

**Companion Document For**  
**ANSI ASC X12N 270 4010A1 (Health Care Eligibility/Benefits) Inquiry**  
**To Blue Cross and Blue Shield of Alabama**  
**(Dental, Institutional, and Professional)**  
**March 2008**

The Health Insurance Portability and Accountability Act (HIPAA) requires all health insurance payers in the United States, comply with the EDI standards for healthcare as established by the Secretary of Health and Human Services.

The ANSI ASC X12N 270 implementation guides have been established  
as the standards of compliance for eligibility benefits transactions.

The implementation guides for each transaction are available electronically at [www.wpc-edi.com](http://www.wpc-edi.com).

The following information is intended to serve only as a companion document to the HIPAA ANSI ASC X12N 270 implementation guides. The table contains specific requirements to be used for processing data in the Blue Cross and Blue Shield of Alabama professional, dental, and institutional claims processing system.

The use of this document is solely for the purpose of clarification. This document, supplements,  
but does not contradict any requirements in the ANSI ASC X12N implementation guides.  
Additional companion documents are available for use with other HIPAA standards.

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<b>ITEM #</b>	<b>LOOP</b>	<b>SEGMENT NAME</b>	<b>LANGUAGE</b>
1.	-----	-----	You must submit incoming 270 transactions using the basic character set as defined in Appendix A of the 270 Implementation Guide. In addition to the basic character set, you may choose to submit lower case characters and the '@' symbol from the extended character set. Any other characters submitted from the extended character set will cause the interchange (transmission) to be rejected at the carrier translator.
2.	-----	-----	The incoming 270 transactions should utilize delimiters from the following list: > (greater than), * (asterisk), ~ (tilde), : (colon),   (pipe), and ^ (carat). Submitting delimiters not supported within this list will cause an interchange (transmission) to be rejected. The usage of these characters within text data elements in the incoming 270 transaction may cause problems with creation of subsequent 271 transactions.
3.	-----	-----	Only loops, segments, and data elements valid for the HIPAA Implementation Guides will be translated. Submitting data not valid based on the Implementation Guide will cause files to be rejected.
4.	-----	-----	Only loops, segments, and data elements valid for the HIPAA Implementation Guides will be translated. Non-implementation guide data will not be sent for response consideration.
5.	-----	-----	All dates that are submitted on an incoming 270 eligibility transaction should be valid calendar dates in the appropriate format based on the respective qualifier. Failure to submit a valid calendar date will result in rejection of the transaction or the applicable interchange (transmission).
6.	-----	-----	Blue Cross will only process one interchange per request.
7.	-----	-----	Blue Cross will only process one transaction type (records group) per interchange (transmission); a submitter must only submit one GS-GE (Functional Group) within an ISA-IEA (Interchange).

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<b>8.</b>	-----	-----	Blue Cross will only process one transaction per functional group; a submitter must only submit one ST-SE (Transaction Set) within a GS-GE (Functional Group).
<b>9.</b>	-----	-----	Blue Cross will only accept one eligibility transaction for one line of business per transaction. Eligibility transactions submitted for multiple lines of business within one ST-SE (Transaction Set) will cause the transaction to be rejected.
<b>10.</b>	-----	-----	Blue Cross will edit data submitted within the envelope segments (ISA, GS, ST, SE, GE, and IEA) beyond the requirements defined in the Implementation Guide.
<b>11.</b>	-----	-----	Blue Cross will reject an interchange (transmission) that is submitted with a submitter identification number that is not authorized for electronic eligibility transaction.
<b>12.</b>	-----	-----	Blue Cross will reject an interchange (transmission) that is not submitted with a valid carrier code. Each individual contractor determines this code.
<b>13.</b>	-----	-----	Blue Cross will reject an interchange (transmission) that is submitted with more than 9,999 loops.
<b>14.</b>	-----	-----	Compression of files is supported for transmissions between the submitter and Blue Cross. Any compression software compatible with PKZIP by PKWARE, Inc. is supported.
<b>15.</b>	-----	-----	Data Encryption Standard (DES) must be used if the identifiers in the communication header and the interchange (ISA) differ. If encryption is not used, the identifiers in the communication header and the interchange (ISA) must be the same.

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16.	-----	Communication Header	<u>Socket Interface</u> - User ID should be sent in bytes 17-24 of the header; Vendor ID should be sent in bytes 12-14 of the header. <u>Remote Procedure Call (RPC)</u> - User ID equals 'char prov_nr[9]' in the header; Vendor ID equals 'char vendor_id[4]' in the header.
17.	-----	Interchange Control Header	Sender ID is the Submitter ID and should be sent in the ISA06 data element. Password should be sent in the ISA04 data element.
18.	-----	Interchange Control Header	01 (Password) should be in ISA03.
19.	-----	Interchange Control Header	Use your 8-character InfoSolutions Password assigned by Blue Cross followed by 2 spaces to meet the minimum/maximum data element requirement of 10 bytes in ISA04.
20.	-----	Interchange Control Header	Use ZZ in ISA07 as the Interchange ID Qualifier.
21.	-----	Interchange Control Header	For Institutional inquiries use 00010BC followed by 8 spaces (to meet the minimum/maximum data element requirement of 15 bytes) in ISA08 as the Interchange Receiver ID.  For Dental inquiries use 00510DN followed by 8 spaces (to meet the minimum/maximum data element requirement of 15 bytes) in ISA08 as the Interchange Receiver ID.  For Professional inquiries use 00510BS followed by 8 spaces (to meet the minimum/maximum data element requirement of 15 bytes) in ISA08 as the Interchange Receiver ID.
22.	-----	Functional Group Header	Sender ID is the Submitter ID and should be sent in the GS02 data element.
23.	-----	Functional Group Header	For Institutional inquiries use 00010BC in GS03 as the Application Receiver's Code.  For Dental inquiries use 00510DN in GS03 as the Application Receiver's Code.  For Professional inquiries use 00510BS in GS03 as the Application Receiver's Code.

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<b>24.</b>	-----	Functional Group Header	Blue Cross will reject an interchange (transmission) that is submitted with an invalid value in GS03 (Application Receivers Code) based on the carrier definition.
<b>25.</b>	-----	Beginning of Hierarchical Transaction	Use 13 in BHT02 (Transaction Set Purpose Code).
<b>26.</b>	2000B	Information Receiver Level	Use 1 (one) in HL04 (Hierarchical Child Code).
<b>27.</b>	2100B	Information Receiver Name	Use XX in NM108 (ID Code Qualifier).  For Institutional inquiries use the 10-digit Billing NPI in the NM109 (ID Code).  For Professional or Dental inquiries use the 10-digit Rendering NPI in the NM109 the (ID Code).
<b>28.</b>	2100C	Subscriber Name	Blue Cross will utilize the first initial and date of birth as the minimum match criteria. If multiple matches are found using minimum criteria, additional data will be requested, i.e. middle initial, sex, etc.
<b>29.</b>	2100C	Subscriber Date	Use D8 qualifier in DTP02 as the Date Time Period Format Qualifier. If RD8 is sent, only the first date will be used. .
<b>30.</b>	2110C	Subscriber Eligibility/Benefit Date	For Institutional requests use 307 or 435 qualifier in DTP01 (Date Time Qualifier). If RD8 is used in the DTP02 only the first date will be used.  For Dental or Professional requests use 307 qualifier in DTP01 (Date Time Qualifier). If RD8 is used in the DTP02 only the first date will be used.