



# South Carolina

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**ASC X12N 835 (005010X221A1)**

## **HEALTH CARE CLAIM PAYMENT/ADVICE SUPPLEMENTAL IMPLEMENTATION GUIDE**

**Last Revised September 16, 2011**

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## INTRODUCTION

The Secretary of Health and Human Services has established version 5010 of the X12N 835 (provider remittance advice) Health Care Claims Payment/Advice implementation guides Technical Report Type 3 as national standards for use by all health plans in the United States. This fulfills certain requirements of the Administrative Simplification provisions of HIPAA. You can get more information on the HIPAA standards requirements in general 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. This information serves only as a companion document to the HIPAA ASC X12N 835 Technical Report Type 3 Implementation Guide. The use of this document is solely for the purpose of clarification. The information describes specific requirements for processing BlueCross BlueShield of South Carolina and its subsidiaries' HIPAA ASC X12N 835 Health Care Claims Payment/Advice Electronic Remittance Advice transaction (ERA). Please note that the HIPAA ASC X12N 835 Supplemental Implementation Guide is subject to change. Any changes will be available at [www.SouthCarolinaBlues.com](http://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.

## REVISION LOG

Date	Author	Revision Description
February 14, 2011	Jody Brown	Original draft and document formatting
February 21, 2011	Jody Brown	Initial recommended updates from Craig Keene
March 2, 2011	Jody Brown	Updated to new BlueCross Logos
April 8, 2011	Jody Brown	Updates from Janet Forktus
July 19, 2011	Jody Brown	Updates from Craig Keene
July 21, 2011	Jody Brown	Updates from Janet Forktus
July 28, 2011	Jody Brown	Updates from Craig Keene
September 16, 2011	Jody Brown	Updates from Lenora Turner

**Segment:** **BPR** Financial Information  
**Position:** 0200  
**Loop:**  
**Level:** Header  
**Usage:** Required  
**Segment Repeat:** 1  
**Note:**

All Electronic Funds Transfers will be done using the Cash Concentration/Disbursement plus Addenda (CCD+) (ACH) method. BPR05 will be "CCP" to indicate this method.  
 Example:  
 BPR\*I\*9\*C\*ACH\***CCP**\*01\*XXXXXXXXXX\*DA\*XXXXXX\*1570287419\*\*01\*XXXXXX  
 XXXX\*DA\*XXXXXXXXXXXXXXXX\*20110101~

**Data Element Summary**

Ref.	Data	Name	Attributes
<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
BPR05	812	Payment Format Code	O 1 ID 1/10
This element is used for electronic funds transfer only. BlueCross BlueShield of South Carolina uses these codes:			
		CCP	Cash Concentration/Disbursement plus Addenda (CCD+) (ACH)

**Segment:** **TRN** Reassociation Trace Number  
**Position:** 0400  
**Loop:**  
**Level:** Header  
**Usage:** Required  
**Segment Repeat:** 1  
**Note:**

TRN02 – "No Check" in the voucher identification number will no longer be used to reflect zero payment remits. Remits with no payment will have a voucher identification number in the format "NCK"#####CCYYMMDD where "#####" is a sequential number, and CCYYMMDD is the check date in the HIPAA format.  
 Example:  
 TRN\*1\***NCK000153620110704**\*1999999999~  
 Check Number: NCK0001536  
 Check Date: 20110704 (7/4/2011)

**Data Element Summary**

Ref.	Data	Name	Attributes
<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
TRN02	127	Reference Identification	M 1 AN 1/50
Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier.			

**Segment:** **REF Receiver Identification**  
**Position:** 0600  
**Loop:**  
**Level:** Header  
**Usage:** Situational  
**Segment Repeat:** 1  
**Note:** This segment will contain the trading partner identifier of the original recipient of the transaction.  
 Example – Providers using My Remit Manager will see  
 REF\*EV\*CGW0385SC0~

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
REF01	128	Reference Identification Qualifier	M 1 ID 2/3
		Code qualifying the Reference Identification.	
REF02	127	Reference Identification	X 1 AN 1/50
		Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier.	

**Segment:** **PER Payer Website**  
**Position:** 1300  
**Loop:** 1000A  
**Level:**  
**Usage:** Situational  
**Segment Repeat:** 1  
**Note:** This segment will contain a URL in the event that a claim service has been rejected due to a published medical policy guideline. Instead of providing the URL where the medical policies are stored, this URL will always be populated to the 835:  
<http://www.southcarolinablues.com/providers/educationcenter/precertification/bluecardprecertificationmedicalpolicies.aspx>  
 Entering the alpha prefix from the patient's ID card will redirect the user to the URL where the description of the medical policy code can be found. The medical policy code can be found in the REF - HEALTHCARE POLICY IDENTIFICATION segment.

**Segment:** **NM1 Corrected Patient/Insured Name**  
**Position:** 0300  
**Loop:** 2100  
**Level:** Detail  
**Usage:** Situational  
**Segment Repeat:** 1  
**Note:** This segment can be used to correct the patient or subscriber name, however, it can only be populated one time for each claim. It will contain corrected patient data when appropriate. If the submitted patient data matches our records and the subscriber does not, this segment will reflect the correct subscriber data.  
**Example**  
 NM1\*74\*1\*PATIENTLAST\*PATIENTFIRST\*\*\*\*C\*ZCS99999999~  
 Or  
 NM1\*74\*1\*INSUREDLAST\*INSUREDFIRST\*\*\*\*C\*ZCS99999999~  
 Additionally, "NFN" may be populated to the first name field when the member has no first name. Any transactions that do not require a first name may be submitted without one for that member.

**Data Element Summary**

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual.	<b>M 1 ID 2/3</b>
NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity.	<b>M 1 ID 1/1</b>
NM103	1035	<b>Name Last or Organization Name</b> Individual last name or organizational name.	<b>X 1 AN 1/60</b>
NM104	1036	<b>Name First</b> Individual first name.	<b>O 1 AN 1/35</b>
NM105	1037	<b>Name Middle</b> Individual middle name or initial.	<b>O 1 AN 1/25</b>
NM107	1039	<b>Name Suffix</b> Suffix to individual name.	<b>O 1 AN 1/10</b>
NM108	66	<b>Identification Code Qualifier</b> Code designating the system/method of code structure used for Identification Code.	<b>X 1 ID 1/2</b>
NM109	67	<b>Identification Code</b> Code identifying a party or other code.	<b>X 1 AN 2/80</b>

**Segment:** **NM1 Corrected Priority Payer Name**  
**Position:** 0300  
**Loop:** 2100  
**Level:** Detail  
**Usage:** Situational  
**Segment Repeat:** 1  
**Note:** Providers will see “Other Payer Unknown” in the payer name when our records indicate the patient has other insurance. Our records, however, do not indicate with whom they have other insurance. Our records will be updated as soon as we get this information from the member.  
 NM1\*PR\*2\*OTHER PAYER UNKNOWN\*\*\*\*PI\*UK001~  
 Or  
 NM1\*PR\*2\*OTHER PAYER UNKNOWN\*\*\*\*PI\*SC001~

**Data Element Summary**

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual.	<b>M 1 ID 2/3</b>
NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity.	<b>M 1 ID 1/1</b>
NM103	1035	<b>Name Last or Organization Name</b> Individual last name or organizational name.	<b>X 1 AN 1/60</b>
NM108	66	<b>Identification Code Qualifier</b> Code designating the system/method of code structure used for Identification Code.	<b>X 1 ID 1/2</b>
NM109	67	<b>Identification Code</b> Code identifying a party or other code.	<b>X 1 AN 2/80</b>

**Segment:** **PLB** Provider Adjustment  
**Position:** 0100  
**Loop:**  
**Level:** Summary  
**Usage:** Situational  
**Segment Repeat:** >1  
**Note:**

Adjustments to claims that result in the claim paying less than it previously did are processed in one of two ways. For providers that do not want BlueCross BlueShield of South Carolina to immediately recoup the overpayment, the provider will receive notification outside of the 835 process, which will include a Refund Control Number (RCN) as well as the claim number(s) of overpaid claim(s), and the overpayment amount(s). Providers that allow BlueCross BlueShield of South Carolina to automatically recoup any overpayment will see a CLP segment showing the claim number with a CLP02 value of 22, indicating a reversal. Providers will also see a second CLP segment with an updated claim number and payment information. This may occur multiple times within one remit.

**Example:**

CLP\*PATIENTCONTROLNUMBER\*22\*-500.00\*0\*\*15\*CLAIMNUM00\*22~  
 CLP\*PATIENTCONTROLNUMBER\*01\*400.00\*0\*\*15\*CLAIMNUM01\*22~

The net result is a payment of -\$100. A Refund Control Number will be created, and a PLB segment will be created showing the amount owed as a result of the adjustment.

PLB\*NPINPINPI1\*20111231\*WO>**P1118910060**\*100~

This shows that \$100 will be withheld from a future remit to compensate for the reduced claim payment. If there are other claims on the remit with positive payment amounts, that money would have been used to compensate for the pay-less claim before an RCN was created. If there is sufficient payment to fully cover the pay-less amount, the RCN is not created.

Payments received from providers in response to a claim overpayment (solicited or unsolicited) will be acknowledged on the provider's next 835 after the payment is processed. Each WO/72 qualifier pair will have an associated Refund Control Number (RCN). For a solicited refund, this number was provided in a letter, detailing the overpayment amount, and the claims which were overpaid.

Example: P1118910060 and P1118714245 are the RCNs to which the returned payment was applied. \$62 was applied to RCN P1118910060 and \$209 was applied to RCN P1118714245.

PLB\* NPINPINPI1\*20111231\*WO>**P1118910060**\*62\*72>P1118910060\*-62\*WO>**P1118714245**\*209\*72>P1118714245\*-209~

In the event that a returned overpayment must be backed out, a "CS" qualifier will be populated to the PLB segment.

PLB\* NPINPINPI1\*20111231\*CS>**P1118910060**\*62\*WO>P1118910060\*-62~

This shows that the \$62 payment to RCN P1118910060 has been voided, and the balance of that RCN has been increased by \$62.

**Data Element Summary**

Ref. Des.	Data Element	Name	Attributes
PLB03-1	426	Adjustment Reason Code	M 1 ID 2/2
		Code indicating reason for debit or credit memo or adjustment to invoice, debit or credit memo or payment.	
		72	Authorized return
		CS	Adjustment
		WO	Overpayment Recovery