46*P1234567
PER*IC*EDI Operations*TE*8774947633*EM*PRODUCTION@SUBMITTER NAME.COM
NM1*40*2*LOUISIANA BLUE CROSS BLUE SHIELD*****46*BCBSLA001
HL*1**20*1
PRV*BI*PXC*261QE0700X
NM1*85*2*PROVIDER NAME HERE*****XX*1234567890
N3*104 STREET NAME

```
N4*CITY*ST* 712330000
```

Error ID	Error Message	SNIP Type	Severity	Guideline Properties		

0x3939447	Business Message: ZIP Code is invalid in Billing Provider City, State and ZIP Code.
	
	Value of element N403 is incorrect. Last 4 digits should not be '0000' or '9999' for 9 digits US ZIP Code.
	
	Segment N4 is defined in the guideline at position 0300.
	
	This error was detected at:
	  Segment Count: 10
	  Element Count: 3
	  Character: 7104
	  through 7113
		2 – HIPAA Syntax	Warning	ID:	116	

				IID:	1330	
				Name:	Postal Code	
				Standard Option:	Optional	
				User Option:	Used	
				Max Use:	1	
				Min Length:	3	
				Max Length:	15	
				Type:	Identifier	

HL*51**20*1
PRV*BI*PXC*208D00000X
NM1*85*2*PROVIDER NAME HERE*****XX*123456789
N3*123 STREET NAME HERE
N4*CITY*LA*704030946
REF*EI*272765802
PER*IC*CONTACT HERE BRESCHER*TE*1234567890*FX*1234567890*EM*EMAILADDRESS.COM
NM1*87*2 NOTE: SNIP Type indicates the validation level in which the issue was detected. Severity Normal indicates Rejection. <u>Must correct and resubmit</u>.
N3*ADDR
N4*CITY*ST*ZIP
HL*52*51*22*0
SBR*P*18*87252******BL
NM1*IL*1*PAT LST NAME*MEM FIRST NM*R***MI*XUP123456789
N3*PAT ADDRESS
N4*CITY*LA*70454
DMG*D8*19690211*M
NM1*PR*2*BC -LOUISIANA*****PI*53120
CLM*3HV3JP4-10030060001B*352***13<A<1**A*Y*Y
DTP*434*RD8*20190322-20190322
CL1*3*1*01
REF*D9*886479718
REF*EA*007211
HI*BK<73008
HI*PR<73008
HI*BH<11<D8<20190322
HI*BE<80<<<1
NM1*71*1*OPER PHY LSTNM*OP PHY FIRST NM

Error Message	SNIP Type	Severity	Guideline Properties	

Business Message: National Provider Identifier (NPI) is a required identifier when it is mandated for use.
 	
Value of element NM108 is incorrect. Expected value is 'XX' for covered providers when National Provider ID is mandated for use. Segment NM1 is defined in the guideline at position 2500.
 	
This error was detected at:
  Segment Count: 846
  Element Count: 8
  Character: 175984 through 175984
	4 - Situational	Normal	ID:
			IID:
			Name:
			Code Qualifier
			Standard Option:
			User Option:
			Max Use:
			Min Length:
			Max Length:
			Type:
				66
				17080
				Identification
				
				Relational
				Used
				1
				1
				2
				Identifier

PRV*AT*PXC*208D00000X

Louisiana Blue Business Rule Validation

All claims submitted are validated against a comprehensive set of Louisiana Blue business rules. The Accepted/Not Accepted Report is provided to reflect all claims that passed HIPAA validation (failures are provided on the BCCLREDI report) and were subjected to our Louisiana Blue business rules. Claims that pass the Louisiana Blue business rules are listed on the Accepted Report and claims that fail the Louisiana Blue business rules, appear on the Not Accepted Report.

Note: The warning section of this report is not being used at this time.

- Claims listed on the Accepted Report have moved into the Louisiana Blue claims processing system and require no further action
- Claims listed on the Not Accepted Report contain errors and require correction and resubmission

For transactions received Monday through Friday (non-holiday) by 3 p.m., the Accepted/Not Accepted Report will normally be available by 8 p.m. the same business day. For transactions received after 3 p.m., the report will be available the following business day by 8 p.m.

Sample Accepted Report

No action is needed on the claims appearing on the Accepted Report.

Blue Cross and Blue Shield of Louisiana
837 Accepted / Not Accepted / Warning Report
Institutional Claims Report

SUBMITTER NUMBER: P0001234   SUBMITTER: CH OR PROVIDER NAME

BC REG# 12345678xZ NPI#1234567890   PROVIDER: NAME

ID# 12345

RECEIVE DATE: 12-10-24   PROCESSING DATE: 12-10-24

837I ACCEPTED REPORT

PATIENT ACCOUNT NUM	PATIENT LAST NM	PATIENT FIRST NM	BC CONTRACT NUMBER	FROM DATE	THRU DATE	CLAIM AMOUNT	CH TRACKING NUMBER
123456789-00	LAST NAME	FIRST	XUA123456789	020624	022824	$8632.80	2434411684064209061

PROVIDER BC ID# 12345 837I SUMMARY:
837I TOTAL CLAIMS ACCEPTED: 1 CLAIM FOR $8632.80
837I TOTAL CLAIMS NOT ACCEPTED: 0 CLAIMS FOR $0.00
837I TOTAL CLAIMS: 1 CLAIM FOR $8632.80

Sample Not Accepted Report

Not Accepted claims must be corrected and resubmitted.

Blue Cross and Blue Shield of Louisiana
837 Accepted / Not Accepted / Warning Report
Institutional Claims Report

SUBMITTER NUMBER: P0001234   SUBMITTER: CH OR PROVIDER NAME

BC REG# 12345678xZ NPI#1234567890   PROVIDER: NAME

ID# 12345

RECEIVE DATE: 12-10-24   PROCESSING DATE: 12-10-24

837I NOT ACCEPTED REPORT

PATIENT ACCOUNT NUM	PATIENT LAST NM	PATIENT FIRST NM	BC CONTRACT NUMBER	FROM DATE	THRU DATE	CLAIM AMOUNT	ERROR DESCIPTION	ERROR DATA
123456789-00	LAST NAME	FIRST	XUA123456789	020624	022824	$8632.80	PAT LAST NAME NOT ON BC FILE	ABC

PROVIDER BC ID# 12345 837I SUMMARY:
837I TOTAL CLAIMS ACCEPTED: 0 CLAIM FOR $0.00
837I TOTAL CLAIMS NOT ACCEPTED: 1 CLAIMS FOR $8632.80
837I TOTAL CLAIMS: 1 CLAIM FOR $8632.80

Not Accepted Report

The Not Accepted Report identifies claims with critical errors, which were not accepted for processing. All claims that appear on the Not Accepted Report must be corrected and retransmitted for processing.

The Error Description field on the report provides a verbose message indicating the critical error detected. The Error Data field on the report, when populated, shows the information from the claim that requires correction.

The following pages contain the Error Descriptions listed in alphabetic order along with the edit logic. This should provide the details needed to correct and resubmit claims found on the Not Accepted Report.

Not Accepted Error Message Descriptions

Error Message	Description
ACCOM REV CODE MUST BE PRESENT	Inpatient type bill must contain accommodation revenue code(s).
ACCOM UNITS NOT EQ TO COV NONCOV DAY	Inpatient type bill requires the sum of units for all room revenue codes must be equal to the covered days. Inpatient type bill with leave of absence revenue code is present, units for the leave of absence revenue code must be equal to the non-covered days.
ADJ CLM REQS ICN CLAIM NUMBER	Adjustment claim does not contain the internal control number (ICN) assigned by Louisiana Blue to the original claim. The ICN can be found on the Louisiana Blue payment register or in iLinkBlue system on the claim status application.
ADJCLM PROCESSING WAIT UNTIL COMPLETE	There is already an adjustment claim for the ICN on this claim in our processing system. If needed, submit another adjustment claim after the adjustment on file has completed processing.
ADMISSION TYPE INVALID	Type of admission code is blank or not equal to 1-5 or 9.
ADMIT HOUR MUST BE 00 THRU 23	Must be present on inpatient claims and a valid admit hour. Must be four numeric positions indicating hour and minute of admission (HHMM).
AMBULANCE HCPCS REQS VALID AMB REV CODE	Ambulance HCPCS required with valid ambulance revenue code.
ASSIGNMENT OF BENEFITS MISSING OR INVAL	The assignment of benefits indicator must be a Y or an N to indicate if the benefits are assigned.
BILL NPI NOT IN BCBSYS FAXTO 225_297_2750	Billing provider NPI is not loaded in the Louisiana Blue system. Please use the instructions on Page 43 appendices section of this guide or fax to 225-297-2750.

Error Message	Description
BILL NPI TAXID COMBO NOT SETUP FAX INFO	Billing provider NPI and Tax ID number submitted is not set up in Louisiana Blue system. To have setup, submit as instructed in the appendices section of this guide.
BILLING NPI MATCHES MULTI PROVIDER RECORDS	Using information submitted, we are unable to locate a single Louisiana Blue Provider ID number to apply on this claim. Please use the instructions on Page 43 appendices section of this guide or fax to 225-297-2750.
BILLING PROVIDER TAXONOMY REQUIRED	NPI and Tax ID require the submission of a taxonomy code set up in the Louisiana Blue file.
BLUEADV FILE TO CHANGEHC PAYER072107	A claim with a contract number prefix of XUM, XUN, OR MDV is a Blue Advantage claim and must be filed to Change Health Care with a Payer ID of 72107.
CLAIMS SPAN ICD10 DATE	Claim must be submitted with an ICD10 diagnosis code.
COVERED FROM DATE INVALID	• Statement covered from date must be numeric. • The date must be in valid date format. • The "covered from" date cannot be greater than the current date.
COVERED THRU DATE INVALID	• The "covered thru" date must be a valid date on or after the "covered from" date (first date of service). • The "covered thru" date must be numeric. • The "covered thru" date must be on or prior to the current date.
DIABETES DIAG REV REQS CPT4 OR HCPCS CODE	Diabetes diagnosis revenue codes require specific CPT or HCPCS codes.
DIAG CODE REQUIRES 4TH 5TH 6TH OR 7TH DIG	The diagnosis code identified requires the fourth, fifth, sixth or seventh positions to further describe/define the diagnosis.
DIAGNOSIS CODE MISSING OR INVALID	1. Principal Diagnosis cannot begin with V, W, X or Y (V00 – Y99). 2. Diagnosis code must be present. 3. Principal and other diagnosis codes must be valid for statement thru date on claim.
DISCHARGE HOUR INVALID	Discharge hour must be present on inpatient claim and equal to 00-23.
HCPCS NOT VALID OR NOT VALID IN LOUISIANA BLUE SYSTEM	HCPCS is not valid for the service date on claim or in the Louisiana Blue system.
SUBMIT CLAIM TO HEALTHY BLUE	A claim with a contract number prefix of XHB is a Medicaid claim and prefix JLA is a Medicare/Medicaid (dual eligibility) claim and needs to be filed with Healthy Blue.

Error Message	Description
ICN CLM NUMBER NOT ON LOUISIANA BLUE FILE	The ICN number entered is invalid. If the claim has been adjusted, the ICN number must be the most recent claim number.
INVALID BILLING FREQUENCY	Third position of type bill must be a valid code and not equal to 5 or 6.
INVALID CONTRACT NUMBER	The patient's member ID is invalid.
INVALID FROM DATE OF SERVICE	The from date of service cannot be greater than the current date and must be in a valid format.
INVALID NEWBORN NAME	Must have a valid patient first name.
INVALID PREFIX FOR DATE OF SERVICE	Member ID prefix is invalid for date of service (will apply only to out of state contracts).
INVALID TYPE OF BILL	Third position of type bill or frequency is incorrect for claim submitted. Billing guidelines for type bill/frequency can be found in the *Member Provider Policies & Procedures Manual*, available under the "Resources" section of iLinkBlue.
MA ASC CLAIM PLEASE FILE 1500	Ambulatory Surgery center provider claim must be filed as a professional claim (837P/1500) for Medicare Advantage members.
INVALID HCPCS MOD COMBINATION	Invalid HCPCS/ Modifier Combination or code is invalid for date of service.
INVALID NDC	Invalid NDC: NDC Code is invalid, NDC code is not valid for qualifying CPT codes with an amount greater than $500, or NDC code less than 11 characters.
INVALID YEAR OF BIRTH	Patient date of birth is invalid and does not match the date of birth on file on Louisiana Blue.
MEDICAID RECLAMATION FILE WITH MEMBER HOME PLAN	Medicaid Reclamation claim must be filed with member's home plan.
LINE DOS INVALID OR NOT IN CLM DOS RANGE	The service line date of service must be a valid date and on or within the statement from and thru dates.
LINE ITEM DOS SPANS CALYR SPLIT BILL	Service dates must be within single calendar year.
MCARE REMIT DT REQD-FILE 31 DAYS AFTER	Medicare remit date required and must be 31 days or greater than the current date.

Error Message	Description
MENTAL AND NERVOUS PROV NUM MUST BE USED	Inpatient claims where the first three positions of the principal diagnosis code are for mental and nervous should reflect the provider's NPI, Tax ID, and taxonomy code for the mental and nervous/psychiatric unit.
NDC CODE REQUIRED	NDC code is required for qualifying CPT codes with a line-item charge greater than or equal to $500.
NRSY QUAD ACCOM UNIT CONFLIC WITH COV DY	Claim contains quadruplet diagnosis codes. Units for nursery rev codes cannot exceed the covered days value times 4.
NRSY TRIP ACCOM UNIT CONFLIC WITH COV DY	Claim contains triplet diagnosis codes. Units for nursery rev codes cannot exceed the covered days value times 3.
NRSY TWIN ACCOM UNIT CONFLIC WITH COV DY	Claim contains twin diagnosis codes. Units for nursery rev codes cannot exceed the covered days value times 2.
OUT OF STATE CONT DHH FILE PAPER CLAIM	This DHH claim must be submitted on paper.
PAT DOB YEAR NOT ON LOUISIANA BLUE FILE	The date of birth does not match the date of birth on file with Louisiana Blue.
PAT FIRST NAME NOT ON LOUISIANA BLUE FILE	The patient's first name does not match the patient's name on file with Louisiana Blue.
PAT LAST NAME NOT ON LOUISIANA BLUE FILE	The patient's last name indicated does not match the patient's last name on file with Louisiana Blue.
PATIENT CONTROL NUMBER MISSING	Patient control number required.
PATIENT STATUS INVALID	Patient status code must be present and a valid code.
PAYER NOT BCBSLA	The claim filing indicator in Loop 2000B, SBR09 in the 837I claims transaction must be BL for Blue Cross Commercial Claims.
PRESENT ON ADMISSION INFO REQ OR INV	All primary and secondary diagnosis codes must have a valid corresponding POA indicator equal to Y, N, U, W or 1.
PRESENT ON ADMISSION INFO INVALID	POA indicator is not equal to Y, N, U, W or 1.

Error Message	Description
PROC CODE REQUIRES 3RD OR 4TH DIGIT	ICD procedure code requires 3rd or 4th digit.
PROCEDURE CODE INVALID	Procedure code is invalid or not on Louisiana Blue file.
PROCEDURE DATE MISSING OR INVALID	1. Procedure date must be present and a valid date. 2. Procedure date can be within 3 days of the statement from. 3. Procedure date must be on or within the statement from and thru dates.
PROV NO INVAL OR PROV NOT EFFECT FOR DOS	The provider information submitted on this claim is not effective for the date of service on the claim.
RELEASE OF INFORMATION MISSING OR INVALID	To submit claims electronically, the release of information indicator must be Y or I.
REV CODE MISSING OR INVALID FOR TYPE BIL	1. Revenue code must be present and 4 numeric positions. 2. Revenue code indicated is not valid for the type bill.
REV CODE REQS HCPCS CODE	Contract requires this revenue code to contain a valid HCPCS.
REV CODE REQS LINE ITEM DATE OF SERVICE	Revenue code must have a date of service present.
REV CODE REQS SURGERY HCPCS	Revenue code submitted requires a surgery HCPCS code.
SOURCE OF ADMISSION INVALID	When present, must be 1-6, 8-9, A or D.
SUBSTANCE ABUSE PROV NUMBER MUST BE USED	Inpatient claims where the first three positions of the principal diagnosis code are for substance abuse should reflect the provider's NPI, Tax ID and taxonomy code for the substance abuse or CDU unit.
TAXONOMY CD NO SINGLE NPI MATCH	The taxonomy code used for the billing provider does not allow us to uniquely identify the unit in which services were rendered. Review and select a taxonomy code that identifies the specific unit.
TOTAL CHARGE MISSING OR INCORRECT	The total charges must be present, numeric and equal to the sum charges for each revenue code.
UNITS REQUIRED FOR REVENUE CODE	Units or bases of measurement must be greater than zero for each revenue code.

Transaction Specific: Loop and Data Element Specifications

Loop	Reference Descript	Field Name	Required Value	Louisiana Blue Specification
	BHT03	Originator Application Transaction Identifier		Unique number used to identify transactions. It is suggested that the number used in BHT03 be incremented by one digit sequentially for every file sent including re-submissions. Louisiana Blue uses this identifier to detect duplicate file submissions. Files will reject as a duplicate if the number in the BHT03 has been previously submitted.
1000A	NM109	Submitter Identifier		Enter the submitter's 8-position numeric code assigned by Louisiana Blue which identifies your organization
1000B	NM109	Receiver ID	BCBSLA001	Assigned by Louisiana Blue
2000A	PRV02	Ref ID Qualifier	PXC	Use PXC qualifier to indicate Health Care Provider Taxonomy Code
2000A	PRV03	Taxonomy Code Ref ID		Use the taxonomy code found in this document that best identifies unit/location in which the services were rendered
2010AA	NM108	NPI Qualifier	XX	XX = National Provider Identifier (NPI)
2010AA	NM109	Billing Prov NPI		Enter the National Provider Identifier (NPI)
2010AA	REF01	Ref ID	EI	Use Billing Provider Tax ID number
2010AA	REF02	Billing Provider Tax ID		Enter the Billing Provider Tax ID number
2000B	SBR03 SBR04	Group Number Group Name		Enter the group number and/or group name. Louisiana Blue will not use to adjudicate. If this information is unavailable, "None" can be submitted in SBR04 Group Name to achieve HIPAA compliance.
2000B	SBR09	Claim Filing Indicator	BL	Must be BL
2010BA	NM108	Mem ID	MI	Use member ID number
2010BB	NM108	Payer Qualifier	PI	Use Payer Identification code

Loop	Reference Descript	Field Name	Required Value	Louisiana Blue Specification
2010BB	NM109	Payer Identifier	53120	Use 53120 as the Louisiana Blue Payer ID
2300	CLM01	Patient Control Number		Patient Control Number – A maximum of 20 positions will be stored and returned by Louisiana Blue on the 835 ERA. A maximum of 15 positions will be returned on the paper payment register.
2300	HI01-1	Principal Diagnosis Qualifier Code	ABK	Use ABK to indicate International Classification of Diseases Clinical Modification (ICD-10-CM) Principal Diagnosis
2300	HI01-1 thru HI12-1	Other Diagnosis Qualifier Code	ABF	Use ABF to indicate International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis Codes
2300	HI01-2 thru HI12-2	Other Diagnosis Code		Allows up to 24 "Other" Diagnosis Codes
2300	HI01-1	Admitting Diagnosis Qualifier Code	ABJ	Use ABJ to indicate International Classification of Diseases Clinical Modification (ICD-10-CM) Admitting Diagnosis
2300	HI01-1 HI02-1 HI03-1	Patient's Reason for Visit Qualifier Code	APR	Use APR to indicate International Classification of Diseases Clinical Modification (ICD-10-CM) Patient's Reason for Visit Diagnosis
2300	HI01-2 HI02-2 HI03-2	Patient Reason for Visit Diagnosis Code		Allows up to 3 Patient's Reason for Visit Diagnosis Codes
2300	HI01-1 Thru HI12-1	External Cause of Injury Qualifier Code	ABN	Use ABN to indicate International Classification of Diseases Clinical Modification (ICD-10-CM) External Cause of Injury
2300	HI01-2 Thru HI12-2	External Cause of Injury Diagnosis code		Allows up to 12 External Cause of Injury Diagnosis Codes
2300	HI01-1	Principal Procedure Qualifier Code	BBR	Use BBR to indicate International Classification of Diseases Clinical Modification (ICD-10-CM) Principal Procedure Codes.

Loop	Reference Descript	Field Name	Required Value	Louisiana Blue Specification
2300	HI01-1 thru HI12-1	Other Procedure Qualifier Code	BBQ	Use BBQ to indicate International Classification of Diseases Clinical Modification (ICD-10-CM) Other Procedure Codes
2300	HI01-2 thru HI12-2	Other Procedure Code		Allows up to 24 "Other" Procedure Codes
2410	LIN03	National Drug Identification Code		When applicable, provide the National Drug Code (NDC)
2410	CTP04 &CTP05	Drug Quantity and Unit of Measure		When the National Drug Code (NDC) codes are reported, Drug Quantity and Unit of measure must be provided

Appendices

Appendix I

Implementation Checklist

- Technical and business staff should review this guide

- Sign and return Electronic Trading Partner Agreement

- Establish connectivity

- Conduct testing

- Request move to production

- Exchange transactions

Appendix II

Business Scenarios

There are two primary methods for submitting transactions to Louisiana Blue.

Direct   Transactions will be sent from your location directly to Louisiana Blue via your medical practice software. In this arrangement an Electronic Trading Partner Agreement between Louisiana Blue and your location is required.

Indirectly Transactions will be sent/picked up from your location by a third-party clearinghouse who will exchange with Louisiana Blue on your behalf. In this arrangement, the Electronic Trading Partner Agreement is executed between Louisiana Blue and the clearinghouse.

Frequently Asked Questions

Is there a charge from Louisiana Blue to submit electronic transactions?

No, Louisiana Blue does not charge a fee to exchange transactions electronically.

How do I notify Louisiana Blue of my NPI or Tax ID?

To do so, you may use one of the following ways:

1. Include it on your credentialing or recredentialing packet.
2. Include it on the online Provider Update Request Form at www.lablue.com/providers >Resources >Forms.

Summary of Changes

Below is a summary of changes to the *837 Institutional Claims Standard Companion Guide*. Minor revisions not detailed in the summary include modifications to the text for clarity and uniformity, grammatical edits and updates to web links referenced in the document.

September 2019

Preface
- Added new section from Introduction and Scope information

Contact Information
- Added new section

Revision History
- Removed section and replaced with Summary of Changes

General Information
- Changed section name from Introduction to General Information

- Moved Introduction and Scope information to Preface

- Updated guide online availability information

Connectivity with Payer/Communications
- Updated Screenshots for Configuring FTPS (Implicit port 990)

- Removed references to Configuring FTPS (Explicit port 10021) and Configuring SFTP

Payer Specific Business Rules

- Removed the BCBSLA Contract and Prefixes section

- Removed the ICD9 and ICD10 Claims Filing Guidelines

Acknowledgements, Error Codes and/or Reports
- Edited error descriptions to remove billing guidelines

Transaction Specific: Loop and Data Element Specifications
- Removed TR3 Page number references from table

February 2020

Not accepted error message descriptions
- Changed the name of the HLTHBLUE edit to SUBMIT CLAIMS TO HEALTHY BLUE. Added the JLA prefix to this error message

January 2025

<u>Preface</u>
- Updated Louisiana Blue URLs

<u>Contact Information</u>
- Updated EDI Phone numbers, mailing address and email URLs

<u>Connectivity with the Payer/Communications</u>

- Updated trading partner ID and password information

<u>Payer Specific Business Rules</u>

- Added two taxonomy codes to the taxonomy code list for Pediatrics and Anesthesiology

<u>Acknowledgement and Reports</u>
- Updated Sample Accepted and Not Accepted Report images
- Added and updated Not Accepted Error Message Descriptions

<u>Appendices</u>
- Updated answer in Frequently Asked Questions