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**ANSI X12N 835 (004010X091A1)
HEALTH CARE CLAIM PAYMENT/ADVICE
SUPPLEMENTAL IMPLEMENTATION GUIDE**

Last Revised September 10, 2008

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INTRODUCTION

The Secretary of Health and Human Services has established version 4010A1 of the X12N 835 (provider remittance advice) implementation guides as national standards for use by all health plans in the United States. This fulfills certain requirements of the Administrative Simplification provisions of HIPAA. Further information on the HIPAA standards requirements in general may be obtained at <http://aspe.hhs.gov/admsimp>. This Supplemental Implementation Guide (SIG) contains the requirements for implementation of the remittance advice standard by the standard system maintainers and intermediaries.

Version 4010A1 of the 835 includes some significant changes from earlier versions of the 835. See Appendix D of the 835 Version 4010 Implementation Guide for a summary of the changes. Version 4010 Implementation Guides and the October 2002 Addenda may be downloaded without charge from <http://www.wpc-edi.com/HIPAA>, or you may phone 1-800-972-4334 to purchase hard copies.

The following information is intended to serve only as a companion document to the HIPAA ANSI X12N 835 implementation guide. The use of this document is solely for the purpose of clarification. The information describes specific requirements to be used in processing BlueCross BlueShield of South Carolina and its Companion subsidiaries' HIPAA ANSI X12N 835 Electronic Remittance Advice transaction (ERA). Please note that the HIPAA ANSI X12N 835 Supplemental Implementation Guide is subject to change. Any changes will be available at www.SouthCarolinaBlues.com.

BlueCross BlueShield of South Carolina currently accepts one type of transaction per transmission. Therefore, all ST01 elements within the transmission will equal the same transaction number. For example, fourteen 837I transactions are acceptable within one enveloping sequence, but thirteen 837Is and one 276 within one enveloping sequence is unacceptable.

COMMUNICATIONS

For technical support please contact: 1-800-868-2505

TRANSACTION RECORD LAYOUT

The envelope (ISA, GS, GE, and IEA segments) requirements for the HIPAA ANSI X12N 835 transaction will be provided by Palmetto, GBA (EDIG).

REVISION LOG

Date	Author	Revision Description
10/03/2003		Original with 4010A1
10/30/2003	E. Baylor-Elks	Entered data into Edisim, generated rough draft, formatted
01/12/2003	E. Baylor-Elks	Added ST01 note to introduction
09/08/2004	E. Baylor-Elks	Added 2100 DTM segment and note.
03/02/2007	E. Baylor-Elks	NPI modifications; document formatting

Segment: **BPR** Financial Information
Position: 020
Loop:
Level: Heading
Usage: Mandatory
Max Use: 1

Data Element Summary

<u>Ref.</u>	<u>Data</u>	<u>Name</u>
<u>Des.</u>	<u>Element</u>	
<u>Attributes</u>		
BPR01	305	Transaction Handling Code If the claim is an institutional claim with more than 99 lines, or a professional claim with more than 50 lines, BlueCross BlueShield of South Carolina sends code "U" to indicate that the claim has been split. BlueCross BlueShield of South Carolina sends "H" to indicate predetermination of benefits. BlueCross BlueShield of South Carolina uses "I" for all other situations (BPR04 = ACH, CHK, or NON). H Notification Only I Remittance Information Only U Split Payment and Remittance
BPR03	478	Credit/Debit Flag Code BlueCross BlueShield of South Carolina uses 'C' (credit). C Credit
BPR04	591	Payment Method Code BlueCross BlueShield of South Carolina uses the following codes. ACH Automated Clearing House (ACH) CHK Check NON Non-Payment Data
BPR05	812	Payment Format Code This element is used for electronic funds transfer only. BlueCross BlueShield of South Carolina uses the following codes. CCP Cash Concentration/Disbursement plus Addenda (CCD+) (ACH) CTX Corporate Trade Exchange (CTX) (ACH)
BPR06	506	(DFI) ID Number Qualifier BlueCross BlueShield of South Carolina uses "01" for ABA transit routing number. This element is not used when BlueCross BlueShield of South Carolina issues a check (BPR04 = "CHK") or the 835 is Non-Payment Data (BPR04 = "NON"). 01 ABA Transit Routing Number Including Check Digits (9 digits) 04 Canadian Bank Branch and Institution Number
BPR07	507	(DFI) Identification Number ABA transit routing number; not used when BPR04 = "CHK" or "NON".

BPR08	569	<p>Account Number Qualifier BlueCross BlueShield of South Carolina does not use this element when the payment method is via check (BPR04 = "CHK") or the 835 is used to send non-payment data (BPR04 = "NON").</p> <p>DA Demand Deposit</p>
BPR09	508	<p>Account Number BlueCross BlueShield of South Carolina does not use this element when the payment method is via check (BPR04 = "CHK") or the 835 is used to send non-payment data (BPR04 = "NON").</p>
BPR12	506	<p>(DFI) ID Number Qualifier BlueCross BlueShield of South Carolina does not use this element when the payment method is via check (BPR04 = "CHK") or the 835 is used to send non-payment data (BPR04 = "NON").</p> <p>If the payment method is via electronic funds transfer (BPR04 = "ACH"), this element will contain the ABA Transit Routing Number Including Check Digits Qualifier ("01").</p> <p>01 ABA Transit Routing Number Including Check Digits (9 digits)</p> <p>04 Canadian Bank Branch and Institution Number</p>
BPR13	507	<p>(DFI) Identification Number BlueCross BlueShield of South Carolina does not use this element when the payment method is via check (BPR04 = "CHK") or the 835 is used to send non-payment data (BPR04 = "NON").</p> <p>If the payment method is via electronic funds transfer (BPR04 = "ACH"), this element will contain the ABA Transit Routing Number Including Check Digits.</p>
BPR14	569	<p>Account Number Qualifier BlueCross BlueShield of South Carolina does not use this element when the payment method is via check (BPR04 = "CHK") or the 835 is used to send non-payment data (BPR04 = "NON").</p> <p>If the payment method is via electronic funds transfer (BPR04 = "ACH"), this element will contain the Demand Deposit qualifier (DA).</p> <p>DA Demand Deposit</p> <p>SG Savings</p>
BPR15	508	<p>Account Number If payment is made using electronic funds transfer (BPR04 = "ACH"), the provider DDA account number is entered in this element.</p> <p>BlueCross BlueShield of South Carolina does not use this element when the payment method is via check (BPR04 = "CHK") or the 835 is used to send non-payment data (BPR04 = "NON").</p>

Segment: **N1** Payee Identification
Position: 080
Loop: 1000B
Level: Heading
Usage: Optional
Max Use: 1

Data Element Summary

<u>Ref.</u> <u>Des.</u> <u>Attributes</u>	<u>Data</u> <u>Element</u>	<u>Name</u>
N103	66	Identification Code Qualifier This element will contain the provider's National Provider Identifier (NPI) when an NPI exists within BlueCross BlueShield of South Carolina's adjudication system. The NPI will be returned regardless of the provider number that was reported on the claim(s). When no NPI is associated with the provider in BlueCross BlueShield of South Carolina's adjudication system and, under CMS guidelines, the provider is not permitted to receive an NPI, this element will contain the provider's Federal Taxpayer ID number or Social Security Number. FI Federal Taxpayer's Identification Number TA Taxpayer ID Number XX Health Care Financing Administration National Provider Identifier

Segment: **CLP** Claim Payment Information
Position: 010
Loop: 2100
Level: Detail
Usage: Mandatory
Max Use: 1
Notes:

A claim may, due to BlueCross BlueShield of South Carolina's adjudication system requirements, split the claim. Each portion of a claim that has been split is assigned a separate claim control number, and the sum of the service line(s) charge submitted on each claim becomes the split claim total charge. By splitting the pending service line to a separate claim, BlueCross BlueShield of South Carolina can adjudicate the remainder of the claim/service lines submitted.

Segment: **CAS** Claim Adjustment
Position: 020
Loop: 2100
Level: Detail
Usage: Optional
Max Use: 99
Notes: BlueCross BlueShield of South Carolina does not use the 380-Quantity elements when the claim is Institutional and is not paid in full.

Segment: **NM1** Corrected Patient/Insured Name
Position: 030
Loop: 2100
Level: Detail
Usage: Optional
Max Use: 1
Notes: BlueCross BlueShield of South Carolina will report the name under which the claim has adjudicated when the name on the claim is different than the name contained in BlueCross BlueShield of South Carolina's adjudication system.

Segment: **NM1** Service Provider Name
Position: 030
Loop: 2100
Level: Detail
Usage: Optional
Max Use: 1

Data Element Summary

<u>Ref.</u>	<u>Data</u>	<u>Name</u>
<u>Des.</u>	<u>Element</u>	
Attributes		
NM108	66	Identification Code Qualifier
		FI Federal Taxpayer's Identification Number
		TA Taxpayer ID Number
		XX Health Care Financing Administration National Provider Identifier
NM109	67	Identification Code
		This element will contain the provider's National Provider Identifier (qualifier XX) when an NPI exists within BlueCross BlueShield of South Carolina's adjudication system. The NPI will be returned regardless of the provider number that was reported on the claim(s).
		When no NPI is associated with the provider in BlueCross BlueShield of South Carolina's adjudication system and, under CMS guidelines, the provider is not permitted to receive an NPI, this element will contain the provider's Federal Taxpayer ID (Qualifier TA) number or Social Security Number (Qualifier FI) .

Segment: **MIA** Inpatient Adjudication Information

Position: 033
Loop: 2100
Level: Detail
Usage: Optional
Max Use: 1

Notes: BlueCross BlueShield of South Carolina does not provide this segment.

Segment: **MOA** Outpatient Adjudication Information

Position: 035
Loop: 2100
Level: Detail
Usage: Optional
Max Use: 1

Notes: BlueCross BlueShield of South Carolina does not provide this segment.

Segment: **DTM** Claim Date

Position: 050
Loop: 2100
Level: Detail
Usage: Optional
Max Use: 9

Notes: If the statement period start date is indicated on the claim without a statement period end date, the end date is assumed to be the same as the start date. This date, or code 233, should be considered required when service level dates are not provided in the remittance advice.

If a claim statement period end date is indicated on the claim without a claim statement period start date, the start date is assumed to be different from the end date, but not conveyed at the payer's discretion.

Segment: **SVC** Service Payment Information

Position: 070

Loop: 2110

Level: Detail

Usage: Optional

Max Use: 1

Notes:

BlueCross BlueShield of South Carolina returns this segment only for professional claims. A claim may, due to BlueCross BlueShield of South Carolina's adjudication system requirements, split the claim. Each portion of a claim that has been split is assigned a separate claim control number, and the sum of the service line(s) charge submitted on each split claim becomes the split claim total charge. By splitting the pending service line to a separate claim, BlueCross BlueShield of South Carolina can adjudicate the remainder of the claim/service lines submitted.

If the claim has been split, the Transaction Handling Code indicator will indicate a Split Payment and Remittance (1000 BPR01 = U).

The original Claim Submitter's Identifier (CLM01) is returned on all split claims in the Patient Control Number (CLP01) segment, and the claim number is reported in the reference identification (CLP07) element.

Segment: **DTM** Service Date

Position: 080

Loop: 2110

Level: Detail

Usage: Optional

Max Use: 3

Notes:

BlueCross BlueShield of South Carolina provides this information for multiple dates of service.

Segment: **CAS** Service Adjustment

Position: 090

Loop: 2110

Level: Detail

Usage: Optional

Max Use: 99

Notes:

BlueCross BlueShield of South Carolina does not provide quantity elements.

Service Level Adjustment group and reason codes are provided only for professional claims and claims not paid in full.

Segment: **PLB** Provider Adjustment
Position: 010
Loop:
Level: Summary
Usage: Optional
Max Use: >1

Data Element Summary

<u>Ref.</u> <u>Des.</u> <u>Attributes</u>	<u>Data</u> <u>Element</u>	<u>Name</u>
PLB03	C042	Adjustment Identifier
C04201	426	Adjustment Reason Code

The following codes are used for provider-level adjustments.

OB	Offset for Affiliated Providers
WO	Overpayment Recovery