

Florida Blue Health Plan

HIPAA Transaction Standard Companion Guide

For Availity® Health Information Network Users

**Refers to the Technical Reports Type 3 Based
on ASC X12 version 005010X222A1**

837 P – Health Care Claim Professional

Companion Guide Version Number: 4.7

1Availity,LLC is a multi-payer joint venture company. For more information or to register, visit Availity's website at <http://www.availity.com/>.

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Disclosure Statement

The Florida Blue (Blue Cross and Blue Shield of Florida, Inc.) *HIPAA Transaction Standard Companion Guide for EDI Transactions Technical Reports, Type 3 (TR3)* provides guidelines for submitting electronic batch transactions. Because the HIPAA ASC X12- TR3s require transmitters and receivers to make certain determinations /elections (e.g., whether, or to what extent, situational data elements apply) this *Companion Guide* documents those determinations, elections, assumptions or data issues that are permitted to be specific to Florida Blue business processes when implementing the HIPAA ASC X12 5010 TR3s.

This *Companion Guide* does **not** replace or cover all segments specified in the HIPAA ASC X12 TR3s. It does not attempt to amend any of the requirements of the TR3s or impose any additional obligations on trading partners of Florida Blue that are not permitted to be imposed by the HIPAA Standards for Electronic Transactions. This *Companion Guide* provides information on Florida Blue specific codes relevant to Florida Blue business processes, rules and situations that are within the parameters of HIPAA. Readers of this *Companion Guide* should be acquainted with the HIPAA ASC X12 TR3s, their structure and content.

This *Companion Guide* provides supplemental information that exists between Florida Blue and its trading partners. Trading partners should refer to their Trading Partner Agreement for guidelines pertaining to Availity^{®1} LLC, legal conditions surrounding the implementation of the EDI transactions and code sets. However, trading partners should refer to this *Companion Guide* for information on Florida Blue business rules or technical requirements regarding the implementation of HIPAA-compliant EDI transactions and code sets.

Nothing contained in this *Companion Guide* is intended to amend, revoke, contradict or otherwise alter the terms and conditions of your applicable Trading Partner Agreement. If there is an inconsistency between the terms of this *Companion Guide* and the terms of your applicable Trading Partner Agreement, the terms of the Trading Partner Agreement will govern. If there is an inconsistency between the terms of this *Companion Guide* and any terms of the TR3, the relevant TR3 will govern with respect to HIPAA edits and this *Companion Guide* will govern with respect to business edits.

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Version Change Log

Date	Description	Page
05-01-2019	Updated FI Blue NPI Attribute Matrix for Rendering provider to situational for BC and A	24 and 25
09-13-2018	Updated Flow Chart	9
04-19-2018	Changed alpha numeric prefix to Prefix	15
03-02-2017	Organ Donor	14
12-21-2016	Clinical trial number (loop 2300, REF02)	16
12-28-2015	ANSI 837P Transactions can only contain Medicare ICNs that correspond to Professional Claims.	17 and 18
07-13-2015	Transmission Administrative Procedures - Removed	
07-13-2015	BRE Edit Updates	15 and 16
07-13-2015	air ambulance service	17

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1 INTRODUCTION

What is HIPAA 5010?

The Health Insurance Portability and Accountability Act (HIPAA) requires the health care industry in the United States to comply with the electronic data interchange (EDI) standards as established by the Secretary of Health and Human Services. The ASC X12 005010X222A1 is the established standard for Health Care Professional Claims (837P).

What is NPI?

The National Provider Identifier (NPI) is required wherever you identify a provider or provider organization in any standard covered HIPAA-AS electronic transaction. The NPI must be valid and it must be registered with Florida Blue.

If you are a provider or provider organization who needs to obtain an NPI, please access the National Plan and Provider Enumeration System (NPPES) at <https://nppes.cms.hhs.gov/NPPES/Welcome.do> . To register your NPI with Florida Blue, please access our NPI Notification Form at http://www.bcbsfl.com/DocumentLibrary/Providers/Content/NPI_ProviderNotificationForm.pdf.

What is a Taxonomy code, and is it required for Florida Blue?

Taxonomy codes are administrative codes that identify the provider type and area of specialization for health care providers. Each taxonomy code is a unique ten character alpha-numeric code that enables providers to identify their specialty. Taxonomy codes are assigned at both the individual and organizational provider levels.

Taxonomy codes have three distinct levels: Level I is provider type, Level II is classification, and Level III is the area of specialization. A complete list of taxonomy codes can be found on the National Uniform Claim Committee website at <https://www.nucc.org>.

Taxonomy codes are required by Florida Blue under specific circumstances. Taxonomy is one of several data elements used by Florida Blue to help determine the appropriate provider record for processing. In cases where the NPI is shared by multiple provider entities, specialties or locations, the taxonomy becomes a critical data element.

For example:

ABC Hospital, Urgent Care, Lab and Physician PA Group all share the same NPI. In this case, the

taxonomy becomes critical to ensure appropriate processing and fee schedule assignment.

Scope

This 837 Companion Guide was created for Florida Blue trading partners to supplement the 837 TR3. It describes the data content, business rules, and characteristics of the 837 transaction.

Overview

The Technical Report Type 3 Guide (TR3) for the 837 Health Care Professional Claim transactions specifies in detail the required formats. It contains requirements for the use of specific segments and specific data elements within segments, and was written for all health care providers and other submitters. It is critical that your software vendor or IT staff review this document carefully and follow its requirements to send HIPAA-compliant files to Florida Blue via your vendor.

References

TR3 Guides for ASC X12 005010X222A1 Health Care Professional Claim (837 P) and all other HIPAA standard transactions are available electronically at the Washington Publishing website (www.wpc-edi.com).

For more information, including an online demonstration, please visit www.availity.com or call 1 (800)-AVAILITY (282-4548)

CAQH CORE Operating Rules Phase II http://www.caqh.org/CORE_operat_rules.php

2 GETTING STARTED

Working with Florida Blue

Availity optimizes information exchange between multiple health care stakeholders through a single, secure network. The Availity^{®1} Health Information Network encompasses administrative, financial, and clinical services, supporting both real-time and batch EDI via the web and through business to business (B2B) integration. For more information, including an online demonstration, please visit www.availity.com or call (800)-AVAILITY (282-4548).]

Trading Partner Registration

In order to register, you will need:

- Basic information about your practice, including your Federal Tax ID and National Provider Identifier.

- Someone with the legal authority (typically an owner or senior partner) to sign agreements for your organization.
- An office manager or other employee who can oversee the Availity implementation and maintain user IDs and access.

Certification and Testing Overview

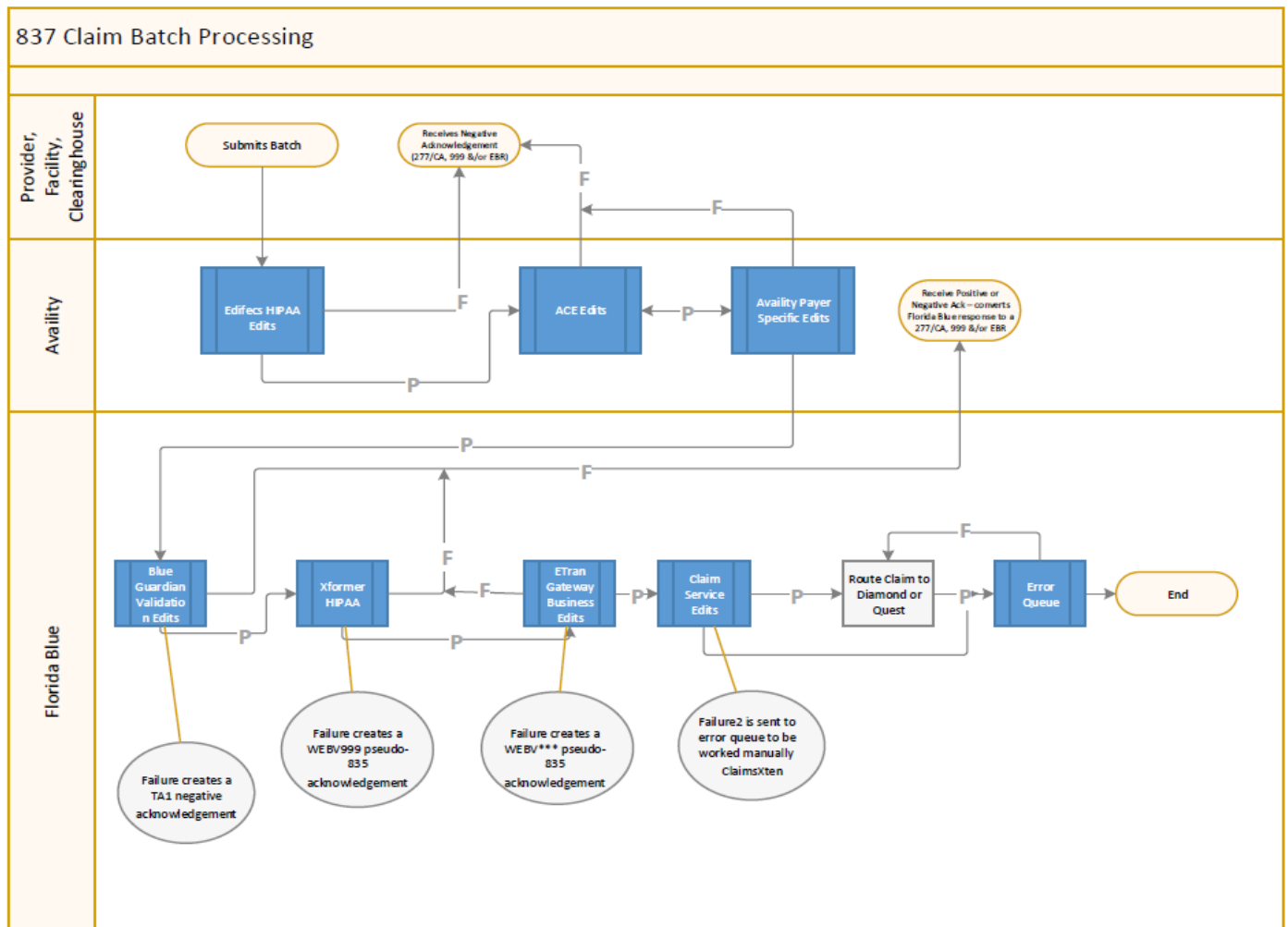
All trading partners and clearing houses should be certified via Availity. It is recommended that the trading partner obtain HIPAA Certification from an approved testing and certification third party vendor prior to testing.

3 TESTING WITH FLORIDA BLUE AND AVAILITY

Florida Blue recommends that Trading Partners contact Florida Blue to obtain a testing schedule and or notify Florida Blue of potential testing opportunities prior to implementing any foreseen transaction impacts to the business flow of both Florida Blue and /or the Trading Partner.

4 CONNECTIVITY/COMMUNICATIONS WITH FLORIDA BLUE AND AVAILITY

Process Map



Passwords

Example: If a password change is necessary, please contact Availity® at (800)-Availity (282-4548) or www.Availity.com.

5 CONTACT INFORMATION

EDI Customer Service

The Florida Blue ANSI ANSI 837 P – Health Care Claim Professional systems are available from Monday 12 a.m. through Saturday 11:59 p.m. Central time of any calendar week, excluding the following specified holidays.

- New Year's Day (01/01/CCYY)
- Memorial Day (Last Monday in May)

- Independence Day (07/04/CCYY)
- Labor Day (First Monday in September)
- Thanksgiving Day (Fourth Thursday in November)
- Christmas Day (12/25/CCYY)

EDI Technical Assistance and Provider Service Number

For support of EDI transactions through Availity[®], please visit www.Availity.com or call (800) Availity (282-4548).

Applicable websites/e-mail

Example: www.Availity.com

6 CONTROL SEGMENTS/ENVELOPES

837P - Health Care Professional Claim

The purpose of this section is to delineate specific data requirements where multiple valid values are presented within the 5010 TR3.

- **Interchange control header (ISA06) Interchange Sender ID (Mailbox ID)** – is individually assigned to each trading partner.
- **Interchange control header (ISA08) Interchange Receiver ID** – If submitting directly to FL Blue is the Florida Blue tax ID, 592015694. If submitting through Availity, 030240928 (+6 spaces). **Reference the Availity EDI guide at www.Availity.com.**
- **Interchange control header (ISA15) Usage Indicator** – defines whether the transaction is a test (T) or production (P).
- **Functional Group Header (GS02) Application Sender's code** – is individually assigned to each trading partner.

Global Information

Req #	Loop ID – Segment Description & Element Name	TR3 Data Element	TR3 Page(s)	Plan Requirement
G1	All Transactions for Availity Users only			Florida Blue requires a Trading Partner Agreement to be on file with Availity indicating all electronic transactions the Trading Partner intends to send or receive
G2	All Segments			Only loops, segments, and data elements valid for the 837 HIPAA-AS TR3 Guide ASC X12 005010X222A1 will be used for processing.
G3	<p>Acknowledgements –</p> <p>Florida Blue acknowledgements are created to communicate the status of transactions. It is imperative that they be retrieved on a daily basis. One file could result in multiple acknowledgements.</p> <p><u>ANSI X12:</u></p> <ul style="list-style-type: none"> - TA1 – Interchange Acknowledgement - 999 – Functional Acknowledgement 			<p>TA1 is available immediately after “depositing file”</p> <p>999 is available immediately after “depositing file”</p> <p>Files and/or claims that do not pass edits are indicated on these acknowledgements and must be corrected and resubmitted.</p> <p>Availity Users: Availity will forward Florida Blue acknowledgements to the submitter. Please refer to the Availity EDI Guide at www.Availity.com.</p>
G4	Negative Values			Submission of any negative values in the 837 transaction is not allowed.
G5	Date fields			All dates submitted on an incoming 837 Health Care Professional Claim must be a valid calendar date in the appropriate format based on the respective TR3 qualifier. Failure to do so may cause processing delays or claims being returned as a provider correctable error. These must be corrected and resubmitted electronically.

Req #	Loop ID – Segment Description & Element Name	TR3 Data Element	TR3 Page(s)	Plan Requirement
G6	Batch Transaction Processing			Generally, Availity and Florida Blue Gateways accept transmissions 24 hours a day, 7 days a week.
G7	All transactions – B2B / EDI			Florida Blue requires that “-“ (dashes) be removed from all Tax IDs, SSNs and Zip codes.
G8	All transactions			Florida Blue requires that no special characters be submitted in any text fields.

Enveloping Information – 837 Professional Claim Submission

IMPORTANT NOTE: If you submit your transactions through Availity, please refer to the Availity EDI guide www.Availity.com. This section is specifically intended for trading partners who exchange transactions directly with Florida Blue.

Req #	Loop ID - Segment Description & Element Name	TR3 Data Element	TR3 Page(s)	Plan Requirement
E1	Interchange Control Header Authorization Information Qualifier	ISA01	Appendix C (C.4)	Florida Blue requires 00 in this field.
E2	Interchange Control Header Authorization Information	ISA02	Appendix C (C.4)	Florida Blue requires 10 spaces in this field.
E3	Interchange Control Header Security Information Qualifier	ISA03	Appendix C (C.4)	Florida Blue requires 00 in this field.
E4	Interchange Control Header Security Information	ISA04	Appendix C (C.4)	Florida Blue requires 10 spaces in this field.

Req #	Loop ID - Segment Description & Element Name	TR3 Data Element	TR3 Page(s)	Plan Requirement
E5	Interchange Control Header Interchange ID Qualifier	ISA05	Appendix C (C.4)	Florida Blue requires 01 in this field.
E6	Interchange Control Header Interchange Sender ID	ISA06	Appendix C (C.4)	Florida Blue requires submission of your individually assigned Florida Blue sender mailbox number in this field.
E7	Interchange Control Header Interchange ID Qualifier	ISA07	Appendix C (C.5)	Florida Blue requires ZZ in this field.
E8	Interchange Control Header Interchange Receiver ID	ISA08	Appendix C (C.5)	Florida Blue will only accept the submission of Florida Blue Tax ID number 592015694 in this field.
E9	Interchange Control Header Acknowledgement Requested	ISA14	Appendix C (C.6)	The TA1 will not be provided without a code value of 1 in the field.
E10	Interchange Control Header Functional Group Header/Functional Group Trailer	GS - GE ISA - IEA	Appendix C (C.7)	Florida Blue will only process one transaction type per GS-GE (functional group). However, we will process multiple ST's within one (1) GS-GE group as long as they are all the same transaction type.
E11	Functional Group Header Functional Identifier Code	GS01	Appendix C (C.7)	HC – Health Care Claim - Professional Florida Blue requires submission of the above value in this field.
E12	Functional Group Header Application Sender's Code	GS02	Appendix C (C.7)	Florida Blue requires the submission of the Florida Blue assigned Sender Code in this field.
E13	Functional Group Header Application Receiver's Code	GS03	Appendix C (C.7)	592015694 Florida Blue requires the submission of the above value in this field for 837 Professional Claim Submission, all others may cause rejection.
E14	Implementation Convention Reference	ST03	70	Must contain 005010X222A1 .

7 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

Trading Partners and Providers

Failure to abide by these requirements will result in provider correctable errors and must be corrected and resubmitted.

Req #	Loop ID – Segment Description & Element Name	TR3 Data Element	TR3 Page(s)	Plan Requirement
B1	1000A – Submitter Primary Identification Number Identification Code	NM109	75	Florida Blue requires the submission of the Florida Blue assigned Sender Code in this data element.
B2	1000A – Submitter EDI Contact Information Submitter Contact Name	PER 02	77	Required when the contact name is different than the name contained in the Submitter Name segment of this loop and it is the first iteration of the Submitter EDI Contact Information Segment.
B3	1000B – Receiver Name Last Name or Organization Name	NM103	80	BCBSF Florida Blue requires submission of above value in this field.
B4	1000B – Receiver Name Receiver Primary Identification Number	NM109	80	592015694 Florida Blue requires submission of above value in this field
B5	2000B – Subscriber Hierarchical Level Claim Filing Indicator Code	SBR09	118	BL Florida Blue requires submission of the above value in this field.

Req #	Loop ID – Segment Description & Element Name	TR3 Data Element	TR3 Page(s)	Plan Requirement
B6	2000A – Billing Provider Taxonomy	PRV03	83	<p>Taxonomy codes are required by Florida Blue under specific circumstances. Taxonomy is one of several data elements used by Florida Blue to help determine the appropriate provider record for processing. In cases where the NPI is shared by multiple provider entities, specialties or locations, the taxonomy becomes a critical data element. Taxonomy codes can be located at www.nucc.org.</p> <p>For example. ABC hospital, Urgent Care, Lab and Physician PA group all share the same NPI. In this case the taxonomy becomes critical to ensure appropriate processing and fee schedule assignment.</p>
B7	2000C — Patient Hierarchical Level	PAT01	144	<p>Florida Blue does not accept ANSI 837P transactions which have the PAT01 segment equal to 39 (organ donor).</p> <p>Organ donor claims should be submitted on a HCFA-1500 with the appropriate supporting documentation.</p>
B8	2010AA – Billing Provider NPI Reference Identification code	NM109	90	<p>Florida Blue requires the Billing providers NPI.</p> <p>Invalid or missing NPI will result in claims being returned as a provider correctable error. These must be corrected and resubmitted electronically.</p>

Req #	Loop ID – Segment Description & Element Name	TR3 Data Element	TR3 Page(s)	Plan Requirement
B9	2010AA – Billing Provider Zip Code	N403	92	A valid full 9 digit zip code is required.
B10	2010AB – Pay to Provider Zip Code	N403	104	A valid full 9 digit zip code is required.
B11	2010BA – Subscriber Name Identification Code Qualifier Subscriber Primary Identifier	NM108 NM109	122 123	Florida Blue requires MI in NM108 Florida Blue requires submission of the ID number in NM109 exactly as it appears on the member’s ID card, including any applicable prefix or suffix Do not use any embedded spaces or the claim could be returned as a provider correctable error and must be corrected and resubmitted.
B12	2010BA – Subscriber Address & City/ State/ Zip Code	N3 N4	124 125	Florida Blue requires submission of the subscriber’s address when the subscriber has a Federal Employee Program (FEP) contract, identified as beginning with “ R ” and followed by 8 numeric characters .
B13	2010BA – Subscriber Gender Code	DMG03	128	Florida Blue requires submission of the Subscriber’s Gender Code in this field

Req #	Loop ID – Segment Description & Element Name	TR3 Data Element	TR3 Page(s)	Plan Requirement
B14	2010BB – Payer Name Payer Name	NM103	134	BCBSF Florida Blue requires submission of above value in this field.
B15	2010BB – Payer Name Qualifier Payer ID	NM108 NM109	134	PI – Payer Identification 00590 - Florida Blue Plan Code ID Florida Blue requires submission of above value in this field.
B16	2010CA – Patient First Name	NM104	148	Florida Blue requires submission of Patient's First Name in this field.
B17	2010CA – Patient's Gender Code	DMG03	153	Florida Blue requires submission of Patient's Gender Code in this field.
B18	2300 – Claim Information / 2400 – Service Line Number Monetary Amount Line Item Charge Amount	CLM02 SV102	159 354	The total claim charge amount must equal the sum of all submitted line items. Failure to do so will result in claims being returned as a provider correctable error and must be corrected and electronically resubmitted. Note: If the whole dollar amounts are sent in monetary elements, do not include the decimal or trailing zero (E.g. \$30 = 30). When indicating the dollars & cents, the decimal must be indicated (E.g. \$30.12 = 30.12).
B19	2400 – Service Units/Days	SV1 04	355	Florida Blue requires submission of valid Units of Service for all claim lines are included.

Req #	Loop ID – Segment Description & Element Name	TR3 Data Element	TR3 Page(s)	Plan Requirement
B20	2300 – Claim Information Claim Frequency Type Code	CLM05-3	159	Florida Blue will accept only the following codes: 0 =Non-Payment/Zero 1 =Admit Through Discharge Claim 7 = Replacement Of Prior Claim 8 = Void/Cancel Of Prior Claim Note: When submitting the corrected claim, the original Reference Number (ICN/DCN) also known as the Original Claim Number is required to be sent in loop 2300 REF . (REF01= F8 qualifier for Original Reference Number, REF02 = Original Claim Number) .
B21	2300 – Claim Information Health Care Diagnosis Code	HI	226	Florida Blue requires that you do not transmit the decimal points in the diagnosis codes. The decimal point is assumed.
B22	2300 – Claim Information Health Care Diagnosis Code	HI	226	Clinical trial number (loop 2300, REF02) is required when V707 (ICD-9) or Z00.6 (ICD-10) is in diagnosis position 1 or 2 (loop 2300, HI01-2 or HI02-2).
B23	2310B – Rendering Provider NPI Rendering Provider Identifier	NM109	264	When Rendering Provider is submitted, the rendering provider's NPI is required on all claims. Invalid or missing NPI will result in claims being returned as a provider correctable error and must be corrected and resubmitted.
B24	2310B – Rendering Provider Taxonomy	PRV03	265	Taxonomy codes are required by Florida Blue under specific circumstances. Taxonomy is one of several data elements used by Florida Blue to help determine the appropriate provider record for processing. Taxonomy codes can be located at www.nucc.org .
B25	2310C – Service Facility Zip Code	N403	273	A valid full 9 digit zip code is required when a service facility is submitted.

Req #	Loop ID – Segment Description & Element Name	TR3 Data Element	TR3 Page(s)	Plan Requirement
B26	2310E – Ambulance Pick-up Location ZIP Code	N403	288	Plans must validate the point of pickup zip code for air ambulance service on claims with dates of service beginning April 19, 2015. Validation is based on the following CMS guidelines for air ambulance claims: For electronic claims, validate the origin information (zip code of the point of pick-up), as sent in the Ambulance Pick-Up Location Loop in the ASC X12N Health Care Claim (837) Professional. If the zip code is not in the Plan’s service area, the claim must be rejected.
B27	2320 – Other Subscriber Information Claim Filing Indicator Code	SBR09	298	In Loop 2320, if SBR09=MB the Medicare Report Number should be reported in Loop 2330B REF. Note: SBR09=MA is not allowed for the BCBSF Systems.
B28	2320 – Outpatient Adjudication Information	MOA	310	Florida Blue requests that this information be provided to facilitate claims processing.
B29	2330B – Other Payer Name	NM108	321	Florida Blue requires the “PI” qualifier in this field.
B30	2330B – Other Payer Claim Control Number	REF01 REF02	331	In Loop 2320, if SBR09=MB the Medicare Report Number should be reported in Loop 2330B, in the following REF segment configuration, <ul style="list-style-type: none"> • REF01=F8 • REF02=Medicare Report Number=Medicare ICN Note: SBR09=MA is not allowed for the BCBSF Systems.
B31	2400 – Service Line Number Product/Service ID Qualifier	SV101-1	352	HC Florida Blue requires submission of above value in this field as only HCPCS Procedure codes are accepted by Florida Blue at this time.

Req #	Loop ID – Segment Description & Element Name	TR3 Data Element	TR3 Page(s)	Plan Requirement
B32	2400 – Professional Service Procedure Modifier(s)	SV101- 3 SV101- 4 SV101-5 SV101-6	353	Please submit the appropriate modifiers in priority order .
B33	2410 – Drug Identification Drug Identification Drug Quantity	LIN CTP	424 426	DME Providers LIN – NDC must be submitted CTP – Quantity must be submitted. Note: Refer to Specialty Pharmacy Billing Section VII.C.
B34	2410 – Drug Identification National Drug Code (NDC)	LIN03	425	NDC Code Format (11-digits using 5-4-2 format [i.e., 5-digits, followed by 4-digits, followed by 2-digits]. Do not include any hyphens or spaces (e.g., 01234567891).
B35	2420C – Service Facility Zip Code	N403	445	A valid full 9 digit zip code is required when a service facility is submitted.

I. Billing Requirements for Ancillary Providers

If ancillary providers have a Blue Cross and Blue Shield of Florida, Inc. (BCBSF) and/or Health Options, Inc. provider agreement that does not require the registration of employed health care providers, then only the billing provider information should be populated on the claim. If the BCBSF and/or Health Options provider agreement requires registration of employed health care providers, then the rendering and billing NPI should be billed appropriately on claims.

Important Note: When billing Referring Physician Information, the Referring Physician's NPI is always required for Florida Blue.

A. The following is a sample of necessary provider billing information required on the 837P:

- Ancillary Provider with registered employed health care providers
 - Rendering provider NPI (loop 2310B & 2420A)
 - Billing provider NPI (loop 2010AA)

- Ancillary Provider with no registered employed health care providers:
 - Rendering provider NPI – Blank
 - Billing provider NPI (loop 2010AA)

B. Appropriately Billing Provider IDs

This information provides the technical details for the 837p Loops for the NPI, Tax ID and Taxonomy Codes.

1. Billing Provider:

- **National Provider ID (NPI)** in Loop 2010AA, Segment NM1, Elements NM101 = 85, NM108=XX and NM109=NPI
(e.g.,:NM1*85*1*PROVIDERLASTNAME*PROVIDERFIRSTNAME****XX*1234567890~)
- **Federal Tax ID** in Loop 2010AA, Segment REF, Elements REF01=EI and REF02 = Tax ID
(e.g., REF*EI*123456789~)
- **Taxonomy** in Loop 2000A, Segment PRV, Elements PRV01 = BI, PRV02 = PXC, PRV03 = Provider Taxonomy

2. Referring Provider:

- **Claim Level** - Referring/Ordering Provider in Loop 2310A, Segment NM1, Elements NM101 = DN, NM108 = XX and NM109 = NPI
(e.g. NM1 *DN* 1 *WELBY *MARCUS *W * *JR *XX * 1234567891~
- **Service Line** Referring Provider in Loop 2420F, Segment NM1, Elements NM101 = DN, NM108 = XX, NM109 = NPI
(e.g., NM1 *DN* 1 *WELBY *MARCUS *W * *JR *XX * 1234567891~)

3. Rendering Provider:

- **Claim Level** Rendering Provider in Loop 2310B, Segment NM1, Elements NM101 = 82, NM108 = XX and NM109 = NPI
(e.g., NM1 *82* 1 *DOE *JANE *C * * *XX * 1234567804~)
- **Service Line** Rendering Provider in Loop 2420A, Segment NM1, Elements NM101 = 82, NM108 = XX and NM109 = NPI
(e.g., NM1 *82* 1 *DOE *JANE *C * * *XX * 1234567804~)

C. Specialty Pharmacy

To ensure proper pricing for services, specialty pharmacy providers must include the following on

electronic (837-P 2410 Loop – Drug Identification) claims submitted to BCBSF:

1. Ordering Provider:

- Service Line Ordering Provider in Loop 2420E, Segment NM1, Elements NM101 = DN, NM108 = XX, NM109 = NPI
(e.g., NM1*DK*1*RICHARDSON*TRENT***XX*1234567891~)

2. HCPCS Information

- This information provides the technical details for the 837p Loops for the HCPCS code and HCPCS units.
 - HCPCS code in Loop 2400, Segment SV1, Element SV101= HCPCS Code
 - HCPCS units in Loop 2400, Segment SV1, Element SV104= HCPCS Units

3. NDC Qualifier and NDC Code

- This information provides the technical details for the 837p Loops for the NDC Qualifier and NDC Code.
 - Bill the NDC qualifier (“N4”) and NDC Code (11-digits using 5-4-2 format [i.e., 5-digits, followed by 4-digits, followed by 2-digits]). Do not include any hyphens or spaces (e.g., 01234567891).
 - NDC Qualifier in Loop 2410, Segment LIN, Element LIN02 = N4
 - NDC Code in Loop 2410, Segment LIN, Element LIN03 = 11 digit NDC Code (e.g., LIN**N4*01234567891)
 -
- **NDC Quantity**
 - Bill the NDC Quantity using a metric decimal quantity administered to the patient as defined in the NCPDP Billing Unit Standard. The quantity of each submitted NDC must be a numeric value greater than zero. Decimal quantities must be submitted if applicable. Do not include any spaces (e.g., 10.25).
 - The 2410 Loop requires all three CTP segments. The segments are NDC Unit Price, NDC Quantity and Composite of Measure.
 - NDC Unit Price in Loop 2410, Segment CTP03, Element = Dollar Amount (0.00 is acceptable)
 - NDC Quantity in Loop 2410, Segment CTP04, Element = (Maximum length of 15 with implied decimal)

- Composite unit of measure in Loop 2410, Segment CTP05, Element = (e.g., UN, ML, GR, F2)

II. Florida Blue NPI Attributes Matrix

Florida Blue NPI Attributes Requirements																											
Claims	NPI						Taxonomy						EIN (Tax ID)						Zip + 4 Digit								
	Institutional			Professional			Institutional			Professional			Institutional			Professional			Institutional			Professional					
PROVIDER TYPES	IG	BC	A	IG	BC	A	IG	BC	A	IG	BC	A	IG	BC	A	IG	BC	A	IG	BC	A	IG	BC	A	IG	BC	A
Billing Provider	R	R	R	R	R	R	S	R	R	S	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
Pay To																						S	R	R	S	R	R
Rendering Provider	S	S	S	S	S	S				S	R	R															
Referring Provider	S	S		S	S*	S																					
Ordering Provider				S	S*	S																					
Supervising Provider				S	R	R																					
Servicing Facility	S	S	S	S	S	S																R	R	R	R	R	R
Attending	S	R	R				S	R	R																		
Operating	S	R	R																								
Other Operating Physician	S	R																									
Purchase Service Provider				S	S																						
Legend:																											
R - Required																											
S - Situational																											
Blank - Not Available																											
IG - Implementation																											

***Important Note:** For Ancillary Providers, see Billing Requirements pg.

Guide
BC - Blue Cross
A - Availity

NPI Attributes Technical Information

837 Professional	NPI					Taxonomy					Zip + 4 Digit				
	IG	B C	Loop	Segment	Data Element	IG	B C	Loop	Segment	Data Element	IG	B C	Loop	Segment	Data Element
Billing Provider	R	R	2010AA	NM1	09	S	R	2000A	PRV	03	S	R	2010A A	N4	03
Pay To Provider											S	S	2010A B	N4	03
Rendering Provider	S	S	2310B 2420A	NM1	09	S	S	2310B 2420A	PRV	03					
Referring Provider	S	S*	2310A 2420F	NM1	09										
Ordering Provider	S	S*	2420E	NM1	09										
Supervising Provider	S	R	2310D 2420D	NM1	09										
Purchase Service Provider	S	S	2420B	NM1	09										
Service Facility	S	S	2310C 2420C	NM1	09						S	R	2310C 2420C	N4	03

Legend:
R - Required
S - Situational
Blank - Not Available
IG - Implementation Guide

***Important Note:** For Ancillary Providers, see Billing Requirements pg.

BC - Blue Cross
Updated 8/10/11 v3

III. **Helpful Tips: How to Avoid Provider Identification Errors for Claims involving National Provider Identifier (NPI) and Tax ID number.**

Below are reminders to help you reduce the number of WEBV040 and WEBV042 claims errors displayed when claim data (or information) does not match information registered with Florida Blue.

A. **Billing Provider Section**

This section is used to provide information regarding the billing provider for services rendered. It should match the name written on the check or electronic funds transfer from Florida Blue.

- i. **OPTION 1:** If you are registered as a group provider (PA, LLC, etc.) with Florida Blue and you want to bill as a group provider, enter the appropriate group name, Tax ID number and the group NPI (type 2).

0. **THE MATCH:** Group Name matches Group NPI matches Group Tax ID

- ii. **OPTION 2:** If you are registered as an individual provider with Florida Blue and you are billing as an individual provider, please enter your name, Social Security Number and your individual NPI (type 1).

0. **THE MATCH:** Individual Name matches Individual NPI matches Individual Social Security Number

B. **Rendering Provider Section**

This section is used to provide information regarding who performed the services. It is the provider who actually sees the patient.

- iii. **OPTION 1:** If you billed as an organization (PA, LLC, etc.) list the name of the rendering individual provider and the rendering individual NPI.
- iv. **OPTION 2:** If you billed as an individual, do not list a rendering provider. This would be redundant as the billing individual would be the same as the **rendering** individual. Submitting redundant information can cause a different provider correctable error.

Below is an example to assist you in understanding the appropriate entry of billing and rendering provider information to reduce the number of returned claims.

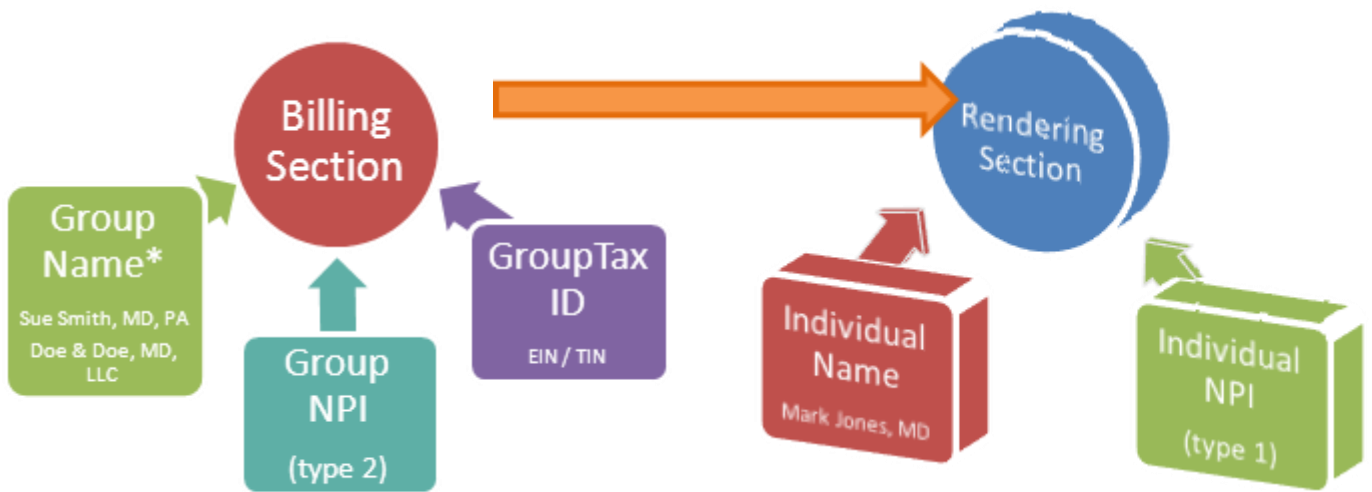
C. Billing as a Group Provider – OPTION 1

If you are billing as a group provider, (PA, LLC, etc.), the NPI must be the Group NPI (type 2) along with the appropriate Tax ID number for the group.

Please note that the Billing Section is for the entity BILLING for the services. The Rendering Provider Section is for the provider who PERFORMED the services.

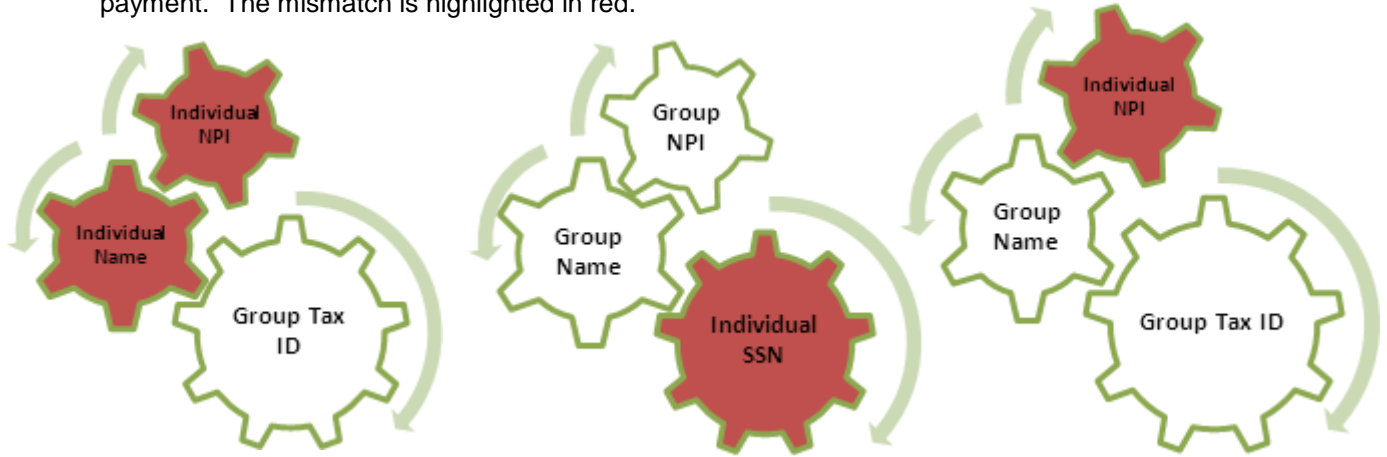
Correct Entry (THE MATCH):

This example shows how the information submitted matches data registered with Florida Blue. The Group Name matches Group NPI which matches Group Tax ID number and all match Florida Blue provider files.



Incorrect Entries (THE MISMATCH):

Below are examples of information that will result in a mismatch of data causing a WEBV040 provider correctable error ultimately resulting in a delay in payment. The mismatch is highlighted in red.



Remember: Group Name = Group NPI = Group Tax ID Number

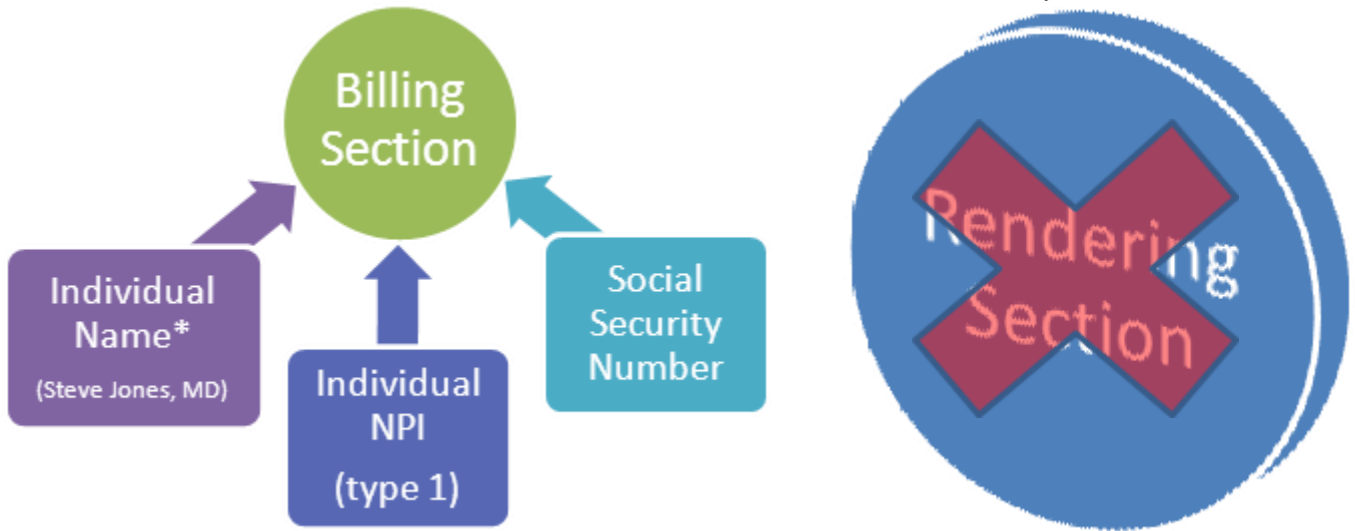
To confirm how you are registered with Florida Blue, please call the Provider Contact Center at (800) 727-2227, select option 5, and then option 2. If you would like to register a different Tax ID number, please complete the [Provider Information Update Form](#) (sections 1 and 6.) A completed IRS confirmation letter must be included.

D. Billing as an Individual Provider – OPTION 2

If you are billing as an individual provider, the NPI must be the individual NPI (type 1) along with the appropriate Social Security Number. Do not enter a provider at all in the rendering section when the billing and rendering provider is the same person. Submitting redundant information can cause a different provider correctable error.

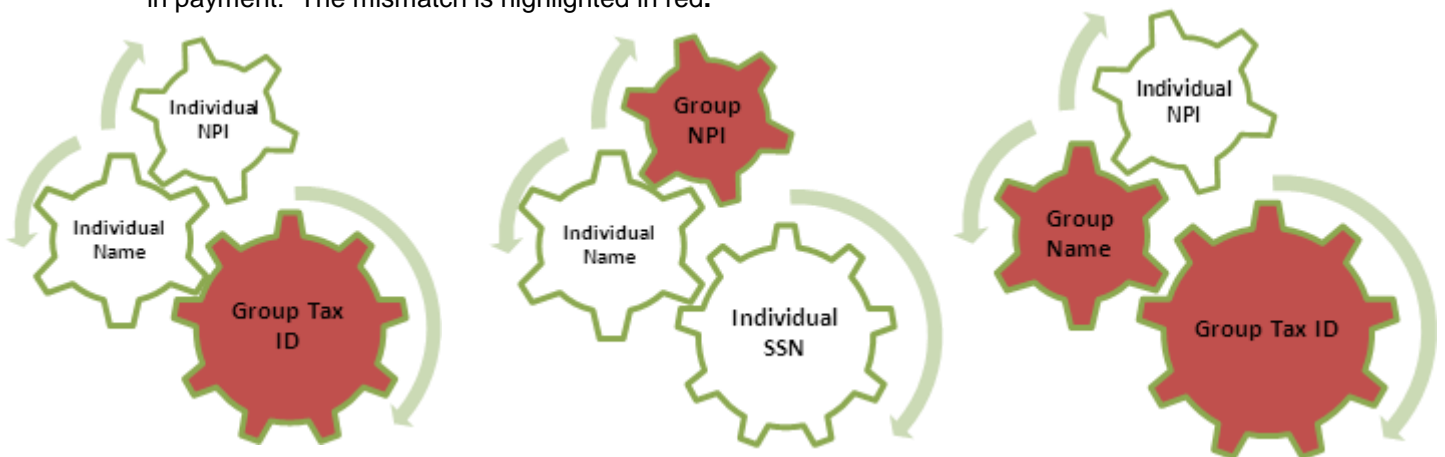
Correct Entry (THE MATCH):

This example shows how the information entered matches data registered with Florida Blue. Individual Name matches Individual NPI matches Individual Social Security Number.



Incorrect Entries (THE MISMATCH):

Below are examples of information entered that will result in a mismatch of data causing a delay in payment. The mismatch is highlighted in red.



REMEMBER: Individual Name = Individual NPI = Individual Social Security Number

To confirm how you are registered with Florida Blue, please call the Provider Contact Center at (800) 727-2227, select option 5, and then option 2. If you would like to register a different Tax ID

number, please complete the [Provider Information Update Form](#).(sections 1 and 6.) A completed IRS confirmation letter must be included.

IV. Tips for Sending Coordination of Benefits Information on Electronic Claims

837 Professional Health Care Claims

When BCBSF is the secondary carrier, file the claim to Florida Blue on the member’s behalf only after the primary insurance has completed processing. When Florida Blue shows another health plan is primary and there is no primary carrier payment or denial information, the claim will be returned for correction. EXCEPTIONS: Claims submitted with a “GY” modifier where Medicare would otherwise be primary, claims from VA/DOD facilities, Medicare Crossover claim will not be subject to these requirements. When Florida Blue files show another health plan is primary, that information is provided on the 271 Eligibility and Benefits query response. When the primary plan is NOT Florida Blue, the following loops and segments will be required:

Note: For Medicare claims that should cross-over to Florida Blue the Medicare Cross-Over process should be followed. Please refer to the Medicare Crossover Guidelines Bulletin v2 below.



R =Required S=Situational	837 Fields	Business Requirement
S	2320 SBR01	Payer responsibility sequence may not be “P” Primary. The use of “S” or “T” requires other payer information in loop 2320
S	Loop 2320 CAS 01-19, as needed	Submission of other insurance payment information requires claim adjustment group codes and associated monetary amounts. Please be sure to submit any differences between the paid and charge amounts in the CAS segments. Florida Blue requires the 837 to balance including the COB segments.
R	Loop 2320 AMT 01	When Florida Blue is secondary, submit the primary insurer payment information to support correct processing of COB information. AMT01 = D; REQUIRED, then the AMT02 is the Payer Paid Amount. .

R =Required S=Situational	837 Fields	Business Requirement
R	Loop 2430 CAS segments Loop 2430 SVD 02	When Medicare is primary and Florida Blue is secondary, Florida Blue requires a line level adjustment reason code and payment amount which must balance back to charge.

The following information corresponds to Box 10 on the CMS/HCFA1500 Claim form indicating the accident type as Employment Related, Auto or Other. External Cause of Injury Codes or External Cause of Morbidity Codes, while not required, can speed up processing of claims and reduce requests for information. These codes are especially important when billing OA as the accident type. External Injury Codes or Cause of Morbidity Codes should be billed in the diagnoses field but should NEVER be billed as the primary diagnosis.

R =Required S=Situational	837 Fields	Business Requirement								
R	2300, CLM11-1, CLM11-2, CLM11-3	<p>If billing a claim containing a trauma diagnosis (800.00-999.9 in 9 and any E code) you will need to bill one or more values in loop segment 2300, CLM11-1, CLM11-2, and or CLM11-3 indicating If indicating the injury was Employment, No Fault Auto or Other Accident. Claims billed without one of these codes will be returned for correction.</p> <table border="1" data-bbox="753 1136 1354 1262"> <thead> <tr> <th>Value</th> <th>Means</th> </tr> </thead> <tbody> <tr> <td>EM</td> <td>Employment Related</td> </tr> <tr> <td>AA</td> <td>No Fault Auto</td> </tr> <tr> <td>OA</td> <td>Other Accident</td> </tr> </tbody> </table>	Value	Means	EM	Employment Related	AA	No Fault Auto	OA	Other Accident
Value	Means									
EM	Employment Related									
AA	No Fault Auto									
OA	Other Accident									

8 ACKNOWLEDGEMENTS AND/OR REPORTS

The purpose of this section is to outline the Florida Blue processes for handling the initial processing of incoming files and electronic acknowledgment generation.

TA1 Interchange Acknowledgement Transaction

All X12 file submissions are pre-screened upon receipt to determine if the interchange control header (ISA) or interchange control trailer (IEA) segments are readable. If errors are found, a TA1 response transaction will be sent to notify the trading partner that the file could not be processed provided the file contains a code value of 1 in the ISA14. No TA1 response transaction will be sent for error-free files.

Once Florida Blue determines that the file is readable, validation is performed on the ISA and IEA loop information. If these segments have a non-standard structure, the file will receive a full file reject and the TA1 response transaction will be sent to the trading partner, provided the file contains a code value of 1 in the ISA14.

999 Functional Acknowledgement Transactions

If the file submission passes the ISA/IEA pre-screening above, it is then checked for ASC X12 syntax and HIPAA compliance errors. When the compliance check is complete, a 999 will be sent to the trading partner informing them if the file has been accepted or rejected. If multiple transaction sets (ST-SE) are sent within a functional group (GS-GE), the entire functional group (GS-GE) will be rejected when an ASC X12 or HIPAA compliance error is found.

9 TRADING PARTNER AGREEMENTS

Please contact Availity for your Trading Partner Agreement at 1 (800)-AVAILITY or www.Availity.com.

10 TRANSACTION SPECIFIC INFORMATION

ASC X12 Transactions Supported

IMPORTANT NOTE: If you submit your transactions through Availity, please refer to the Availity EDI Guide located on the Availity website at <http://www.availity.com/>.

Florida Blue processes the following ASCX12 HIPAA transactions for Eligibility and Benefit Request

ASC X12 837 005010X222A1	Professional Claim Submission
ASC X12 TA1 v005010X231A1	Response to the X12 transactions where errors are encountered in the outer envelopes (ISA/IEA and GS/GE segments)
ASC X12 999 v005010X231A1	Functional Acknowledgement - Response to the X12 transactions where structural and syntactical errors are encountered within the transaction segments itself (ST-SE segments)