



# Health Care Payment Advice

## 835 Companion Guide

**Refers to the ASC X12N 835  
Technical Report Type 3 Guides**  
(version 005010X221A1)

Companion Guide Version Number: 1.4

## Preface

This Companion Guide to the *ASC X12N Implementation Guides* adopted under HIPAA clarifies and specifies the data content when exchanging electronically with Blue Cross Blue Shield of Massachusetts. Transmissions based on this companion guide, used in tandem with the *X12N Technical Report Type 3 Guides*, are compliant with both X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the *ASC X12N Implementation Guides* adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Technical Report Type 3 Guides.

**TABLE OF CONTENTS**

<b>1. Introduction .....</b>	<b>4</b>
1.1. Overview .....	4
1.2. References .....	4
1.3. Establishing a Trading Partnership with Blue Cross Blue Shield of Massachusetts .....	5
<b>2. Connecting and Communicating .....</b>	<b>6</b>
2.1. Setting up your connection .....	6
2.2. Security .....	7
<b>3. Testing .....</b>	<b>7</b>
3.1. Testing Overview .....	7
3.2. Test Set-up .....	7
3.3. Test Results .....	8
<b>4. Provider Support .....</b>	<b>8</b>
<b>5. Rules and Limitations .....</b>	<b>8</b>
5.1. File Types .....	9
5.2. Tumbleweed Secure Transport .....	9
5.3. 835 Remittance Data Specifications .....	9
<b>6. Appendix .....</b>	<b>18</b>
6.1. Revision History .....	18

## 1. Introduction

### 1.1. Overview

The Health Insurance Portability and Accountability Act – Administration Simplification (HIPAA-AS) requires that Blue Cross and Blue Shield of Massachusetts (BCBSMA), Medicare, and all other health insurance payers in the United States, comply with the electronic data interchange standards for health care as established by the Secretary of Health and Human Services. The ASC X12N **Technical Report Type 3 (TR3)** version 5010 and the Addenda (A1) for Health Care Claims Payment/Advice have been established as the industry standard for the 835 HIPAA transactions. This 835 Companion Guide document supplements, but does not contradict any requirements in the ASC X12N version 5010 Implementation Guide(s) or the Addenda.

This guide has been prepared as the Blue Cross and Blue Shield of Massachusetts specific 835 Companion Guide to the ASC X12N TR3. The goals of the Companion Guide are:

- Describe the process to become an EDI Trading Partner (Direct Submitter) with Blue Cross and Blue Shield of Massachusetts (registering as a Blue Cross Blue Shield of Massachusetts EDI Trading Partner is considered a prerequisite to receiving an 835 file directly in your Tumbleweed Outbound Folder)
- Describe the processes to set up, test, and make operational a Trading Partner (Direct Submitter) relationship with Blue Cross and Blue Shield of Massachusetts
- Clarify when conditional data elements and segments must be used with Blue Cross and Blue Shield of Massachusetts transactions and identify those codes and data elements that are not applicable to Blue Cross and Blue Shield of Massachusetts transactions.

Paper PDA's will not change; they will continue to reflect values Blue Cross uses internally, not the values in the 835 transaction.

### 1.2. References

- The ASC X12N 835 (version 005010X221A1) Technical Report Type 3 guide for Health Care Claims Payment /Advice has been established as the standard for Claims Payment /Advisories and is available at <http://www.wpc-edi.com/HIPAA>.
- The 5010 Blue Cross Blue Shield of Massachusetts 835 Companion Guide can be accessed via our Provider Portal: <http://www.bluecrossma.com/provider>.
- The Adjustment Reason Codes for the remittance advice can be found at <http://www.wpc-edi.com/reference/codelists/healthcare/claim-adjustment-reason-codes/>
- The Remittance Remark Codes for the remittance advice can be found at <http://www.wpc-edi.com/reference/codelists/healthcare/remittance-advice-remark-codes/>

### 1.3. Establishing a Trading Partnership with Blue Cross Blue Shield of Massachusetts

In order to take advantage of the transactions and communication services offered by Blue Cross Blue Shield of Massachusetts, you must execute a Trading Partner agreement. Existing Trading Partners do not need to obtain a new Trading Partner Agreement for version 5010 of the HIPAA Standard. (**Reminder:** As a Direct Submitter, you are required to keep your EDI contact information up to date. Email changes to [EDISupport@bcbsma.com](mailto:EDISupport@bcbsma.com).) The following process is intended for new Direct Submitters to Blue Cross Blue Shield of Massachusetts. Please refer to section 4 for EDI Support contact information.

You will receive a Trading Partner Starter Kit, which will include:

- Trading Partner Agreement – This legal document should be distributed to an Officer of the Corporation empowered to enter a contract on behalf of the Corporation. We require that two signed hard copies be delivered to us at:  
Blue Cross and Blue Shield of Massachusetts, Inc.  
Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.  
Scott Howard  
25 Technology Place  
Hingham, MA 02043
- Trading Partner Enrollment Form – A collaboration of effort from your Billing Office and Information Technology areas is suggested in order to provide accurate information.
- Secure File Transfer (SFTP) Account Request Form – This form is used for connectivity purposes. The data provided by your Information Technology group and agents of your Billing Office is used to grant file transmission privileges.

Both the Trading Partner Enrollment Form and Secure File Transfer Account Request Form can be emailed to [EDISupport@bcbsma.com](mailto:EDISupport@bcbsma.com). Please use “Enrollment and Security Forms” in the Subject of the e-mail.

[Table of Contents](#)

## 2. Connecting and Communicating

The purpose of this section is to identify the process for establishing connectivity to transmit and receive electronic transactions with Blue Cross and Blue Shield of Massachusetts.

### 2.1. Setting up your connection

Providers deliver and pick up files using Blue Cross's Secure File Transfer server (Tumbleweed). We provide access to our Secure File Transfer server using the HTTPS (Hypertext Transfer Protocol Secure) scheme in order to create a secure channel via your web browser. It is important to note the differentiation between using **http** and **https** when accessing the servers. Listed below are the Blue Cross Domain Name Systems (DNS) servers for Test and Production activities.

Environment	DNS
Test	<a href="https://staging.sftp.bluecrossma.com/">https://staging.sftp.bluecrossma.com/</a>
Production	<a href="https://sftp.bluecrossma.com/">https://sftp.bluecrossma.com/</a>

The types of file transmissions will include:

- Submitting 837s – Please refer to our ASC X12N 837 Health Care Claims (837) Companion Guide
- Retrieving 277ACKs, 999s, TA1s, Submitter Reports and Broadcast Messages
- Retrieving 835s
- **New** 835 Summary Report for each 835 file

When we have completed processing the forms from the starter kit, you will receive:

- Tumbleweed mailbox and supporting directory.
- Tumbleweed User ID to connect your server to your Tumbleweed mailbox.
- Two individual User IDs for users listed in Section 4 of the Secure FTP Account Request Form. The two users will be able to manually view and access their organization's mailboxes.
- If requested, additional individual User IDs for business area users.

Providers using **NEHEN** should refer to the NEHEN Direct Claims Implementation guide to update their eClaims configuration files and, if using, the NEHEN Express Configurator.

Providers using **VPN** to connect to us should anticipate their Change Control schedule for updates that are needed to their remote Hosts file(s) and other network configuration files.

[Table of Contents](#)

## 2.2. Security

### Password reset protocol

The password for your Tumbleweed account will be system generated. The password will need to be reset every 90 days.

For server accounts, we will email each registered user (we register the user from the name and email address on the Security form) 3 notifications that the password is about to expire:

- One at 10 days before the expiration
- One at 5 days before the expiration
- One at the day of expiration.

Once one registered user has visited the site to “reset password”, we will again email each registered user the new password. The new server password is good for the next 90 days. The user will need to update their server to use the new password.

For individual User IDs, Blue Cross’s Tumbleweed application will display an error message indicating your password has expired after 90 days. The message will advise you to reset your password. The Tumbleweed application provides a link to reset your password. The system will generate a new password and email the new password directly to the individual user. The new password is good for the next 90 days.

The user will use the reset password button to:

- Reset a password after 90 days.
- Obtain a new password if you have forgotten your password.
- Unlock your accounts.

[Table of Contents](#)

## 3. Testing

### 3.1. Testing Overview

Testing the 835 transaction is optional. If you would like to view, retrieve, download or delete an 835 file from your test outbound Tumbleweed folder prior to production then follow the next set of steps:

### 3.2. Test Set-up

- 3.2.1. Coordinate with one of our EDI Support representatives by sending an email to [EDISupport@bcbsma.com](mailto:EDISupport@bcbsma.com)

- 3.2.2. Submit a test 837 File to our Tumbleweed Secure FTP test server:  
<https://staging.sftp.bluecrossma.com/>
- 3.2.3. We will process the accepted test claims.
- 3.2.4. We will deliver the 835s, created from claim adjudication of the 837 file, to the provider's submitter id outbound folder in the Tumbleweed Secure FTP test server.

Notes:

- For testing purposes, the claims in your test file should simulate claims from normal business.
- Refer to our 837 Companion Guide for additional claim submission guidelines.

### 3.3. Test Results

- 3.3.1. Providers will be able to pick up their test 835 files via our Tumbleweed Secure FTP servers: <https://staging.sftp.bluecrossma.com/>
- 3.3.2. The 835 files and corresponding 835 summary report were delivered to the provider's test Tumbleweed outbound folder.
- 3.3.3. The provider is able to view, retrieve, download, and delete their 835 files and corresponding 835 summary report from their Tumbleweed outbound folder.
- 3.3.4. The provider is able to post the 835 file to their internal system.

[Table of Contents](#)

## 4. Provider Support

If you cannot find the answers to your questions within this Companion Guide, please use the contact information below to reach the appropriate support area.

### EDI Support

For technical questions or help related to 835 transactions, please contact:

**Phone:** 800-771-4097

**Email:** [EDISupport@bcbsma.com](mailto:EDISupport@bcbsma.com)

### Provider Central (provider portal)

Provider Central provides information regarding our products, policies and procedures, as well as Companion Guides for various electronic transactions. Please refer to online documentation for the most up-to-date materials.

**Website:** <http://www.bluecrossma.com/provider>

**Email:** [ProviderCentral@bcbsma.com](mailto:ProviderCentral@bcbsma.com)

[Table of Contents](#)

## 5. Rules and Limitations

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### 5.1. File Types

This section describes the two different types of 835 remittance files that could be delivered to a provider's outbound folder in Tumbleweed:

- 835 remittance file
- 835 Summary Report (PDF)

Report	Naming Convention for the 835 File	Report Description
<b>835</b>	BCBSMA.<Submitter ID>.ClaimPayment.<datetime>.835	This file contains electronic remittance advices (ERAs) that are considered 'in balance'.
<b>835 Summary Report</b>	BCBSMA.(SubmitterID).SummaryReport.2011100110112419209662.PDF	This report is a summary of information contained within the 835 remittance.

[Table of Contents](#)

### 5.2. Tumbleweed Secure Transport

Each 835 Remittance file and corresponding 835 Summary Report (PDF) will be delivered directly to an assigned Tumbleweed Secure Transport outbound folder based on the provider Trading Partner Submitter Id and can be resent upon request.

Each 835 Remittance File and corresponding 835 Summary Report (PDF) will be stored internally at Blue Cross and can be resent upon request.

If there are questions regarding the format or content of the 835, please contact the EDI Support Team at [EDISupport@bcbsma.com](mailto:EDISupport@bcbsma.com).

### 5.3. 835 Remittance Data Specifications

#### 5.3.1. Header Data

Segment ID	Element ID	Data Element Name	Blue Cross Business Rule
ISA		<b>Interchange Control Header</b>	
	12	Interchange Control Version Number	"00501"
GS		<b>Functional Group Header</b>	
	02	Application Sender's Code	"00200"
	03	Application Receiver's Code	Blue Cross-assigned Submitter ID
	08	Version/Release/ Industry Identifier Code	This field will be mapped with the following value: "005010X221A1"

[Table of Contents](#)

## 5.3.2. Loop Specific Data

Loop ID	Segment/ Element ID	Data Element Name	Blue Cross Business Rule
	<b>TRN</b>	<b>Re-association Trace Number</b>	
	02	Reference Identification	<p>One of the following trace numbers will be mapped to the 835 in field TRN 02.</p> <p><b>For Paid 835s:</b></p> <ol style="list-style-type: none"> <li>1. BCBSMA Check Number TRN*1*123456789*1041045815</li> <li>2. BCBSMA EFT Number TRN*1*987654321*1041045815</li> </ol> <p><b>For Non Check 835s:</b></p> <ol style="list-style-type: none"> <li>1. NONCHECK 835 ( zero paid or denied) TRN*1*NC08225000712*1041045815</li> <li>2. ENCOUNTER 835: (capitation) TRN*1*EN08225000712*1041045815</li> <li>3. DENTAL PRETREATMENT 835: TRN*1*PT08225000712*1041045815</li> </ol> <p><b>Note:</b></p> <p>The formula for the new non check, encounter and pretreatment trace number is:</p> <ul style="list-style-type: none"> <li>• Qualifier: NC (non check), EN(encounter), or PT(pretreatment)</li> <li>• Year (YY)</li> <li>• Julian date (JJJ)</li> <li>• 6-digit sequence number</li> </ul>
1000A	<b>PER</b>	<b>Payer Business Contact Information</b>	
	02	Payer Business Name	“BLUE CROSS BLUE SHIELD OF MASSACHUSETTS”

Loop ID	Segment/ Element ID	Data Element Name	Blue Cross Business Rule
	03	Communication Number Qualifier	"TE" (telephone)
	04	Communication Number	"8007714097"
	<b>PER</b>	<b>Payer Technical Contact Information</b>	
	02	Payer Technical Name	"BLUE CROSS BLUE SHIELD OF MASSACHUSETTS"
	03	Communication Number Qualifier	"EM" (Electronic Mail)
	04	Communication Number	"EDISUPPORT@BCBSMA.COM"
1000A	<b>N1</b>	<b>Payee Identification</b>	
	03	Identification Code Qualifier	BCBSMA will return "XX" (NPI) or if billing provider is not eligible for NPI BCBSMA will return "FI" (Federal Tax ID).
	04	Identification Code	If the billing provider NPI is on file with BCBSMA then N1 04 will be mapped with the billing provider NPI.
1000B	<b>REF</b>	<b>Additional Payer Identification Reference</b>	
	01	Reference Identification Qualifier	This reference segment will map the Tax ID for those providers who have an NPI and a Legacy ID for those not eligible to obtain an NPI.  If the billing provider NPI is on file then REF 01 will be mapped with a qualifier of TJ.  If the billing provider is not eligible to obtain an NPI then BCBSMA will map REF 01 with a qualifier of PQ.

Loop ID	Segment/ Element ID	Data Element Name	Blue Cross Business Rule
	02	Reference Identification	<p>If the billing provider's NPI is coded in field N1 04 then this 'Additional Payer Identification Reference Segment' will be coded with the billing provider's Tax ID.</p> <p>If the billing provider is not eligible to obtain an NPI then this 'Additional Payer Identification Reference Segment' will be coded with the billing provider's Legacy ID.</p>
2100	<b>CLP</b>	<b>Claim Payment Information</b>	
	01	Claim Submitter's Identifier	Patient Control Number received on the original claim.
	02	Claim Status Code	<p>Values used by Blue Cross</p> <p>1 – Processed as Primary</p> <p>2 – Processed as Secondary</p> <p>4 – Eligibility denial when the patient is not a BCBSMA member.</p> <p>22 – Reversal of Previous Payment Note: Group Code = CR was removed in 5010 and will not be returned for claim reversals.</p> <p>25 – Predetermination Pricing Only – No Payment</p>
	06	Claim Filing Indicator	<p>Blue Cross will default to the value of 12 for all claim types.</p> <p>Note:</p> <p>A default value of 12 was assigned to this field because the submitted 837 value of BL (Blue Cross Blue Shield) is not considered a valid value for the 835.</p>
	07	Reference Identification (Payer Claim Control Number)	<p>Blue Cross ICN for adjustments:</p> <p>Note 1: The reversal side of the adjustment will map the claim number the adjustment was initiated from to CLP07 .</p> <p>Note 2: The positive side of the adjustment will also include the claim number the</p>

Loop ID	Segment/ Element ID	Data Element Name	Blue Cross Business Rule
			adjustment was initiated from in a subsequent REF-Other Claim Related Identification segment.
2100	<b>CAS</b>	<b>Claim Adjustment</b>	
	01	Claim Adjustment Group Code	Claim Adjustment Segment (CAS) ~ Note: BCBSMA reports the CAS segments at line level (loop 2110) not claim level (loop 2100).
2100	<b>NM1</b>	<b>Corrected Patient/Insured Name</b>	
	03	Name Last or Organization Name	This field is mapped when we have determined that the Insured Last Name submitted on the claim is different from the one we have in our internal Eligibility Files. Note: If the Corrected Insured Last Name is different from what you have on file for this member – please update your records.
	04	Name First	This field is mapped when we have determined that the insured first name submitted on the claim is different from the one we have in our internal Eligibility Files. Note: If the Corrected Insured First Name is different from what you have on file for this member – please update your records.
	05	Name Middle	This field is mapped when we have determined that the insured Middle Initial submitted on the claim is different from the one we have in our internal eligibility files. Note:

Loop ID	Segment/ Element ID	Data Element Name	Blue Cross Business Rule
			If the Corrected Insured Middle Initial is different from what you have on file for this member – please update your records.
	07	Name Suffix	If the Insured Last Name includes a 'suffix' then we will concatenate the suffix to the insured's last name.
	09	Identification Code	Corrected Insured ID # This field is mapped when the Insured Identification Number submitted on the claim is different from what we have in our internal Eligibility File. Note: If the Corrected Insured Identification Number is different from what you have on file for this member – please update your records.
2100	REF	<b>Other Claim Related Identification</b>	
		Reference Identification	Added reference segment to the positive side of the adjustment claim information in order to identify the claim number an adjustment was initiated from.
2100	DTM	<b>Coverage Expiration Date</b>	
	02	Date	Member's cancelled date.
2100	DTM	<b>Claim Received Date</b>	
	02	Date	Date Blue Cross received the claim.
2110	SVC	<b>Service Payment Information</b>	
	06	Composite Medical Procedure Identifier	Submitted Procedure Code This field is mapped when the procedure code has been changed from what was submitted on the claim.

Loop ID	Segment/ Element ID	Data Element Name	Blue Cross Business Rule
	07	Quantity	<p>Submitted Units of Service</p> <p>This field is mapped when the units of service have been changed from what was submitted on the claim.</p> <p><u>Note:</u></p> <p>We will also populate this field when anesthesia services have been billed because our claims adjudication system converts the time information submitted on the claim to units needed for internal claims processing.</p>
2110	<b>CAS</b>	<b>Service Adjustment</b>	
	01	Claim Adjustment Group Code	<p>HIPAA CAS Coding</p> <p>The Service level CAS segment will include a HIPAA group code, adjustment reason code, and remark code (if applicable) as well as an amount.</p> <p><u>Note 1:</u></p> <p>CAS coding indicates how a line has been processed by BCBSMA.</p> <p><u>Note 2:</u></p> <p>Please refer to the following web site for valid adjustment reason and remark codes: <a href="http://www.wpc-edi.com/reference">http://www.wpc-edi.com/reference</a></p> <p><u>Note 3:</u></p> <p>Valid Group Codes are:</p> <ul style="list-style-type: none"> <li>• CO</li> <li>• PR</li> <li>• PI</li> <li>• OA</li> </ul>
2110	<b>REF</b>	<b>Rendering Provider Information</b>	
	01	Reference Identification Qualifier	Rendering Provider Information:



Loop ID	Segment/ Element ID	Data Element Name	Blue Cross Business Rule
	02	Reference Identification Code	<p>If the rendering provider NPI is on the submitted claim then REF01 will be mapped with a qualifier of HPI.</p> <p>If the rendering provider is not eligible to obtain an NPI then we will map REF 01 with a qualifier of IA.</p> <p>Rendering Provider Information: The rendering provider NPI will be mapped to REF 02.</p> <p>If the rendering provider is not eligible to obtain an NPI their Blue Cross Legacy ID will be mapped to REF 02.</p>
	<b>PLB</b>	<b>Provider Adjustment</b>	
	01	Reference Identification	<p>Provider Level Adjustment:</p> <p>If the Billing Provider Identification Code (Loop 1000B – N104) is populated with a NPI then the PLB Reference Identification will be coded with the billing provider's 10-digit NPI.</p> <p>If a billing provider is not eligible to obtain an NPI then the PLB Reference Identification will be coded with the billing provider's Legacy ID.</p>
	03-2	Reference Identification	<p>This field will map the BCBSMA account receivable number and the associated provider patient account number. (Separated by a space)</p>

## 6. Appendix

### 6.1. Revision History

Revision Number	Date	Section	Notes
1.2	5/22/2017	1.3	Replacing Kim Hoff's contact information with Scott Howard's
		5.1	Removed from File Types: <ul style="list-style-type: none"> <li>• In balance</li> </ul>
1.3	3/23/2018	5.1	Removed from File Types: <ul style="list-style-type: none"> <li>• Out of balance</li> </ul>
1.4	7/21/2020	1.3	Added reminder: As a Direct Submitter, you are required to keep your EDI contact information up to date. Email changes to <a href="mailto:EDISupport@bcbsma.com">EDISupport@bcbsma.com</a> .
		4	Added Provider Central email address: ProviderCentral@bcbsma.com

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