



Horizon Blue Cross and Blue Shield of New Jersey

Companion Guide for Transaction and Communications/Connectivity Information

Instructions related to Transactions based on ASC X12 Implementation Guides, version 005010

Companion Guide Version Number: [12.0] Errata Version
[May 2019 Maintenance]

This is a working document. Changes to the information provided here may be subject to future changes/updates.

Preface

Companion Guides (CG) may contain two types of data, instructions for electronic communications with the publishing entity (Communications/Connectivity Instructions) and supplemental information for creating transactions for the publishing entity while ensuring compliance with the associated ASC X12 IG (Transaction Instructions). Either the Communications/Connectivity component or the Transaction Instruction component must be included in every CG. The components may be published as separate documents or as a single document.

The Communications/Connectivity component is included in the CG when the publishing entity wants to convey the information needed to commence and maintain communication exchange.

The Transaction Instruction component is included in the CG when the publishing entity wants to clarify the IG instructions for submission of specific electronic transactions. The Transaction Instruction component content is limited by ASCX12's copyrights and Fair Use statement.

If you have any questions, please contact the Horizon BCBSNJ EDI Service Desk toll-free at 1-888-334-9242 or via e-mail at <HorizonEDI@HorizonBlue.com>. Representatives are available weekdays from 7 a.m. to 6 p.m.

Table of Contents

- Transaction Instruction (TI) 6
- 1. TI Introduction** 6
 - 1.1 Background 6
 - 1.1.1 Overview of HIPAA Legislation 6
 - 1.1.2 Compliance according to HIPAA 6
 - 1.1.3 Compliance according to ASC X12 6
 - 1.2 Intended Use 7
 - 1.3 Understanding ANSI Standards for Electronic Data Interchange 7
 - 1.3.1 Transactions, Groups and Interchanges 7
 - 1.3.1 Transactions, Groups and Interchanges continued 8
 - 1.4 Interchange Envelopes 9
 - 1.5 Segment Hierarchy 10
- 2. EDI Documentation** 10
 - 2.1 ASC X12 Releases 10
- 3. Included ASC X12 Implementation Guides** 11
- 4. Horizon BCBSNJ Specific Business Rules and Guidelines** 12
 - 4.1 005010X222 Health Care Claim: 837 Professional Business Rules and Guidelines 12
 - 4.2 005010X223A2 Health Care Claim: 837 Institutional Business Rules and Guidelines 20
 - 4.3 005010X224A2 Health Care Claim: 837 Dental Business Rules and Guidelines 26
 - 4.4 005010X214 Health Care: 277 Claim Acknowledgment Business Rules and Guidelines 32
 - 4.5 005010X221A1 Health Care: 835 Payment/Advice Business Rules and Guidelines 33
 - 4.6 005010X220A1 Health Care: 834 Benefit Enrollment and Maintenance Business Rules and Guidelines 36
 - 4.7 005010X217 Health Care: 278 Request for Authorization (Request) Business Rules and Guidelines 41
 - 4.7.1 278 Acknowledgement Request to UM Review Specific Rules and Guidelines: 44
 - 4.8 005010X217 Health Care: 278 Request for Authorization (Response) Business Rules and Guidelines 44
 - 4.9 005010X279A1 Health Care: 270 Eligibility Inquiry Request Business Rules and Guidelines 45
 - 4.10 005010X279A1 Health Care: 271 Eligibility Inquiry Response Business Rules and Guidelines 46

- 4.11 005010X212 Health Care: 276 Claim Status Request Business Rules and Guidelines..... 49
- 4.12 005010X212 Health Care: 277 Claim Status Response Business Rules and Guidelines..... 51
- 4.13 005010X2A1 Health Care: 999 Acknowledgement Business Rules and Guidelines 52
- 4.14 005010X218 Health Care: 820 Premium Payment Business Rules and Guidelines 52
- 5. Transaction Testing Information..... 55**
 - 5.1 Business Scenarios 55
 - 5.1.1 837 Professional, Institutional, and Dental Business Scenarios 55
 - 5.1.2 270/271 Eligibility Inquiry And Response Business Scenarios 56
 - 5.1.3 278 Health Care Services Request Authorization Business Scenarios . 57
 - 5.1.4 835 Health Care Claim Payment/Remittance Advice Business Scenarios Details - TBD 58
 - 5.1.5 834 Health Plan Enrollment Business Scenarios 58
 - 5.1.6 276/277 Health Care Claim Status Request And Response Business Scenarios 60
- 6. Scheduled Maintenance 61**
- 7. Frequently Asked Questions - TBD 61**
 - 7.1 Other Resources..... 61
 - Communications/Connectivity Information (CCI)..... 62
- 8. CCI Introduction 62**
- 9. Trading Partner Registration..... 62**
- 10. Trading Partner Testing and Certification Approval Procedures for IS Vendors and Integrators 62**
 - 10.1 IS Vendor and Integrator Approval Tasks: 63
 - 10.2 Provider Approval Tasks:..... 63
 - 10.3 Health Care Direct Submitters Approval Tasks 64
- 11. Communication Protocols/Network Communications 65**
 - 11.1 Communication Protocols/Network Communications Frequently Asked Questions (FAQs)..... 66
 - 11.2 Instructions for Secure FTP – New Submitters 67
- 12. Horizon BCBSNJ EDI Services – EDI Service Desk Contact Information 68**
- 13. Horizon BCBSNJ EDI Transaction System Availability 68**
 - 13.1 Routine Maintenance..... 68
 - 13.2 Non Routine Maintenance 72



13.3 Unscheduled Maintenance Emergency 72

14. Control Segments / Envelopes..... 72

 14.1 ISA-IEA..... 72

 14.2 IEA Segment - Interchange Control Trailer 73

 14.3 GS-GE..... 73

 14.4 GS Segment - Functional Group Header 73

 14.5 GE Segment - Functional Group Trailer segment 74

 14.6 ST-SE..... 75

15. Acknowledgements and Reports..... 75

16. CCI Change Summary 75

17. CCI Additional Information..... 75

18. Trading Partner Agreement..... 76

19. Frequently Asked Questions (FAQs)..... 76

20. Other Resources77

Transaction Instruction (TI)

1. TI Introduction

1.1 Background

1.1.1 Overview of HIPAA Legislation

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carry provisions for administrative simplification. This requires the Secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard

HIPAA serves to:

- Create better access to health insurance
- Limit fraud and abuse
- Reduce administrative costs

1.1.2 Compliance according to HIPAA

The HIPAA regulations at 45 CFR 162.915 require that covered entities not enter into a trading partner agreement that would do any of the following:

- Change the definition, data condition, or use of a data element or segment in a standard.
- Add any data elements or segments to the maximum defined data set.
- Use any code or data elements that are marked “not used” in the standard’s implementation specifications or are not in the standard’s implementation specification(s).
- Change the meaning or intent of the standard’s implementation specification(s).

1.1.3 Compliance according to ASC X12

ASC X12 requirements include specific restrictions that prohibit trading partners from:

- Modifying any defining, explanatory, or clarifying content contained in the implementation guide.
- Modifying any requirement contained in the implementation guide.

1.2 Intended Use

The Transaction Instruction component of this companion guide must be used in conjunction with an associated ASC X12 Implementation Guide. The instructions in this companion guide are not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guides and is in conformance with ASC X12's Fair Use and Copyright statements.

1.3 Understanding ANSI Standards for Electronic Data Interchange

1.3.1 Transactions, Groups and Interchanges

A **transaction set** is simply the term used by ANSI to describe the transmission of a single electronic document between one company's computer and another company's computer.

The data included in a **transaction set** will usually convey the same information as a conventional printed document. Since information is being exchanged between computer applications, it is sometimes unnecessary to include all of the same details as a paper document that is intended for a person to read. For example, a health care provider's Identification Number and name may be all that is necessary when submitting a transaction through EDI since the insurance company database already contains related provider information such as address, city, state, and zip code for that provider. It may not be necessary to transmit certain information.

In ANSI X12, each printed line on a document is roughly equivalent to a **segment** in a transaction. **Each data segment has a unique 2- or 3-character identifier.**

Each piece of information on a printed line is roughly equivalent to a **data element** on a segment. **Data elements** are identified by their positions within a **segment**.

Important Note: For this example the asterisk (*) and the tilde (~) are used for illustration purposes. The actual X12 transmission will use different characters as defined in the control structure section of this document.

In this example, name information is converted to EDI format.

```

+-----+
|Entity ID|Ent. Qual|Last Name|First Name|M.I.|Prefix|Suffix|ID Qual.|ID Code|
+-----+-----+-----+-----+-----+-----+-----+-----+
|  IL    |  1    | JENSEN | MARY   |    |    |    |  N    |12345 |
+-----+
  
```

These items become an EDI **segment** using six of the nine possible **data elements**, grouped in a specific sequence as follows:

```

+-----+
|NM1*IL*1*JENSEN*MARY***N*12345~ |
+-----+
  
```

In this example "NM1" is the **segment identifier**.

This segment describes a person who is a subscriber, named Mary Jensen, whose Identification Number is 12345.

In the Data Dictionary, "IL" is the Entity ID Code for subscriber, "1" is the Entity Qualifier Code for person, "JENSEN" is the last name, "MARY" is the first name, "N" is the code qualifier for the insured unique ID, and "12345" is the actual ID number.

Using Delimiters

A data element delimiter (asterisk) separates each of the elements. A **segment terminator** (~) ends each segment. Adjacent **delimiters** (** or ***) indicate that optional **data elements** are omitted. In this example the values for middle initial, prefix and suffix are not used therefore we have adjacent delimiters in the segment.

```

+-----+
|NM1*IL*1*JENSEN*MARY***N*12345~ |
+-----+
  
```


A segment terminator may be placed after the last data element present if optional data elements are omitted. In this case there are potentially 9 **data elements** on the "NM1" **segment** as defined in the **segment directory**. We have used 6 of the 9. The **segment terminator** character is placed after the "12345" value. If there were more optional elements defined on this segment that were not used, the terminator would still be placed after the last element present, rather than have unnecessary asterisks finishing the segment.

This concept is illustrated below using a different segment:

Incorrect: SBR*P*****~ (Extra delimiters unnecessary.)

Correct: SBR*P~ (Terminator placed after last element used.)

Segments are built by grouping **data elements** as defined by the X12 standards.

Transaction sets are built by grouping **segments** as defined by the X12 standards.

Multiple **transaction sets** of the same type may be combined and transmitted together in **functional groups**.

Multiple **functional groups** may be combined and transmitted in EDI **interchanges**.

1.4 Interchange Envelopes

All EDI communications transmitted between Trading Partners will be grouped into **envelopes**.

- The beginning of each EDI document is identified using a transaction set header segment (ST). The end of every document is marked using a transaction set trailer segment (SE).
- EDI documents of a similar nature and destined for one Trading Partner are gathered into a functional group, identified by a functional group header segment (GS) and a functional group trailer segment (GE). Each GS segment marks the beginning of a functional group. There can be many functional groups within an interchange envelope.
- EDI documents transmitted during a session are identified by an interchange header segment (ISA) and trailer segment (IEA). Each ISA marks the beginning of the transmission and provides sender and receiver identification.

1.5 Segment Hierarchy

ISA - Interchange Control Header segment

GS - Functional Group Header segment

ST - Transaction Set Header segment

```

+-----+
|           Transaction Set           |
|           in available              |
|           Specifications             |
|                                     |
|                                     |
|                                     |
+-----+
  
```

SE - Transaction Set Trailer segment

GE - Functional Group Trailer segment

IEA - Interchange Control Trailer segment

2. EDI Documentation

2.1 ASC X12 Releases

Since 1986, by approval of ANSI, the ASC X12 Secretariat has published a series of releases. These documents represent X12-approved revisions of those previously published American National Standards. As such, releases are not American National Standards, since their contents have not been subjected to the rigors of the public review process required by ANSI for such considerations. In the form provided in releases, all of the standards are considered to be Draft Standards for Trial Use (DSTU's). ASC X12's purpose in publishing these releases is to put current ASC X12 approved draft standards into the hands of users in a more frequent basis. The ANSI standards process is lengthy.

The Data Interchange Standards Association (DISA) monitors the progress and oversees the publication of the draft standards. DISA can be contacted at the following address:

It is recommended that you purchase the following document:

ASC X12 standards are obtained from:

Website: WWW.WPC-EDI.COM

Phone: (425) 562 - 2245

FAX: (775) 239 - 2061

3. Included ASC X12 Implementation Guides

This table lists the X12N Implementation Guides for which specific transaction Instructions apply.

Unique ID	Name
[005010X222A1	Health Care Claim: Professional (837)]
[005010X223A2	Health Care Claim: Institutional (837)]
[005010X224A2	Health Care Claim: Dental (837)]
[005010X214	Health Care Claim Acknowledgment (277CA)]
[005010X279A1	Health Care Eligibility Benefit Inquiry and Response (270/271)]
[005010X221A1	Health Care Claim Payment/ Advice (835)]
[005010X212	Health Care Claim Status Request and Response (276/277)]
[005010X217	Health Care Services Review-Request for Review and Response (278)]
[005010X220A1	Benefit Enrollment and Maintenance (834)]
[005010X218	Payroll Deducted and Other Group Premium Payment for Insurance Products (820)]
[005010X231A1	Implementation Acknowledgment 999]]

4. **Horizon BCBSNJ Specific Business Rules and Guidelines**

4.1 005010X222A1 Health Care Claim: 837 Professional Business Rules and Guidelines

1. When an NPI is obtained from CMS, it must be communicated to Horizon BCBSNJ so that it can be loaded to internal processing tables. This will allow for adequate processing of your transaction
2. All characters sent must be upper case.
3. All batch numbers (BHT03) should be unique.
4. All Patient Control numbers should be unique.
5. An Acknowledgement Response 277CA will be available the next business day. If you do not receive the Acknowledgement response timely or if it does not represent all the transactions submitted, contact Horizon BCBSNJ EDI at 1-888-334-9242 or e-mail the EDI Service Desk at <HorizonEDI@HorizonBlue.com>. The Acknowledgement transaction will provide status on the previous claims transmitted to Horizon BCBSNJ and pass Horizon's compliance checking process.
6. A 999 will be utilized to indicate functional acknowledgement when a file/transaction is rejected for non-compliance. When a 999 is returned for non-compliance, an error status will indicate the error location, allowing submitter to correct and re-submit the file.
7. Rejected claims contained in the Acknowledgement transaction will not be forwarded to Horizon BCBSNJ Claims Processing Systems. A batch containing rejected claims will forward only the accepted claims to the Horizon BCBSNJ Processing Systems. Submitter must correct rejected claim and resubmit for consideration.
8. Please submit your claims in one ST....SE per claim, this will prevent the rejection of an entire batch of claims if only one claim is not in compliance. When the 999 is returned for non-compliance, an error status will indicate the error location, allowing the submitter to correct and resubmit the entire file.
9. Submit the Horizon BCBSNJ Subscriber ID number as indicated on the insurance card.
10. Horizon BCBSNJ does not handle Payer to Payer COB. Payer to Payer COB is defined as the electronic transmission of the Horizon BCBSNJ finalized claim to a secondary payer for their consideration or vice versa.
11. Horizon BCBSNJ will process secondary COB claims received from a provider. These claims are defined as a primary carrier has processed the claim, and it is being submitted to Horizon BCBSNJ for secondary consideration.
12. All claims submitted to Horizon BCBSNJ for secondary/tertiary consideration should only be submitted after the previous payer(s) have processed the claim.
13. Submission of Pay-To Provider information does not guarantee that payment

will be made to that provider. Horizon BCBSNJ will make any payments based on contractual agreements previously established.

- 14. Horizon BCBSNJ supports fast batch submission for primary claims only.
- 15. Horizon BCBSNJ strongly suggests that the Patient Responsibility and Contractual Obligation information be submitted on secondary/tertiary claims, when appropriate.

Loop Id	Reference	Implementation Name	Codes	Notes/Comments
1000A	NM109	Submitter Identifier		Submitter Tax ID 1-9 must be numeric.
1000B	NM103	Receiver Name		Must be "HORIZON BCBSNJ"
1000B	NM109	Receiver Primary Identifier		Must be "22099".
2000A	CUR	Foreign Currency Information		Horizon BCBSNJ accepts claim submitted in US dollars only.
2010AA	NM1	Billing Provider Name		For Horizon BCBSNJ business, if the billing provider is a group (NM102=2), individual Rendering Provider information is required at Loop 2310B and/or Loop 2420A.
2010AA	N302	Billing Provider Address Line		Example: Floor, Apartment number, etc.
2010AA	N403	Billing Provider Postal Zone or ZIP Code CODE SOURCE: 51: ZIP Code 932: Universal Postal Codes When reporting the ZIP code for U.S. addresses, the full nine digit ZIP code must be provided.		Must contain a valid 9-digit zip code for Horizon BCBSNJ business.
2010AA	REF01	Reference Identification Qualifier	EI	Must be used for Horizon BCBSNJ business.
2010AA	REF	Billing Provider Tax Identification		For Horizon BCBSNJ business, the Billing Provider's 9 digit Tax ID is required in the REF02, qualified by a value of 'EI' in the REF01. If not submitted this way, the claim will reject.



Loop Id	Reference	Implementation Name	Codes	Notes/Comments
2010AB	N403	Pay-to Address Postal Zone or ZIP Code CODE SOURCE: 51: ZIP Code 932: Universal Postal Codes		Must contain a valid zip code for Horizon BCBSNJ business.
2010AC	NM108	Identification Code Qualifier	PI	Used for Horizon BCBSNJ business
2000B	SBR09	Claim Filing Indicator Code	BL	Horizon BCBSNJ strongly recommends using this code for Horizon BCBSNJ Claims.
2010BA	NM102	Entity Type Qualifier	1	Required for Horizon BCBSNJ business.
2010BA	NM104	Subscriber First Name		Required for Horizon BCBSNJ business
2010BA	NM108	Identification Code Qualifier	MI	Must be used for Horizon BCBSNJ business
2010BA	NM109	Subscriber Primary Identifier		Must contain the Horizon BCBSNJ Subscriber ID Number as indicated on the insurance card.
2010BA	REF	Property and Casualty Claim Number		Horizon BCBSNJ will reject claims received with property and casualty claim information.
2010BA	PER	Property and Casualty Subscriber Contact Information		Horizon BCBSNJ will reject claims received with property and casualty claim information.
2010BB	NM103	Payer Name		Must be "HORIZON BCBSNJ".
2010BB	NM108	Identification Code Qualifier	PI	Must be used for Horizon BCBSNJ business.
2010BB	NM109	Payer Identifier		Must be "22099".
2010BB	N3	Payer Address		Not needed for Horizon BCBSNJ business.
2010BB	N4	Payer City, State, ZIP Code		Not needed for Horizon BCBSNJ business.
2010BB	REF	Payer Secondary Identification		Not needed for Horizon BCBSNJ business.
2010BB	REF01	Reference Identification Qualifier	G2	This is no longer a required field, however, Horizon BCBSNJ will not reject the Legacy ID# (9-digit Tax ID# + Alpha suffix), if sent in on a claim.
2010CA	REF	Property & Casualty Patient Identifier		Horizon BCBSNJ will reject claims received with property and casualty claim information.
2300	DTP	Property and Casualty Date of First Contact		Horizon BCBSNJ will reject claims received with property and casualty claim information.
2300	PWK	Claim Supplemental Information		At this time, Horizon BCBSNJ will not utilize information submitted in the PWK segment of this transaction. If additional information is needed to process the claim, the provider will be contacted.



Loop Id	Reference	Implementation Name	Codes	Notes/Comments
2300	CN1	Contract Information		Not used for Horizon BCBSNJ business.
2300	REF02	Referral Number Reference Identification		Reference Identification
2300	REF02	Prior Authorization Reference Identification		Must contain Horizon BCBSNJ Prior Authorization number.
2300	REF	Payer Claim Control Number		For Horizon BCBSNJ business, the original ICN # must be submitted for adjustment claims, if not present will be rejected.
2300	CR1	Ambulance Transport Information		This segment is required for Horizon BCBSNJ business when a procedure code of A0021-A0999 is used, if not sent will be rejected.
2300	CRC	Ambulance Certification		This segment is required for Horizon BCBSNJ business when a procedure code of A0021-A0999 is used, if not sent will be rejected.
2300	HI	Health Care Diagnosis Code		For Horizon BCBSNJ business the principal diagnosis code is required and cannot have a "V, W, X, or Y" in the first position of the code. Claims received without a principal diagnosis code or with a "V, W, X, or Y" in the first position of the code will be rejected.
2310A	NM108	Identification Code Qualifier		For Horizon BCBSNJ business, a Provider ID is required for the Referring Provider.
2310A	NM109	Referring Provider Identifier		Must contain the Referring provider's NPI number
2310B	NM1	Rendering Provider Name		For Horizon BCBSNJ business, if the billing /pay-to provider is a group (Loop 2010AA/2010AB, NM102=2), individual Rendering Provider information is required.
2310B	REF	Rendering Provider Secondary Identification		This is not a required field, however, Horizon BCBSNJ will not reject the Legacy ID# (9-digit Tax ID# + Alpha suffix), if sent in on a claim
2320	CAS01	Claim Adjustment Group Code	CO	Horizon BCBSNJ strongly recommends sending this information to adjudicate the claim appropriately.
2330A	NM108	Identification Code Qualifier	MI	Must be used for Horizon BCBSNJ business
2330B	DTP	Claim Check or Remittance Date		Horizon BCBSNJ business requires that Medicare primary claims submitted for secondary consideration must contain the Claim Adjudication Date in this segment. If not submitted, the claim will be rejected.
2330B	REF	Other Payer Claim Control Number		Horizon BCBSNJ requests that Medicare primary claims submitted for secondary consideration contain the Medicare original



Loop Id	Reference	Implementation Name	Codes	Notes/Comments
				ICN in REF02 of this segment.
2400	SV101-01	Product/Service ID Qualifier	ER	Must NOT be used for Horizon BCBSNJ business, will be rejected if sent.
2400	SV101-01	Product/Service ID Qualifier	HC	Must be used for Horizon BCBSNJ business. Include the submission of J codes here.
2400	SV101-01	Product/Service ID Qualifier	IV	Must NOT be used for Horizon BCBSNJ business, will be rejected if sent.
2400	SV101-01	Product/Service ID Qualifier	WK	Must NOT be used for Horizon BCBSNJ business, will be rejected if sent.
2400	PWK	Line Supplemental Information		At this time, Horizon BCBSNJ will not utilize information submitted in the PWK segment of this transaction. If additional information is needed to process the claim, the provider will be contacted.
2400	PWK	Durable Medical Equipment Certificate of Medical Necessity Indicator		At this time, Horizon BCBSNJ will not utilize information submitted in the PWK segment of this transaction. If additional information is needed to process the claim, the provider will be contacted.
2400	CR1	Ambulance Transport Information		This segment is required for Horizon BCBSNJ business when a procedure code of A0021-A0999 is used, if not sent will be rejected.
2400	CRC	Ambulance Certification		This segment is required for Horizon BCBSNJ business when a procedure code of A0021-A0999 is used, if not sent will be rejected.
2400	CN1	Contract Information		Not used for Horizon BCBSNJ business.
2400	REF02	Prior Authorization Number Reference Identification		Must contain Horizon BCBSNJ Prior Authorization number.
2400	AMT	Sales Tax Amount		For Horizon BCBSNJ business sales tax should be bundled with total charges. All claims submitted with separate sales tax segments will be rejected.
2400	HCP09	Product/Service ID Qualifier	ER	Must NOT be used for Horizon BCBSNJ business, will be rejected if sent
2400	HCP09	Product/Service ID Qualifier	HC	Must be used for Horizon BCBSNJ business. Include the submission of J codes here.
2400	HCP09	Product/Service ID Qualifier	IV	Must NOT be used for Horizon BCBSNJ business, will be rejected if sent.
2400	HCP09	Product/Service ID Qualifier	WK	Must NOT be used for Horizon BCBSNJ business, will be rejected if sent
2420A	NM1	Rendering Provider Name		Required for Horizon BCBSNJ business, if the billing/pay-to provider is a group (Loop 2010AA/2010AB, NM102=2)

Loop Id	Reference	Implementation Name	Codes	Notes/Comments
2420A	REF01	Reference Identification Qualifier	G2	
2420A	REF02	Rendering Provider Secondary Identification		This is no longer a required field, however, Horizon BCBSNJ will not reject the Legacy ID# (9-digit Tax ID# + Alpha suffix), if sent in on a claim.
2420E	REF01	Reference Identification Qualifier	G2	
2420F	NM108	Identification Code Qualifier		For Horizon BCBSNJ business, a Provider ID is required for the Referring Provider.
2420F	NM109	Referring Provider Identifier		Must contain the Referring Provider's NPI#
2430	SVD03-01	Product/Service ID Qualifier	ER	Must NOT be used for Horizon BCBSNJ business, will be rejected if sent
2430	SVD03-01	Product/Service ID Qualifier	HC	Must be used for Horizon BCBSNJ business. Include the submission of J codes here.
2430	SVD03-01	Product/Service ID Qualifier	IV	Must NOT be used for Horizon BCBSNJ business, will be rejected if sent
2430	SVD03-01	Product/Service ID Qualifier	WK	Must NOT be used for Horizon BCBSNJ business, will be rejected if sent
2430	CAS01	Claim Adjustment Group Code	CO	Horizon BCBSNJ strongly recommends sending this information to adjudicate the claim appropriately. (I.e. Medicare Allowed Amount)
2430	CAS01	Claim Adjustment Group Code	PR	Horizon BCBSNJ strongly recommends sending this information to adjudicate the claim appropriately. (I.e. Medicare Allowed Amount)
2430	CAS03	Adjustment Amount		When the submitted charges are paid in full, the value of CAS03 should be zero.
2010CA	NM104	Patient First Name		Must be used for Horizon BCBSNJ business
2010CA	REF	Property and Casualty Claim Number		Horizon BCBSNJ will reject claims received with property and casualty claim information.
2010CA	PER	Property and Casualty Patient Contact Information		Horizon BCBSNJ will reject claims received with property and casualty claim information.
2300	CLM	Claim Information		Clarification Note: This segment must be sent when the Dependent is the patient.
2300	DTP	Property and Casualty Date of First Contact		Horizon BCBSNJ will reject claims received with property and casualty claim information.

Loop Id	Reference	Implementation Name	Codes	Notes/Comments
2300	PWK	Claim Supplemental Information		At this time, Horizon BCBSNJ will not utilize information submitted in the PWK segment of this transaction. If additional information is needed to process the claim, the provider will be contacted.
2300	CN1	Contract Information		Not used for Horizon BCBSNJ business.
2300	REF02	Referral Number Reference Identification		Must contain Horizon BCBSNJ Referral number.
2300	REF02	Prior Authorization Reference Identification		Must contain a Horizon BCBSNJ Prior Authorization number
2300	REF	Payer Claim Control Number		For Horizon BCBSNJ business, the original ICN # must be submitted for adjustment claims, if not present will be rejected.
2300	CR1	Ambulance Transport Information		This segment is required for Horizon BCBSNJ business when a procedure code of A0021-A0999 is used, if not sent will be rejected.
2300	CRC	Ambulance Certification		This segment is required for Horizon BCBSNJ business when a procedure code of A0021-A0999 is used, if not sent will be rejected.
2300	HI	Health Care Diagnosis Code		For Horizon BCBSNJ business the principal diagnosis code is required and cannot have a "V, W, X, or Y" in the first position of the code. Claims received without a principal diagnosis code or with a "V, W, X, or Y" in the first position of the code will be rejected.
2310A	NM108	Identification Code Qualifier		For Horizon BCBSNJ business, a Provider ID is required for the Referring Provider.
2310A	NM109	Referring Provider Identifier		Must contain the Referring Provider's NPI#
2320	CAS01	Claim Adjustment Group Code	CO	Horizon BCBSNJ strongly recommends sending this information to adjudicate the claim appropriately.
2320	CAS01	Claim Adjustment Group Code	PR	Horizon BCBSNJ strongly recommends sending this information to adjudicate the claim appropriately.
2330A	NM108	Identification Code Qualifier	MI	Must be used for Horizon BCBSNJ business
2330B	DTP	Claim Check or Remittance Date		Horizon BCBSNJ business requires that Medicare primary claims submitted for secondary consideration must contain the Claim Adjudication Date in this segment. If not submitted, the claim will be rejected.



Loop Id	Reference	Implementation Name	Codes	Notes/Comments
2330B	REF	Other Payer Claim Control Number		Horizon BCBSNJ business requires that Medicare primary claims submitted for secondary consideration must contain the Medicare original ICN in REF02, qualified by the "F8" qualifier in REF01. Claims not submitted with this information will be rejected.
2400	SV101-01	Product/Service ID Qualifier	ER	Must NOT be used for Horizon BCBSNJ business, will be rejected if sent.
2400	SV101-01	Product/Service ID Qualifier	HC	Must be used for Horizon BCBSNJ business. Include the submission of J codes here.
2400	SV101-01	Product/Service ID Qualifier	IV	Must NOT be used for Horizon BCBSNJ business, will be rejected if sent.
2400	SV101-01	Product/Service ID Qualifier	WK	Must NOT be used for Horizon BCBSNJ business, will be rejected if sent.
2400	PWK	Line Supplemental Information		At this time, Horizon BCBSNJ will not utilize information submitted in the PWK segment of this transaction. If additional information is needed to process the claim, the provider will be contacted.
2400	PWK	Durable Medical Equipment Certificate of Medical Necessity Indicator		At this time, Horizon BCBSNJ will not utilize information submitted in the PWK segment of this transaction. If additional information is needed to process the claim, the provider will be contacted.
2400	CR1	Ambulance Transport Information		This segment is required for Horizon BCBSNJ business when a procedure code of A0021-A0999 is used, if not sent will be rejected.
2400	CRC	Ambulance Certification		This segment is required for Horizon BCBSNJ business when a procedure code of A0021-A0999 is used, if not sent will be rejected.
2400	CN1	Contract Information		Not used for Horizon BCBSNJ business.
2400	REF02	Prior Authorization or Referral Number		Must contain Horizon BCBSNJ Prior Authorization number.
2400	AMT	Sales Tax Amount		For Horizon BCBSNJ business sales tax should be bundled with total charges. All claims submitted with separate sales tax segments will be rejected.
2400	HCP09	Product/Service ID Qualifier	ER	Must NOT be used for Horizon BCBSNJ business, will be rejected if sent
2400	HCP09	Product/Service ID Qualifier	HC	Must be used for Horizon BCBSNJ business. Include the submission of J codes here.
2400	HCP09	Product/Service ID Qualifier	IV	Must NOT be used for Horizon BCBSNJ business, will be rejected if sent.
2400	HCP09	Product/Service ID Qualifier	WK	Must NOT be used for Horizon BCBSNJ business, will be rejected if sent

Loop Id	Reference	Implementation Name	Codes	Notes/Comments
2420A	NM1	Rendering Provider Name		For Horizon BCBSNJ business if the billing/pay-to provider is a group (Loop 2010AA/2010AB, NM102=2), individual Rendering Provider information is required.
2420A	REF01	Reference Identification Qualifier	G2	
2420A	REF02	Rendering Provider Secondary Identification		This is no longer a required field, however, Horizon BCBSNJ will not reject the Legacy ID# (9-digit Tax ID# + Alpha suffix), if sent in on a claim.
2420E	REF01	Reference Identification Qualifier	G2	
2420F	NM108	Identification Code Qualifier		For Horizon BCBSNJ business, a Provider ID is required for the Referring Provider.
2420F	NM109	Referring Provider Identifier		Must contain the Referring Provider's NPI#
2430	SVD03-01	Product/Service ID Qualifier	ER	Must NOT be used for Horizon BCBSNJ business, will be rejected if sent
2430	SVD03-01	Product/Service ID Qualifier	HC	Must be used for Horizon BCBSNJ business. Include the submission of codes here.
2430	SVD03-01	Product/Service ID Qualifier	IV	Must NOT be used for Horizon BCBSNJ business, will be rejected if sent
2430	SVD03-01	Product/Service ID Qualifier	WK	Must NOT be used for Horizon BCBSNJ business, will be rejected if sent
2430	CAS01	Claim Adjustment Group Code	CO	Horizon BCBSNJ strongly recommends sending this information to adjudicate the claim appropriately. (I.e. Medicare Allowed Amount)
2430	CAS01	Claim Adjustment Group Code	PR	Horizon BCBSNJ strongly recommends sending this information to adjudicate the claim appropriately. (I.e. Medicare Allowed Amount)

4.2 005010X223A2 Health Care Claim: 837 Institutional Business Rules and Guidelines

1. When an NPI is obtained from CMS, it must be communicated to Horizon BCBSNJ so that it can be loaded to internal processing tables. This will allow

- for adequate processing of your transaction
2. All characters sent must be upper case.
 3. All batch numbers (BHT03) should be unique.
 4. All Patient Control numbers should be unique.
 5. An Acknowledgement Response 277CA will be available the next business day. If you do not receive the Acknowledgement response timely or if it does not represent all the transactions submitted, contact Horizon BCBSNJ EDI at 1-888-334-9242 or e-mail the EDI Service Desk at <HorizonEDI@HorizonBlue.com>. The Acknowledgement transaction will give status on the previous claims transmitted to Horizon BCBSNJ and pass Horizon's compliance checking process.
 6. A 999 will be utilized to indicate functional acknowledgement when a file/transaction is rejected for non-compliance. When a 999 is returned for non-compliance, an error status will appear to indicate the error location, allowing submitter to correct and re-submit the file.
 7. Rejected claims contained in the Acknowledgement transaction will not be forwarded to Horizon BCBSNJ Claims Processing Systems. A batch containing rejected claims will forward only the accepted claims to the Horizon BCBSNJ Processing Systems. Submitter must correct rejected claim and resubmit for consideration.
 8. Please submit your claims in one ST....SE per claim, this will prevent the rejection of an entire batch of claims if only one claim is not in compliance. When the 999 is returned for non-compliance, an error status will indicate the error location, allowing the submitter to correct and resubmit the entire file.
 9. Submit the Horizon BCBSNJ Subscriber ID number as indicated on the insurance card.
 10. Horizon BCBSNJ does not handle Payer to Payer COB. Payer to Payer COB is defined as the electronic transmission of the Horizon BCBSNJ finalized claim to a secondary payer for their consideration or vice versa.
 11. Horizon BCBSNJ will process secondary COB claims received from a provider. These claims are defined as a primary carrier has processed the claim, and it is being submitted to Horizon BCBSNJ for secondary consideration.
 12. Submission of Pay-To Provider information does not guarantee that payment will be made to that provider. Horizon BCBSNJ will make any payments based on contractual agreements previously established.
 13. For Horizon BCBSNJ business, Home Infusion EDI Coalition (HIEC) Product/Services codes are not acceptable. Claims received with these codes will be rejected. SV202-1@Loop 2400 and SVD03-1@Loop 2430
 14. Horizon BCBSNJ supports fast batch submission for primary claims only.
 15. All claims submitted to Horizon BCBSNJ for secondary/tertiary consideration should only be submitted after the previous payer(s) have processed the claim.
 16. Horizon BCBSNJ strongly suggests that the Patient Responsibility and Contractual Obligation information be submitted on secondary/tertiary claims, when appropriate.



Loop Id	Reference	Implementation Name	Codes	Notes/Comments
1000A	NM102	Entity Type Qualifier	1	Not Used for Horizon BCBSNJ Institutional business.
1000A	NM102	Entity Type Qualifier	2	Used for Horizon BCBSNJ Institutional business.
1000A	NM109	Submitter Identifier		Submitter Tax ID number - positions 1-9 must be numeric.
1000B	NM103	Receiver Name		Use "Horizon BCBSNJ" for Horizon BCBSNJ business.
1000B	NM109	Receiver Primary Identifier		Must be "22099".
2000A	CUR	Foreign Currency Information		Horizon BCBSNJ accepts claims submitted in U.S. dollars only.
2010AA	N302	Billing Provider Address Line		Example: Floor, Apartment number, etc.
2010AB	N302	Pay-to Address Line		Example: Floor, Apartment number, etc.
2000B	SBR09	Claim Filing Indicator Code	BL	Horizon BCBSNJ strongly recommends using this code for Horizon BCBSNJ institutional claims.
2010BA	NM102	Entity Type Qualifier	1	Required for Horizon BCBSNJ business
2010BA	NM104	Subscriber First Name		Must be used for Horizon BCBSNJ business
2010BA	NM108	Identification Code Qualifier	MI	Must be used for Horizon BCBSNJ business
2010BA	NM109	Subscriber Primary Identifier		Must contain the Horizon BCBSNJ Subscriber ID number as indicated on the insurance card.
2010BA	N302	Subscriber Address Line		Example: Floor, Apartment number, etc.
2010BA	REF	Property and Casualty Claim Number		Horizon BCBSNJ does not use Property and Casualty segments in claims processing. Claims submitted with Property and Casualty segments will be rejected.
2010BB	NM103	Payer Name		Must use "HORIZON BCBSNJ" for Horizon BCBSNJ business
2010BB	NM108	Identification Code Qualifier	PI	Must be used for Horizon BCBSNJ business
2010BB	NM109	Payer Identifier		Must be "22099" for Horizon BCBSNJ business
2010BB	N3	Payer Address		Not needed for Horizon BCBSNJ business.
2010BB	REF	Payer Secondary Identification		Not needed for Horizon BCBSNJ business.
2010BB	REF01	Reference Identification Qualifier	G2	This is no longer a required field, however, the Billing Provider's 6 digit Medicare UPIN, if known, will not be rejected by Horizon BCBSNJ if sent.
2010CA	REF	Property & Casualty Patient Identifier		Horizon BCBSNJ will reject claims received with property and casualty



Loop Id	Reference	Implementation Name	Codes	Notes/Comments
				information.
2300	PWK	Claim Supplemental Information		At this time, Horizon BCBSNJ will not utilize information submitted in the PWK segment of this transaction. If additional information is needed to process the claim, the provider will be contacted.
2300	CN1	Contract Information		Not used for Horizon BCBSNJ business.
2300	REF	Payer Claim Control Number		For Horizon BCBSNJ business, original ICN# must be submitted for adjustment claims and claims for late charges. Adjustment and late charge claims will be rejected if original ICN# is not submitted.
2300	HI	Principal Diagnosis	ABK	<p>1. For Horizon BCBSNJ business, all institutional claims must be submitted with a Principal Diagnosis Code. Claims received without a Principal Diagnosis Code will be rejected.</p> <p>2. For Horizon BCBSNJ business the principal diagnosis code is required and cannot have a "V, W, X, or Y" in the first position of the code. Claims received without a principal diagnosis code or with a "V, W, X, or Y" in the first position of the code will be rejected.</p> <p>3. For Horizon BCBSNJ business, do not transmit any decimal points in any of the diagnosis code segments. The decimal point is assumed. Horizon BCBSNJ will reject claims received with a decimal point in the diagnosis code.</p>
2300	HI	Admitting Diagnosis	ABJ	Required on all Inpatient Claims.
2300	HI	Patient's Reason For Visit	APR	Required for claims involving Outpatient Visits.
2300	HI01-01	Code List Qualifier Code	CAH	For Horizon BCBSNJ business, claims submitted using this qualifier will be rejected.



Loop Id	Reference	Implementation Name	Codes	Notes/Comments
2300	HI01-01 thru HI12-01	Code List Qualifier Code	BBQ	For Horizon BCBSNJ business, claims for inpatient services must be submitted using this qualifier.
2310E	N302	Laboratory or Facility Address Line		Example: Floor, Apartment number, etc.
2320	CAS01	Claim Adjustment Group Code	CO,PR	Horizon BCBSNJ strongly recommends sending this information, to allow proper adjudication of the claim.
2330A	NM109	Other Insured Identifier		For Horizon BCBSNJ business, the member's insurance ID# should be submitted exactly as seen on their ID Card to ensure the proper processing of their claim.
2330A	N302	Other Insured Address Line		Example: Floor, Apartment number, etc.
2330B	N302	Other Payer Address Line		Example: Floor, Apartment number, etc.
2330B	DTP	Claim Check Or Remittance Date		Horizon BCBSNJ business requires that Medicare primary claims submitted for secondary consideration must contain the Claim Adjudication Date in this segment. If not submitted, the claim will be rejected.
2330B	REF	Other Payer Claim Control Number		Horizon BCBSNJ business requires that Medicare primary claims submitted for secondary consideration must contain the Medicare original ICN # in REF02 of this segment, qualified by the F8 qualifier in REF01. Claims not submitted this way will be rejected.



Loop Id	Reference	Implementation Name	Codes	Notes/Comments
2400	SV201	Service Line Revenue Code See Code Source 132: National Uniform Billing Committee (NUBC) Codes.		For Horizon BCBSNJ business, when an outpatient claim is submitted with one of the following revenue codes, a HCPCS code is required: 0255 0300 - 0307 0309 - 0312 0314 0319 - 0333 0335 0339 - 0359 0360 - 0369 0400 - 0409 0480 - 0489 0490 - 0499 0610 - 0619 0750 - 0759 0920 - 0929 0972 0974 Claims will be rejected if not submitted correctly.
2400	SV202-01	Product/Service ID Qualifier	ER,WK,IV	Must NOT be used for Horizon BCBSNJ business.
2400	SV202-01	Product/Service ID Qualifier	HC	Horizon BCBSNJ requires the submission of "J" codes here.
2400	PWK	Line Supplemental Information		At this time, Horizon BCBSNJ will not utilize information submitted in the PWK segment of this transaction. If additional information is needed to process the claim, the provider will be contacted.
2400	AMT	Service Tax Amount		For Horizon BCBSNJ business, tax amounts should be bundled with total charges. All claims submitted with separate tax segments will be rejected.
2400	AMT	Facility Tax Amount		For Horizon BCBSNJ business, tax amounts should be bundled with total charges. All claims submitted with separate tax segments will be rejected.
2400	HCP09	Product/Service ID Qualifier	ER,WK,IV	Must NOT be used for Horizon BCBSNJ business.
2430	SVD03-01	Product/Service ID Qualifier	ER,WK,IV	Must NOT be used for Horizon BCBSNJ business.
2430	CAS01	Claim Adjustment Group Code	CO,PR	Horizon BCBSNJ strongly recommends sending this information, to allow proper adjudication of the claim (i.e. Medicare Allowed Amount).

4.3 005010X224A2 Health Care Claim: 837 Dental Business Rules and Guidelines

1. When an NPI is obtained from CMS, it must be communicated to Horizon BCBSNJ so that it can be loaded to internal processing tables. This will allow for adequate processing of your transaction
2. All characters sent must be upper case.
3. All Patient Control numbers should be unique.
4. Submit the Horizon BCBSNJ Subscriber ID Number as indicated on the insurance card.
5. Refer to Appendix A for Horizon BCBSNJ Subscriber ID Format examples.
6. After receipt and acknowledgement response of the claims, a batch process will occur to forward all applicable claims to the back-end adjudication systems.
7. The batch process will occur four times a day at 7am (07:00), 10am (10:00), 1pm (13:00) and 4pm (16:00) Monday through Friday.
8. Horizon BCBSNJ will retrieve claims Sunday at 6:00 a.m. Tuesday - Saturday at 1:00 a.m.
9. A 5010 277 Claim Acknowledgement Response (277CA) will be available the next business day. If you do not receive the Acknowledgement response timely or if it does not represent all the transactions submitted, contact EDI – EDI Service Desk at 1-888-334-9242 or e-mail the EDI Service Desk at HorizonEDI@HorizonBlue.com. The Acknowledgement transaction will give status on the previous claims transmitted to Horizon BCBSNJ and pass Horizon’s compliance checking process.
10. A 999 will be utilized to indicate functional acknowledgement when a file/transaction is rejected for non-compliance. When a 999 is returned for non-compliance, an error status will appear to indicate the error location, allowing the submitter to correct and resubmit the entire file
11. The 999 will be available almost immediately allowing the submitter the opportunity to correct and re-submit that file before Horizon BCBSNJ’s scheduled batch processing occurs.
12. Please submit your claims in one ST....SE per claim, this will prevent the rejection of an entire batch of claims if only one claim is not in compliance. When the 999 is returned for non-compliance, an error status will indicate the error location, allowing the submitter to correct and resubmit the entire file.
13. Rejected claims contained in the acknowledgement transaction will not be forwarded to Horizon BCBSNJ Claims Processing Systems. A batch containing rejected claims will forward only the accepted claims to the Horizon BCBSNJ Processing Systems. Submitter must correct rejected claim and resubmit for consideration.
14. If a Horizon BCBSNJ dental claim contains only Billing Provider information, the Billing Provider will be the payee. If the dental claim contains Billing Provider information and Pay To Provider information, the Pay To Provider will be the payee.

15. If you are a non-participating physician with Horizon BCBSNJ and wish to receive payment, you must submit a value of "Y" in the CLM08 data element. Although a "Y" is sent, payment is subject to the contractual agreement between Horizon BCBSNJ and the subscriber's group. For more information the submitter must contact the customer service number on the back of the member's ID card.
16. If you are submitting a predetermination of benefits, please do not value **ANY** DTP segments on this transaction.
17. Horizon BCBSNJ requires all dental claims be submitted in US Dollars only. Horizon BCBSNJ cannot process claims that are not in US Dollars. Therefore, claims will be rejected.
18. Horizon BCBSNJ will process secondary COB claims. These claims are defined by where a primary carrier has processed the claim, and it is being submitted to Horizon BCBSNJ for secondary consideration.
19. Horizon BCBSNJ does not handle Payer to Payer COB. Payer to Payer COB is defined as the electronic transmission of the Horizon BCBSNJ finalized claim to a secondary payer for their consideration or vice versa.
20. All claims submitted to Horizon BCBSNJ for secondary/tertiary consideration should only be submitted after the previous payer(s) have adjudicated the claim. COB claims received without the Other Payer Claim Paid Date (DTP in Loop 2330B) will be rejected.
21. Submission of Pay-To-Provider information does not guarantee that payment will be made to that provider. Horizon BCBSNJ will make any payments based upon contractual agreements previously established.

UNIQUE requirements for the Federal Employees Program:

- The following types of 837 Dental transactions cannot be processed by Horizon BCBSNJ for Federal Employees and will be rejected:
 1. Predetermination of Benefits
 2. Encounters
-



Loop Id	Reference	Implementation Name	Codes	Notes/Comments
1000A	NM109	Submitter Identifier		For Horizon BCBSNJ, must contain Submitter Tax ID#.
1000B	NM103	Receiver Name		Use "Horizon BCBSNJ" for Horizon BCBSNJ business
1000B	NM109	Receiver Primary Identifier		Must contain Horizon BCBSNJ Payer ID# "22099"
2000A	CUR	Foreign Currency Information		Horizon BCBSNJ requires all dental claims be submitted in US dollars only. Horizon BCBSNJ cannot process claims that are not in US dollars. Therefore, these claims will be rejected.
2010AA	NM104	Billing Provider First Name		Must be used for Horizon BCBSNJ business
2010AA	REF01	Reference Identification Qualifier	EI	Must be used for Horizon BCBSNJ business.
2010AC	NM108	Identification Code Qualifier	PI	Must use for Horizon BCBSNJ business
2010AC	NM109	Pay-to Plan Primary Identifier		Must be "22099" for Horizon BCBSNJ business
2000B	SBR01	Payer Responsibility Sequence Number Code		For Horizon BCBSNJ business, if "S" or "T" are present, the submitter must value AMT02 in Loop 2320 or SVD02 in Loop 2430.
2010BA	NM102	Entity Type Qualifier	1	Used for Horizon BCBSNJ business
2010BA	NM104	Subscriber First Name		Must be sent for Horizon BCBSNJ business
2010BA	NM108	Identification Code Qualifier	MI	Must be used for Horizon BCBSNJ business
2010BA	NM109	Subscriber Primary Identifier		For Horizon BCBSNJ business, the member's dental insurance ID# should be submitted exactly as seen on their ID Card to ensure the proper processing of their claim.
2010BA	REF	Property and Casualty Claim Number		Horizon BCBSNJ does not use Property and Casualty segments in claims processing. Claims submitted with Property and Casualty segments will be rejected.
2010BB	NM103	Payer Name		Should contain "Horizon Blue Cross Blue Shield of NJ"
2010BB	NM108	Identification Code Qualifier	PI	Must be used for Horizon BCBSNJ business
2010BB	NM109	Payer Identifier		For Horizon BCBSNJ business, must be "22099"
2010BB	REF	Billing Provider Secondary Identification		For Horizon BCBSNJ business, the Billing Provider's three digit multiple office location code, if known, should be submitted in REF segment, qualified by a value of 'G2' or 'LU'.



Loop Id	Reference	Implementation Name	Codes	Notes/Comments
2010CA	REF	Property & Casualty Patient Identifier		Horizon BCBSNJ will reject claims received with property and casualty information.
2300	DN2	Tooth Status		For Horizon BCBSNJ business, missing Tooth numbers apply to codes for partial/full dentures and bridges.
2300	REF02	Payer Claim Control Number		Must contain Horizon BCBSNJ's original claim number when submitting an adjustment.
2320	SBR01	Payer Responsibility Sequence Number Code		For Horizon BCBSNJ business, if "S" or "T" are present, the submitter must value AMT02 in Loop 2320 or SVD02 in Loop 2430
2320	AMT02	Payer Paid Amount		For Horizon BCBSNJ business: - this element must contain the amount paid by the primary payer in a secondary claim submission - the 'Payer Paid Amount' must be valued here AND at the line level (SVD02 in Loop 2430)
2330A	NM108	Identification Code Qualifier	MI	Must be used for Horizon BCBSNJ business
2330A	NM109	Other Insured Identifier		For Horizon BCBSNJ business, the member's dental insurance ID# should be submitted exactly as seen on their ID Card to ensure the proper processing of their claim.
2330B	DTP	Claim Check Or Remittance Date		Horizon BCBSNJ business requires that claims submitted for secondary/tertiary consideration must contain the Claim Adjudication Date in this segment. If not submitted, the claim will be rejected.
2400	TOO02	Tooth Code		For Horizon BCBSNJ business, Tooth Number Values Are: Adult: 01-32 Child: A-T If billing supernumerary teeth, add 50 to the tooth #: ex. Tooth 01 = 51 Tooth 08 = 58



Loop Id	Reference	Implementation Name	Codes	Notes/Comments
2400	AMT	Sales Tax Amount		For Horizon BCBSNJ business, sales tax should be bundled with total charges. All claims submitted with separate sales tax segments will be rejected.
2010CA	NM104	Patient First Name		Must be used for Horizon BCBSNJ business
2010CA	REF	Property and Casualty Claim Number		Horizon BCBSNJ will reject claims received with property and casualty claim information.
2300	DN2	Tooth Status		For Horizon BCBSNJ business, missing Tooth numbers apply to codes for partial/full dentures and bridges.
2300	REF02	Payer Claim Control Number		Must contain Horizon BCBSNJ's original claim number when submitting an adjustment.
2320	SBR01	Payer Responsibility Sequence Number Code		For Horizon BCBSNJ business, if "S" or "T" are present, the submitter must value AMT02 in Loop 2320 or SVD02 in Loop 2430
2320	AMT02	Payer Paid Amount It is acceptable to show "0" as the amount paid. When Loop ID 2010AC is present, this is the amount the Medicaid agency actually paid. Horizon BCBSNJ: For Horizon BCBSNJ business:		For Horizon BCBSNJ business: - this element must contain the amount paid by the primary payer in a secondary claim submission - the 'Payer Paid Amount' must be valued here AND at the line level (SVD02 in Loop 2430)
2330A	NM108	Identification Code Qualifier	MI	Must be used for Horizon BCBSNJ business
2330A	NM109	Other Insured Identifier		For Horizon BCBSNJ business, the member's dental insurance ID# should be submitted exactly as seen on their ID Card to ensure the proper processing of their claim.
2330B	DTP	Claim Check Or Remittance Date		Horizon BCBSNJ business requires that claims submitted for secondary/tertiary consideration must contain the Claim Adjudication Date in this segment. If not submitted, the claim will be rejected.
2400	SV304-02	Oral Cavity Designation Code		Refer to 005010X224A2 Data Element Dictionary for acceptable code values.
2400	SV304-03	Oral Cavity Designation Code		Refer to 005010X224A2 Data Element Dictionary for acceptable code values.
2400	SV304-04	Oral Cavity Designation Code		Refer to 005010X224A2 Data Element Dictionary for acceptable code values.
2400	SV304-05	Oral Cavity Designation Code		Refer to 005010X224A2 Data Element Dictionary for acceptable code values.

Loop Id	Reference	Implementation Name	Codes	Notes/Comments
2400	TOO02	Tooth Code See Appendix A for code source 135: American Dental Association Codes. This element may only be used to report individual teeth. It may not be used to report areas of the oral cavity such as quadrants or sextants. Areas of the oral cavity must be reported in one or more of the components of SV304.		For Horizon BCBSNJ business, Tooth Number Values Are: Adult: 01-32 Child: A-T If billing supernumerary teeth, add 50 to the tooth #: ex. Tooth 01 = 51 Tooth 08 = 58
2400	TOO03-02	Tooth Surface Code		Refer to 005010X224A2 Data Element Dictionary for acceptable code values.
2400	TOO03-03	Tooth Surface Code		Refer to 005010X224A2 Data Element Dictionary for acceptable code values.
2400	TOO03-04	Tooth Surface Code		Refer to 005010X224A2 Data Element Dictionary for acceptable code values.
2400	TOO03-05	Tooth Surface Code		Refer to 005010X224A2 Data Element Dictionary for acceptable code values.
2400	AMT	Sales Tax Amount		For Horizon BCBSNJ business, sales tax should be bundled with total charges. All claims submitted with separate sales tax segments will be rejected.

4.4 005010X214 Health Care: 277 Claim Acknowledgment Business Rules and Guidelines

Loop Id	Reference	Implementation Name	Codes	Notes/Comments
2100A	NM101	Entity Identifier Code	PR	Will be used for Horizon BCBSNJ Business
2100A	NM103	Information Source Name		Will contain "HORIZON BLUE CROSS/BLUE SHIELD NJ".
2100A	NM108	Identification Code Qualifier	PI	Will be used for Horizon BCBSNJ Business.
2100A	NM109	Information Source Identifier		Will contain "22099" for Horizon BCBSNJ business
2100C	NM108	Identification Code Qualifier		For Horizon BCBSNJ business, the Provider ID returned here will be an echo of the Provider ID that was received in the 2010AA Billing Provider NM109 of the 837 transaction. In addition secondary Provider ID information will not be returned in the 277.
2200C	TRN	Provider of Service Information Trace Identifier		The entire 2200C loop is not used for Horizon BCBSNJ business
2200C	STC	Billing Provider Status Information		The entire 2200C loop is not used for Horizon BCBSNJ business
2200C	REF	Provider Secondary Identifier		The entire 2200C loop is not used for Horizon BCBSNJ business
2200C	QTY	Total Accepted Quantity		The entire 2200C loop is not used for Horizon BCBSNJ business
2200C	QTY	Total Rejected Quantity		The entire 2200C loop is not used for Horizon BCBSNJ business
2200C	AMT	Total Accepted Amount		The entire 2200C loop is not used for Horizon BCBSNJ business
2200C	AMT	Total Rejected Amount		The entire 2200C loop is not used for Horizon BCBSNJ business
2200D	REF02	Payer Claim Control Number		Will contain the Horizon BCBSNJ Control Number / Gateway ID Number

4.5 005010X221A1 Health Care: 835 Payment/Advice Business Rules and Guidelines

1. When an NPI is obtained from CMS, it must be communicated to Horizon BCBSNJ so that it can be loaded to internal processing tables. This will allow for adequate processing of your transaction.
2. All characters sent will be in upper case.
3. Horizon BCBSNJ will send the 835 Claim Payment/Advice according to the existing payment schedule.
4. A 999 can be returned to indicate functional acknowledgement rejection for non-compliance. When a 999 is returned for non-compliance, the error will be evaluated by EDI Services.
5. When a Subscriber is paid, Horizon BCBSNJ will issue an 835 notification to the Provider.
6. Horizon BCBSNJ will always send at least the claim level remittance advice.
7. In cases where you currently receive multiple vouchers, you will also receive multiple 835 Claim Payment/Advice transactions.

Loop Id	Reference	Implementation Name	Codes	Notes/Comments
NA	BPR01	Transaction Handling Code	H,I	Used for HORIZON BCBSNJ.
NA	BPR04	Payment Method Code	ACH, CHK, NON	Used for HORIZON BCBSNJ.
NA	BPR06	Depository Financial Institution (DFI) Identification Number Qualifier BPR06 through BPR09 relate to the originating financial institution and the originator's account (payer).	01	Used for HORIZON BCBSNJ.
NA	BPR12	Depository Financial Institution (DFI) Identification Number Qualifier BPR12 through BPR15 relate to the receiving financial institution and the receiver's account.	01	Used for HORIZON BCBSNJ.
1000A	PER	Payer WEB Site		NOT Used for HORIZON BCBSNJ.
1000B	N103	Identification Code Qualifier	XX	Horizon BCBSNJ will return the NPI submitted on the claim.
1000B	REF01	Reference Identification Qualifier	PQ	May be used for HORIZON BCBSNJ.



Loop Id	Reference	Implementation Name	Codes	Notes/Comments
1000B	REF01	Reference Identification Qualifier	TJ	HORIZON BCBSNJ will return the Tax ID submitted on the claim.
1000B	RDM	Remittance Delivery Method		NOT Used for HORIZON BCBSNJ.
2000	LX01	Assigned Number	554	This value will be set to '1'.
2000	TS3	Provider Summary Information		NOT Used for HORIZON BCBSNJ.
2000	TS2	Provider Supplemental Summary Information		NOT Used for HORIZON BCBSNJ.
2100	NM108	Identification Code Qualifier	MI	Used for HORIZON BCBSNJ.
2100	NM102	Insured Name Entity Type Qualifier	1	HORIZON BCBSNJ will utilize to this qualifier.
2100	NM102	Corrected Patient/Insured Name Entity Type Qualifier	1	HORIZON BCBSNJ will utilize to this qualifier.
2100	NM108	Identification Code Qualifier	XX	Horizon BCBSNJ will return the NPI if submitted on the claim.
2100	NM1	Crossover Carrier Name		NOT Used for HORIZON BCBSNJ.
2100	NM1	Corrected Priority Payer Name		NOT Used for HORIZON BCBSNJ.
2100	NM1	Other Subscriber Name		NOT Used for HORIZON BCBSNJ.
2100	MIA	Inpatient Adjudication Information		Used for HORIZON BCBSNJ Claim Level Remark Codes.
2100	MOA	Outpatient Adjudication Information		Used for HORIZON-BCBSNJ Claim Level Remark Codes.
2110	REF01	Reference Identification Qualifier	HPI	Horizon BCBSNJ will return the NPI submitted on the claim.
2110	REF	HealthCare Policy Identification		NOT Used for HORIZON BCBSNJ.
NA	PLB03-01	Adjustment Reason Code	50,51,72,CR,CS,CT,FB,L6,WO	Used for HORIZON BCBSNJ.
NA	PLB05	Adjustment Identifier	C042	See PLB03 for HORIZON BCBSNJ details
NA	PLB05-01	Adjustment Reason Code	50,51,72,CR,CS,CT,FB,L6,WO	Used for HORIZON BCBSNJ.
NA	PLB07	Adjustment Identifier	C042	See PLB03 for HORIZON BCBSNJ details.
NA	PLB07-01	Adjustment Reason Code	50,51,72,CR,CS,CT,	Used for HORIZON BCBSNJ.



Loop Id	Reference	Implementation Name	Codes	Notes/Comments
			FB,L6, WO	
NA	PLB09	Adjustment Identifier	C042	See PLB03 for HORIZON BCBSNJ details.
NA	PLB09-01	Adjustment Reason Code	50,51, 72,CR, CS,CT, FB,L6, WO	Used for HORIZON BCBSNJ.
NA	PLB11	Adjustment Identifier	C042	See PLB03 for HORIZON BCBSNJ details.
NA	PLB11-01	Adjustment Reason Code	50,51, 72,CR, CS,CT, FB,L6, WO	Used for HORIZON BCBSNJ.
NA	PLB13	Adjustment Identifier	C042	See PLB03 for HORIZON BCBSNJ details.
NA	PLB13-01	Adjustment Reason Code	50,51, 72,CR, CS,CT, FB,L6, WO	Used for HORIZON BCBSNJ.



4.6 005010X220A1 Health Care: 834 Benefit Enrollment and Maintenance Business Rules and Guidelines

1. When an NPI is obtained from CMS, it must be communicated to Horizon BCBSNJ so that it can be loaded to internal processing tables. This will allow for adequate processing of your transaction.
2. All characters sent must be upper case.
3. Horizon BCBSNJ enrolls members based upon their group identification number.
4. Horizon BCBSNJ will pull Benefit enrollment and maintenance transactions at 1:00 AM and run through a nightly batch process.
5. If one ST...SE is submitted for an entire batch of enrollments, the entire file will be rejected even if only one enrollee is not in compliance. When a 999 is returned for non-compliance, an error status will appear to indicate the error location, allowing the submitter to correct and resubmit the entire file.
6. If multiple ST...SE are submitted per file, this will prevent the rejection of an entire file if only one enrollment is not in compliance.
7. A 999 may be utilized to indicate functional acknowledgement when a file/transaction is rejected for non-compliance. When a 999 is returned for non-compliance, an error status will appear to indicate the error location, allowing submitter to correct and re-submit the file.
8. If an 834 transaction does not pass HIPAA compliant editing, a 999 Response will be returned indicating the location of the failure.
9. Refer to contracts for situational data via the transaction, which is currently required by Horizon BCBSNJ business.
10. Supportive paperwork that was required by Horizon BCBSNJ prior to the acceptance of the electronic submission of the 834 Transaction is still required. Ex. Custodial Papers, Guardianship Papers, Proof of being a student, etc..
11. SFTP communication method datasets require a string format.

Loop Id	Reference	Implementation Name	Codes	Notes/Comments
NA	BGN08	Action Code	2	Used for Horizon BCBSNJ business
2000	INS04	Maintenance Reason Code	15	For Horizon BCBSNJ business, the Primary Care Physician Change Date must be equal to or greater than the current date (no retro dates).
2000	INS07	Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying Event Code		Required field when applicable
2000	INS08	Employment Status Code		For Horizon BCBSNJ business this information is required for any member.
2000	INS08	Employment Status Code	RT	For Horizon BCBSNJ business, if the enrollment/maintenance is applicable to retirement, this code is required for a Subscriber.



Loop Id	Reference	Implementation Name	Codes	Notes/Comments
2000	INS09	Student Status Code		For Horizon BCBSNJ business this information is required.
2000	INS10	Handicap Indicator		For Horizon BCBSNJ business this information is required.
2000	INS17	Birth Sequence Number		Horizon BCBSNJ can accept the full length of this field, but we strongly suggest that this field not exceed 1 digit. Ex. 1, 2, 3, 4, 5, 6, 7, 8, 9
2000	REF02	Subscriber Identifier Reference Identification		Must contain the Horizon BCBSNJ Subscriber ID Number as indicated on the insurance card.
2000	REF02	Member Group or Policy Number Reference Identification		Must contain the Main/Sub Group Number supplied by Horizon-BCBSNJ.
2000	REF01	Reference Identification Qualifier	17	<p>For Horizon BCBSNJ business send if the group maintains eligibility by "ID Card Location" or by "Billing Location".</p> <p>EX. "ID Card Location"- 1st position 'I' or "Billing Location"- 1st position 'B'</p> <p>For Horizon BCBSNJ business send Employee Number dependent on group contract requirement.</p> <p>If advising of NJ State Continuous Coverage state "NJ State Continuous Coverage" in REF02 for Horizon BCBSNJ business.</p> <p>If advising of Disability Extension when Cobra already in effect state "Cobra Disability Extension" in REF02 for Horizon BCBSNJ business.</p> <p>If enrolling or disenrolling a member for Medicare Subsidy Coverage use this code and send the effective or termination date and indicator in the proceeding REF02 in the following format:</p> <p>REF02: date format- positions 1-8 equal to 'CCYYMMDD' indicator format-position 9 equal to 'S' or 'D' Indicator= S-Subsidy D-Disenrolling from Subsidy</p>
2000	REF	Member Supplemental Identifier		Horizon BCBSNJ will be using this Segment to send NJ State Continuous Coverage and Disability Extensions when member already has Cobra Coverage in effect.
2000	DTP01	Date/Time Qualifier	303	For Horizon BCBSNJ business when this code is applicable to a change of address, the date of change is required and must be equal to or greater than the current date (no retro dates).
2000	DTP01	Date/Time Qualifier	336	Must be used for subscribers who are employed for Horizon BCBSNJ business.



Loop Id	Reference	Implementation Name	Codes	Notes/Comments
2000	DTP01	Date/Time Qualifier	340	For Horizon BCBSNJ business, if the enrollment/maintenance is applicable to cobra, this code is required.
2000	DTP01	Date/Time Qualifier	350	For Horizon BCBSNJ Business, when the enrollment/maintenance is applicable to a member who is a student, this date is required.
2000	DTP01	Date/Time Qualifier	394	Must be used if the member is a rehire for Horizon BCBSNJ business.
2100A	NM104	Member First Name		Must be used for Horizon BCBSNJ business
2100A	NM109	Member Identifier		Members Social Security Number must be sent when available for Horizon BCBSNJ business.
2100A	N3	Member Residence Street Address		For Horizon BCBSNJ business this information is required.
2100A	DMG03	Gender Code	U	Horizon BCBSNJ strongly recommends not sending this code.
2100A	DMG04	Marital Status Code	U	Dependent on group contract Horizon BCBSNJ will request a "U" to be sent for a terminated domestic partner.
2100B	NM104	Prior Incorrect Member First Name		Must be used for Horizon BCBSNJ business
2100B	DMG03	Gender Code	U	Horizon BCBSNJ strongly recommends not sending this code.
2100B	DMG04	Marital Status Code	U	Dependent on group contract Horizon BCBSNJ will request a "U" to be sent for a terminated domestic partner.
2100C	NM1	Member Mailing Address		
2100C	N3	Member Mail Street Address		
2100F	N3	Custodial Parent Street Address		
2100G	N3	Responsible Person Street Address		
2200	DSB	Disability Information		



Loop Id	Reference	Implementation Name	Codes	Notes/Comments
2300	HD03	Insurance Line Code		Must be used to identify Health, Prescription, products for Horizon BCBSNJ Business.
2300	HD04	Plan Coverage Description		<p>When enrolling for Consumer Directed Health (CDH) Coverage positions 1-3 must equal 'CDH', positions 4&5 are to equal a numeric value from the values listed below (i.e. 01, 02, etc.)</p> <p>CDH Product Selection Field Value (HD04-positions 4 & 5)</p> <p>FSA 01 HRA 02 HSA 03 HRA/FSA 04 HSA/FSA 05 HRA/HSA/FSA 06</p>
2300	HD05	Coverage Level Code		For Horizon BCBSNJ Business this information is required. The type of coverage is dependent on group contract.
2300	IDC03	Identification Card Count Only non-negative integer values are to be sent.		Horizon BCBSNJ issues the cards based on the Coverage Level Code (Loop 2300, HD05).
2300	IDC	Identification Card		<p>For Horizon BCBSNJ Dental Business, ID Cards will be distributed on the following criteria:</p> <p>Non-Managed Business: Will be distributed to the group or sub-group based on group contract, some groups receive no cards.</p> <p>Managed Business: Will be distributed based on add (1), change (update) (2), replace (RX) as follows: adds/changes-per add or change replacements-per member only</p>
2310	LX	Provider Information		<p>For Horizon BCBSNJ business provider information should be sent dependent on the group contract.</p> <p>For Horizon BCBSNJ Dental business, if the provider change is received by the 20th of the month, effective date is 1st of the next month. If received after 20th, effective date is 1st of month following next month.</p>
2310	NM101	Entity Identifier Code		N/A



Loop Id	Reference	Implementation Name	Codes	Notes/Comments
2310	NM108	Identification Code Qualifier	SV	Use this qualifier to identify Horizon BCBSNJ assigned Provider Codes for Horizon BCBSNJ business.
2310	NM108	Identification Code Qualifier	XX	For Horizon BCBSNJ business, when an NPI is submitted in this segment, the N4 segment that follows should also be sent to further identify the PCP for the managed care product.
2310	NM109	Provider Identifier		When the qualifier submitted in the NM108 = XX, submit the provider's 10 digit NPI. When the qualifier submitted in the NM108 = SV, submit either of the following: - Horizon Dental business, submit the provider code (NJ code) which is available in the Horizon Dental directories. - Horizon Non-Dental business, submit the Horizon BCBSNJ assigned Provider Code (Jcode).
2310	N4	Provider City, State, ZIP Code		It is strongly suggested that the N4 segment be submitted when the NM1 segment contains the Provider's NPI.
2310	PLA	Provider Change Reason		The PCP effective date must be sent for initial enrollments or on maintenance of enrollments for Horizon BCBSNJ business.

4.7 005010X217 Health Care: 278 Request for Authorization (Request) Business Rules and Guidelines

1. Horizon requires the provider NPI be used in all HIPAA transactions. When an NPI is obtained from CMS, it must be communicated to Horizon BCBSNJ so that it can be loaded to internal processing tables. This will allow for appropriate processing of your transaction.
2. Horizon uses the request for authorization in fast batch mode only. Any requests sent in batch mode will be rejected.
3. Only one patient request is allowed per submission.
4. Horizon strongly recommends that all characters be sent in upper case.
5. Submit the subscriber identification number as indicated on the insurance card, including the member's alpha prefix to ensure accurate processing.
6. An X12 999 will be utilized when a transaction is rejected for non-compliance. Please ensure you are able to accurately interpret the X12 999.
7. Horizon requires that you submit two 2310EA provider loops. The first loop should identify the facility, and the second loop must identify the name and NPI of the attending physician.
8. Horizon requires that only 5 digit US postal zip codes be sent in all requester and service provider loops. (N403 segments)
9. Horizon BCBSNJ will only accept requests for authorizations when received by providers within the Horizon Servicing Area as defined by the BCBSA. Servicing area will be determined using the requesting provider's zip code and/or identification number from our internal provider files. Although a provider may have multiple addresses, only the main address is used for determination. Any provider that is determined to be outside of the Horizon BCBSNJ's servicing area will have all transactions rejected with a message to submit through their local Blue Plan.
10. There is logic in place to identify a duplicate authorization request. Requests will be checked against the following fields:
 - Subscriber ID
 - NPI
 - Patient Name
 - Date of Service
 - Service CodeIf there is a current request in our system, received in the last 60 days and the above fields contain exactly the same data, Horizon will return a 278 response with a HCR segment that indicates that the new request is a duplicate.
11. Requests should not be resubmitted unless informed to do so. If duplicate logic is invoked, then submitter/requestor will receive message Duplicate Request For Transaction Not Accepted.

The below table includes Horizon specific inbound hospital admission request processing rules:

Loop Id	Reference	Implementation Name	Codes	Notes/Comments
NA	BHT02	Transaction Set Purpose Code	13	Use for Horizon BCBSNJ business
2010A	NM108	Identification Code Qualifier	PI	Must be used to process a Horizon BCBSNJ authorization request.
2010A	NM109	Utilization Management Organization (UMO) Identifier		Must contain "22099" Horizon BCBSNJ business.
2010B	NM103	Requester Last or Organization Name		Must contain Last Name or Organizational Name for Horizon BCBSNJ to process the request.
2010B	NM109	Requester Identifier		Must contain the facility NPI
2010B	N3	Requester Address Line		Horizon BCBSNJ requires that this segment be sent to process the requests).
2010B	N4	Requester City, State, ZIP Code		Horizon BCBSNJ requires that this segment be sent to process the requests). Please send only a 5 digit zip code.
2010B	PER	Requester Contact Information		Horizon BCBSNJ requires that this segment be sent to process the requests).
2010C	NM103	Subscriber Last Name		If the patient is the Subscriber Horizon BCBSNJ requires the Subscriber Last Name to process the request.
2010C	NM104	Subscriber First Name		If the patient is the Subscriber Horizon BCBSNJ requires the Subscriber First Name to process the request.
2010C	NM108	Identification Code Qualifier	MI	Must be used to process a Horizon BCBSNJ authorization request.
2010C	NM109	Subscriber Primary Identifier		Must contain the full Horizon BCBSNJ Subscriber ID Number as printed on the insurance card.
2010C	DMG	Subscriber Demographic Information		If the patient is the subscriber this segment must be sent to Horizon BCBSNJ to process the request.
2010D	NM103	Dependent Last Name		If the patient is the Dependent Horizon BCBSNJ will need the Dependent Last Name to process the request.
2010D	NM104	Dependent First Name		If the patient is the Dependent Horizon BCBSNJ will need the Dependent First Name if the to process the request.
2010D	DMG	Dependent Demographic Information		If the patient is the dependent this segment must be sent to Horizon BCBSNJ to process the request.
2000E	UM01	Service Type Code	AR	Must contain 'AR' for Horizon BCBSNJ hospital authorization review requests.
2000E	UM02	Certification Type	I	For hospital admission, Horizon recommends using I – initial.



Loop Id	Reference	Implementation Name	Codes	Notes/Comments
2000E	UM03	Service Type Code	1	For hospital admission, Horizon recommends using 1 - medical
2000E	UM04-1 UM04-2	Facility Code Value	11:A	For hospital admission, Horizon recommends using 11:A (inpatient, hospital)
2000E	UM09			Horizon requires this element be sent.
2000E	DTP	Admission Date		For Horizon hospital admissions - This date is required and cannot equal a future date or be greater than 2 years prior to the date of submission of the request.
2000E	HI	Patient Diagnosis		Admitting diagnosis is required for Horizon hospital admissions processing.
2010EA	NM1	Patient Event Provider Name		For Horizon BCBSNJ business, two NM1 segments should be sent in the 2010EA loop. The first NM1 identifies the facility (NM101 = FA). A second/separate NM1 segment within the 2010EA loop identifies the Attending Provider. (NM101 = 71)
2010EA	NM101	Entity Identifier Code	FA	Use for Horizon BCBSNJ business – identifies the facility where admission is taking place
2010EA	NM101	Entity Identifier Code	71	Use for Horizon BCBSNJ business – identifies the attending provider
2010EA	NM103	Patient Event Provider Last or Organization Name		If NM101 = FA, this field contains the facility name; If NM101 = 71, this field contains the attending provider last name
2010EA	NM104	Patient Event Provider First Name		If NM101 = 71, this field contains the attending provider's first name
2010EA	N302	Patient Event Provider Address Line		For Horizon BCBSNJ Business, it is strongly recommended that this segment is sent for in each 2010EA loop
2010EA	N4	Patient Event Provider City, State, Zip Code		For Horizon BCBSNJ Business, it is strongly recommended that this segment is sent for in each 2010EA loop. Please send only a 5 digit zip code.
2010EA	PER	Patient Event Provider Contact Information		For Horizon BCBSNJ Business, it is strongly recommended that this segment is sent for in each 2010EA loop
2010EA	PRV01	Provider Code	AT	Use for Horizon BCBSNJ business
2010EA	PRV	Patient Event Provider Information		For Horizon BCBSNJ Business when submitting Attending Provider Information, use this segment as defined below. PRV*AT*PXC*19340000X~

4.7.1 278 Acknowledgement Request to UM Review Specific Rules and Guidelines:

1. After receipt and acknowledgement response of the Authorization Request, a batch process will occur to forward all applicable hospital inpatient requests for review.
2. The batch process will occur four times a day at 6am (06:00), 9am (9:00), 12pm (12:00) and 3pm (15:00) Monday through Friday. The weekend batch process is 10am (10:00) on Saturday and Sunday.
3. All applicable Requests will be routed to their designated UM areas for processing.

Note: All providers should retain all UM phone and/or fax numbers, as these will remain the same.

4. Any transaction requiring a response from the designated UM area will be responded to via phone or fax to the requesting provider.

4.8 005010X217 Health Care: 278 Request for Authorization (Response) Business Rules and Guidelines

1. The 278 real time response will occur for every transaction received that has passed the HIPAA compliant editing.
2. An AAA error segment will be returned on the 278 Response when the Gateway receives invalid or missing information or when the system is unavailable.
3. The below segments will be returned in the real time response:

1. Loop Id	Reference	Implementation Name	Codes	Notes/Comments
2000E	HCR	Health Care Service Review		This segment will be sent in the real time response with the interim authorization determination.
2000E	MSG	Message Text		Horizon will return the following message in the real time response when the authorization has passed all automated processing and is sent to the Utilization area for final processing. "YOUR REQUEST HAS BEEN RECEIVED AND ANY ADDITIONAL INFORMATION IS PROVIDED OUTSIDE OF 278 TRANSACTION"

4.9 005010X279A1 Health Care: 270 Eligibility Inquiry Request Business Rules and Guidelines

1. When an NPI is obtained from CMS, it must be communicated to Horizon BCBSNJ so that it can be loaded to internal processing tables. This will allow for adequate processing of your transaction.
2. The 270/271 Transaction is sent as fast batch only.
3. Submit the Subscriber ID number as indicated on the insurance card.
4. All characters must be sent in upper case.
5. Horizon BCBSNJ Payor ID is 22099.
6. SFTP communication method datasets require a string format.
7. A 999 will be utilized to indicate functional acknowledgement when a file/transaction is rejected for non-compliance. When a 999 is returned for non-compliance, an error status will appear to indicate the error location, allowing submitter to correct and re-submit the transaction.
8. When enrollment is held by Horizon BCBSNJ, a 271 or 999 response should be transmitted within 30 seconds of receipt on all 270 fast batch inquiries. If enrollment is not held by Horizon BCBSNJ, a 271 or 999 response will be transmitted within 60 seconds of receipt on all fast batch inquiries.
9. 271 Data content responses may vary by individual BCBS Plans.
10. All BlueCard and/or FEP Inquiries should be submitted to the provider's Local Plan; Blue Exchange connectivity has been created enabling all Blue Plans to communicate electronically.
11. BlueCard and/or FEP Inquiries may not receive an immediate response- within 30-60 seconds -back during Blue Plan-to-Blue Plan connectivity.
12. Providers looking to receive any Latent responses- those received after 60 seconds- on BlueCard and/or FEP members must contact the Horizon BCBSNJ EDI Service Desk toll-free at 1-888-334-9242 or via e-mail at HorizonEDI@HorizonBlue.com. Representatives are available weekdays from 7 a.m. to 6 p.m. for assistance
13. A 270-transaction request must be for either subscriber or dependent information. If the request is for the dependent one cannot have the subscriber's first name, last name, and DOB or service date present in the subscriber loop. If an attempt is made to send a request for both the dependent and subscriber information it will result in an error AAA 03 with a 04 qualifier, which is defined as authorized quantity exceeded.
14. Horizon BCBSNJ will only accept eligibility inquiries when received by providers within the Horizon Servicing Area as defined by the BCBSA. Servicing area will be determined using the submitting provider's ID# and selecting the main provider address off of our internal provider files. Although a provider may have multiple addresses, only the main address is used for determination. Any provider that is determined to be outside of the Horizon BCBSNJ's servicing area will have all transactions rejected.



Loop Id	Reference	Implementation Name	Codes	Notes/Comments
2100A	NM101	Entity Identifier Code	PR	Used for Horizon BCBSNJ business
2100A	NM102	Entity Type Qualifier	2	Used for Horizon BCBSNJ business.
2100A	NM108	Identification Code Qualifier	XX	For Horizon BCBSNJ business, the provider NPI is not submitted at this loop.
2100A	NM109	Information Source Primary Identifier		Must contain "22099" for Horizon BCBSNJ business.
2100B	NM101	Entity Identifier Code	1P,36,FA	Used for Horizon BCBSNJ business.
2100B	NM108	Identification Code Qualifier	XX	Used for Horizon BCBSNJ Business
2100B	NM109	Information Receiver Identification Number		24'or 'FI'=9/10 Digit ID
2100B	REF01	Reference Identification Qualifier	HPI	For Horizon BCBSNJ business. provider's NPI must be submitted in the NM1 segment of this loop. Please do not submit the NPI here.
2100B	PRV	Information Receiver Provider Information		Not needed for Horizon BCBSNJ business.
2100C	NM108	Identification Code Qualifier	MI	Must be used for Horizon BCBSNJ business.
2100C	NM109	Subscriber Primary Identifier Use this reference number as qualified by the preceding data element (NM108).		Must contain the Subscriber ID Number for the insured. Subscriber ID Format: - Alpha Numeric - Minimum Positions-6 - Maximum Positions-17
2100C	REF01	Reference Identification Qualifier	EJ	Used for Horizon BCBSNJ business.
2100C	INS	Multiple Birth Sequence Number		Not needed for Horizon BCBSNJ business.
2100C	DTP01	Date/Time Qualifier	291	Used for Horizon BCBSNJ Business
2100D	REF01	Reference Identification Qualifier	EJ	Used for Horizon BCBSNJ business.
2100D	DTP01	Date/Time Qualifier	291	Used for Horizon BCBSNJ Business

4.10 005010X279A1 Health Care: 271 Eligibility Inquiry Response Business Rules and Guidelines

For Submitters that send multiple batches, the 271 will separate each batch in the TRN segment.

1. The Horizon BCBSNJ EDI Eligibility Response is sorted in the following order:
 - Organizational Name
 - Subscriber Name
 - Eligibility or Benefit Information
 - Primary Care Physician’s five (5) digit number
 - Dependent Name (if applicable)
 - Eligibility or Benefit Information
 - Primary Care Physician’s five (5) digit number (if applicable)

2. Horizon BCBSNJ distinguishes benefits for in or out of network providers on inquiry. All benefits will be returned and provider must determine which benefits pertain to them directly.
3. Batch/Real-time conflicts can occur between Blue Plans. If an immediate response is required, please contact the BlueCard Eligibility Hotline at 1-800-676-2583.
4. Horizon BCBSNJ's disclaimer on all benefit information returned is as follows:
 “UNLESS OTHERWISE REQUIRED BY STATE LAW, THIS NOTICE IS NOT A GUARANTEE OF PAYMENT. BENEFITS ARE SUBJECT TO ALL CONTRACT LIMITS AND THE MEMBERS STATUS ON THE DATE OF SERVICE. ACCUMULATED AMOUNTS SUCH AS DEDUCTIBLE MAY CHANGE AS ADDITIONAL CLAIMS ARE PROCESSED.”

Loop Id	Reference	Implementation Name	Codes	Notes/Comments
2100A	NM101	Entity Identifier Code	PR	Used for Horizon BCBSNJ business.
2100A	NM108	Identification Code Qualifier	PI	Used for Horizon BCBSNJ business.
2100A	NM109	Information Source Primary Identifier		Will contain Horizon BCBSNJ's payer ID of 22099.
2100C	NM108	Identification Code Qualifier	MI	Used for Horizon BCBSNJ business.
2100C	MPI	Subscriber Military Personnel Information		Not used for Horizon BCBSNJ business



Loop Id	Reference	Implementation Name	Codes	Notes/Comments
2110C	EB	Subscriber Eligibility or Benefit Information		<p>If EB01="U" or "V" see PER02 for the description text and PER04 for the phone number at Loop 2100A for the response to Horizon BCBSNJ inquiries.</p> <p>7. If EB01="W" see the MSG Segment for a text description at Loop 2110C/D, the PER02 for the group name and PER04 for the phone number at Loop 2100A for the response to Horizon BCBSNJ inquiries.</p>
2110C	MSG	Message Text		<p>If EB01="W" see this segment for a text description, the PER02 for the group name, and PER04 for the phone number at Loop 2100A for the response to Horizon BCBSNJ inquiries.</p>
2100D	MPI	Dependent Military Personnel Information		Not used for Horizon BCBSNJ business
2110D	EB	Dependent Eligibility or Benefit Information		<p>If EB01="U" or "V" see PER02 for the description text and PER04 for the phone number at Loop 2100A for the response to Horizon BCBSNJ inquiries.</p> <p>If EB01="W" see the MSG Segment for a text description at Loop 2110C/D, the PER02 for the group name and PER04 for the phone number at Loop 2100A for the response to Horizon BCBSNJ inquiries.</p>
2110D	MSG	Message Text		<p>If EB01="W" see this segment for a text description, the PER02 for the group name, and PER04 for the phone number at Loop 2100A for the response to Horizon BCBSNJ inquiries.</p>

4.11 005010X212 Health Care: 276 Claim Status Request Business Rules and Guidelines

1. Horizon requires the provider NPI be used in all HIPAA transactions. When an NPI is obtained from CMS, it must be communicated to Horizon BCBSNJ so that it can be loaded to internal processing tables. This will allow for appropriate processing of your transaction.
2. Horizon uses the X212 transaction in fast batch mode only. Any requests sent in batch mode will be rejected.
3. Horizon strongly recommends that all characters be sent in upper case.
4. Submit the subscriber identification number as printed on the insurance card, including the member's alpha prefix to ensure accurate processing.
5. Horizon requires that only 5 digit US postal zip codes be sent in all requester and service provider loops. (N403 segments)
6. A 276 claim status inquiry may not provide an accurate response if a time period of 18 months has elapsed since the health care claim was finalized.
7. Horizon BCBSNJ returns status at both the claim and line level.
8. The 277 response returned in regards to a claim status is not a guarantee of claim payment.
9. The 277 data content responses may vary by individual BCBSA Plans.
10. For all ANSI compliant inquiries, a 277 response will be generated and returned.
11. An X12 999 will be utilized when a transaction is rejected for non-compliance. Please ensure you are able to accurately interpret the X12 999.
12. If all search criteria have been met and multiple matches have been found, all claims will be returned with full claim history.
13. Blue Card and FEP claim status inquiries will be forwarded to the member's home plan when the claim cannot be found in our system, or when the submitted date of the claim is greater than 7 days and no update has been received from the home plan.

Loop Id	Reference	Implementation Name	Codes	Notes/Comments
2100A	NM108	Identification Code Qualifier	PI	Must be used for Horizon BCBSNJ claim status request.
2100A	NM109	Payer Identifier		Must be 22099 for Horizon claim status request
2100C	NM108	Identification Code Qualifier	XX	Must use for Horizon BCBSNJ business
2100C	NM109	Provider Identifier		Must contain 10 digit all numeric NPI for Horizon BCBSNJ business
2000D	DMG	Subscriber Demographic Data		Required when the patient is the subscriber
2100D	NM102	Entity Type Qualifier	1	Must be used for Horizon BCBSNJ claim status request.
2100D	NM103	Subscriber Last Name		Must be used for Horizon BCBSNJ claim status request.
2100D	NM104	Subscriber First Name		This element is required for Horizon BCBSNJ business when the subscriber is the patient



2100D	NM108	Identification Code Qualifier	MI	Must be used for Horizon BCBSNJ claim status request.
2100D	NM109	Subscriber Identifier		Must contain the Subscriber ID Number for the insured as shown on the ID card
2200D	DTP	Claim Service Date		This segment is Required for Horizon BCBSNJ claim status requests, when the subscriber is the patient.
2000E	DMG	Dependent Demographic Information		This segment is Required for Horizon BCBSNJ claim status requests when the dependent is the patient.
2100E	NM103	Patient Last Name		This element is required for Horizon BCBSNJ business when the dependent is the patient
2100E	NM104	Patient First Name		This element is required for Horizon BCBSNJ business when the dependent is the patient
2200E	DTP	Claim Service Date		This segment is Required for Horizon BCBSNJ claim status requests.





4.12 005010X212 Health Care: 277 Claim Status Response Business Rules and Guidelines

1. If a SSN is received in the 276 request and member eligibility is found during processing, Horizon will respond with the Horizon ID in the response (CCID).
2. The subscriber or dependent DOB, while required on the inbound request, is no longer returned in the 277 response.

Loop Id	Reference	Implementation Name	Codes	Notes/Comments
2200E	REF02	Payer Claim Control Number		Will contain the Horizon claim number. Will be a unique value for each claim that is returned.



4.13 005010X231A1 Health Care: 999 Acknowledgement Business Rules and Guidelines

A 999 will be utilized to indicate functional acknowledgement when a file/transaction is rejected for non-compliance. When a 999 is returned for noncompliance, an error status will indicate the error location, allowing submitter to correct and re-submit the file.

Loop Id	Reference	Implementation Name	Codes	Notes/Comments
AK2	AK2	Transaction Set Response Header		Horizon will always return this segment for all positive and negative transactions within a file

4.14 005010X218 Health Care: 820 Premium Payment Business Rules and Guidelines

1. All characters must be sent in upper case.
2. Horizon BCBSNJ will pull payments transactions at 4:00 PM and run through a nightly batch process.
3. If one ST...SE is submitted for an entire batch of payments, the entire file will be rejected even if only one payment is not in compliance. When a 999 is returned for non-compliance, an error status will appear to indicate the error location, allowing the submitter to correct and resubmit the entire file.
4. If multiple ST...SE's are submitted per file, this will prevent the rejection of an entire file if only one payment is not in compliance.
5. A 999 may be utilized to indicate functional acknowledgement when a file/transaction is rejected for non-compliance. When a 999 is returned for non-compliance, an error status will appear to indicate the error location, allowing submitter to correct and re-submit the file.
6. SFTP communication method datasets require a string format.



Loop ID	Reference	Implementation Name	Codes	Notes/Comments
	BPR01	Transaction Handling Code	D	<p>“D” Used for Horizon BCBCNJ business</p> <p>“I” must NOT be used for Horizon BCBSNJ business, will be rejected if sent.</p>
	BPR04	Payment Method Code	ACH,CHK,FWT	Horizon uses only “ACH”, “CHK”, “FWT”
	BPR05	Payment Format Code	CTX	Horizon requires “CTX” when using ACH network.
	BPR06	(DFI) ID Number Qualifier	01,02	<p>Original Depository Financial Institution</p> <p>Horizon uses “01”, “02” qualifiers</p> <p>“03” not used.</p>
	BPR08	Account Number Qualifier	DA	Horizon uses only “DA”
	BPR12	(DF1) ID Number Qualifier	01,02	Horizon requires to use only qualifiers “01” or “02”
	BPR14	Account Number Qualifier	DA	Horizon uses only “DA”
	BPR15	Account Number		Horizon requires the Demand Deposit Account Number
	TRN01	Trace Type Code	1	Horizon uses only qualifier “1”
	REF01	Reference Identification Qualifier	14,18,2F,38,72,LB	Horizon does not allow qualifier 17. Transaction will be rejected if “17” is used.
1000A	N103	Identification Code Qualifier	FI	Horizon requires to use qualifier “FI”
1000A	N104	Identification Code	220999690	Horizon requires to use the identification code “220999690”
2300A	RMR01	Reference Identification Qualifier	1L,CT,1K	Horizon allows only the following three qualifiers: “1L”, “CT”, “1K”. Using any other qualifier will result in rejection.



2300B	RMR01	Reference Identification Qualifier	AZ, CT, IK	Horizon requires to use only "AZ", "CT", "IK", qualifiers. "11" qualifier will be rejected by Horizon.
--------------	--------------	------------------------------------	------------	--------------------------------------------------------------------------------------------------------

5. Transaction Testing Information

5.1 Business Scenarios

Horizon BCBSNJ does not allow multiple transaction types to be sent together in a single file.

5.1.1 837 Professional, Institutional, and Dental Business Scenarios

- Test file must contain 50-100 claims that represent various levels of complexities
- Test file must contain Primary and Secondary scenarios and include adjustments
- Test file must contain Claims for Subscriber and Patient scenarios
- Test file must contain both Inpatient and Outpatient scenarios for 837 Institutional
- Test file must contain separate ST/SE per claim to prevent the rejection of an entire batch of claims if individual claims fail compliance Note: Separate ST/SE per claim will facilitate only the syntactically incorrect claim being returned as a 999.
- Test file must contain positive claims and as well as claims with errors to test and interpret the 277 Claim Acknowledgment Response format
- 999 syntactical testing must occur to verify Trading Partner can read and interpret the 999
- TA1 syntactical testing must occur to verify Trading Partner can read and interpret the TA1

Transaction	Test Scenario ID	Description	Horizon Responsibility	Trading Partner Responsibility	Criteria
837P//D	837P//D-1	Test file should have a minimum of 10 Claims with primary, secondary and adjustment claims	Send 277 response to the Trading Partner	Able to interpret 277 response format	Success
837P//D	837P//D-2	Primary, secondary and adjustment claims with at least 10 rejected business edit level claim rejections	Send 277 response to the Trading Partner	Able to interpret 277 response format	Success
837P//D	837P//D-3	Primary, secondary and adjustment claims with 10 claims having Syntactical issues	Send 999 response to the Trading Partner	Able to interpret 999 response format	Success

Transaction	Test Scenario ID	Description	Horizon Responsibility	Trading Partner Responsibility	Criteria
837P//D	837P//D-4	A minimum of 10 claims with primary, secondary and adjustment claims with 1 claim having TA1 Syntactical issues	Send TA1 response to the Trading Partner	Able to interpret TA1 response format	Success
837P//D	837P//D-5	A minimum of 10 claims with primary, secondary and adjustment claims with claims for subscriber and patient scenarios	Send 277 response to the Trading Partner	Able to interpret 277 response format	Success
837P//D	837P//D-6	A minimum of 10 claims consisting of Primary, secondary and adjustment claims with claims to be sent in separate ST/SE's with syntactical error	Send 999 response to the Trading Partner	Able to interpret 999 response format	Success

5.1.2 270/271 Eligibility Inquiry And Response Business Scenarios

- Test file must contain Horizon BCBSNJ various products
- Test file must contain transactions indicating static benefits only
- Test file must contain transactions indicating static and accumulated benefits
- Test file must contain eligibility transactions for Subscriber and Dependents
- Test file must contain testing of edits applicable to any HIPAA ANSI X12 5010 related changes
- 999 syntactical testing must occur to verify Trading Partner can read and interpret the 999
- TA1 syntactical testing must occur to verify Trading Partner can read and interpret the 999

Transaction	Test Scenario ID	Description	Horizon Response	TP response	Criteria
270-271	270-1	Test file must contain Horizon BCBSNJ various products	271 response	Able to interpret 271 response format and show evidence	Success
270-271	270-2	25 Transactions having static benefits only	271 response	Able to interpret 271 response format and show evidence	Success
270-271	270-3	25 Transactions having both static and accumulation	271 response	Able to interpret 271 response format and show evidence	Success

Transaction	Test Scenario ID	Description	Horizon Response	TP response	Criteria
270-271	270-4	25 transactions for testing of edits applicable to any 5010 changes	271 response	Able to interpret 271 response format and show evidence	Success
270-271	270-5	10 999 syntactical testing	999 response	Able to interpret 999 response format	Success
270-271	270-6	5 TA1 syntactical testing	999 response	Able to read and interpret the 999 response format	Success
270-271	270-7	25 Eligibility transactions for subscriber and dependents	271 response	Able to interpret 271 response format and show evidence	Success
270-271	270-8	Testing of all mandated Service types for 5010 BX requirements. 5 Transactions for non-supported Service types	271 response	Able to interpret 271 response format and show evidence	Success
270-271	270-9	Testing of service dates in the past as well as service dates in the future	271 response	Able to interpret 271 response format and show evidence	Success

5.1.3278 Health Care Services Request Authorization Business Scenarios

Transaction	Test Scenario ID	Description	Horizon Response	TP response	Criteria
278A	278A -1	278-13 (5-10) Inbound transactions that are for local Horizon members for both member as the patient, and dependent as the patient.	1)278-11 real time response that goes back to the submitter as 'requires medical review' 2)Transaction should populate into the CPW file for CareRadius.	Able to interpret 278-11 response format and show evidence	Success
278A	278A -2	Requests for a member of another Blue Plan's/or FEP (state) member	278-11 response from BX to the EDI gateway which in turn sent to the partner	Able to interpret 278-11 response format and show evidence	Success
278A	278A -3	A request that results in SUBSCRIBER NOT FOUND	278-11 response	Able to interpret 278-11 response format and show evidence	Success

278A	278A -4	A request that results in a 999 response. This occurs when a required field is missing or invalid.	278-11 response	Able to interpret 278-11 response format and show evidence	Success
278A	278A -5	A request that contains an invalid business scenario and returns a AAA response (DOS over 2 years ago)	278-11 response	Able to interpret 278-11 response format and show evidence	Success

5.1.4 835 Health Care Claim Payment/Remittance Advice Business Scenarios Details - TBD

5.1.5 834 Health Plan Enrollment Business Scenarios

Transaction	Test Scenario ID	Description	Horizon Response	TP Response	Criteria
834	834-1	Request to enroll 5 to 10 new subscribers for /NMS/State Health Benefit Plan(State)	Verify the end system and confirm the TP on the enrollment	No response	Success
834	834-2	Request to terminate 3 to 5 Subscribers in /NMS/ SHBP (State)	Verify the end system and confirm the TP on the termination.	No response	Success
834	834-3	Reinstate 3 to 5 terminated Subscriber NMS/State Health Benefit Plan(State)	Verify the end system and confirm the TP on the reinstating.	No response	Success
834	834-4	3 to 5 requests to transfer a subscriber in /NMS/ SHBP (State)	Verify the end system and confirm the TP on the transfer.	No response	Success
834	834-5	3 to 5 requests to add a new dependent without contract change in /NMS/ SHBP (State)	Verify the end system and confirm the TP on the changes.	No response	Success
834	834-6	3 to 5 requests to add a new dependent with contract upgrade in NMS/ SHBP (State)	Verify the end system and confirm the TP on the changes.	No response	Success
834	834-7	3 to 5 requests to terminate a dependent without contract change in NMS/ SHBP (State)	Verify the end system and confirm the TP on the changes.	No response	Success
834	834-8	3 to 5 requests to terminate a dependent with contract downgrade in-NMS/ SHBP (State)	Verify the end system and confirm the TP on the changes.	No response	Success



Transaction	Test Scenario ID	Description	Horizon Response	TP Response	Criteria
834	834-9	3 to 5 requests to change Subscriber's demographic information in NMS/ SHBP (State)	Verify the end system and confirm the TP on the subscriber demographic change.	No response	Success
834	834-10	3 to 5 requests to change demographic information for only dependent in NMS/ SHBP (State)	Verify the end system and confirm the TP on the dependent demographic change.	No response	Success
834	834-11	3 to 5 testing of edits applicable to any 5010 related changes in transactions	Verify and confirm the Trading partner.	No response	Success
834	834-12	3 to 5 transactions with Single and dependent coverage in NMS/ SHBP (State)	Verify the end system and confirm the TP on the dependent demographic change.	No response	Success
834	834-13	3 to 5 transactions with Scenario utilizing the BGN08 in Latrol NMS/ SHBP (State)	Verify the end system and confirm the TP on the dependent demographic change.	No response	Success
834	834-14	3 to 5 transactions with Scenario utilizing the NM104 NMS/ SHBP (State)	Verify the end system and confirm the TP on the dependent demographic change.	No response	Success
834	834-15	999 syntactical testing	999	To be able to read and interpret the 999	Success
834	834-16	999 rejection for syntax errors	999	To be able to read and interpret the 999	Success
834	834-17	3 to 5 transactions with Alternate address in NMS/ SHBP (State)	This should fall to a report	No response	Success
834	834-18	3 to 5 transactions with PCP change in NMS/ SHBP (State)	This should fall to a report	No response	Success
834	834-20	3 to 5 transactions with Dental transaction submitted REF02 without a group # non dental	Verify the end systems and confirm the TP	No response	Success

5.1.6 276/277 Health Care Claim Status Request And Response Business Scenarios

Transaction	Test Scenario ID	Description	Horizon Response	TP Response	Criteria
276/277	276/277-1	Multiple claims - finalized/denied, pended with for a patient who is the subscriber	277 response	Able to interpret 277 response format and show evidence	Success
276/277	276/277-2	Multiple claims - finalized/denied, pended with for a patient who is a dependent	277 response	Able to interpret 277 response format and show evidence	Success
276/277	276/277-3	single claim - finalized or pended	277 response	Able to interpret 277 response format and show evidence	Success
276/277	276/277-4	Horizon business edit error. Member ID less than 5 digits will kick off this edit.	277 response	Able to interpret 277 response format and show evidence	Success
276/277	276/277-5	claim with more than 100 claim lines (if you have one)	277 response	Able to interpret 277 response format and show evidence	Success
276/277	276/277-6	999 rejection for syntax error. Required field missing or invalid.	999 response	Able to interpret 999 response format	Success
276/277	276/277-7	Subscriber not found.	277 response	Able to interpret 277 response format and show evidence	Success
276/277	276/277-8	Subscriber found, no claims found	277 response	Able to interpret 277 response format and show evidence	Success
276/277	276/277-9	Request for a non-horizon member that will be pitched to BX and a FEP (state) member	277 response	Able to interpret 277 response format and show evidence	Success

6. Scheduled Maintenance

HORIZON BCBSNJ notifies all Trading Partners, Clearing Houses, and Providers of System Outages via e-mail notification

7. Frequently Asked Questions - TBD

This section contains a compilation of questions and answers.

7.1 Other Resources

This section lists other references or resources.

At a minimum, this section details the changes between this version and the previous version.

Communications/Connectivity Information (CCI)

8. CCI Introduction

This section includes information related to system operating hours, provider data services, and audit procedures. It also contains a list of valid characters in text data. Information concerning Trading Partner registration and the Trading Partner testing process is also included in this section.

9. Trading Partner Registration

An EDI Trading Partner is any entity (provider, billing service, software vendor, employer group, financial institution, etc.) that transmits electronic data to or receives electronic data from another entity.

Please visit www.HorizonBlue.com/Providers:

Click *Forms* then click Forms by Type

Proceed to Electronic Transaction Forms for 835 Trading Partner Check List, Authorization Form

Click Forms then Miscellaneous for Trading Partner Check List

Updates and a complete list of FAQs

Complete Horizon Trading Partner Check List and fax to number indicated on form

Complete Horizon BCBSNJ Authorization Form and fax to number indicated on form

10. Trading Partner Testing and Certification Approval Procedures for IS Vendors and Integrators

IS Vendors/Integrators who wish to send or receive electronic information to/from Horizon BCBSNJ must incorporate the attached specifications into their systems. They must also satisfactorily complete testing with Horizon BCBSNJ.

Upon completion of testing, vendors/integrators will be added to an approved list that will be distributed to health care providers interested in using vendors/integrators for electronic submission of institutional claims.

At this time, providers using an approved vendor/integrator will be able to apply for approval for submission of electronic claims. Providers must complete an application for approval for electronic submission of claims.

Once approved, providers will be assigned their own unique submitter Identification Number (ID). Working in conjunction with the vendor/integrator and EDI Services, the provider will begin submitting institutional claims electronically.

10.1 IS Vendor and Integrator Approval Tasks:

1. The vendor/integrator must complete the Horizon BCBSNJ Electronic Authorization Form and forward it to Horizon BCBSNJ EDI Services – EDI Service Desk Department. The address and fax number are located on the authorization form.
2. Horizon BCBSNJ will then assign the vendor/integrator a **TEST** submitter ID number.
3. Set up your EDI software using the specifications included in this document.
4. You **MUST** receive a Test ID prior to submitting a transaction test file.
5. The SFTP connectivity instructions and the Test Submitter ID and Password will be forwarded to you via secure email.
6. Test transmissions should begin using agreed upon communication protocols until a minimum of three to four consecutive successful transmissions have been received.
7. Vendor/Integrator must demonstrate the successful unwrapping and interpretation 999 and a workflow for error handling, when utilizing this transaction.
8. For claims transactions, the Vendor/Integrator must demonstrate the ability to accept a claims acknowledgement transaction. Horizon current Claims Acknowledgement is the Health Care Claim Acknowledgement Transaction 277CA (005010X214). To read/decipher the codes listed in the 277 refer to the website... WWW.WPC-EDI.COM/CODES. Look for the codes associated with Code Sets 507 & 508. These are the Claim Status Reason Category Codes and the Claim Status Codes for the 277 CA transaction
9. EDI Technical Support will notify vendor/integrator upon successful completion of testing. Vendor/Integrator will be added to Horizon BCBSNJ approved vendor/integrator list.
10. If vendor/integrator will be a “collector” of claims from the health care providers, the vendor/integrator will be assigned a **PRODUCTION** submitter ID number and may begin submitting claims electronically and receiving responses back from Horizon BCBSNJ for its approved providers.

If the vendor/integrator is going to install the Horizon BCBSNJ specifications on behalf of a health care provider, the following procedures must be adhered to:

10.2 Provider Approval Tasks:

1. The health care provider must complete the Horizon BCBSNJ Electronic Authorization Form and forward it to Horizon BCBSNJ EDI Services – EDI Service Desk Department. The address and fax number are located on the authorization form.

To obtain access to the Horizon BCBSNJ Electronic Authorization Form, Please visit www.HorizonBlue.com/Providers:

- Click *Forms* then click Forms by Type
- Proceed to Electronic Transaction Forms for 835 Trading Partner Check List, Authorization Form
- Click Forms then Miscellaneous for Trading Partner Check List
- Updates and a complete list of FAQs
- Complete Horizon Trading Partner Check List and fax to number indicated on form

- Complete Horizon BCBSNJ Authorization Form and fax to number indicated on form
2. Upon approval, if applicable, the health care provider will forward the request to their vendor/ integrator who will forward them to Horizon BCBSNJ. Otherwise, Horizon BCBSNJ will assign a **PRODUCTION** submitter ID number for that provider.
 3. When the health care provider receives a **PRODUCTION** submitter ID number, their vendor/integrator will incorporate the submitter ID number into their system.

10.3 Health Care Direct Submitters Approval Tasks

1. Health care providers who submit directly to Horizon BCBSNJ must complete the Horizon BCBSNJ Electronic Authorization Form and forward it to Horizon BCBSNJ EDI Services – EDI Service Desk Department. The address and fax number are located on the authorization form.

To obtain access to the Horizon BCBSNJ Electronic Authorization Form, please visit www.HorizonBlue.com/Providers:

- Click *Forms* then click Forms by Type
 - Proceed to Electronic Transaction Forms for 835 Trading Partner Check List, Authorization Form
 - Click Forms then Miscellaneous for Trading Partner Check List
 - Updates and a complete list of FAQs
 - Complete Horizon Trading Partner Check List and fax to number indicated on form
 - Complete Horizon BCBSNJ Authorization Form and fax to number indicated on form
2. HORIZON BCBSNJ will then assign the provider a **TEST** submitter ID number.
 3. Set up your EDI software using the specifications included in this document.
 4. Test transmissions should begin using agreed upon communication protocols and continue until a minimum of three to four consecutive successful transmissions have been received.
 5. The SFTP connectivity instructions and the Test Submitter ID and Password will be forwarded to you via secure email.
 6. Direct submitter must demonstrate the successful unwrapping and interpretation of a 999 and a workflow for error handling, when utilizing this transaction.
 7. A 999 will be utilized to indicate functional acknowledgement when a file/transaction is rejected for non-compliance. When a 999 is returned for non-compliance, an error status will appear to indicate the error location, allowing the submitter to correct and resubmit the claim.
 8. For claims transactions, the Direct Submitter must demonstrate the ability to accept a claims acknowledgement transaction. Horizon current Claims Acknowledgement is the Health Care Claim Acknowledgement Transaction 277CA (005010X214). To read/decipher the codes listed in the 277 refer to the website.... WWW.WPC-EDI.COM/CODES. Look for the codes associated with Code Sets 507 & 508. These are the Claim Status Reason Category Codes and the Claim Status Codes for the 277 CA transaction.
 9. EDI Tech Support will notify direct submitter upon successful completion of testing.

10. Upon approval, Horizon BCBSNJ will assign a **PRODUCTION** submitter ID number for the direct submitter.

11. Communication Protocols/Network Communications

All 5010 X12 transactions will be received into the EDI Gateway. The X12 transaction responses will be generated by the EDI Gateway back to the requestor.

The transaction is transmitted using the following Horizon BCBSNJ communication protocols:

- ◆ **MQ Series** – Require MQ Series Client or Server direct connection to Horizon BCBSNJ. Only fast batch transactions are supported at this time.
- ◆ **Secure FTP(SFTP)**- SFTP is a terminal program that transfers files and encrypts/decrypts the files that you send and receive to a remote system. SFTP is a secure form of the FTP protocol. Whenever a user opens up a regular FTP session or most other TCP/IP connections, the entire transmission made between the host and the user is sent in plain text. When using SFTP instead of the FTP, the entire login session, including transmission of password is encrypted. An outsider, snooping the connection would only see encrypted information, not the clear text ID and password transmitted to access the FTP server. Submitters are expected to provide their own Secure FTP client that supports SSH (Secure Shell). Horizon requires that all Trading Partners use the current supported versions of SFTP code from their vendors.
- ◆ **CAQH/Core Certified Internet access** – an approved internet method of communication. Requires exchange of certificates and setup in firewalls. If this is your preferred method of transmission, be advised it takes a few weeks for setup to occur due to the approval process.

Any questions with the above protocols and/or information regarding network/communication hardware and software please contact Horizon BCBSNJ EDI Services – EDI Service Desk Support at 1(888) 334-9242 or email <HorizonEDI@HorizonBlue.com>

11.1 Communication Protocols/Network Communications Frequently Asked Questions (FAQs)

Secure FTP FAQ's

Q. What is the SFTP application used by horizon BCBSNJ??

A. Horizon currently uses Cleo Harmony version 5.5 for SFTP/SSH transmission (as of 2/1/2019)

Q. What is the current SSL Minimum Protocol Version used? (as of 2/1/2019)

A. TLS 1.2 (SSL 3.3)

Q. What is the SSH server key algorithm used? (as of 2/1/2019)

A. SHA256

Q. What port do you use to connect using Secure FTP?

A. Users will be connecting to Standard SFTP port 22

Q. Why file is not being picked up?

A. Please verify if the file is placed in the correct folder. (please see instructions 11.2)

Q. Can we use the IP address instead of the DNS edisftp.horizon-bcbsnj.com?

A. Yes, the IPs can be used, however in case of a disaster to one of the sites, the next available IP should be used.

Penn site IP – 162.212.53.152

Wall site IP – 162.212.51.152

Q. Will all submitters regardless of transaction receive negative 999 syntax errors?

A. Yes. All submitters, including 834, will now receive 999 syntax errors via Secure FTP.



11.2 Instructions for Secure FTP – New Submitters

Horizon BCBSNJ will supply you with a submitter ID and password. (e.g., *FTT0001* and *PASS5WORD*) Please note that you will lock out your account after 5 unsuccessful logon attempts. If your account becomes locked, you must notify the Horizon BCBSNJ EDI Service Desk.

Please Note: EDI SFTP ID that is inactive for more than 120 days will be disabled and if the ID remains inactive for 13 months (9 months + 120 days), the ID will be terminated.

The URL for sending/receiving files is **<edisftp.horizon-bcbsnj.com>** Submitters are expected to provide their own Secure FTP client that supports SSH.

IPs corresponding to DNS – edisftp.horizon-bcbsnj.com are - **162.212.51.152** and **162.212.53.152**

When sending transactions, point your files to the following paths:

Test		Production
Fast Batch (Eligibility-270, Claim Status-276, Referrals-278, or Requests for Authorization-278)	ToHorizon\Test\FastBatch	ToHorizon\Prod\FastBatch
Professional Claims - 837P	ToHorizon\Test\DialinBatch	ToHorizon\Prod\DialinBatch
Institutional -837I \ Dental - 837D Claims & Member Enrollment \ Maintenance - 834	ToHorizon\Test\GatewayBatch	ToHorizon\Prod\GatewayBatch
Responses (271, 277, TA1, 835, 278) <i>(Please delete responses after you have pulled and reviewed them)</i>	FromHorizon\Transactions	FromHorizon\Transactions

11.3 Instructions for CAQH CORE Submissions

Instructions for Core Process Submitters	
1	Provide Horizon with the completed setup forms: a. Trading partner checklist b. ETA forms c. Estimated volumes for each transaction you want to submit
2	Provide subnet range details from which the transactions will be sent (Both PROD and NON-PROD)
3	Upon receipt of the completed forms, Horizon will begin the submitter setup process.
4	Horizon will provide a submitter ID and password for the test environment. Please note that you will lock out your account after 5 unsuccessful logon attempts. If your account becomes locked, you must notify the Horizon BCBSNJ EDI Service Desk.
5	Install the digital certificates Horizon provides into your corresponding environments (non-prod cert in non-prod regions and prod cert in prod region)
6	Create test transactions following the processing directions included in this companion guide.
7	Alert the EDI Technical Team that you are ready to send test transactions in the test environment
8	Upon successful testing, approval will be given to move into the production environment.
9	Horizon will provide a submitter ID and password for the production environment. Please note that you will lock out your account after 5 unsuccessful logon attempts. If your account becomes locked, you must notify the Horizon BCBSNJ EDI Service Desk.
10	When converting from test to production, remember to update your submitter ID in the ISA and GS to the supplied production ID and to change the ISA15 from "T" to "P"

Core Communication Protocols

Area	Requirement
Network	Internet
Transport	HTTP
Transport Security	TLSV1.2
Submitter Authentication	X.509 Digital Certificate
Envelope	SOAP 1.2 + WSDL 1.2
Message	Real Time Only
Payload - X12 Transaction details	Eligibility Transaction: Payload Type : X12_270_Request_005010X279A1 Processing Mode: RealTime Core Rule Version: 2.2.0
	Claim Status Transaction: Payload Type: X12_276_Request_005010X212 Processing Mode: RealTime Core Rule Version: 2.2.0
	Health Care Review Request & Review: (Hospital inpatient Notification Only at this time) Payload Type: X12_278_Request_005010X217 Processing Mode: RealTime Core Rule Version: 2.2.0
Trading Partner Setup Errors	TA1
EDI Syntax Errors	Negative 999
Response Timeout	60 seconds
URL Test - SIT	https://hsq2hzn-t.bcbsnj.com



12 Horizon BCBSNJ EDI Services – EDI Service Desk Contact Information

Phone Number: 1-888-334-9242
Fax Number: 1-973-274-4353
E-Mail Address: HorizonEDI@HorizonBlue.com
Operation Hours: Monday – Friday 7am-6pm EST

13 Horizon BCBSNJ EDI Transaction System Availability

13.1 Routine Maintenance

Horizon BCBSNJ Systems are available to receive and send HIPAA ANSI X12 transactions seven days a week except for Sunday from 1 a.m. to Monday, 12 a.m. Eastern Time.

A sample e-mail is as follows:

*****HORIZON BCBSNJ EDI SERVICES ALERT*****

Horizon Blue Cross Blue Shield of New Jersey has scheduled routine maintenance for this coming Sunday, 4/21/13, from 1 a.m. through Monday, 4/22/13 at 12 a.m. As a result, you will not be able to submit electronically via EDI during this timeframe. This will impact ALL HIPAA 5010 Production submitters/receivers for transactions - 270/271 Eligibility, 276/277 Claim Status transactions, 834 Enrollment, 278 Request for Authorization, 837I, and 837P claims which may cause a delay in your receipt of 835 ERA files. We expect normal operations to be available immediately after the maintenance is completed. We ask that you please plan accordingly.

Thank you,
Horizon BCBSNJ EDI Services

13.2 Non Routine Maintenance

Horizon BCBSNJ Systems are available to receive and send HIPAA ANSI X12 transactions seven days a week except for Sunday from 1 a.m. to Monday at 12 a.m. Eastern Time.

If Horizon BCBSNJ Systems are unavailable, then Trading Partners are notified via an e-mail flare from the Horizon BCBSNJ EDI Mailbox.

A sample e-Mail is as follows:

*****HORIZON BCBSNJ EDI SERVICES ALERT*****

Horizon Blue Cross Blue Shield of New Jersey has scheduled maintenance for this coming Sunday, 4/21/13 from 1 a.m. through Monday, 4/22/13, at 12 a.m. As a result, you will not be able to submit electronically via EDI during this timeframe.

This will impact ALL HIPAA 5010 Production submitters/receivers for transactions - 270/271 Eligibility, 276/277 Claim Status transactions, 834 Enrollment, 278 Request for Authorization, 837I, and 837P claims which may cause a delay in your receipt of 835 ERA files. We expect normal operations to be available immediately after the maintenance is completed. We ask that you please plan accordingly.

Thank you,
Horizon BCBSNJ EDI Services

13.3 Unscheduled Maintenance Emergency

If Horizon BCBSNJ Systems are unavailable, then Trading Partners are notified via an e-mail flare from the Horizon BCBSNJ EDI Mailbox.

A sample e-mail is as follows:

*****HORIZON BCBSNJ EDI SERVICES ALERT*****

Horizon Blue Cross Blue Shield of New Jersey is experiencing some delays in normal operations to our production server environment. At this time we ask that you do not submit your production files for the ANSI X12 278A transaction set (Notice of Admissions), 270 and 276 transaction sets. Additional communication is forthcoming.

Thank you,

Horizon BCBSNJ EDI Services

14 Control Segments / Envelopes

14.1 ISA-IEA

This section describes the use of the interchange control segments. It includes a description of expected sender and receiver codes, authorization information, and delimiters.

The ISA segment marks the beginning of an EDI interchange. It also sets the element delimiter and segment terminator for the entire interchange. The ISA is the only fixed length record in the transaction and is 106 bytes in length.

Ref. Des.	Ele. Num.	Description	Req. Des.	Data Type	Min. Max.	Value
ISA01	I01	Authorization Info. Qualifier	M	ID	2/2	"00"
ISA02	I02	Authorization Information	M	AN	10/10	BLANK
ISA03	I03	Security Information Qualifier	M	ID	2/2	"00"
ISA04	I04	Security Information	M	AN	10/10	BLANK
ISA05	I05	Interchange ID Qualifier	M	ID	2/2	"ZZ"
ISA06	I06	Interchange Sender ID	M	AN	15/15	Inbound Transactions Contact HORIZON BCBSNJ for value. (Submitter test or production ID)
ISA07	I05	Interchange ID Qualifier	M	ID	2/2	"ZZ"
ISA08	I07	Interchange Receiver ID	M	AN	15/15	Inbound Transactions HBCBSNJGATEWAY Outbound Transactions Submitter/Partner ID
ISA09	I08	Interchange Date	M	DT	6/6	Date of interchange (YYMMDD).
ISA10	I09	Interchange Time	M	TM	4/4	Time of interchange (HHMM).
ISA11	I10	Repetition Separator	M	ID	1/1	"{" Left Open Brace
ISA12	I11	Interchange Version Number	M	ID	5/5	"00501"
ISA13	I12	Interchange Control Number	M	N0	9/9	Sequential number assigned by sender (CCYYJJJ##).
ISA14	I13	Ack. Request Indicator	M	ID	1/1	"0"
ISA15	I14	Test Indicator	M	ID	1/1	"P" for production. "T" for test
ISA16	I15	Subelement Separator	M	AN	1/1	":"

14.2 IEA Segment - Interchange Control Trailer

The final segment in a transmission is the IEA. This segment defines the end of an interchange of one or more functional groups and provides a count of the included functional groups. The IEA segment is a variable length segment.

Ref.	Ele.		Req.	Data	Min.	
Des.	Num.	Description	Des.	Type	Max.	Value
IEA01	I16	Number of functional groups	M	N0	1/5	Total number of functional groups in the interchange.
IEA02	I12	Interchange control number	M	N0	9/9	S/B same value as ISA13

Note: The value in IEA02 **must** be equal to the value of ISA13 for the transmission, i.e., the control number in the trailer segment must match the control number in the corresponding header segment. The control number should be an ascending sequential number that includes, if possible, the date submitted. Format should be as follows: CCYYJJJ## where CC is the century; YY is the year; JJJ is the Julian date and ## is a sequential, ascending number from 01-99. HORIZON BCBSNJ will reject any files that have the same or an earlier control number from a previous submission.

14.3 GS-GE

This section describes the use of the functional group control segments. It includes a description of expected application sender and receiver codes, how functional groups are to be sent, how similar transaction sets will be packaged and the use of functional group control numbers.

14.4 GS Segment - Functional Group Header

The GS segment marks the beginning of a functional group of related transaction sets and provides control and application identification information. The GS segment is a variable length segment.

Ref.	Ele.		Req.	Data	Min.	
Des.	Num.	Description	Des.	Type	Max.	Value
GS01	479	Functional ID Code	M	ID	2/2	"HC" <<this will have to be transaction specific>>

Ref.	Ele.		Req.	Data	Min.	
Des.	Num.	Description	Des.	Type	Max.	Value
GS02	142	Application Sender Code	M	AN	2/15	Inbound Transaction Contact HORIZON BCBSNJ for value. (This is your submitter test or production ID)
GS03	124	Application Receiver Code	M	AN	2/15	Inbound Transaction HBCBSNJGATEWAY
GS04	373	Date	M	DT	8/8	Functional group date.
GS05	337	Time	M	TM	4/8	Functional group time.
GS06	28	Group Control Number	M	N0	1/9	Sequential number assigned by sender (CCYYJJJ##)
GS07	455	Responsible Agency Code	M	ID	½	"X"
GS08	480	Version/Release Indicator ID	M	AN	1/12	" V5010X Refer to applicable WPC Guide for appropriate value"

14.5 GE Segment - Functional Group Trailer segment

The GE segment defines the end of a functional group and provides a count of the included transaction sets within the group. The GE segment is a variable length segment.

Ref.	Ele.		Req.	Data	Min.	
Des.	Num.	Description	Des.	Type	Max.	Value
GE01	97	Number of included sets.	M	N0	1/6	Total number of transaction sets in the group.
GE02	28	Group control number	M	N0	1/9	S/B same value as GS06

Note: The value and number of positions in GE02 must be equal to the value and number of positions in GS06 for the group, i.e., the control number in the trailer segment must match the control number in the corresponding header segment. The group control number can equal the batch number in the reference segment.

14.6 ST-SE

This section describes the use of transaction set control numbers

Test file must contain separate ST/SE per claim to prevent the rejection of an entire batch of claims if individual claims fail compliance Note: Separate ST/SE per claim will facilitate only the syntactically incorrect claim being returned as a 999.

15 Acknowledgements and Reports

16 CCI Change Summary

At a minimum, this section details the changes between this version and the previous version.

17 CCI Additional Information

This section must contain one or more of the following situational sections, if applicable.

18 Trading Partner Agreement

EDI Trading Partner Agreements 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.

Please visit www.HorizonBlue.com/Providers:

- Click *Forms* then click Forms by Type
- Proceed to Electronic Transaction Forms for 835 Trading Partner Check List, Authorization Form
- Click Forms then Miscellaneous for Trading Partner Check List
- Updates and a complete list of FAQs
- Complete Horizon Trading Partner Check List and fax to number indicated on form
- Complete Horizon BCBSNJ Authorization Form and fax to number indicated on form

19 Frequently Asked Questions (FAQs)

20 Change Log

	Version	Change
1.1.19	V10	Yearly Maintenance Updates
3.6.19	V11	Add change log Add CAQH Core Processing Rules: Section 11.3 837P - Rendering Provider 2310B loop REF field note
3.27.19	V11	Page 62-64 #9, 10.2 , & 10.3 - Removed the word vouchers , change the word update to updates
5.7.19	V11	Pages 66 (11.1) ; 67 (11.2) Updated IPs Penn-12.149.40.122 to 162.212.53.152 Wall-67.98.95.159 to 162.212.51.152
5.13.19	V12	Page 67 (11.2) added EDI SFTP ID that is inactive for more than 120 days will be disabled and if the ID remains inactive for 13 months (9 months + 120 days), the ID will be terminated