



South Carolina

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**ANSI X12N 837I (004010X096A1)  
HEALTH CARE CLAIM: INSTITUTIONAL  
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 837 Electronic Data Interchange Transaction Set 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>.

Version 4010A1 (addenda) of the 837 - Institutional transaction will be the version recognized by BlueCross BlueShield of South Carolina.

The following information is intended to serve only as a companion document to the HIPAA ANSI X12N 837 Institutional 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 HIPAA ANSI X12N 837 Institutional Claims submitted via EDI (Electronic Data Interchange). Please note that the HIPAA ANSI X12N 837 Supplemental Implementation Guide is subject to change. Any changes will be available at <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. For example, fourteen 837I transactions are acceptable within one enveloping sequence, but thirteen 837Is and one 276 within one enveloping sequence is unacceptable.

**Shaded text in the body of this document indicates  
 BlueCross BlueShield of South Carolina-specific information.**

# REVISION LOG

Date	Author	Revision Description
May 7, 2003		Original with 4010A1
October 29, 2003	E. Baylor-Elks	Formatting
November 12, 2003	E. Baylor-Elks	Added ST01 note to introduction
January 7, 2004	E. Baylor-Elks, K. Harris	Clarified note at 2400 SV3
September 10, 2008	E. Baylor-Elks	NPI changes; reformatted document

**Segment:** **BHT** Beginning of Hierarchical Transaction  
**Position:** 010  
**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>	
BHT06	640	Transaction Type Code
The claim must be a chargeable claim. Reporting claims are not accepted.		
		CH Chargeable

**Segment:** **PRV** Billing/Pay-To Provider Specialty Information  
**Position:** 003  
**Loop:** 2000A  
**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>	
PRV01	1221	Provider Code
The billing provider's specialty information is required when the claim does not contain rendering provider information at either the claim or line level.		
If the billing taxonomy is not reported in this segment, errors in claims payment may occur.		
		BI Billing
		PT Pay-To

**Segment:** **NM1** Billing Provider Name  
**Position:** 015  
**Loop:** 2010AA  
**Level:** Detail  
**Usage:** Required  
**Max Use:** 1

**Data Element Summary**

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>						
NM108	66	<b>Identification Code Qualifier</b> <p>All providers eligible under CMS guidelines to receive a National Provider ID number must report the NPI number in element 09, using the qualifier 'XX' in element 08. Additionally, either the billing provider's Employer Identification Number or the billing provider's Social Security Number must be reported in the 2010AA-REF segment.</p> <p>If a provider is not eligible to receive a NPI, either the Employer Identification Number or the provider's Social Security Number must be used in element 09. Additionally, the 2010AA-REF segment must contain the billing provider's Blue Cross Number, Blue Shield Number, or payer-assigned provider number.</p> <p>If a Service Facility physical address is not reported in the Service Facility loop (2310E N3 and N4), the address reported in this loop will be used to calculate payment. If the service was not performed at the Billing Provider's physical location, the location of the service should be reported in the Service Facility loop to avoid potential problems in payment.</p> <table border="0"> <tr> <td>24</td> <td>Employer's Identification Number</td> </tr> <tr> <td>34</td> <td>Social Security Number</td> </tr> <tr> <td>XX</td> <td>Health Care Financing Administration National Provider Identifier</td> </tr> </table>	24	Employer's Identification Number	34	Social Security Number	XX	Health Care Financing Administration National Provider Identifier
24	Employer's Identification Number							
34	Social Security Number							
XX	Health Care Financing Administration National Provider Identifier							

**Segment:** **N3** Billing Provider Address  
**Position:** 025  
**Loop:** 2010AA  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1

**Notes:** This segment should contain the physical address if this address is not reported in the service facility physical address.

**Segment:** **N4** Billing Facility City/State/ZIP Code  
**Position:** 270  
**Loop:** 2310E  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1

**Notes:** This segment should contain the physical address city, state, and ZIP code if this address is not reported in the service facility City/State/ZIP Code.

**Segment:** **REF** **Billing Provider Secondary Identification**

**Position:** 035  
**Loop:** 2010AA  
**Level:** Detail  
**Usage:** Required  
**Max Use:** 8

**Notes:** If the billing provider's NPI is reported in the billing provider name segment (2010AA-NM109), either the provider's Employer Identification Number or Social Security Number must be reported in this segment.

If the billing provider's EIN or SSN is reported in the billing provider name segment (2010AA-NM109), one of the following must be reported:

- Blue Cross Provider Number,
- Blue Shield Provider Number, or
- Payer-Assigned Provider Number.

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Name</u>
<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b>
		1A Blue Cross Provider Number
		1B Blue Shield Provider Number
		EI Employer's Identification Number
		G2 Provider Commercial Number
		SY Social Security Number

**Segment:** **PER** **Administrative Communications Contact**

**Position:** 040  
**Loop:** 2010AA  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 2

**Notes:** This segment should contain the billing provider telephone number.

**Segment:** **NM1** Pay-To Provider Name  
**Position:** 015  
**Loop:** 2010AB  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Name</u>
<b>NM108</b>	<b>66</b>	<b>Identification Code Qualifier</b>
<p>If this loop is used all providers eligible under CMS guidelines to receive a National Provider ID number must report the NPI number in element 09, using the qualifier 'XX' in element 08.</p> <p>If a provider is not eligible to receive a NPI, either the Employer Identification Number or the provider's Social Security Number must be used in element 09, and element 08 must contain either '24' or '34'.</p>		
	24	Employer's Identification Number
	34	Social Security Number
	XX	Health Care Financing Administration National Provider Identifier

**Segment:** **REF** Pay-To Provider Secondary Identification  
**Position:** 035  
**Loop:** 2010AB  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 5

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Name</u>
<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b>
<p>If the pay-to provider's NPI is reported in the pay-to provider name segment (2010AB-NM109), either the provider's Employer Identification Number or Social Security Number must be reported in this segment.</p> <p>If the pay-to provider's EIN or SSN is reported in the pay-to provider name segment (2010AB-NM109), one of the following must be reported:</p> <ul style="list-style-type: none"> <li>• Blue Cross Provider Number,</li> <li>• Blue Shield Provider Number, or</li> <li>• Payer-Assigned Provider Number.</li> </ul>		
	1A	Blue Cross Provider Number
	1B	Blue Shield Provider Number
	1G	Provider UPIN Number
	EI	Employer's Identification Number
	G2	Provider Commercial Number
	SY	Social Security Number

**Segment:** **NM1** Subscriber Name  
**Position:** 015  
**Loop:** 2010BA  
**Level:** Detail  
**Usage:** Required  
**Max Use:** 1

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Name</u>
<u>Des.</u>	<u>Element</u>	<u>Qualifier</u>
NM102	1065	<b>Entity Type Qualifier</b> This required value must be '1'. 1 Person
NM108	66	<b>Identification Code Qualifier</b> This element must equal 'MI', indicating that the number in element 09 is the Member Identification Number from the member's ID card. MI Member Identification Number

**Segment:** **NM1** Payer Name  
**Position:** 015  
**Loop:** 2010BC  
**Level:** Detail  
**Usage:** Required  
**Max Use:** 1

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Name</u>
<u>Des.</u>	<u>Element</u>	<u>Qualifier</u>
NM108	66	<b>Identification Code Qualifier</b> This element must be 'PI', indicating that the number in element 09 is the Payer ID number, until the National Plan ID is implemented. PI Payer Identification
NM109	67	<b>Identification Code</b> Must equal one of the following carrier codes that identify the payer to whom the claim is being submitted for payment. 130 Employers Life Insurance Company 315 Thomas Cooper Agency 400 BlueCross BlueShield of South Carolina State Employee Health Plan 401 BlueCross BlueShield of South Carolina 402 FEP Blue 403 Blue Cross and Blue Shield Preferred Health Systems—HMO Blue 446 Employee Benefit Services dba Key Benefit Admin. 481 Preferred Blue® 498 Carolina Benefit Administrators 781 Medical Claims Management Corp. 886 Planned Administrators, Inc. 922 BlueChoice HealthPlan C16 Consolidated Benefits Inc.

**Segment:** **CLM** Claim information  
**Position:** 130  
**Loop:** 2300  
**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>	
CLM02	782	Monetary Amount
The total claim charge must not be greater than \$999,999.99.		

**Segment:** **HI** Principal Procedure Information  
**Position:** 231  
**Loop:** 2300  
**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>	
HI01	C022	Health Care Code Information
C02201	1270	Code List Qualifier Code
When a diagnosis code is reported, only an ICD-9 procedure code is accepted.		
	BR	International Classification of Diseases Clinical Modification (ICD-9-CM) Principal Procedure

**Segment:** **QTY** Claim Quantity  
**Position:** 240  
**Loop:** 2300  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 4

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Name</u>
<u>Des.</u>	<u>Element</u>	
QTY01	673	Quantity Qualifier
If this segment is present, at least one repeat must report actual covered claim days.		
	CA	Covered - Actual
	CD	Co-insured - Actual
	LA	Life-time Reserve - Actual
	NA	Number of Non-covered Days

**Segment:** **NM1** Attending Physician Name  
**Position:** 250  
**Loop:** 2310A  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Name</u>
<b>NM108</b>	<b>66</b>	<b>Identification Code Qualifier</b>
		If this loop is used all providers eligible under CMS guidelines to receive a National Provider ID number must report the NPI number in element 09, using the qualifier 'XX' in element 08.
		If a provider is not eligible to receive a NPI, either the Employer Identification Number or the provider's Social Security Number must be used in element 09, and element 08 must contain either '24' or '34'.
	24	Employer's Identification Number
	34	Social Security Number
	XX	Health Care Financing Administration National Provider Identifier

**Segment:** **REF** Attending Physician Secondary Identification  
**Position:** 271  
**Loop:** 2310A  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 5

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Name</u>
<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b>
		If the provider's NPI is reported in 2310A-NM109, this segment must not be reported.
		If the attending provider's Employer Identification Number (Tax ID) or Social Security Number is reported in 2310A-NM109, this segment may report one of the following codes.
	1A	Blue Cross Provider Number
	1B	Blue Shield Provider Number
	G2	Provider Commercial Number

**Segment:** **NM1** Operating Physician Name  
**Position:** 250  
**Loop:** 2310B  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Name</u>
<b>NM108</b>	<b>66</b>	<b>Identification Code Qualifier</b>
		If this loop is used all providers eligible under CMS guidelines to receive a National Provider ID number must report the NPI number in element 09, using the qualifier 'XX' in element 08.
		If a provider is not eligible to receive a NPI, either the Employer Identification Number or the provider's Social Security Number must be used in element 09, and element 08 must contain either '24' or '34'.
	24	Employer's Identification Number
	34	Social Security Number
	XX	Health Care Financing Administration National Provider Identifier

**Segment:** **REF** Operating Physician Secondary Identification  
**Position:** 271  
**Loop:** 2310B  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 5

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Name</u>
<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b>
		If the provider's NPI is reported in 2310A-NM109, this segment must not be reported.
		If the provider's Employer Identification Number (Tax ID) or Social Security Number is reported in 2310B-NM109, this segment may report one of the following codes.
	1A	Blue Cross Provider Number
	1B	Blue Shield Provider Number
	G2	Provider Commercial Number

**Segment:** **NM1** Other Provider Name  
**Position:** 250  
**Loop:** 2310C  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1

**Data Element Summary**

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>
NM108	66	<b>Identification Code Qualifier</b> When this loop is used, all providers eligible under CMS guidelines to receive a National Provider ID number must report the NPI number in element 09, using the qualifier 'XX' in element 08.  If the provider is not eligible to receive a NPI, either the Employer Identification Number or the provider's Social Security Number must be used in element 09, and element 08 must contain either '24' or '34'. 24 Employer's Identification Number 34 Social Security Number XX Health Care Financing Administration National Provider Identifier

**Segment:** **REF** Other Provider Secondary Identification  
**Position:** 271  
**Loop:** 2310C  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 5

**Data Element Summary**

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>
REF01	128	<b>Reference Identification Qualifier</b> If the provider's NPI is reported in 2310C-NM109, this segment must not be reported.  If the provider's Employer Identification Number (Tax ID) or Social Security Number is reported in 2310C-NM109, this segment may report one of the following codes. 1A Blue Cross Provider Number 1B Blue Shield Provider Number G2 Provider Commercial Number

**Segment:** **NM1** Referring Provider Name  
**Position:** 250  
**Loop:** 2310D  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Name</u>
<b>NM108</b>	<b>66</b>	<b>Identification Code Qualifier</b>
		If this loop is used all providers eligible under CMS guidelines to receive a National Provider ID number must report the NPI number in element 09, using the qualifier 'XX' in element 08.
		If a provider is not eligible to receive a NPI, either the Employer Identification Number or the provider's Social Security Number must be used in element 09, and element 08 must contain either '24' or '34'.
	24	Employer's Identification Number
	34	Social Security Number
	XX	Health Care Financing Administration National Provider Identifier

**Segment:** **REF** Referring Provider Secondary Identification  
**Position:** 271  
**Loop:** 2310D  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 5

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Name</u>
<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b>
		If the provider's NPI is reported in 2310D-NM109, this segment must not be reported.
		If the provider's Employer Identification Number (Tax ID) or Social Security Number is reported in 2310D-NM109, this segment may report one of the following codes.
	1A	Blue Cross Provider Number
	1B	Blue Shield Provider Number
	G2	Provider Commercial Number

**Segment:** **NM1** Service Facility Name  
**Position:** 250  
**Loop:** 2310E  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Name</u>
<b>NM108</b>	<b>66</b>	<b>Identification Code Qualifier</b>
		If this loop is used all providers eligible under CMS guidelines to receive a National Provider ID number must report the NPI number in element 09, using the qualifier 'XX' in element 08.
		If a facility is not eligible to receive a NPI, the Employer Identification Number must be used in element 09, and element 08 must contain either '24'.
	24	Employer's Identification Number
	XX	Health Care Financing Administration National Provider Identifier

**Segment:** **N3** Service Facility Address  
**Position:** 265  
**Loop:** 2310E  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1

**Notes:** If the service facility's physical address differs from the Billing or Pay-To Provider physical address reported in the Billing or Pay-To Provider loops (2010AA or 2010AB), the physical address of the service facility should be reported in this segment.

If the service location is not identical to the Billing/Pay-To Provider address and is not reported in this segment, the errors in claim payment may occur.

**Segment:** **N4** Service Facility City/State/ZIP Code  
**Position:** 270  
**Loop:** 2310E      Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1

**Notes:** If the service facility's physical address differs from the Billing or Pay-To Provider physical address reported in the Billing or Pay-To Provider loops (2010AA or 2010AB), the city, state, and ZIP code of the service facility should be reported in this segment.

If the service location is not identical to the Billing/Pay-To Provider address and is not reported in this segment, the errors in claim payment may occur.

**Segment:** **REF** Service Facility Secondary Identification  
**Position:** 271  
**Loop:** 2310E  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 5

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Name</u>
REF01	128	<b>Reference Identification Qualifier</b>
		If the service facility's NPI is reported in 2310E-NM109, this segment must not be reported.
		If the service facility's Employer Identification Number (Tax ID) or Social Security Number is reported in 2310E-NM109, this segment may report one of the following codes.
	1A	Blue Cross Provider Number
	1B	Blue Shield Provider Number
	G2	Provider Commercial Number

**Segment:** **AMT** Payer Prior Payment  
**Position:** 300  
**Loop:** 2320  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Notes:**

Payer Prior Payment Amount must be reported when BlueCross BlueShield of South Carolina or its subsidiaries is not the primary payer (2300B-SBR does not equal 'P') and the Claim Filing Indicator (2320-SBR09) reports either Medicare Part A or Medicare Part B claim.

**Segment:** **AMT** Coordination of Benefits (COB) Total Medicare Paid Amount  
**Position:** 300  
**Loop:** 2320  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Notes:**

Coordination of Benefits (COB) Total Medicare Paid Amount must be reported when BlueCross BlueShield of South Carolina or its subsidiaries is not the primary payer (2300B-SBR does not equal 'P') and the Claim Filing Indicator (2320-SBR09) reports either Medicare Part A or Medicare Part B claim.

**Segment:** **AMT** Coordination of Benefits (COB) Total Non-covered Amount  
**Position:** 300  
**Loop:** 2320  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1

**Notes:** Coordination of Benefits (COB) Total Non-covered Amount must be reported when BlueCross BlueShield of South Carolina or its subsidiaries is not the primary payer (2300B-SBR does not equal 'P') and the Claim Filing Indicator (2320-SBR09) reports either Medicare Part A or Medicare Part B claim.

**Segment:** **SV2** Institutional Service Line  
**Position:** 375  
**Loop:** 2400  
**Level:** Detail  
**Usage:** Required  
**Max Use:** 1

**Data Element Summary**

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>
SV202	C003	Composite Medical Procedure Identifier
C00301	235	Product/Service ID Qualifier
HCPCS codes are the only procedure codes accepted.		
	HC	Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes

**Segment:** **NM1** Attending Physician Name  
**Position:** 500  
**Loop:** 2420A  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1

**Data Element Summary**

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>
NM108	66	Identification Code Qualifier
When this loop is used, all providers eligible under CMS guidelines to receive a National Provider ID number must report the NPI number in element 09, using the qualifier 'XX' in element 08.		
If a provider is not eligible to receive a NPI, either the Employer Identification Number or the provider's Social Security Number must be used in element 09, and element 08 must contain either '24' or '34'.		
	24	Employer's Identification Number
	34	Social Security Number
	XX	Health Care Financing Administration National Provider Identifier

**Segment:** **REF** **Attending Physician Secondary Identification**  
**Position:** 525  
**Loop:** 2420A  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Name</u>						
<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b>						
<p>If the attending provider's NPI is reported in 2420A-NM109, this segment must not be reported.</p> <p>If the provider's Employer Identification Number (Tax ID) or Social Security Number is reported in 2420A-NM109, this segment can report one of the following codes.</p> <table border="0"> <tr> <td>1A</td> <td>Blue Cross Provider Number</td> </tr> <tr> <td>1B</td> <td>Blue Shield Provider Number</td> </tr> <tr> <td>G2</td> <td>Provider Commercial Number</td> </tr> </table>			1A	Blue Cross Provider Number	1B	Blue Shield Provider Number	G2	Provider Commercial Number
1A	Blue Cross Provider Number							
1B	Blue Shield Provider Number							
G2	Provider Commercial Number							

**Segment:** **NM1** **Operating Physician Name**  
**Position:** 500  
**Loop:** 2420B  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Name</u>						
<b>NM108</b>	<b>66</b>	<b>Identification Code Qualifier</b>						
<p>When this loop is used, all providers eligible under CMS guidelines to receive a National Provider ID number must report the NPI number in element 09, using the qualifier 'XX' in element 08.</p> <p>If a provider is not eligible to receive a NPI, either the Employer Identification Number or the provider's Social Security Number must be used in element 09, and element 08 must contain either '24' or '34'.</p> <table border="0"> <tr> <td>24</td> <td>Employer's Identification Number</td> </tr> <tr> <td>34</td> <td>Social Security Number</td> </tr> <tr> <td>XX</td> <td>Health Care Financing Administration National Provider Identifier</td> </tr> </table>			24	Employer's Identification Number	34	Social Security Number	XX	Health Care Financing Administration National Provider Identifier
24	Employer's Identification Number							
34	Social Security Number							
XX	Health Care Financing Administration National Provider Identifier							

**Segment:** **REF** **Operating Physician Secondary Identification**  
**Position:** 525  
**Loop:** 2420B  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1

**Data Element Summary**

<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>
REF01	128	<b>Reference Identification Qualifier</b> When a provider's NPI is reported in 2420B-NM109, this segment must not be reported.  If the provider's Employer Identification Number (Tax ID) or Social Security Number is reported in 2420B-NM109, this segment can report one of the following codes. 1A Blue Cross Provider Number 1B Blue Shield Provider Number G2 Provider Commercial Number

**Segment:** **NM1** **Other Provider Name**  
**Position:** 500  
**Loop:** 2420C  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1

**Data Element Summary**

<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>
NM108	66	<b>Identification Code Qualifier</b> When this loop is used, all providers eligible under CMS guidelines to receive a National Provider ID number must report the NPI number in element 09, using the qualifier 'XX' in element 08.  If a provider is not eligible to receive a NPI, either the Employer Identification Number or the provider's Social Security Number must be used in element 09, and element 08 must contain either '24' or '34'. 24 Employer's Identification Number 34 Social Security Number XX Health Care Financing Administration National Provider Identifier

**Segment:** **REF** Other Provider Secondary Identification  
**Position:** 525  
**Loop:** 2420C  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1

**Data Element Summary**

<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>
REF01	128	<b>Reference Identification Qualifier</b> If the other provider's NPI is reported in 2420C-NM109, this segment must not be reported.  If the other provider's Employer Identification Number (Tax ID) or the provider's Social Security Number is reported in 2420C-NM109, this segment can report one of the following codes. 1A Blue Cross Provider Number 1B Blue Shield Provider Number G2 Provider Commercial Number

**Segment:** **NM1** Referring Provider Name  
**Position:** 500  
**Loop:** 2420D  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1

**Data Element Summary**

<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>
NM108	66	<b>Identification Code Qualifier</b> When this loop is used, all providers eligible under CMS guidelines to receive a National Provider ID number must report the NPI number in element 09, using the qualifier 'XX' in element 08.  If a provider is not eligible to receive a NPI, either the Employer Identification Number or the provider's Social Security Number must be used in element 09, and element 08 must contain either '24' or '34'. 24 Employer's Identification Number 34 Social Security Number XX Health Care Financing Administration National Provider Identifier

**Segment:** **REF** Referring Provider Secondary Identification  
**Position:** 525  
**Loop:** 2420D  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1

**Data Element Summary**

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>						
REF01	128	<b>Reference Identification Qualifier</b> If the provider's NPI is reported in 2310A-NM109, this segment must not be reported.  If the attending provider's Employer Identification Number (Tax ID) or Social Security Number is reported in 2420D-NM109, this segment can report one of the following codes. <table border="0" style="margin-left: 20px;"> <tr> <td>1A</td> <td>Blue Cross Provider Number</td> </tr> <tr> <td>1B</td> <td>Blue Shield Provider Number</td> </tr> <tr> <td>G2</td> <td>Provider Commercial Number</td> </tr> </table>	1A	Blue Cross Provider Number	1B	Blue Shield Provider Number	G2	Provider Commercial Number
1A	Blue Cross Provider Number							
1B	Blue Shield Provider Number							
G2	Provider Commercial Number							

**Segment:** **PAT** Patient Information  
**Position:** 007  
**Loop:** 2000C  
**Level:** Detail  
**Usage:** Required  
**Max Use:** 1

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Name</u>
<u>Des.</u>	<u>Element</u>	<u>Individual Relationship Code</u>
PAT01	1069	The following codes are accepted.
	01	Spouse
	04	Grandfather or Grandmother
	05	Grandson or Granddaughter
	07	Nephew or Niece
	10	Foster Child
	15	Ward
	17	Stepson or Stepdaughter
	19	Child
	20	Employee
	21	Unknown
	22	Handicapped Dependent
	23	Sponsored Dependent
	24	Dependent of a Minor Dependent
	29	Significant Other
	32	Mother
	33	Father
	36	Emancipated Minor
	39	Organ Donor
	40	Cadaver Donor
	43	Child Where Insured Has No Financial Responsibility
	53	Life Partner
	G8	Other Relationship

**Segment:** **CLM** Claim information  
**Position:** 130  
**Loop:** 2300  
**Level:** Detail  
**Usage:** Required  
**Max Use:** 1

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Name</u>
<u>Des.</u>	<u>Element</u>	<u>Monetary Amount</u>
CLM02	782	The total claim charge must not be greater than \$999,999.99.

**Segment:** **HI** Principal Procedure Information  
**Position:** 231  
**Loop:** 2300  
**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>	
HI01	C022	Health Care Code Information
C02201	1270	Code List Qualifier Code
When a diagnosis code is reported, only an ICD-9 procedure code is accepted.		
	BR	International Classification of Diseases Clinical Modification (ICD-9-CM) Principal Procedure

**Segment:** **QTY** Claim Quantity  
**Position:** 240  
**Loop:** 2300  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 4

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Name</u>
<u>Des.</u>	<u>Element</u>	
QTY01	673	Quantity Qualifier
If segment is present, at least one loop must contain quantity qualifier of 'CA'.		
	CA	Covered - Actual
	CD	Co-insured - Actual
	LA	Life-time Reserve - Actual
	NA	Number of Non-covered Days

**Segment:** **NM1** Attending Physician Name  
**Position:** 250  
**Loop:** 2310A  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Name</u>
<b>NM108</b>	<b>66</b>	<b>Identification Code Qualifier</b>
<p>When this loop is used, all providers eligible under CMS guidelines to receive a National Provider ID number must report the NPI number in element 09, using the qualifier 'XX' in element 08.</p> <p>If a provider is not eligible to receive a NPI, either the Employer Identification Number or the provider's Social Security Number must be used in element 09, and element 08 must contain either '24' or '34'.</p>		
	24	Employer's Identification Number
	34	Social Security Number
	XX	Health Care Financing Administration National Provider Identifier

**Segment:** **REF** Attending Physician Secondary Identification  
**Position:** 271  
**Loop:** 2310A  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 5

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Name</u>
<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b>
<p>If the attending provider's NPI is reported in 2310A-NM109, this segment must not be reported.</p> <p>If the attending provider's Employer Identification Number (Tax ID) or Social Security Number is reported in 2310A-NM109, this segment can report one of the following codes.</p>		
	1A	Blue Cross Provider Number
	1B	Blue Shield Provider Number
	G2	Provider Commercial Number

**Segment:** **NM1** Operating Physician Name  
**Position:** 250  
**Loop:** 2310B  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Name</u>
<b>NM108</b>	<b>66</b>	<b>Identification Code Qualifier</b>
<p>When this loop is used, all providers eligible under CMS guidelines to receive a National Provider ID number must report the NPI number in element 09, using the qualifier 'XX' in element 08.</p> <p>If a provider is not eligible to receive a NPI, either the Employer Identification Number or the provider's Social Security Number must be used in element 09, and element 08 must contain either '24' or '34'.</p>		
	24	Employer's Identification Number
	34	Social Security Number
	XX	Health Care Financing Administration National Provider Identifier

**Segment:** **REF** Operating Physician Secondary Identification  
**Position:** 271  
**Loop:** 2310B  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 5

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Name</u>
<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b>
<p>If the operating provider's NPI is reported in 2310B-NM109, this segment must not be reported.</p> <p>If the operating provider's Employer Identification Number (Tax ID) or Social Security Number is reported in 2310B-NM109, this segment can report one of the following codes.</p>		
	1A	Blue Cross Provider Number
	1B	Blue Shield Provider Number
	G2	Provider Commercial Number

**Segment:** **NM1** Other Provider Name  
**Position:** 250  
**Loop:** 2310C  
**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>							
NM108	66	<b>Identification Code Qualifier</b>						
<p>When this loop is used, all providers eligible under CMS guidelines to receive a National Provider ID number must report the NPI number in element 09, using the qualifier 'XX' in element 08.</p> <p>If a provider is not eligible to receive a NPI, either the Employer Identification Number or the provider's Social Security Number must be used in element 09, and element 08 must contain either '24' or '34'.</p> <table border="0"> <tr> <td>24</td> <td>Employer's Identification Number</td> </tr> <tr> <td>34</td> <td>Social Security Number</td> </tr> <tr> <td>XX</td> <td>Health Care Financing Administration National Provider Identifier</td> </tr> </table>			24	Employer's Identification Number	34	Social Security Number	XX	Health Care Financing Administration National Provider Identifier
24	Employer's Identification Number							
34	Social Security Number							
XX	Health Care Financing Administration National Provider Identifier							

**Segment:** **REF** Other Provider Secondary Identification  
**Position:** 271  
**Loop:** 2310C  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 5

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Name</u>						
<u>Des.</u>	<u>Element</u>							
REF01	128	<b>Reference Identification Qualifier</b>						
<p>If the provider's NPI is reported in 2310C-NM109, this segment must not be reported.</p> <p>If the provider's Employer Identification Number (Tax ID) or Social Security Number is reported in 2310C-NM109, this segment can report one of the following codes.</p> <table border="0"> <tr> <td>1A</td> <td>Blue Cross Provider Number</td> </tr> <tr> <td>1B</td> <td>Blue Shield Provider Number</td> </tr> <tr> <td>G2</td> <td>Provider Commercial Number</td> </tr> </table>			1A	Blue Cross Provider Number	1B	Blue Shield Provider Number	G2	Provider Commercial Number
1A	Blue Cross Provider Number							
1B	Blue Shield Provider Number							
G2	Provider Commercial Number							

**Segment:** **NM1** Referring Provider Name  
**Position:** 250  
**Loop:** 2310D  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Name</u>
<b>NM108</b>	<b>66</b>	<b>Identification Code Qualifier</b>
<p>When this loop is used, all providers eligible under CMS guidelines to receive a National Provider ID number must report the NPI number in element 09, using the qualifier 'XX' in element 08.</p> <p>If a provider is not eligible to receive a NPI, either the Employer Identification Number or the provider's Social Security Number must be used in element 09, and element 08 must contain either '24' or '34'.</p>		
	24	Employer's Identification Number
	34	Social Security Number
	XX	Health Care Financing Administration National Provider Identifier

**Segment:** **REF** Referring Provider Secondary Identification  
**Position:** 271  
**Loop:** 2310D  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 5

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Name</u>
<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b>
<p>If the referring provider's NPI is reported in 2310D-NM109, this segment must not be reported.</p> <p>If the referring provider's Employer Identification Number (Tax ID) or Social Security Number is reported in 2310D-NM109, this segment can report one of the following codes.</p>		
	1A	Blue Cross Provider Number
	1B	Blue Shield Provider Number
	G2	Provider Commercial Number
	SY	Social Security Number

**Segment:** **NM1** Service Facility Name  
**Position:** 250  
**Loop:** 2310E  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Name</u>
<b>NM108</b>	<b>66</b>	<b>Identification Code Qualifier</b>
		If this loop is used all providers eligible under CMS guidelines to receive a National Provider ID number must report the NPI number in element 09, using the qualifier 'XX' in element 08.
		If a facility is not eligible to receive a NPI, the Employer Identification Number must be used in element 09, and element 08 must contain either '24'.
	24	Employer's Identification Number
	XX	Health Care Financing Administration National Provider Identifier

**Segment:** **N3** Service Facility Address  
**Position:** 265  
**Loop:** 2310E  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1

**Notes:** If the service facility's physical address differs from the Billing or Pay-To Provider physical address reported in the Billing or Pay-To Provider loops (2010AA or 2010AB), the physical address of the service facility should be reported in this segment.

If the service location is not identical to the Billing/Pay-To Provider address and is not reported in this segment, the errors in claim payment may occur.

**Segment:** **N4** Service Facility City/State/ZIP Code  
**Position:** 270  
**Loop:** 2310E  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1

**Notes:** If the service facility's physical address differs from the Billing or Pay-To Provider physical address reported in the Billing or Pay-To Provider loops (2010AA or 2010AB), the city, state, and ZIP code of the service facility should be reported in this segment.

If the service location is not identical to the Billing/Pay-To Provider address and is not reported in this segment, the errors in claim payment may occur.

**Segment:** **REF** Service Facility Secondary Identification  
**Position:** 271  
**Loop:** 2310E  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 5

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Name</u>
REF01	128	<b>Reference Identification Qualifier</b>
		If the Service Facility's NPI is reported in 2310E-NM109, this segment must not be reported.
		If the Service Facility's Employer Identification Number (Tax ID) or Social Security Number is reported in 2310E-NM109, this segment can report one of the following codes:
	1A	Blue Cross Provider Number
	1B	Blue Shield Provider Number
	G2	Provider Commercial Number

**Segment:** **AMT** Payer Prior Payment  
**Position:** 300  
**Loop:** 2320  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Notes:**

Payer Prior Payment Amount must be reported when BlueCross BlueShield of South Carolina or its subsidiaries is not the primary payer (2300B-SBR does not equal 'P') and the Claim Filing Indicator (2320-SBR09) reports either Medicare Part A or Medicare Part B claim.

**Segment:** **AMT** Coordination of Benefits (COB) Total Medicare Paid Amount  
**Position:** 300  
**Loop:** 2320  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Notes:**

Coordination of Benefits (COB) Total Medicare Paid Amount must be reported when BlueCross BlueShield of South Carolina or its subsidiaries is not the primary payer (2300B-SBR does not equal 'P') and the Claim Filing Indicator (2320-SBR09) reports either Medicare Part A or Medicare Part B claim.

**Segment:** **AMT** Coordination of Benefits (COB) Total Non-covered Amount  
**Position:** 300  
**Loop:** 2320  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1

**Notes:** Coordination of Benefits (COB) Total Non-covered Amount must be reported when BlueCross BlueShield of South Carolina or its subsidiaries is not the primary payer (2300B-SBR does not equal 'P') and the Claim Filing Indicator (2320-SBR09) reports either Medicare Part A or Medicare Part B claim.

**Segment:** **SV2** Institutional Service Line  
**Position:** 375  
**Loop:** 2400  
**Level:** Detail  
**Usage:** Required  
**Max Use:** 1

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Name</u>
<b>SV202</b>	<b>C003</b>	<b>Composite Medical Procedure Identifier</b>
<b>C00301</b>	<b>235</b>	<b>Product/Service ID Qualifier</b>
Only HCPCS procedure codes are accepted.		
	HC	Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes

**Segment:** **NM1** Attending Physician Name  
**Position:** 500  
**Loop:** 2420A  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Name</u>
<b>NM108</b>	<b>66</b>	<b>Identification Code Qualifier</b>
When this loop is used, all providers eligible under CMS guidelines to receive a National Provider ID number must report the NPI number in element 09, using the qualifier 'XX' in element 08.		
If a provider is not eligible to receive a NPI, either the Employer Identification Number or the provider's Social Security Number must be used in element 09, and element 08 must contain either '24' or '34'.		
	24	Employer's Identification Number
	34	Social Security Number
	XX	Health Care Financing Administration National Provider Identifier

**Segment:** **REF** **Attending Physician Secondary Identification**  
**Position:** 525  
**Loop:** 2420A  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1

**Data Element Summary**

<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>
REF01	128	<b>Reference Identification Qualifier</b> If the attending provider's NPI is reported in 2420A-NM109, this segment must not be reported.  If the attending provider's Employer Identification Number (Tax ID) or Social Security Number is reported in 2420A-NM109, this segment can report one of the following codes. 1A Blue Cross Provider Number 1B Blue Shield Provider Number G2 Provider Commercial Number

**Segment:** **NM1** **Operating Physician Name**  
**Position:** 500  
**Loop:** 2420B  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1

**Data Element Summary**

<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>
NM108	66	<b>Identification Code Qualifier</b> When this loop is used, all providers eligible under CMS guidelines to receive a National Provider ID number must report the NPI number in element 09, using the qualifier 'XX' in element 08.  If a provider is not eligible to receive a NPI, either the Employer Identification Number or the provider's Social Security Number must be used in element 09, and element 08 must contain either '24' or '34'. 24 Employer's Identification Number 34 Social Security Number XX Health Care Financing Administration National Provider Identifier

**Segment:** **REF** **Operating Physician Secondary Identification**  
**Position:** 525  
**Loop:** 2420B  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1

**Data Element Summary**

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>
REF01	128	<b>Reference Identification Qualifier</b> When a provider's NPI is reported in 2420B-NM109, this segment must not be reported.  If the provider's Employer Identification Number (Tax ID) or Social Security Number is reported in 2420B-NM109, this segment can report one of the following codes. 1A Blue Cross Provider Number 1B Blue Shield Provider Number G2 Provider Commercial Number

**Segment:** **NM1** **Other Provider Name**  
**Position:** 500  
**Loop:** 2420C  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1

**Data Element Summary**

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>
NM108	66	<b>Identification Code Qualifier</b> When this loop is used, all providers eligible under CMS guidelines to receive a National Provider ID number must report the NPI number in element 09, using the qualifier 'XX' in element 08.  If a provider is not eligible to receive a NPI, either the Employer Identification Number or the provider's Social Security Number must be used in element 09, and element 08 must contain either '24' or '34'. 24 Employer's Identification Number 34 Social Security Number XX Health Care Financing Administration National Provider Identifier

**Segment:** **REF** Other Provider Secondary Identification  
**Position:** 525  
**Loop:** 2420C  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1

**Data Element Summary**

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>
REF01	128	<b>Reference Identification Qualifier</b> If the other provider's NPI is reported in 2420C-NM109, this segment must not be reported.  If the other provider's Employer Identification Number (Tax ID) or the provider's Social Security Number is reported in 2420C-NM109, this segment can report one of the following codes. 1A Blue Cross Provider Number 1B Blue Shield Provider Number G2 Provider Commercial Number

**Segment:** **NM1** Referring Provider Name  
**Position:** 500  
**Loop:** 2420D  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1

**Data Element Summary**

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>
NM108	66	<b>Identification Code Qualifier</b> When this loop is used, all providers eligible under CMS guidelines to receive a National Provider ID number must report the NPI number in element 09, using the qualifier 'XX' in element 08.  If a provider is not eligible to receive a NPI, either the Employer Identification Number or the provider's Social Security Number must be used in element 09, and element 08 must contain either '24' or '34'.. 24 Employer's Identification Number 34 Social Security Number XX Health Care Financing Administration National Provider Identifier

**Segment:** **REF** Referring Provider Secondary Identification  
**Position:** 525  
**Loop:** 2420D  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1

**Data Element Summary**

**Ref.**  
**Des.**  
**REF01**

**Data**  
**Element**  
**128**

**Name**  
**Reference Identification Qualifier**

If the provider's NPI is reported in 2420D-NM109, this segment must not be reported.

When the provider is not eligible to receive a NPI, this segment can report one of the following codes.

1A	Blue Cross Provider Number
1B	Blue Shield Provider Number
G2	Provider Commercial Number