



South Carolina

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**ANSI X12N 837P (004010X098A1)
HEALTH CARE CLAIM: PROFESSIONAL
SUPPLEMENTAL IMPLEMENTATION GUIDE**

Last Edited September 11, 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 – Professional 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 Professional 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 Professional 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 11, 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>
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
Notes: The Billing Provider's specialty information is required when the claim does not contain rendering provider information at either the claim or line level.

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

Data Element Summary

<u>Ref.</u>	<u>Data</u>	<u>Element</u>	<u>Name</u>	<u>X</u>	<u>ID 1/2</u>
NM108		66	Identification Code Qualifier		

All providers eligible under CMS guidelines to receive a National Provider ID (NPI) 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.

If a provider is not eligible to receive a NPI, either the Employer Identification Number or the provider's Social Security Number may 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.

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.

24	Employer's Identification Number (EIN)
34	Social Security Number (SSN)
XX	Health Care Financing Administration National Provider Identifier (NPI)

Segment: **REF** **Billing Provider Secondary Identification**
Position: 035
Loop: 2010AA
Level: Detail
Usage: Required
Max Use: 8

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>
REF01	128	Reference Identification Qualifier
		<p>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.</p> <p>If the billing provider's EIN or SSN is reported in the (2010AA-NM109), one of the following must be reported in this REF segment:</p> <ul style="list-style-type: none"> ○ Blue Cross Provider Number, ○ Blue Shield Provider Number, or ○ Payer-Assigned Provider Number.
		1A Blue Cross Provider Number
		1B Blue Shield Provider Number
		EI Employer's Identification Number (EIN)
		G2 Provider Commercial Number
		SY Social Security Number (SSN)

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>
NM108	66	Identification Code Qualifier
<p>If this loop is used, all providers eligible under CMS guidelines to receive a NPI number must report the NPI in this NM1 segment.</p> <p>Providers not eligible to receive a NPI must report the EIN or SSN in this NM1 segment.</p>		
	24	Employer's Identification Number (EIN)
	34	Social Security Number (SSN)
	XX	Health Care Financing Administration National Provider Identifier (NPI)

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

Data Element Summary

<u>Ref.</u>	<u>Data</u>	<u>Name</u>
REF01	128	Reference Identification Qualifier
<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 EIN/SSN is reported in 2010AB -NM109, this segment must be reported and must contain one of the following:</p> <ul style="list-style-type: none"> o Blue Cross Provider Number o Blue Shield Provider Number o Payer-Assigned Provider Number 		
	1A	Blue Cross Provider Number
	1B	Blue Shield Provider Number
	EI	Employer's Identification Number (EIN)
	G2	Provider Commercial Number
	SY	Social Security Number (SSN)

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

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>
NM102	1065	Entity Type Qualifier A subscriber may only be a person, so this value must be '1'. 1 Person
NM108	66	Identification Code Qualifier This value must be "MI" to indicate a subscriber's Member Identification Number in the NM109 element. MI Member Identification Number
NM109	67	Identification Code The member's BlueCross BlueShield of South Carolina or subsidiary Member Identification Number from the member's insurance card must be reported in this element.

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

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>
NM108	66	Identification Code Qualifier This element must contain value "PI" until the use of the National Plan ID is mandated. PI Payer Identification
NM109	67	Identification Code The following codes are accepted. 130 Employer's Life Insurance Company 315 Thomas Cooper Agency 400 BlueCross BlueShield of South Carolina State Employees Health Plan 401 BlueCross BlueShield of South Carolina 402 FEP Blue 403 Blue Cross 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>
CLM05	C023	Health Care Service Location Information
C02303	1325	Claim Frequency Type Code
Only original or replacement claims are accepted.		
	1	Original
	7	Replacement

Segment: **REF** Original Reference Number (ICN/DCN)
Position: 180
Loop: 2300
Level: Detail
Usage: Optional
Max Use: 1

Data Element Summary

<u>Ref.</u>	<u>Data</u>	<u>Name</u>
REF01	128	Reference Identification Qualifier
This segment must be present if the claim frequency indicated in the Claim Frequency Code segment (2300-CLM05-1325) indicates a replacement claim ('7').		
	F8	Original Reference Number

Segment: **NM1** Referring Provider Name
Position: 250
Loop: 2310A
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 If this loop is used, all providers eligible under CMS guidelines to receive a NPI number must report the NPI in this NM1 segment. Providers not eligible to receive a NPI must report the EIN or SSN in this NM1 segment 24 Employer's Identification Number (EIN) 34 Social Security Number (SSN) XX Health Care Financing Administration National Provider Identifier (NPI)

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

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>
REF01	128	Reference Identification Qualifier If the NPI is reported in 2310A-NM109, this segment must not be used. If this loop is used and the EIN/SSN is reported in 2310A-NM109, this segment must be reported and it must contain one of the following <ul style="list-style-type: none"> o Blue Cross Provider Number o Blue Shield Provider Number o Payer-Assigned Provider Number 1A Blue Cross Provider Number 1B Blue Shield Provider Number G2 Provider Commercial Number

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

Data Element Summary

<u>Ref.</u>	<u>Data</u>	<u>Name</u>
NM108	66	Identification Code Qualifier
<p>If this loop is used, all providers eligible under CMS guidelines to receive a NPI number must report the NPI in this NM1 segment.</p> <p>Providers not eligible to receive a NPI must report the EIN or SSN in this NM1 segment</p>		
	24	Employer's Identification Number (EIN)
	34	Social Security Number (SSN)
	XX	Health Care Financing Administration National Provider Identifier (NPI)

Segment: **REF** Rendering Provider 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>
REF01	128	Reference Identification Qualifier
<p>If the NPI is reported in 2310B-NM109, this segment must not be reported.</p> <p>If this loop is used and the EIN/SSN is reported in 2310B-NM109, this segment must be reported and it must contain one of the following</p> <ul style="list-style-type: none"> o Blue Cross Provider Number o Blue Shield Provider Number o Payer-Assigned Provider Number 		
	1A	Blue Cross Provider Number
	1B	Blue Shield Provider Number
	G2	Provider Commercial Number

Segment: **NM1** Purchased Service 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	Identification Code Qualifier If this loop is used:, all providers eligible under CMS guidelines to receive a NPI number must report the NPI in this NM1 segment. Providers not eligible to receive a NPI must report the EIN or SSN in this NM1 segment 24 Employer's Identification Number (EIN) 34 Social Security Number (SSN) XX Health Care Financing Administration National Provider Identifier (NPI)

Segment: **REF** Purchased Service 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	Reference Identification Qualifier If the NPI is reported in 2310C-NM109, this segment is not required and must not be used. When the EIN/SSN is reported in 2310C-NM109, this segment must be used and contain one of the following: <ul style="list-style-type: none"> o Blue Cross Provider Number o Blue Shield Provider Number o Payer-Assigned Provider Number 1A Blue Cross Provider Number 1B Blue Shield Provider Number G2 Provider Commercial Number

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

Data Element Summary

<u>Ref.</u>	<u>Data</u>	<u>Name</u>
NM108	66	Identification Code Qualifier
		If this loop is used, all providers eligible under CMS guidelines to receive a NPI number must report the NPI in this NM1 segment.
		Providers not eligible to receive a NPI must report the EIN or SSN in this NM1 segment.
	24	Employer's Identification Number (EIN)
	34	Social Security Number (SSN)
	XX	Health Care Financing Administration National Provider Identifier (NPI)

Segment: **N3 Service Facility Location Address**
Position: 265
Loop: 2310D
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 Location City/State/ZIP**
Position: 270
Loop: 2310D
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 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 Location Secondary Identification
Position: 271
Loop: 2310D
Level: Detail
Usage: Optional
Max Use: 5

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>
REF01	128	Reference Identification Qualifier If the provider's NPI is reported in 2310D-NM109, this segment must not used. If the provider's EIN or SSN is reported in 2310D-NM109, this segment must be used and contain one of the following <ul style="list-style-type: none"> o Blue Cross Provider Number o Blue Shield Provider Number o Payer-Assigned Provider Number 1A Blue Cross Provider Number 1B Blue Shield Provider Number G2 Provider Commercial Number

Segment: **NM1** Supervising Provider Name
Position: 250
Loop: 2310E
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 If this loop is used, all providers eligible under CMS guidelines to receive a NPI number must report the NPI in this NM1 segment. Providers not eligible to receive a NPI must report the EIN or SSN in this NM1 segment. <ul style="list-style-type: none"> 24 Employer's Identification Number (EIN) 34 Social Security Number (SSN) XX Health Care Financing Administration National Provider Identifier (NPI)

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

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>
REF01	128	Reference Identification Qualifier
		If the provider's NPI is used in 2310E-NM109, this segment must not be reported.
		If the provider's EIN/SSN is reported in 2310E-NM109, this segment must be used and contain one of the following
		o Blue Cross Provider Number
		o Blue Shield Provider Number
		o Payer-Assigned Provider Number
	1A	Blue Cross Provider Number
	1B	Blue Shield Provider Number
	G2	Provider Commercial Number

Segment: **SV1** **Professional Service**
Position: 370
Loop: 2400
Level: Detail
Usage: Required when the patient is the subscriber
Max Use: 1

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>
SV101	C003	Composite Medical Procedure Identifier
C00301	235	Product/Service ID Qualifier
		Only a HCPCS procedure code may be reported in this element.
		HC Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes
SV102	782	Monetary Amount
		The dollar value in this element must not be greater than \$99,999.99.

Segment: **CR3 Durable Medical Equipment Certification**

Position: 435
Loop: 2400
Level: Detail
Usage: Optional
Max Use: 1

Notes: Durable Medical Equipment Certification information must be reported when the DMERC Condition Indicator (2400-CRC) segment is reported and the Code Category in CRC element 01 is Durable Medical Equipment Certification (09).

Segment: **CR5 Home Oxygen Therapy Information**

Position: 445
Loop: 2400
Level: Detail
Usage: Optional
Max Use: 1

Notes: Home Oxygen Therapy Information is required when the DMERC Condition Indicator segment (2400-CRC) has a value of 11 (Oxygen Therapy Certification) in segment 01.

Data Element Summary

Ref.	Data
Des.	Element Name
CR502	380 Quantity

Required if 2400-CR5 segment is present.

Segment: **CRC DMERC Condition Indicator**

Position: 450
Loop: 2400
Level: Detail
Usage: Optional
Max Use: 2

Notes: The DMERC Condition Indicator segment is required when the claim includes either Durable Medical Equipment or Oxygen Therapy.

Segment: **NM1** **Rendering Provider Name**
Position: 500
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>
NM108	66	Identification Code Qualifier If this loop is used, all providers eligible under CMS guidelines to receive a NPI number must report the NPI in this NM1 segment. Providers not eligible to receive a NPI must report the EIN or SSN in this NM1 segment 24 Employer's Identification Number (EIN) 34 Social Security Number (SSN) XX Health Care Financing Administration National Provider Identifier (NPI)

Segment: **REF** **Rendering Provider Secondary Identification**
Position: 525
Loop: 2420A
Level: Detail
Usage: Optional
Max Use: 5

Data Element Summary

<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>
REF01	128	Reference Identification Qualifier If the provider's NPI is reported in 2420A-NM109, this segment must not be reported. If the EIN/SSN is reported in 2420A-NM109, this segment must be reported and must contain one of the following <ul style="list-style-type: none"> o Blue Cross Provider Number o Blue Shield Provider Number o Payer-Assigned Provider Number 1A Blue Cross Provider Number 1B Blue Shield Provider Number G2 Provider Commercial Number

Segment: **NM1** Purchased Service Provider Name
Position: 500
Loop: 2420B
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 If this loop is used, all providers eligible under CMS guidelines to receive a NPI number must report the NPI in this NM1 segment. Providers not eligible to receive a NPI must report the EIN or SSN in this NM1 segment. 24 Employer's Identification Number (EIN) 34 Social Security Number (SSN) XX Health Care Financing Administration National Provider Identifier (NPI)

Segment: **REF** Purchased Service Provider Secondary Identification
Position: 525
Loop: 2420B
Level: Detail
Usage: Optional
Max Use: 5

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>
REF01	128	Reference Identification Qualifier If the provider's NPI is reported in 2420B-NM109, this segment must not be reported. If the EIN/SSN is reported in 2420B-NM109, this segment must be reported and must contain one of the following: <ul style="list-style-type: none"> o Blue Cross Provider Number o Blue Shield Provider Number o Payer-Assigned Provider Number 1A Blue Cross Provider Number 1B Blue Shield Provider Number G2 Provider Commercial Number

Segment: **NM1 Service Facility Location**
Position: 500
Loop: 2420C
Level: Detail
Usage: Optional
Max Use: 1

Data Element Summary

Ref.	Data	Name
Des.	Element	
NM108	66	Identification Code Qualifier
		If this loop is used, all providers eligible under CMS guidelines to receive a NPI number must report the NPI in this NM1 segment.
		Providers not eligible to receive a NPI must report the EIN or SSN in this NM1 segment.
	24	Employer's Identification Number (EIN)
	34	Social Security Number (SSN)
	XX	Health Care Financing Administration National Provider Identifier (NPI)

Segment: **N3 Service Facility Location Address**
Position: 514
Loop: 2420C
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 Location City/State/ZIP**
Position: 520
Loop: 2420C
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 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 Location Secondary Identification
Position: 525
Loop: 2420C
Level: Detail
Usage: Optional
Max Use: 5

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>
REF01	128	Reference Identification Qualifier If the provider's NPI is reported in 2420C-NM109, this segment must not be reported. If the EIN/SSN is reported in 2420C-NM109, this segment must be reported and must contain one of the following: <ul style="list-style-type: none"> o Blue Cross Provider Number o Blue Shield Provider Number o Payer-Assigned Provider Number 1A Blue Cross Provider Number 1B Blue Shield Provider Number G2 Provider Commercial Number

Segment: **NM1** Supervising 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	Identification Code Qualifier If this loop is used, all providers eligible under CMS guidelines to receive a NPI number must report the NPI in this NM1 segment. Providers not eligible to receive a NPI must report the EIN or SSN in this NM1 segment. <ul style="list-style-type: none"> 24 Employer's Identification Number (EIN) 34 Social Security Number (SSN) XX Health Care Financing Administration National Provider Identifier (NPI)

Segment: **REF** **Supervising Provider Secondary Identification**
Position: 525
Loop: 2420D
Level: Detail
Usage: Optional
Max Use: 5

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>
REF01	128	Reference Identification Qualifier If the provider's NPI is reported in 2420D-NM109, this segment must not be reported. If the EIN/SSN is reported in 2420D-NM109, this segment must be reported and must contain one of the following: <ul style="list-style-type: none"> o Blue Cross Provider Number o Blue Shield Provider Number o Payer-Assigned Provider Number 1A Blue Cross Provider Number 1B Blue Shield Provider Number G2 Provider Commercial Number

Segment: **NM1** **Ordering Provider Name**
Position: 500
Loop: 2420E
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 If this loop is used, all providers eligible under CMS guidelines to receive a NPI number must report the NPI in this NM1 segment. Providers not eligible to receive a NPI must report the EIN or SSN in this NM1 segment. <ul style="list-style-type: none"> 24 Employer's Identification Number (EIN) 34 Social Security Number (SSN) XX Health Care Financing Administration National Provider Identifier (NPI)

Segment: **REF** **Ordering Provider Secondary Identification**
Position: 525
Loop: 2420E
Level: Detail
Usage: Optional
Max Use: 5

Data Element Summary

Ref. Des.
REF01

Data Element
128

Name
Reference Identification Qualifier

If the DMERC Condition Indicator (2400-CRC) segment is present, at least one repeat of this segment must contain the Ordering Provider's State License Number (0B).

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

If the EIN/SSN is reported in 2420E-NM109, this segment must be reported and must contain one of the following:

- o Blue Cross Provider Number
- o Blue Shield Provider Number
- o Payer-Assigned Provider Number

0B	State License Number
1A	Blue Cross Provider Number
1B	Blue Shield Provider Number
G2	Provider Commercial Number

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

Data Element Summary

Ref. Des.
NM108

Data Element
66

Name
Identification Code Qualifier

If this loop is used, all providers eligible under CMS guidelines to receive a NPI number must report the NPI in this NM1 segment.

Providers not eligible to receive a NPI must report the EIN or SSN in this NM1 segment.

24	Employer's Identification Number (EIN)
34	Social Security Number (SSN)
XX	Health Care Financing Administration National Provider Identifier (NPI)

Segment: **REF** Referring Provider Secondary Identification
Position: 525
Loop: 2420F
Level: Detail
Usage: Optional
Max Use: 5

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>
REF01	128	Reference Identification Qualifier If the provider's NPI is reported in 2420F-NM109, this segment must not be reported. If the EIN/SSN is reported in 2420F-NM109, this segment must be reported and must contain one of the following: <ul style="list-style-type: none"> o Blue Cross Provider Number o Blue Shield Provider Number o Payer-Assigned Provider Number
		1A Blue Cross Provider Number
		1B Blue Shield Provider Number
		G2 Provider Commercial Number

Segment: **SVD** Line Adjudication Information
Position: 540
Loop: 2430
Level: Detail
Usage: Optional
Max Use: 1

Notes: Line Adjudication Information is required when BlueCross BlueShield of South Carolina or its subsidiaries are not primary payers and coordination of benefits is required.

Segment: **CAS** Line Adjustment
Position: 545
Loop: 2430
Level: Detail
Usage: Optional
Max Use: 99

Notes: When an adjustment was made to a line by a payer other than BlueCross BlueShield of South Carolina or its subsidiaries, the adjustment information must be reported in this segment.

Segment: **PAT Patient Information**
Position: 007
Loop: 2000C
Level: Detail
Usage: Required when the patient is a dependent
Max Use: 1

Data Element Summary

<u>Ref.</u>	<u>Data</u>	<u>Name</u>
PAT01	1069	Individual Relationship Code
		The following relationship codes are accepted.
	01	Spouse
	04	Grandfather or Grandmother
	05	Grandson or Granddaughter
	07	Nephew or Niece
	09	Adopted Child
	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
	25	Ex-spouse
	29	Significant Other
	32	Mother
	33	Father
	34	Other Adult
	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: Optional
Max Use: 1

Data Element Summary

<u>Ref.</u>	<u>Data</u>	<u>Name</u>
CLM05	C023	Health Care Service Location Information
C02303	1325	Claim Frequency Type Code
Only original or replacement claims are accepted.		
	1	Original
	7	Replacement

Segment: **REF** Original Reference Number (ICN/DCN)
Position: 180
Loop: 2300
Level: Detail
Usage: Optional
Max Use: 1

Data Element Summary

<u>Ref.</u>	<u>Data</u>	<u>Name</u>
REF01	128	Reference Identification Qualifier
This segment must be present if the claim frequency indicated in the Claim Frequency Code segment (2300-CLM05-1325) indicates a replacement claim ('7').		
	F8	Original Reference Number

Segment: **NM1** Referring Provider Name
Position: 250
Loop: 2310A
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 If this loop is used, all providers eligible under CMS guidelines to receive a NPI number must report the NPI in this NM1 segment. Providers not eligible to receive a NPI must report the EIN or SSN in this NM1 segment 24 Employer's Identification Number (EIN) 34 Social Security Number (SSN) XX Health Care Financing Administration National Provider Identifier (NPI)

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

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>
REF01	128	Reference Identification Qualifier If the NPI is reported in 2310A-NM109, this segment must not be used. If this loop is used and the EIN/SSN is reported in 2310A-NM109, this segment must be reported and it must contain one of the following <ul style="list-style-type: none"> o Blue Cross Provider Number o Blue Shield Provider Number o Payer-Assigned Provider Number 1A Blue Cross Provider Number 1B Blue Shield Provider Number G2 Provider Commercial Number

Segment: **NM1** **Rendering Provider Name**
Position: 250
Loop: 2310B
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 If this loop is used, all providers eligible under CMS guidelines to receive a NPI number must report the NPI in this NM1 segment. Providers not eligible to receive a NPI must report the EIN or SSN in this NM1 segment 24 Employer's Identification Number (EIN) 34 Social Security Number (SSN) XX Health Care Financing Administration National Provider Identifier (NPI)

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

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>
REF01	128	Reference Identification Qualifier If the NPI is reported in 2310B-NM109, this segment must not be reported. If this loop is used and the EIN/SSN is reported in 2310B-NM109, this segment must be reported and it must contain one of the following <ul style="list-style-type: none"> o Blue Cross Provider Number o Blue Shield Provider Number Payer-Assigned Provider Number 1A Blue Cross Provider Number 1B Blue Shield Provider Number G2 Provider Commercial Number

Segment: **NM1** Purchased Service 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>
NM108	66	Identification Code Qualifier
<p>If this loop is used, all providers eligible under CMS guidelines to receive a NPI number must report the NPI in this NM1 segment.</p> <p>Providers not eligible to receive a NPI must report the EIN or SSN in this NM1 segment</p>		
	24	Employer's Identification Number (EIN)
	34	Social Security Number (SSN)
	XX	Health Care Financing Administration National Provider Identifier (NPI)

Segment: **REF** Purchased Service 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>
REF01	128	Reference Identification Qualifier
<p>If the NPI is reported in 2310C-NM109, this segment is not required and must not be used.</p> <p>When the EIN/SSN is reported in 2310C-NM109, this segment must be used and contain one of the following:</p> <ul style="list-style-type: none"> o Blue Cross Provider Number o Blue Shield Provider Number o Payer-Assigned Provider Number 		
	1A	Blue Cross Provider Number
	1B	Blue Shield Provider Number
	G2	Provider Commercial Number

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

Data Element Summary

<u>Ref.</u>	<u>Data</u>	<u>Name</u>
NM108	66	Identification Code Qualifier
		If this loop is used, all providers eligible under CMS guidelines to receive a NPI number must report the NPI in this NM1 segment.
		Providers not eligible to receive a NPI must report the EIN or SSN in this NM1 segment
	24	Employer's Identification Number (EIN)
	34	Social Security Number (SSN)
	XX	Health Care Financing Administration National Provider Identifier (NPI)

Segment: **N3 Service Facility Location Address**
Position: 265
Loop: 2310D
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 Location City/State/ZIP**
Position: 270
Loop: 2310D
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 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 Location Secondary Identification
Position: 271
Loop: 2310D
Level: Detail
Usage: Optional
Max Use: 5

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>
REF01	128	Reference Identification Qualifier If the provider's NPI is reported in 2310D-NM109, this segment must not used. If the provider's EIN or SSN is reported in 2310D-NM109, this segment must be used and contain one of the following <ul style="list-style-type: none"> o Blue Cross Provider Number o Blue Shield Provider Number o Payer-Assigned Provider Number 1A Blue Cross Provider Number 1B Blue Shield Provider Number G2 Provider Commercial Number

Segment: **NM1** Supervising Provider Name
Position: 250
Loop: 2310E
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 If this loop is used, all providers eligible under CMS guidelines to receive a NPI number must report the NPI in this NM1 segment. Providers not eligible to receive a NPI must report the EIN or SSN in this NM1 segment <ul style="list-style-type: none"> 24 Employer's Identification Number (EIN) 34 Social Security Number (SSN) XX Health Care Financing Administration National Provider Identifier (NPI)

Segment: **REF** **Supervising Provider 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	Reference Identification Qualifier
		If the provider's NPI is used in 2310E-NM109, this segment must not be reported.
		If the provider's EIN/SSN is reported in 2310E-NM109, this segment must be used and contain one of the following
		o Blue Cross Provider Number
		o Blue Shield Provider Number
		o Payer-Assigned Provider Number
	1A	Blue Cross Provider Number
	1B	Blue Shield Provider Number
	G2	Provider Commercial Number

Segment: **SV1** **Professional Service**
Position: 370
Loop: 2400
Level: Detail
Usage: Required when the patient is the subscriber
Max Use: 1

Data Element Summary

<u>Ref.</u>	<u>Data</u>	<u>Name</u>
SV101	C003	Composite Medical Procedure Identifier
C00301	235	Product/Service ID Qualifier
		Only a HCPCS procedure code may be reported in this element.
		HC Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes
SV102	782	Monetary Amount
		The dollar value in this element must not be greater than \$99,999.99.

Segment: **CR3 Durable Medical Equipment Certification**

Position: 435
Loop: 2400
Level: Detail
Usage: Optional
Max Use: 1

Notes: Durable Medical Equipment Certification information must be reported when the DMERC Condition Indicator (2400-CRC) segment is reported and the Code Category in CRC element 01 is Durable Medical Equipment Certification (09).

Segment: **CR5 Home Oxygen Therapy Information**

Position: 445
Loop: 2400
Level: Detail
Usage: Optional
Max Use: 1

Notes: Home Oxygen Therapy Information is required when the DMERC Condition Indicator segment (2400-CRC) has a value of 11 (Oxygen Therapy Certification) in segment 01.

Data Element Summary

Ref.	Data
Des.	Element Name
CR502	380 Quantity

Required if 2400-CR5 segment is present.

Segment: **CRC DMERC Condition Indicator**

Position: 450
Loop: 2400
Level: Detail
Usage: Optional
Max Use: 2

Notes: The DMERC Condition Indicator segment is required when the claim includes either Durable Medical Equipment or Oxygen Therapy.

Segment: **NM1** **Rendering Provider 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 If this loop is used, all providers eligible under CMS guidelines to receive a NPI number must report the NPI in this NM1 segment. Providers not eligible to receive a NPI must report the EIN or SSN in this NM1 segment 24 Employer's Identification Number (EIN) 34 Social Security Number (SSN) XX Health Care Financing Administration National Provider Identifier (NPI)

Segment: **REF** **Rendering Provider Secondary Identification**
Position: 525
Loop: 2420A
Level: Detail
Usage: Optional
Max Use: 5

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>
REF01	128	Reference Identification Qualifier If the provider's NPI is reported in 2420A-NM109, this segment must not be reported. If the EIN/SSN is reported in 2420A-NM109, this segment must be reported and must contain one of the following <ul style="list-style-type: none"> o Blue Cross Provider Number o Blue Shield Provider Number o Payer-Assigned Provider Number 1A Blue Cross Provider Number 1B Blue Shield Provider Number G2 Provider Commercial Number

Segment: **NM1** Purchased Service Provider Name
Position: 500
Loop: 2420B
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 If this loop is used, all providers eligible under CMS guidelines to receive a NPI number must report the NPI in this NM1 segment. Providers not eligible to receive a NPI must report the EIN or SSN in this NM1 segment. 24 Employer's Identification Number (EIN) 34 Social Security Number (SSN) XX Health Care Financing Administration National Provider Identifier (NPI)

Segment: **REF** Purchased Service Provider Secondary Identification
Position: 525
Loop: 2420B
Level: Detail
Usage: Optional
Max Use: 5

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>
REF01	128	Reference Identification Qualifier If the provider's NPI is reported in 2420B-NM109, this segment must not be reported. If the EIN/SSN is reported in 2420B-NM109, this segment must be reported and must contain one of the following: <ul style="list-style-type: none"> o Blue Cross Provider Number o Blue Shield Provider Number o Payer-Assigned Provider Number 1A Blue Cross Provider Number 1B Blue Shield Provider Number G2 Provider Commercial Number

Segment: **NM1 Service Facility Location**
Position: 500
Loop: 2420C
Level: Detail
Usage: Optional
Max Use: 1

Data Element Summary

Ref.	Data	Name
Des.	Element	
NM108	66	Identification Code Qualifier
		If this loop is used, all providers eligible under CMS guidelines to receive a NPI number must report the NPI in this NM1 segment.
		Providers not eligible to receive a NPI must report the EIN or SSN in this NM1 segment.
	24	Employer's Identification Number (EIN)
	34	Social Security Number (SSN)
	XX	Health Care Financing Administration National Provider Identifier (NPI)

Segment: **N3 Service Facility Location Address**
Position: 514
Loop: 2420C
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 Location City/State/ZIP**
Position: 520
Loop: 2420C
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 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 Location Secondary Identification
Position: 525
Loop: 2420C
Level: Detail
Usage: Optional
Max Use: 5

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>
REF01	128	Reference Identification Qualifier If the provider's NPI is reported in 2420C-NM109, this segment must not be reported. If the EIN/SSN is reported in 2420C-NM109, this segment must be reported and must contain one of the following: <ul style="list-style-type: none"> o Blue Cross Provider Number o Blue Shield Provider Number o Payer-Assigned Provider Number 1A Blue Cross Provider Number 1B Blue Shield Provider Number G2 Provider Commercial Number

Segment: **NM1** Supervising 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	Identification Code Qualifier If this loop is used, all providers eligible under CMS guidelines to receive a NPI number must report the NPI in this NM1 segment. Providers not eligible to receive a NPI must report the EIN or SSN in this NM1 segment. <ul style="list-style-type: none"> 24 Employer's Identification Number (EIN) 34 Social Security Number (SSN) XX Health Care Financing Administration National Provider Identifier (NPI)

Segment: **REF** **Supervising Provider Secondary Identification**
Position: 525
Loop: 2420D
Level: Detail
Usage: Optional
Max Use: 5

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>
REF01	128	Reference Identification Qualifier If the provider's NPI is reported in 2420D-NM109, this segment must not be reported. If the EIN/SSN is reported in 2420D-NM109, this segment must be reported and must contain one of the following: <ul style="list-style-type: none"> o Blue Cross Provider Number o Blue Shield Provider Number o Payer-Assigned Provider Number 1A Blue Cross Provider Number 1B Blue Shield Provider Number G2 Provider Commercial Number

Segment: **NM1** **Ordering Provider Name**
Position: 500
Loop: 2420E
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 If this loop is used, all providers eligible under CMS guidelines to receive a NPI number must report the NPI in this NM1 segment. Providers not eligible to receive a NPI must report the EIN or SSN in this NM1 segment. <ul style="list-style-type: none"> 24 Employer's Identification Number (EIN) 34 Social Security Number (SSN) XX Health Care Financing Administration National Provider Identifier (NPI)

Segment: **REF** **Ordering Provider Secondary Identification**
Position: 525
Loop: 2420E
Level: Detail
Usage: Optional
Max Use: 5

Data Element Summary

Ref. Des.
REF01

Data Element Name
128 Reference Identification Qualifier

If the DMERC Condition Indicator (2400-CRC) segment is present, at least one repeat of this segment must contain the Ordering Provider's State License Number (0B).

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

If the EIN/SSN is reported in 2420E-NM109, this segment must be reported and must contain one of the following:

- o Blue Cross Provider Number
- o Blue Shield Provider Number
- o Payer-Assigned Provider Number

0B State License Number
 1A Blue Cross Provider Number
 1B Blue Shield Provider Number
 G2 Provider Commercial Number

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

Data Element Summary

Ref. Des.
NM108

Data Element Name
66 Identification Code Qualifier

If this loop is used, all providers eligible under CMS guidelines to receive a NPI number must report the NPI in this NM1 segment.

Providers not eligible to receive a NPI must report the EIN or SSN in this NM1 segment.

24 Employer's Identification Number (EIN)
 34 Social Security Number (SSN)
 XX Health Care Financing Administration National Provider Identifier (NPI)

Segment: **REF** Referring Provider Secondary Identification
Position: 525
Loop: 2420F
Level: Detail
Usage: Optional
Max Use: 5

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>
REF01	128	Reference Identification Qualifier If the provider's NPI is reported in 2420F-NM109, this segment must not be reported. If the EIN/SSN is reported in 2420F-NM109, this segment must be reported and must contain one of the following: <ul style="list-style-type: none"> o Blue Cross Provider Number o Blue Shield Provider Number o Payer-Assigned Provider Number 1A Blue Cross Provider Number 1B Blue Shield Provider Number G2 Provider Commercial Number

Segment: **SVD** Line Adjudication Information
Position: 540
Loop: 2430
Level: Detail
Usage: Optional
Max Use: 1

Notes: Line Adjudication Information is required when BlueCross BlueShield of South Carolina or its subsidiaries are not primary payers and coordination of benefits is required.

Segment: **CAS** Line Adjustment
Position: 545
Loop: 2430
Level: Detail
Usage: Optional
Max Use: 99

Notes: When an adjustment was made to a line by a payer other than BlueCross BlueShield of South Carolina or its subsidiaries, the adjustment information must be reported in this segment.