



# **Blue Cross Blue Shield of Michigan**

**HIPAA Transaction Standard Companion Guide**

**American National Standards Institute (ANSI) ASC  
X12N 278 (005010X217) Health Care Services Review  
and Response**

## Disclosure Statement

This companion document is the property of Blue Cross Blue Shield of Michigan (BCBSM) and is for use solely in your capacity as a trading partner of health care transactions with BCBSM. It is incorporated by reference in the EDI Trading Partner Agreement. All instructions were written as known at the time of publication and are subject to change. Changes will be communicated in future letters and on the BCBSM web site: [www.bcbsm.com](http://www.bcbsm.com).

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## Preface

The Health Insurance Portability and Accountability Act-Administrative Simplification (HIPAA-AS) requires Blue Cross Blue Shield of MI and all other covered entities to comply with the electronic data interchange standards for health care as established by the Secretary of Health and Human Services. The ASC X12N/005010X217278 Technical Report Type 3 (TR3) for Health Care Services Review – Request for Review and Response has been established as the standard for the exchange of precertification and preauthorization transactions and is available at [www.wpc-edi.com](http://www.wpc-edi.com).

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# 1. INTRODUCTION

This section describes how ASC X12N Implementation Guides (IGs) adopted under HIPAA will be detailed with the use of a table.

The tables contain a row for each segment that BCBSM has something additional, over and above, the information in the IGs. That information can:

1. Limit the repeat of loops, or segments
2. Limit the length of a simple data element
3. Specify a sub-set of the IGs internal code listings
4. Clarify the use of loops, segments, composite and simple data elements
5. Any other information tied directly to a loop, segment, composite or simple data element pertinent to trading electronically with BCBSM

In addition to the row for each segment, one or more additional rows may be used to describe BCBSM's usage for composite and simple data elements and for any other information.

Loop	Segment/ Element	Instruction	Industry/ Data Element Name	TR3 Pg #
LOOP NUMBER:	SEGMENT OR ELEMENT IDENTIFIER:	BCBSM OR OTHER PAYER SPECIFIC INSTRUCTION:	IMPLEMENTATION NAME:	CORRESPONDING TR3 PAGE NUMBER:
2010A	NM101	Report a value of 'X3''	Entity Identifier Code	42

## 1.1 SCOPE/OVERVIEW

This document is intended for use as a companion to the HIPAA-mandated ASC X12N/005010X217278 TR3, dated May 2006. Specific payer instructions contained in this document are provided for clarification purposes only and should be used in conjunction with the noted HIPAA TR3 published by Washington Publishing Company.

## 1.2 REFERENCES

To obtain any or all of the HIPAA mandated 005010 ASC X12 TR3s, please visit X12's website: <http://store.x12.org/store/>, or Washington Publishing Company's website: <http://www.wpc-edi.com>

To obtain Health Care Code Lists, please refer to Washington Publishing Company's website: <http://www.wpc-edi.com/reference/>

## 1.3 GENERAL EDI TERMINOLOGY

**Accumulated Amount** – The amount that the member has paid/used on deductible, out-of-pocket and benefit limits.

**Addenda** – Refers to a version of the HIPAA mandated transaction sets that corrects identified implementation issues noted in the original TR3.

**ASC X12N/005010X217 278** – The HIPAA mandated (ANSI) ASC X12N 278 Health Care Claims Status Request and Response transaction format.

**BCBSA** – An acronym for Blue Cross Blue Shield Association

**BCN** – An acronym for Blue Care Network

**BlueExchange** – A BCBSA process through which non-claim HIPAA transactions for members from all other Blue Cross and/or Blue Shield plans that are governed by the BCBSA can be accepted by a local host plan (the plan that delivers the benefits to a member) and routed to the home plan (the plan that covers the member) for processing.

**Canned Response** – Informational response to the submitter for exception processing (EDI term).

**Data Segment** – Corresponds to a record in data processing terminology. Consists of logically related data elements in a defined sequence (defined by X12N). Each segment begins with a segment identifier, which is not a data element and one or more related data elements, which are preceded by a data element separator. Each segment ends with a segment terminator.

**Data Element** – Corresponds to a field in data processing terminology. Assigned unique reference number. Each element has a name, description, type, minimum length and maximum length. The length of an element is the number of character positions used, except as noted for numeric, decimal and binary elements. Data element types are defined in Appendices B of the TR3.

**Delimiter** – A character used to separate two data elements (or sub-elements) or to end a segment. They are specified in the interchange header segment (ISA). Once specified in the ISA, they should not be used in the data elsewhere other than as a separator or terminator.

**EDI** – An acronym for Electronic Data Interchange.

**Electronic Data Interchange** – The application-to-application transfer of key business information transacted in a standard format using a computer-to-computer communications link. There are typically 6 components used in order to do EDI. They are: an EDI file, a trading partner, an application file/form, translator (mapper), communications and value added network or value-added service provider.

**FEP** – Federal Employee Program

**Home Plan** – The Blue Cross Blue Shield plan that holds a member's contract.

**Host Plan** – The Blue Cross Blue Shield plan that delivers the service. For example, if a Michigan member receives services from a BCBS participating physician in another state, the physician would bill the BCBS plan [host plan] located in that state.

**NASCO** – The National Account Service Company connects several Blue Cross and Blue Shield plans across the country through a common automated system to administer health benefit programs.

**Interface** – The point at which two systems connect to pass data.

**Loops** – Loops are groups of semantically related segments. Data segment loops may be unbounded or bounded.

**Out-of-pocket** – Patient liability.

**Routing** – Separation of data based on specific criteria for subsequent transfer to an internal or external system.

**Static Amount** – The beginning amount for deductible, out-of-pocket and benefit limitations.

**Technical Reports Type 3 (TR3s)** – Documents that provide standardized data requirements and content as the specifications for consistent implementation of a standard transaction set. The Washington Publishing Company publishes HIPAA TR3s on their web site: [www.wpc-edi.com](http://www.wpc-edi.com).

**Trading partners** – Entities that exchange electronic data files. Agreements are sometimes made between the partners to define the parameters of the data exchange and simplify the implementation process.

**Translation Software** – Commercial computer software that with input instructions converts a standard format to an application format or an application format to a standard format. Most translation software products also compliance check standard format files and automatically create interchange/functional acknowledgements to identify receipt and translation status of a file. Some products also offer translation capability from any format to any format.

**Transaction Set** – A transaction set is considered one business document which is composed of a transaction set header control segment, one or more data segments, and a transaction set trailer control segment.

**UMO** – UMO refers to insurance companies, health maintenance organizations, preferred provider organizations, health care purchasers, professional review organizations, other providers, and other utilization review entities that receive and respond to requests for authorization or certification. The UMO may or may not be the organization that makes the medical decision on a service review request. The UMO might have a relationship with a payer that calls for the payer to make a decision in certain cases. It is the role of the UMO to forward that request to the payer, receive the response from the payer, and then return the response to the requestor. From the requestor's perspective, the exchange of information is between the requestor and the UMO.

**X12N** – An Accredited Standards Committee commissioned by the American National Standards Institute to develop standards for Electronic Data Interchange. While X12 indicates EDI, the N identifies the Insurance Subcommittee that is responsible for developing EDI standards for the insurance industry. There is a special health care task group within this subcommittee responsible for the development of health care insurance transactions.

## 2. GETTING STARTED

### 2.1 WORKING WITH BCBSM

Appropriate steps must be taken before submitting production ANSI ASC X12N transactions, such as testing, completion of an EDI Trading Partner Agreement and demographic confirmation with our customer support staff. To begin this process, receive more information or ask questions, please contact the EDI Help Desk at (800) 542-0945.

### 2.2 TRADING PARTNER REGISTRATION

Providers must complete a BCBSM Trading Partner Agreement (TPA) prior to submitting Real Time transactions (270/271, 276/277 and 278). In addition, providers must complete a Provider Authorization to register their National Provider Identifier (NPI) with EDI. Both forms are completed online: <https://editest.bcbsm.com/tpalogo.html>.

- Go to [www.bcbsm.com](http://www.bcbsm.com)
- Select “*Provider*” above the blue banner bar and then choose the “*Quick Links*” box below.
- From the Quick Links list, select “*Electronic Connectivity(EDI)*”
- From the EDI Agreements choices, select “*Update your Provider Authorization Form*”
- Enter your User ID and Password and click “*Enter*”

#### **TPA not completed:**

Providers that have **not** previously completed a TPA must follow these steps prior to submitting Real Time transactions:

- ✓ Obtain the submitter ID from your Real Time submitter;
- ✓ Contact the EDI Helpdesk at 1-800-542-0945, opt. #3, or email [EDISupport@bcbsm.com](mailto:EDISupport@bcbsm.com), to obtain a BCBSM User ID and Password. Providers will need to supply their NPI, and specify if they are Institutional, Professional, or Dental. Dental providers will also need to supply their Tax ID.
- ✓ A User ID and Password will be assigned and provided via fax or email. This process should take no more than 24 hours.
- ✓ Follow the instructions in the fax or email to access and complete the TPA online.
- ✓ Once the TPA is completed, providers must complete the Provider Authorization (see online information above). **PLEASE NOTE: When completing the Provider Authorization, do NOT enter a Unique Receiver ID (URI) for Real Time Transactions.**

#### **TPA already completed:**

Some providers may have already completed a TPA for submission of electronic 837 claims. If the submitter ID for Real Time transactions is **different** than the 837 submitter ID, providers must:

- ✓ Obtain the submitter ID from your Real Time Submitter.
- ✓ Complete a new Provider Authorization to register their NPI with the Real Time submitter ID. **PLEASE NOTE: When completing the Provider Authorization, do NOT enter a URI for Real Time Transactions.**
- ✓ Go to above URL
- ✓ Enter the User ID and Password previously issued for completing the 837 TPA (if unable to locate, call 1-800-542-0945, opt. #3 for assistance).
- ✓ Complete the Provider Authorization form (see online information above). **PLEASE NOTE: When completing the Provider Authorization, do NOT enter a URI for Real Time Transactions.**

### 2.4 CERTIFICATION AND TESTING OVERVIEW

BCBSM does not require or provide certification for its trading partners.

## Validator Testing Process for Vendors and Software Developers/Self Submitters

Send 3 consecutive 278 requests for each line of business. Transactions should represent current production data.

Once you have received a green check for each transaction, you are ready to contact EDI.

Contact BCBSM/EDI by email at: [EDICustMgmt@bcbsm.com](mailto:EDICustMgmt@bcbsm.com)

Please mark Subject line: **5010 Testing**

**Please give the following information:**

Vendor Code or Submitter ID:

Contact:

Phone:

Please allow 3 business days for review.

An EDI Consultant or EDI Testing Analyst will review the test files, validate companion guide requirements and contact you regarding your status. If you do not receive a call after 3 business days or have additional questions, please contact us at 248-486-8657.

### 3. TESTING WITH THE PAYER

Review the **Self-testing User Guide for 837 and Non-Claims Transactions**

<http://www.bcbsm.com/content/dam/public/secured/application/SelfTestUserGuide.pdf>

### 4. CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

#### 4.1 CONNECTIVITY

Hours of operation for purposes of transmitting and receiving data through the BCBSM EDI-System shall be Monday from 1:00 am – Sunday at 6:00 pm Eastern Time (Standard or Daylight, as then in effect).

#### 4.2 PROCESS FLOWS

Process flows for HIPAA Transactions Sets are located in the front matter of the applicable TR3 implementation guides.

BlueExchange Home transactions are processed in the real time environment. Michigan providers that would like to submit 278 transactions can contact 248-486-8657 for further assistance.

#### 4.3 COMMUNICATION PROTOCOL SPECIFICATIONS

We currently support commercial messaging software called WebSphere MQ.

HTTPS instructions are available by email at [EDISupport@bcbsm.com](mailto:EDISupport@bcbsm.com) or contact our Help Desk at 1-800-542-0945.

Current system requirements for communicating with the BCBSM network are:

Network connectivity: Network connectivity will typically be established via a Virtual Private Network.

Required software component: IBM WebSphere MQ (Server), IBM WebSphere MQ Client, or software with equivalent functionality:

Supported releases of WebSphere MQ range from V6.0 to V7.0.1.1 (current).

Equivalent software may include:

- WebSphere Application Server
- WebSphere MQ Java Messaging Service. This software component, which includes an Application Programming Interface, provides the infrastructure for developing applications that can communicate with the BCBSM Real-Time 270/276 system.

Supported operating systems include:

- AIX
- HP-UX
- Linux for Intel
- Linux for zSeries
- Solaris
- Windows XP, Server2003

Telecommunication Options: A direct-line connection with BCBSM is required, using MQ Series.

Telecommunication method supported: MQ Series (commercial messaging software)

**Note:** All delayed BlueExchange responses will be returned based on your registered batch connection with BCBSM.

### 4.3 PASSWORDS

BCBSM does not issue or require real time passwords for submission of transactions.

## 5. CONTACT INFORMATION

### 5.1 EDI CUSTOMER SERVICE: 1-800-542-0945. The EDI Help Desk is available 8:00 am to 4:30 pm M-F.

When you contact the EDI Help Desk, we need to make sure of your identity before we can release any sensitive data, such as membership, benefit or claim information. BCBSM will request the following information from you to verify your identity and ensure the privacy and confidentiality of health care data of our members and providers:

1. Caller name
2. Name of provider, facility or submitter/software developer office
3. Reason for call
4. Member contract number (if applicable)
5. Name of member (if applicable)
6. Providers, submitters and software developers:
  - Professional (includes vision and hearing): BCBSM provider code, NPI and/or BCBSM-assigned submitter ID
  - Facility: BCBSM facility code or Federal tax ID
  - Dental: Federal tax identification number

#### 5.1.1 ELECTRONIC DATA INTERCHANGE DEPARTMENT CONTACTS

Customer inquiries should be made to the EDI Help Desk at 1-800-542-0945. The following telephone prompts should be followed:

**Option 1:** Questions on transaction edits, remittances, Internet claim tool support, SFTP Password resets and connections, transmission issues, recreates and Payer ID listings.

**Option 2:** New customers or vendors who wish to obtain Submitter ID or electronic submission information

**Option 3:** Trading Partner Agreement and NPI or Provider Number Authorization questions including TPA and Authorization Login and Password IDs.

For general information or other questions, please email [realtimesupport@bcbsm.com](mailto:realtimesupport@bcbsm.com)

### 5.2 EDI TECHNICAL ASSISTANCE

For technical information or other questions, email [realtimesupport@bcbsm.com](mailto:realtimesupport@bcbsm.com)

### 5.3 APPLICABLE WEBSITES/E-MAIL

BCBSM contact information: <http://bcbsm.com/providers/help/contact-us.html>



## 6. CONTROL SEGMENTS/ENVELOPES

### 6.1 ISA- IEA: DATA CLARIFICATION – ASC X12N 00510X217 278 INTERCHANGE ENVELOPE AND FUNCTIONAL GROUP STRUCTURE

Transaction Set	Industry Data Element Name	Instruction	TR3 Page #
278 Health Care Services Review Request	ISA05 – Interchange ID Qualifier	Report ZZ.	B.4
278 Health Care Services Review Request	ISA06 – Interchange Sender ID	Report the Tax Identification Number of the submitter.	B.4
278 Health Care Services Review Request	ISA07 – Interchange ID Qualifier	Report ZZ.	B.4
278 Health Care Services Review Request	ISA08 – Interchange Receiver ID	Report 382069753.	B.5
278 Health Care Services Review Request	GS02 – Application Sender's Code	Report the Tax Identification Number of the submitter.	B.8
278 Health Care Services Review Request	GS03 – Application Receiver's Code	Report 382069753.	B.8
278 Health Care Services Review Request	GS08 – Version Number	Report 005010X217.	B.8
278 Health Care Services Review Response	ISA05 – Interchange ID Qualifier	ZZ will be returned from EDI.	B.4
278 Health Care Services Review Response	ISA06 – Interchange Sender ID	382069753 will be returned from EDI.	B.4
278 Health Care Services Review Response	ISA07 – Interchange ID Qualifier	ZZ will be returned from EDI.	B.4
278 Health Care Services Review Response	ISA08 – Interchange Receiver ID	The Tax Identification Number of the receiver will be returned.	B.5
278 Health Care Services Review Response	GS02 – Application Sender's Code	382069753 will be returned.	B.8
278 Health Care Services Review Response	GS03 – Application Receiver's Code	The Tax Identification Number of the receiver will be returned.	B.8
278 Health Care Services Review Response	GS08 – Version Number	005010X217 will be returned.	B.8

## 7. PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

### 7.1 REJECTED TRANSACTIONS

Transactions that contain an unauthorized submitter identification number, invalid submitter/provider combinations, or are found to be HIPAA non-compliant will result in the return of a TA1 transaction(s) or 999 transaction(s). The TA1 transaction and 999 transaction specify the reason for rejection via error code(s). The error code definitions for both the ASC X12C TA1 transaction and the 999 transaction are found in the ASC X12C/005010X231 999 TR3 and the adopted Type 1 Errata (005010X231A1) published by Washington Publishing Company. If the 278-13 request transaction is accepted for processing, and a data processing error or a system processing error is encountered, the returned 278-11 response will specify the applicable error via a (AAA) segment.

## 8. TRADING PARTNER AGREEMENTS

Our Trading Partner Agreement follows HIPAA guidelines for transactions, medical code sets, privacy and security. The TPA is a contract that must be completed by all providers and submitters who trade health care information electronically with us.

### Step 1: Request User ID and Password

To complete the TPA, you'll need a user ID and password. Visit

<http://www.bcbsm.com/content/public/en/providers/help/faqs/electronic-connectivity-edi/request-a-tpa-user-id-and-password.html> for more information.

### Step 2: Login and Complete the TPA

Once you've received your TPA user ID and password from us, enter them in the fields to the left and select Enter to login.

Please have the following information available when you login:

- Trading Partner ID of the entity that submits your claims electronically
- Provider codes for BCBSM, BCNHMO, Medicare and Medicaid, as applicable (providers only)
- Provider's Federal Tax ID Number (providers only)

### 8.1 TRADING PARTNERS

An EDI Trading Partner is defined as any BCBSM customer (provider, billing service, software vendor, employer group, financial institution, etc.) that transmits to, or receives electronic data from Blue Cross Blue Shield Michigan.

Payers have EDI Trading Partner Agreements that accompany the standard implementation guide to ensure the integrity of the electronic transaction process. The Trading Partner Agreement is related to the electronic exchange of information, whether the agreement is an entity or a part of a larger agreement, between each party to the agreement.

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

## 9. TRANSACTION SPECIFIC INFORMATION

### 9.1 REPORTING INSTRUCTION CLARIFICATION - ASCX12N/005010X217 – 278

The ANSI ASC X12N 278 transaction was selected as the HIPAA-mandated format for electronic referrals, pre-certification and case management requests and responses. The 278 transaction was designed to submit the request and respond with the information regarding the specified request for review.

BCBSM accepts and responds to ANSI ASC X12N 278 transactions for Blue Cross Blue Shield of Michigan and Blue Care Network HMO, including Point of Service (POS). Health Care Services Review request transactions can also be submitted for members from other Blue Cross and/or Blue Shield plans. These transactions will be routed to the home plan through a Blue Cross Blue Shield Association process referred to as BlueExchange.

BlueExchange transactions may return one or more responses until final disposition is determined.

## **9.2 BCBSM SUPPORTED USAGE AND GUIDELINES OF THE 278 TRANSACTION**

Two of the programs administered by BCBSM (Hospital Pre-certification Request for Admission and Human Organ Transplant Program Pre-authorization requests) meet the definition of a 278 transaction.

### **9.2.1 BLUE CROSS BLUE SHIELD OF MICHIGAN SUPPORTED USAGE**

- Pre-certification for hospital admissions.
- Pre-authorizations for human organ transplants as part of the Human Organ Transplant Program (HOTP).
- For BCBSM pre-certification, providers can use Interqual guidelines in most cases to determine whether or not a patient qualifies for admission. Providers notify BCBSM (via Pre-Note) when a patient meets Interqual guidelines and qualifies for admission. In situations where providers cannot make the determination, a 278 pre-certification request may be submitted to BCBSM for an authorization decision.

### **9.2.2 BLUE CARE NETWORK HMO SUPPORTED USAGE**

- Referral requests (including those for POS).
  - Renewal and revised referral requests will be treated the same as an initial request.
  - Immediate appeals will be treated the same as standard appeals. For expedited appeals, please request by calling 248-799-6312.
- Pre-admissions.
- Pre-certifications.

## **9.3 BCBSM/BCN NONSUPPORTED USAGE AND GUIDELINES OF THE 278 TRANSACTION**

The following programs cannot be included in 278 functionality:

- Programs subcontracted to a vendor/business associate:
  - Examples include American Imaging Management, Magellan, Value Options and Northwood/NPN. These vendors are responsible for receiving and responding to 278 requests for their programs.
- Case Management and Request for Pre-pricing fall outside the definition of a 278. They are considered voluntary programs as a service to the provider or the member.
- Pre-approval for Specified Clinical Oncology Trials rider for whom the facility provider sends assigned evidence to meet medical criteria.
- Pharmacy pre-authorizations.
- Dental pre-determination pricing is not a HIPAA 278 business event.

## 9.4 DATA CLARIFICATIONS FOR THE 278 (005010X217) REQUEST TRANSACTION SET

278-13 Loop	278-13 Segment/Element	Instruction	Industry/Element Name	TR3 Page #
Header	BHT03	BCN: Report a unique number for each referral request.	Submitter Transaction Identifier	68
2010A	NM101	Report a value of "X3"	Entity Identifier Code	72
2010A	NM102	Report a value of "2"	Entity Type Qualifier	72
2010A	NM103	BCN: Report BCN, BCN HMO, and POS referral as well as pre-authorization and pre-certification requests. BCBSM: Report BCBSM for pre-authorization and pre-certification requests.	UMO Name	72
2010A	NM108	BCBSM & BCN: Report "PI".	Identification Code Qualifier	73
2010A	NM109	BCBSM & BCN: Report 382069753.	UMO Identifier	73
2010B	NM101	BCBSM & BCN: Report either "1P" for Provider or "FA" for Facility	Entity Identifier Code	76
2010B	NM108	BCBSM & BCN: Report "XX" for NPI; Atypical providers should report "24"	Reference Identification Qualifier	77
2010B	REF01	BCBSM & BCN: Report "ZH"	Identification Code Qualifier	79
2010B	REF02	BCBSM & BCN: Report the provider number of the requester	Requester Supplemental Identifier	80
2010B	PER02	BCBSM: Report the contact person's name.	Requester Contact Communication Number Qualifier	85
2010B	PER03	BCBSM: Report "TE"	Requester Contact Communication Number	85
2010B	PER04	BCBSM: Report the contact person's telephone number.	Requester Contact Communication Number Qualifier	85
2010B	PER05	BCBSM: Report "EX"	Requester Contact Communication Number	85
2010B	PER06	BCBSM: Report the contact person's telephone extension number when applicable.	Requester Contact Communication Number Qualifier	86
2010C	NM103	BCBSM & BCN: Report the subscriber's last name	Subscriber Last Name	92
2010C	NM104	BCBSM & BCN: Report the subscriber's first name	Subscriber First Name	92
2010C	NM108	BCBSM & BCN: Report "MI"	Identification Code Qualifier	93
2010C	NM109	BCBSM & BCN: Include the prefix and the member's 9 digit contract number	Subscriber Primary Identifier	93
2010C	REF01	BCBSM: Report "1L" for pre-authorization and pre-certification requests. Report "6P" if REF02 will contain the actual Group Number.	Subscriber Supplemental Qualifier	95
2010C	REF02	BCBSM: Report the subscriber group number for pre-authorization, pre-certification requests and specialty referral requests.	Subscriber Supplemental Identifier	95
2010C	DMG02	BCBSM & BCN: Required if the subscriber is the patient.	Subscriber Birth Date	100
2010C	DMG03	BCBSM & BCN: Required if the subscriber is the patient.	Subscriber Gender Code	100
2010D	NM103	BCBSM & BCN: Required if the patient is not the subscriber.	Dependent Last Name	106
2010D	NM104	BCBSM & BCN: Required if the patient is not the subscriber.	Dependent First Name	106
2010D	DMG02	BCBSM & BCN: Required if the patient is not the subscriber.	Dependent Date of Birth	113
2010D	DMG03	BCBSM & BCN: Required if the patient is not the subscriber.	Dependent Gender Code	113
2010D	INS02	BCBSM: Required for pre-certification and pre-authorization requests. BCN: Optional.	Relationship to Insured Code	115

278-13 Loop	278-13 Segment/Element	Instruction	Industry/Element Name	TR3 Page #
2000E	UM01	<b>BCBSM:</b> Report “SC” for specialty referral requests, “AR” for admission reviews or “HS” for pre-certification and pre-authorization requests. <b>BCN:</b> Report “SC” for specialty referral requests or “AR” for admission requests.	Request Category Code	120
2000E	HI Segment	<b>BCBSM &amp; BCN:</b> Report the admitting diagnosis for pre-certification and pre-authorization requests	Patient Diagnosis	137
2000E	HSD01	<b>BCBSM &amp; BCN:</b> Report “DY” for length of stay (number of days) requested for pre-certification and pre-authorization requests.	Quantity Qualifier	156
2000E	MSG01	<b>BCBSM:</b> When the Patient Event is for Organ Transplant (UM03=70), please only specify in this MSG segment the organ type related to the patient event.	Free Form Message Text	208
2010EA	NM101	<b>BCBSM &amp; BCN:</b> Report either “SJ” for Service Provider or “FA” for Facility. Use two occurrences of loop 2010EA when it is necessary to identify the service provider and the facility in which the service is to be performed.	Entity Identifier Code	210
2010EA	NM108	<b>BCBSM &amp; BCN:</b> Report “XX” for NPI; Atypical providers should report “24”	Identification Code Qualifier	211
2010EA	N3 Segment	<b>BCBSM:</b> Report for pre-certification and pre-authorization requests.	Patient Event Provider Address	215
2010EA	N4 Segment	<b>BCBSM:</b> Report for pre-certification and pre-authorization requests.	Patient Event Provider City, State, Zip Code	216
2010EA	PER02	<b>BCBSM:</b> Report the contact person’s name.	Patient Event Provider Contact Information	219
2010EA	PER03	<b>BCBSM:</b> Report “TE”	Patient Event Provider Contact Communication Number	219
2010EA	PER04	<b>BCBSM:</b> Report the contact person’s telephone number.	Patient Event Provider Contact Communication Number Qualifier	219
2010EA	PER05	<b>BCBSM:</b> Report “EX”	Patient Event Provider Contact Communication Number	219
2010EA	PER06	<b>BCBSM:</b> Report the contact person’s telephone extension number when applicable.	Patient Event Provider Contact Communication Number Qualifier	220
2000F	UM01	<b>BCBSM:</b> When sending service level information report “AR” for admission reviews or “HS” for pre-certification and pre-authorization requests. <b>BCN:</b> When sending service level information report “SC” for specialty referral requests or “AR” for admission requests.	Request Category Code	238
2000F	UM04-1	<b>BCN:</b> For referrals, report a value of 11 when UM03 equals 3.	Facility Type Code	242
2000F	MSG01	<b>BCN:</b> Use only if needed to convey free-form text about the referral request.	Free Form Message Text	276
2010F	NM101	<b>BCBSM &amp; BCN:</b> Report either “1T” for Physician, Clinic or Group Practice, “SJ” for Service Provider, or “FA” for Facility.	Entity Identifier Code	278
2010F	NM108	<b>BCBSM &amp; BCN:</b> Report “XX” for NPI; Atypical providers should report “24”	Identification Code Qualifier	279
2010F	N3 Segment	<b>BCBSM:</b> Report for pre-certification and pre-authorization requests.	Service Provider Address	283
2010F	N4 Segment	<b>BCBSM:</b> Report for pre-certification and pre-authorization requests.	Service Provider City, State, Zip Code	284
2010F	PER02	<b>BCBSM:</b> Report the contact person’s name.	Service Provider Contact Information	287
2010F	PER03	<b>BCBSM:</b> Report “TE”	Service Provider Contact Communication Number	287
2010F	PER04	<b>BCBSM:</b> Report the contact person’s telephone number.	Service Provider Contact Communication Number Qualifier	287
2010F	PER05	<b>BCBSM:</b> Report “EX”	Service Provider Contact Communication Number	287

278-13 Loop	278-13 Segment/Element	Instruction	Industry/Element Name	TR3 Page #
2010F	PER06	<b>BCBSM:</b> Report the contact person's telephone extension number when applicable.	Service Provider Contact Communication Number Qualifier	288

## 9.5 DATA CLARIFICATIONS FOR THE 278 (005010X217) RESPONSE TRANSACTION SET

- At this time, 278 requests accepted for processing will result in a 278 canned response. The 278 canned response indicates the request has been received and that any additional information will be provided outside of the 278 transaction. The applicable BCBSM pre-certification/preauthorization department or BCN referral/precertification/preauthorization department will manually process the request and contact the 278 Requester.
- BlueExchange 278 responses will vary based on the capability and functionality of the home plan.

278-11 Loop	278-11 Segment/Element	Instruction	Industry/Element Name	TR3 Page #
Header	BHT06	<b>BCBSM:</b> '18" Final Response	Transaction Type Code	305
2010A	NM101	A value of "X3" will be reported.	Entity Identifier Code	310
2010A	NM102	A value of "2" will be reported.	Entity Type Qualifier	311
2010A	NM103	<b>BCBSM:</b> BCBSM <b>BCN:</b> BCN or BCN HMO, or POS	UMO Name	311
2010A	NM108	<b>BCBSM &amp; BCN:</b> "PI".	Identification Code Qualifier	311
2010A	NM109	<b>BCBSM &amp; BCN:</b> "382069753"	UMO Identifier	312
2010A	AAA03	When applicable, one of the following will be returned: 42 – Unable to Response at Current Time 79 – Invalid Participant Identifier 80 – No Response Received, Transaction Terminated	Rejection Reason Code	316
2010B	NM108	<b>BCBSM &amp; BCN:</b> "XX" or "24"	Reference Identification Qualifier	321
2010B	REF01	<b>BCBSM &amp; BCN:</b> "ZH"	Identification Code Qualifier	323
2010B	REF02	<b>BCBSM &amp; BCN:</b> The Requester's provider number	Requester Supplemental Identifier	324
2010B	AAA03	When applicable, one of the following will be returned: 15 – Required Application Data Missing 41 – Authorization/Access Restrictions 43 – Invalid/Missing Provider Identification 44 – Invalid/Missing Provider Name 51 – Provider Not on File 79 – Invalid Participant Identifier	Rejection Reason Code	325
2010C	NM103	<b>BCBSM &amp; BCN:</b> Subscriber's last name	Subscriber Last Name	332
2010C	NM104	<b>BCBSM &amp; BCN:</b> Subscriber's first name	Subscriber First Name	332
2010C	NM108	<b>BCBSM &amp; BCN:</b> "MI"	Identification Code Qualifier	333
2010C	NM109	<b>BCBSM &amp; BCN:</b> The member's contract number	Subscriber Primary Identifier	333
2010C	REF01	<b>BCBSM &amp; BCN:</b> "IL"	Subscriber Supplemental Qualifier	334

278-11 Loop	278-11 Segment/Element	Instruction	Industry/Element Name	TR3 Page #
2010C	AAA03	When applicable, one of the following will be returned: 58 – Invalid/Missing Date of Birth 65 – Invalid/Missing Patient Name 71 – Patient Birth Date Does Not Match That for the Patient on the Database 72 – Invalid/Missing Subscriber/Insured ID 75 – Subscriber/Insured Not Found	Rejection Reason Code	339
2010C	DMG02	<b>BCBSM &amp; BCN:</b> Subscriber's date of birth	Subscriber Birth Date	341
2010D	NM103	<b>BCBSM &amp; BCN:</b> Dependent Last Name	Dependent Last Name	348
2010D	NM104	<b>BCBSM &amp; BCN:</b> Dependent First Name	Dependent First Name	348
2010D	AAA03	When applicable, one of the following will be returned: 58 – Invalid/Missing Date of Birth 65 – Invalid/Missing Patient Name 67 – Patient Not Found 71 – Patient Birth Date Does Not Match That for the Patient on the Database 77 – Subscriber Found Patient Not Found	Rejection Reason Code	355
2010D	DMG02	<b>BCBSM &amp; BCN:</b> Dependent date of birth	Dependent Date of Birth	357
2010D	INS02	<b>BCBSM &amp; BCN:</b> Dependent's relationship to subscriber	Relationship to Insured Code	360
2000E	UM01	<b>BCBSM:</b> "AR" for admission reviews or "HS" for pre-certification and pre-authorization requests. <b>BCN:</b> "SC" for specialty referral requests or "AR" for admission requests.	Request Category Code	367
2010EA	NM108	<b>BCBSM &amp; BCN:</b> Report "XX" for NPI; Atypical providers should report "24"	Identification Code Qualifier	433
2000EA	AAA03	When applicable, one of the following will be returned: 33 – Input Errors 43 – Invalid/Missing Provider Identification 44 – Invalid/Missing Provider Name 51 – Provider Not on File	Rejection Reason Code	443
2000EC	AAA03	When applicable, the following will be returned: 33 – Input Errors (typically invalid characters in the name causes this Rejection)	Rejection Reason Code	461
2000F	AAA03	When applicable, the following will be returned: AG – Invalid/Missing Procedure Code(s) T5 – Certification Information Missing	Rejection Reason Code	467
2000F	UM01	<b>BCBSM:</b> "AR" for admission reviews or "HS" for pre-certification and pre-authorization requests. <b>BCN:</b> "SC" for specialty referral requests or "AR" for admission requests.	Request Category Code	469
2010FA	NM101	<b>BCBSM &amp; BCN:</b> "SJ" for Service Provider or "FA" for Facility.	Entity Identifier Code	521
2010FA	NM108	<b>BCBSM &amp; BCN:</b> "XX" for NPI or "24"	Identification Code Qualifier	522
2000FA	AAA03	When applicable, the following will be returned: 43 – Invalid/Missing Provider Identification 44 – Invalid/Missing Provider Name	Rejection Reason Code	532

## 10. APPENDICES

### 10.1 IMPLEMENTATION CHECKLIST

#### IMPLEMENTATION CHECKLIST:

##### Providers:

- ✓ Did you complete the Provider Authorizations; authorizing the submitter to submit on your behalf?
  - This must be completed if you are not currently sending other transaction to BCBSM under a nother ID.
  - Reminder - Please do not update the Unique Receiver ID (Submitter Only on Authorization form)
- ✓ Contact 800-542-0945 for a logon ID and password

##### Submitters:

- ✓ Complete Requirement Letter.
- ✓ Complete Third Party Agreement.
- ✓ Complete Validator testing.
- ✓ Confirm with Provider that they have completed the above process.
- ✓ Complete VPN form or trading partner must submit a digital cert for HTTPS connection.

Reminder: Once you are approved in subsystem; it will take 3 business days to move to production.

### 10.2 CHANGE SUMMARY

This section describes the differences between the current Companion Guide and previous guide(s)

The table below summarizes the changes to companion document.

Section	Description of Change	Page	Date
9.5 Data Clarifications for the 278 (005010X217) Response Transaction Set	Removed instruction for Loop 2010EA	15	May 2013
4 CONNECTIVITY WITH THE PAYER/COMMUNICATIONS	Added section 4.1 Connectivity	7	Feb. 2014
4 COMMUNICATION PROTOCOL SPECIFICATIONS	Added link to HTTPS Connectivity User Guide	8	Feb. 2014
9.5 Data Clarifications for the 278 (005010X217) Response Transaction Set	Corrected Header BHT segment to BHT06	15	June 2015
10 Appendices	Revised VPN instruction bullet under Submitters checklist instructions	16	June 2015
3 Testing with the Payer	Update link for the Self Testing User Guide	7	Sept. 2015



