



Administrative Services of Kansas (ASK)

**HIPAA Transaction Standard Companion
Guide**

Health Care Claim: Professional (837)

**Based on X12 Transaction Version
005010X222A1**

January 2026

Disclosure Statement

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Preface

This Companion Guide to the X12N Implementation Guides clarifies and specifies the data content when exchanging electronically with ASK. Transmissions based on this companion guide, used in tandem with the X12 Implementation Guides, are compliant with both X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the X12 Implementation Guides. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

EDITOR'S NOTE:

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1. INTRODUCTION

This document is published to provide information to trading partners to assist in implementation of the related transaction with Administrative Services of Kansas (ASK). This companion guide clarifies, supplements, and provides further definition for data content of the transaction in addition to or over and above the information included in the implementation guide.

Scope

The transaction instruction component of this companion guide must be used in conjunction with an associated X12 implementation guide. The instructions in this companion guide are not intended to be stand-alone requirements. This companion guide conforms to all the requirements of an associated X12 implementation guide and is in conformance with X12's fair use and copyright statements.

Overview

This companion guide is intended to supplement the 837 Health Care Claim Professional X12 Implementation Guide and any additional errata when exchanging electronically with ASK. Transmissions based on this companion guide when used in tandem with the X12 implementation guide are compliant with X12 syntax and those guides. This companion guide is intended to convey information that is within the framework of the X12 companion guide adopted for use under HIPAA. The companion guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the implementation guide.

References

- [ASK-EDI.com](#)
- X12 Implementation Guides: [Glass | X12](#) (subscription required)
- X12 External Code Lists: [External Code Lists | X12](#)
- ASK Manuals/User Docs: [Manuals/User Docs](#)
- ASK Getting Started: [Getting Started](#)
- ASK Quick Start Guide – provided upon trading partner enrollment
- [Holiday Schedule](#)
- Scheduled system maintenance is Sunday 4:00 am – 10:00 am (Central Time)
 - Exceptions to this schedule will be communicated via [News | ASK-EDI](#) as well as an email to applicable mailing lists

Additional Information

Assumptions regarding the reader

- ASK assumes the reader has access to the applicable X12 implementation guides and/or ERRATA
- ASK assumes the reader has obtained a trading partner number

- ASK assumes the reader has an agreement with the provider to transmit transactions on their behalf

Advantages/benefits of EDI

- Reduce Costs
- Increase Administrative Efficiency
- Improve Accuracy
- Increase Speed
- Enjoy Automation

2. GETTING STARTED

Working with ASK

Visit [Getting Started](#) for information on working with ASK

Trading Partner Registration

To register as a trading partner please complete a [New Trading Partner Enrollment Form](#)

Certification and Testing Overview

Visit our resource center at [Resource Center](#) for information on testing with ASK

3. TESTING WITH THE PAYER

Testing Information

[Resource Center](#)

Testing Guidelines for Batch Transactions

Helpful Information for Providers/Vendors testing X12 formats:

- It is suggested a minimum of 25, but no more than 50 claims/requests be submitted for each line of business you wish to test
- Test files are submitted via SFTP – reference the Quick Start Guide provided upon enrollment
- The **ISA15** should equal **T**
- The trading partner is responsible for downloading and reviewing acknowledgments, which are available within 1 hour after transmission. Please refer to the [Acknowledgments Manual](#) for further information
- Contact the EDI Help Desk with any questions regarding testing or acknowledgments, 1-800-472-6481, opt. 1

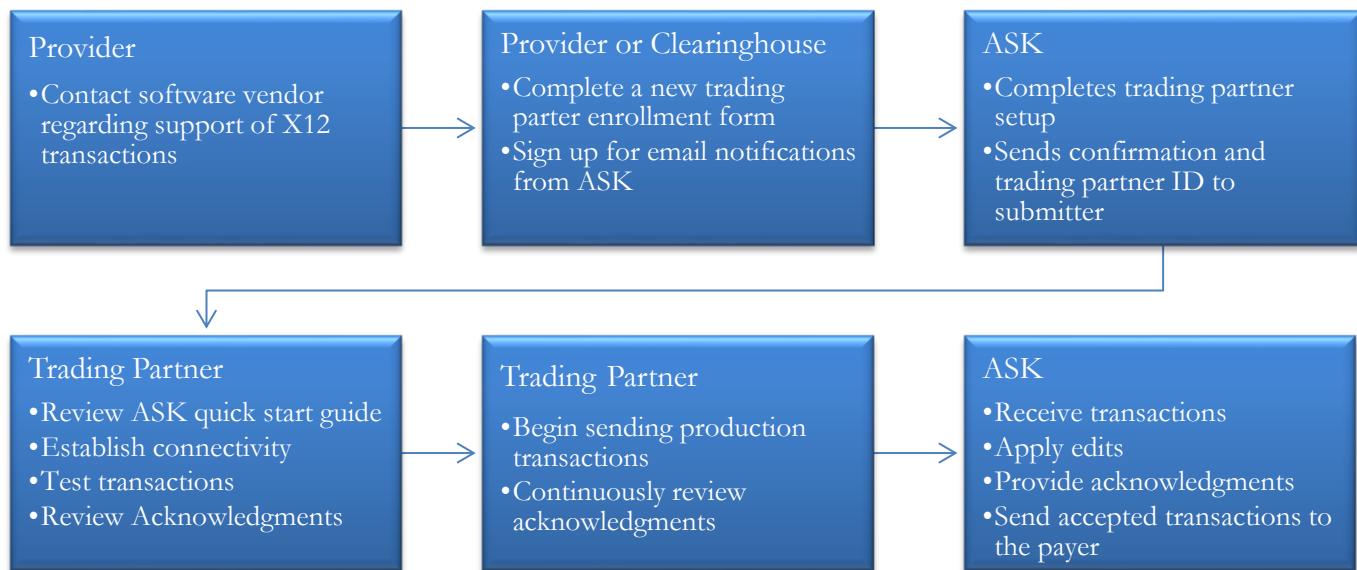
- The trading partner may request production status once a test file passes with 10% or fewer errors

Helpful information for Vendors:

- It is important that software vendors and providers review the [Companion Guides](#) before sending test files
- If you wish to test as a vendor, it will work best if you are able to test with an active NPI
- Implementation guides are maintained by X12 and can be obtained with a subscription at [Glass X12](#)

4. CONNECTIVITY WITH PAYER/COMMUNICATIONS

Process Flows



Transmission Administrative Procedures

Details on transmission procedures can be found in the Quick Start Guide provided to trading partners upon enrollment.

- Batch SFTP – reference the Quick Start Guide
 - If you have an SSH key available, please send with your first file

Re-Transmission Administrative Procedures

Follow transmission procedures as outlined above.

Communication protocol specifications

Communication protocols can be found in the Quick Start Guide.

Passwords

Password requirements can be found in the Quick Start Guide.

5. CONTACT INFORMATION

EDI Customer Service

Email: askedi@ask-edi.com

Phone: 1-800-472-6481 option 1

EDI Technical Assistance

Email: askedi@ask-edi.com

Phone: 1-800-472-6481 option 1

Provider Service Number

Blue Cross and Blue Shield of Kansas (BCBSKS)

<https://www.bcbsks.com/providers/professional/contact-us>

Blue Cross and Blue Shield of Kansas City (BCBSKC)

<https://providers.bluekc.com/ContactUs/Index>

Highmark Blue Cross Blue Shield of Western New York

<https://www.bcbswny.com/content/wny/contact/providers.html>

Applicable websites/e-mail

EDI Help Desk: askedi@ask-edi.com

ASK website: www.ask-edi.com

6. CONTROL SEGMENTS/ENVELOPES

Control segments and envelopes must be created following the X12 implementation guide and applicable ERRATA. The tables below outline expected qualifiers.

ISA-IEA

Page #	Reference	Name	Codes	Notes/Comments
C.3	ISA	Interchange Control Header		
C.4	ISA05	Interchange ID Qualifier	ZZ	
C.4	ISA06	Interchange Sender ID		Trading partner number assigned by ASK
C.5	ISA07	Interchange ID Qualifier	ZZ	
C.5	ISA08	Interchange Receiver ID	ASK	
C.5	ISA13	Interchange Control Number		Must be unique for each interchange
C.6	ISA15	Interchange Usage Indicator	P	Files received with P in the ISA15 cannot be stopped from processing Always send ISA15 = T if testing

GS-GE

Page #	Reference	Name	Codes	Notes/Comments
C.7	GS	Functional Group Header		
C.7	GS02	Application Sender's Code		Trading partner number assigned by ASK
C.7	GS03	Application Receiver's Code	BCBSKS BCBSKC HNNY	BCBSKS = Blue Cross and Blue Shield of Kansas BCBSKC = Blue Cross and Blue Shield of Kansas City HNNY = Highmark Blue Cross Blue Shield of Western New York HNNY = Highmark Blue Shield of Northeastern New York

7. PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

1. ASK accepts Basic and Extended Code Sets
2. Transmissions submitted without a valid Trading Partner number will be rejected
3. Data that is not valid based on the implementation guide will cause files to be rejected
4. Filenames must not contain any of the following: \$ & + , / : ; = ? @
5. For Internet File Transmissions: Filenames must contain only alphabetical, numeric, hyphen, or underscore characters. Hyphen and underscore are not acceptable as the first or last character
6. A unique filename for each transmission is encouraged i.e., 123KS837P.CCYYMMDD*.*

7. 5000 claims will be accepted per ST-SE
8. ASK will attempt to provide 60 days' advance notice regarding edit changes or additions, notice will be posted to [News | ASK-EDI](#)
9. All lower-case characters submitted on an inbound 837 file will be converted to upper case when sending data to the payers processing system
10. Patient Control/Claims Submitter's Identifier - The ASC X12 TR3 allows up to 38 characters in the 2300 Loop, CLM01; however, the 835 Claim Payment/Advice CLP01 returns a maximum of 20 characters
11. 277CA - The Payer Claim Control Number, reported in the 2200D REF02 when REF01 = 1K, is used by the ASK Front End Processor and does not reflect a claim control number assigned by the payer. Payers will not have access to this number and cannot provide information based on the 2200D REF02
12. **BCBSKS:** Primary remittance advice information must be included when sending secondary claims, 2320 MOA (Medicare Outpatient Adjudication) is required
13. **BCBSKS:** Claims submitted for network pricing services must be submitted with the 2000B SBR03 Reference Identifier (Group Number) from the Member ID card
14. **BCBSKC:** Medicare primary information required at line level 2430
15. **BCBSKC:** Effective January 1, 2021, Blue Cross and Blue Shield of Kansas City (Blue KC) requires the use of Provider Taxonomy Codes on Professional (837P) and Institutional (837I) claims. Claims missing the provider's taxonomy on the claim will result in a rejection
16. **BCBSKS Medicare Advantage:** Effective August 12, 2025, a valid taxonomy code will be required on all Medicare Advantage (MA) professional and institutional claims. Claims missing a valid provider taxonomy will result in a rejection

8. ACKNOWLEDGMENTS AND/OR REPORTS

ASK will return the 999, 277CA, and TA1 as appropriate in response to 837 transactions. Trading partners are responsible for reviewing acknowledgments. Reference: [Acknowledgments Manual](#)

Report Inventory

Report	Purpose
999 – Implementation Acknowledgment	Used to report syntactical errors based on the implementation guide or to report a functional group that complies with the implementation guide.
277CA – Health Care Claim Acknowledgment	A business application level acknowledgement for the ASC X12 Health Care Claim (837) transaction(s) which acknowledges the validity and acceptability of the claims at the pre-processing stage
TA1 – Interchange Acknowledgement	The TA1 segment provides the capability for the interchange receiver to notify the sender that a valid envelope was received or that problems were encountered with the interchange control structure. The TA1 verifies the envelopes only.

Report	File Naming Format
999	999_input filename_internal file ID.input file extension (if present)_date-time

	example: 999_bstrans_123456789.dat_20170131-090725018
277CA	277CA_ISA13 from input file_input filename_internal file ID.input file extension (if present)_date-time example: 277CA_999999_bstrans_123456789.dat_20170131-090725018
TA1	TA1_input filename_internal file ID_date-time example: TA1_bstrans_123456789_20170131-105601017

9. TRADING PARTNER AGREEMENTS

Trading Partners

A Trading Partner is defined as any ASK (provider, billing service, software vendor, employer group, financial institution, etc.) that transmits to, or receives electronic data from ASK.

EDI Trading Partner Agreements accompany the standard implementation guide to ensure the integrity of the electronic transaction process. The Trading Partner Agreement is related to the electronic exchange of information, whether the agreement is an entity or a part of a larger agreement, between each party to the agreement. To register visit - [ASK Enrollment Form](#)

10. TRANSACTION SPECIFIC INFORMATION

This table contains one or more rows for each segment needing supplemental instruction.

Legend
Shaded rows represent segments in the X12 implementation guide
Non-shaded rows represent 'data elements' in the X12 implementation guide

Page #	Loop ID	Reference	Name	Codes	Notes/Comments
74	1000A	NM1	Submitter Name		
75	1000A	NM109	Submitter Identifier		Trading partner number assigned by ASK
79	1000B	NM1	Receiver Name		
80	1000B	NM103	Receiver Name	ASK	
80	1000B	NM109	Receiver Primary Identifier	ASK	
98	2010AA	PER	Billing Provider Contact Information		
99	2010AA	PER02	Billing Provider Contact Name		Submission of the PER segment is highly recommended. This information will be used to contact the provider in the event claims cannot be submitted to the payer
116	2000B	SBR	Subscriber Information		

116	2000B	SBR01	Payer Responsibility Sequence Number Code		Must be populated accurately on secondary and tertiary claims to ensure accurate payment.
117	2000B	SBR03	Subscriber Group or Policy Number		BCBSKS: Network Pricing claims must be submitted with the Group Number that appears on the subscriber ID card for proper processing
118	2000B	SBR09	Claim Filing Indicator Code	BL CI 16	BCBSKS = BL BCBSKC = BL Highmark Blue Cross Blue Shield of Western New York = BL or CI Highmark Blue Shield of Northeastern New York = BL or CI Highmark Western and Northeastern New York = BL, CI, or 16
133	2010BB	NM1	Payer Name		
134	2010BB	NM108	Identification Code Qualifier	PI	
134	2010BB	NM109	Payer Identifier		BCBSKS = 47163 BCBSKC = 47171 Highmark Blue Cross Blue Shield of Western New York = 00301, 00801, or 55204 Highmark Blue Shield Northeastern New York = 00800 or 55204
202	2300	REF	Claim Identifier for Transmission Intermediaries		
203	2300	REF02	Value Added Network Trace Number		DO NOT USE THIS FIELD ASK, Highmark Western and Northeastern New York, and BCBSKC will use this field to exchange information.
295	2320	SBR	Other Subscriber Information		
298	2320	SBR09	Claim Filing Indicator Code		Code that most accurately describes the Other Subscriber Information. Medicare should be submitted as MB or 16.

305	2320	AMT	Coordination of Benefits (COB) Payer Paid Amount		
305	2320	AMT02	Payer Paid Amount		Negative values not accepted
351	2400	SV1	Professional Service		
354	2400	SV102	Line Item Charge Amount		Negative values not accepted
355	2400	SV104	Service Unit Count		Negative values not accepted
368	2400	CR1	Ambulance Transport Information		
369	2400	CR102	Patient Weight		Negative values not accepted
370	2400	CR106	Transport Distance		Negative values not accepted
415	2400	PS1	Purchased Service Information		
415	2400	PS102	Purchased Service Charge Amount		Negative values not accepted

11. APPENDICES

1. Implementation Checklist

- Contact your software vendor regarding the support of these X12 transactions
- Batch Transaction Enrollment visit - [ASK Enrollment Form](#)
- Sign up for email notifications: [Email List/Sign Up](#)
- Test transactions (optional)
- Review the acknowledgments returned as referenced in the [Acknowledgments Manual](#)

2. Business Scenarios

Please contact ASK to discuss your specific EDI related business needs, should they not be covered in this guide.

3. Transmission Examples

Please contact ASK for any question regarding transmission examples.

4. Frequently Asked Questions

Is testing required before submitting in production?

BCBSKS (47163) recommended but not required

BCBSKC (47171) recommended but not required

Highmark Blue Cross Blue Shield of Western and Northeastern New York (00301, 00800, 00801, 55204) recommended but not required

5. Change Summary

Section	Description of Change	Date Updated
7	Removed 4. Compression of files is supported between the submitter and receiver.	03/08/2017
5	Updated URL	03/10/2017
5	Updated Production URL	04/11/2017
5	Removed Test URL	04/11/2017
5	Updated ASK Resources URL	12/27/2017
8	Updated Acknowledgement URL	12/27/2017
All	Updated URLs	03/01/2019
8	Added Network Pricing Information	03/12/2019
1	Removed WPC-EDI URL link and replaced with https://x12.org/codes	11/25/2020
All	New Template	04/13/2023
7	Removed 28 character file maximum	6/29/2023
4	Removed password requirement details as they are in the quick start guide	6/29/2023
4	Removed the link for the Connectivity Guide/Quick Start Guide	10/05/2023
6 & 10	Removed PHP from Control Segments/Envelopes and Transaction Specific Information (effective 1/1/2024)	10/05/2023
6 & 10	Removed EDIM from Control Segments/Envelopes and Transaction Specific Information	06/12/2024
7	Added BCBSKS Medicare Advantage taxonomy code requirement	07/03/2025