

# 276 / 277

## BLUE CROSS AND BLUE SHIELD OF MINNESOTA



**HIPAA Transaction**  
Standard Companion Guide

Refers to the Implementation Guides  
Based on ASC X12 version 5010

CORE v5010 Companion Guide

12/2022

## **DISCLOSURE STATEMENT**

This companion guide has been written to assist those who will be implementing the ASC X12N 276/277 Health care claim status request and response transactions. The data recommendations and specific data that will be provided are noted in the comment section of the companion document. Refer to the ASCX12N 276/277 (005010X212) implementation guide (IG) dated August 2006 for data requirements.

Please note that this document is intended only as a supplement to and not a replacement for the ASC Guide as mandated under the Health Insurance Portability and Accountability Act (HIPAA). If you do not have the full HIPAA implementation guide, you can download it from the Washington Publishing Company (WPC) internet website at <https://x12.org/codes>

## **PREFACE**

This Companion Guide to the v5010 ASC X12N Implementation Guides and associated errata adopted under HIPAA clarifies and specifies the data content when exchanging electronically with Blue Cross and Blue Shield of Minnesota. Transmissions based on this companion guide, used in tandem with the v5010 ASC X12N Implementation Guides, are compliant with both ASC 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 Guides.

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## 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 in which Blue Cross and Blue Shield of Minnesota 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 Blue Cross and Blue Shield of Minnesota.

### Scope

This companion guide provides information for 276/277's which are compliant with state and federal rules.

### References

The transaction-specific information for entities subject to Minnesota Statutes, section 62J.536 and related rules is incorporated by reference from the applicable Minnesota Uniform Companion Guide (MUCG) at: <https://www.health.state.mn.us/facilities/ehealth/auc/guides/index.html> Readers are referred to the MUCG for information and instructions to comply with Minnesota's requirements.

For additional information please see <https://www.availity.com/Contact-Us>

## GETTING STARTED

### Working with BCBSMN

Please contact Availity Essentials to register and test 276/277 transactions.

## Connectivity with the Payer/Communications

Please see Availity Essentials website for information needed to establish a connection to exchange 276/277 with Blue Cross and Blue Shield of Minnesota.

## CONTACT INFORMATION

### Availity Essentials

Contact Availity Essentials Support at <https://www.availity.com/Contact-Us> or Call Availity Essentials Support at 1-800-282-4548

### Blue Cross and Blue Shield of Minnesota

Please contact Provider Service at <https://www.bluecrossmn.com/providers/contact-us-health-care-providers>

## CONTROL SEGMENTS/ENVELOPES

Please review the Availity Essentials Companion Guide at [https://www.availity.com/documents/edi\\_guide.pdf](https://www.availity.com/documents/edi_guide.pdf)

## PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

The transaction-specific information for entities subject to Minnesota Statutes, section 62J.536 and related rules is incorporated by reference from the applicable Minnesota Uniform Companion Guide (MUCG) at: <https://www.health.state.mn.us/facilities/ehealth/auc/guides/index.html> Readers are referred to the MUCG for information and instructions to comply with Minnesota's requirements.

Please view the Availity Essentials Companion Guide at [https://www.availity.com/documents/edi\\_guide.pdf](https://www.availity.com/documents/edi_guide.pdf)

## BCBSMN HEALTH PLAN COMPANION GUIDE

Loop	Segment	Data Element (If Applicable)	Value Definition and notes
2100A	NM103	Last Name or Organization Name	Blue Cross suggests 'BCBSMN' for Blue Cross or 'BCBSMN BLUE PLUS MEDICAID' for Blue Plus Medicaid.
2100A	NM108	Identification Code Qualifier	Blue Cross suggests 'PI'.
2100A	NM109	Identification Code	Blue Cross suggests '725' for Blue Cross or '00562' for Blue Plus Medicaid
2100C	NM108	Identification Code Qualifier	For HIPAA covered entities, Blue Cross needs an XX (National Provider Identifier) qualifier. For non-HIPAA covered entities, Blue Cross needs qualifier 'FI'.
2100C	NM109	Identification Code	When NM108 = XX, this field must contain the NPI (National Provider Identifier) assigned to the provider, otherwise submit the Federal Tax Identifier assigned to the provider when sending the qualifier 'FI'.

## BCBSMN HEALTH PLAN COMPANION GUIDE

Loop	Segment	Data Element (If Applicable)	Value Definition and notes
2000D	DMG02	Date Time Period	If the Subscriber is the patient, Blue Cross needs the subscriber's birth date in order to process the transaction.
2100D	NM1	Subscriber Name	Blue Cross needs the patient name as displayed on the patient's ID card in order to process the transaction.
2100D	NM103	Name Last or Organization Name	Blue Cross needs the subscriber's last name. If the subscriber has one legal name enter it here and leave First Name blank.
2100D	NM108	Identification Code Qualifier	Blue Cross needs qualifier 'MI' in order to process the transaction.
2100D	NM109	Identification Code	Blue Cross needs the subscriber ID as displayed on the patient's ID card when NM108 = 'MI', in order to process the transaction.



## BCBSMN HEALTH PLAN COMPANION GUIDE

Loop	Segment	Data Element (If Applicable)	Value Definition and notes
2200D	REF02	Reference Identification	Blue Cross needs the original Blue Cross ICN number when available, as this provides the most positive identification of the claim being queried.
2000E	DMG02	Date Time Period	If the dependent is the patient, Blue Cross needs the dependent's birth date in order to process the transaction.
2100E	NM1	Dependent Name	If the dependent is the patient, Blue Cross needs the patient name as displayed on the patient's ID card in order to process the transaction.
2100E	NM103	Name Last or Organization Name	Blue Cross needs the Dependent's last name. If the dependent has one legal name enter it here and leave First Name blank.
2200E	REF02	Reference Identification	If the dependent is the patient, Blue Cross needs the original Blue Cross ICN number when available, as this provides the most positive identification of the claim being queried.