BlueCross BlueShield of South Carolina and
BlueChoice® HealthPlan of South Carolina

ASC X12N 837I (005010X2223A2) HEALTH CARE CLAIM: INSTITUTIONAL STANDARD COMPANION GUIDE

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DISCLOSURE STATEMENT

The information in this guide is subject to change. Any changes will be noted at **www.SouthCarolinaBlues.com**.

Use this transaction to file health insurance institutional/medical claims electronically.

This document is for the sole purpose of clarification. It describes specific requirements to use in processing BlueCross BlueShield of South Carolina and its subsidiaries' ASC X12N 837I (005010X223A2) transactions.

Acceptance of the 837I claim by BlueCross is not a guarantee of payment. Payment of benefits remains subject to all terms, limits, conditions, exclusions and the member's eligibility at the time of services.

BlueCross accepts one type of transaction per transmission. Therefore, all ST01 elements within the transmission will have the same transaction number. For example, putting 14 837I transactions in one enveloping sequence is acceptable. Putting 13 837Is and one 837P in one enveloping sequence is unacceptable.

In the event of any inconsistency between information contained in this handbook and the agreement(s) between you and BlueCross, the terms of such agreement(s) shall govern. The information included is general information and in no event should be deemed to be a promise or guarantee of payment. We do not assume and hereby disclaim any liability for loss caused by errors or omissions in preparation and editing of this publication. Websites marked with an asterisk (*) link to third-party websites. Those organizations are responsible for the content and privacy policies on their sites.

PREFACE

This companion guide to the v5010 ASC X12N 837I (005010X223A2) Health Care Claim Institutional (837I) Implementation Guide and associated errata adopted under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) clarifies and specifies data content when exchanging electronically with BlueCross and its subsidiaries' health plans.

Transmissions based on this companion guide, used in tandem with the v5010 ASC X12/005010X223A2 Institutional Health Care Claim (837I) Implementation Guide, are compliant with both ASC X12 syntax and that guide. This companion guide is intended to convey information that is within the framework of the ASC X12/005010X223A2 Institutional Health Care Claim (837I) Implementation Guides adopted for use under HIPAA.

The companion guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the implementation guides

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INTRODUCTION

The 837I is used for electronic submission of institutional/medical health care claims.

Scope

Providers, billing services and clearinghouses are advised to use the ASC v5010 005010X223A2 Institutional Health Care Claim (837I) Implementation Guide as a basis for their submission of institutional claims. This companion document should be used to clarify the business rules for 837I data content requirements.

Overview

The utilization management organization (UMO) requires that providers or their clearinghouses submit all HIPAA transactions to their local plans.

References

ASC X12 Version 5010A2 Implementation Guides: **www.wpc-edi.com**

BlueCross BlueShield of South Carolina EDI Gateway Technical Communication User's Manual:

www.HIPAACriticalCenter.com/resources/technicalinformation.aspx

GETTING STARTED

Working With BlueCross BlueShield of South Carolina

Providers, billing services and clearinghouses interested in submitting 270 inquiries and receiving 271 responses via BlueCross should contact BlueCross by visiting **www.HIPAACriticalCenter.com** and selecting Contact Us at the top right.

Trading Partner Registration

Enrollment with the EDI Gateway requires prospective trading partners to fill out and submit the BlueCross BlueShield of South Carolina EDIG Trading Partner Enrollment Form and the Trading Partner Agreement. The purpose of the BlueCross BlueShield of South Carolina EDIG Trading Partner Enrollment Form is to enroll providers, software vendors, clearinghouses and billing services as trading partners and recipients of electronic data. It is important you follow these instructions and fill out all the required information.

Note: We will return incomplete forms to the applicant. This could delay the enrollment process.

TESTING WITH PAYER

You can find testing procedures in the EDI Gateway Technical Communication User's Manual at **www.HIPAACriticalCenter.com/resources/technicalinformation.aspx**.

CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

You can find connectivity and communication procedures in the EDI Gateway Technical Communication User's Manual at **www.HIPAACritcalCenter.com/resources/technicalinformation.aspx**.

CONTACT INFORMATION

EDI Customer Service and Technical Assistance

Please call the BlueCross Technology Support Center at **803-736-5980** or **800-868-2505** with questions or to report problems.

You can access EDI Gateway's production environment 24 hours a day, seven days a week, with the exception of weekly maintenance performed Sundays between 3 p.m. and 10 p.m. You can access EDI Gateway's test environment Monday through Saturday from 5 a.m. to 10 p.m.

We send notifications of EDI Gateway outages to trading partners via email. We send notifications of scheduled outages with two days' notice. We send notifications of unscheduled outages as soon as the outage is reported.

Provider Services

If you have nontechnical questions regarding information related to subscribers, please contact BlueCross at **800-334-2583**.

Applicable Web/Email Contact Information

Find more information online at **www.SouthCarolinaBlues.com**.

CONTROL SEGMENTS/ ENVELOPES

EDIG Specifications for Enveloping X12 Transactions

This table lists envelope instructions for inbound (to EDI Gateway) HIPAA X12 transactions

Segment ID	Data Element	Description
ISA01	Authorization Info Qualifier	03
ISA02	Authorization Information	BlueCross BlueShield of South Carolina Assigned Trading Partner ID
ISA03	Security Information Qualifier	00
ISA05	Interchange ID Qualifier	ZZ
ISA06	Interchange Sender ID	BlueCross BlueShield of South Carolina Assigned Trading Partner ID
ISA07	Interchange ID Qualifier	30 (Qualifier Indicating U.S. Federal Tax Identification Number)
ISA08	Interchange Receiver ID	Destination Entity U.S. Federal Tax Identification Number*
ISA15	Usage Indicator	P, T (Production or Test Indicator)
GS02	Application Sender's Code	BlueCross BlueShield of South Carolina Assigned Trading Partner ID
GS03	Application Receiver's Code	Destination Entity U.S. Federal Tax Identification Number Must Be the Same as ISA08*

BlueCross BlueShield of South Carolina and Subsidiaries

This table lists envelope instructions for inbound (to EDI Gateway) HIPAA X12 transactions

Entity	Federal Tin
BlueCross BlueShield of South Carolina	570287419
BlueChoice® HealthPlan of South Carolina	570768835
Carolina Benefit Administrators	571001631
Federal Bureau of Prisons (FBOP)	592876465
Planned Administrators Incorporated (PAI)	570718839

Note: Additional explanations are available in the ASC X12 Standards for Electronic Data Interchange Technical Report Type 3. The ASC X12 TR3s that detail the full requirements for these transactions are available at **store.x12.org/store**.

PAI and TCC are separate companies that provide third-party administrative services on behalf of BlueCross. BlueChoice HealthPlan of South Carolina is an independent licensee of the Blue Cross Blue Shield Association.

PAYER-SPECIFIC BUSINESS RULES AND LIMITATIONS

EDIG Specifications for Enveloping X12 Transactions

This table lists envelope instructions for inbound (to EDI Gateway) HIPAA X12 transactions

Title	Loop ID	Segment/Data Element	Notes	Allowed Values
Claim Filing Indicator Code	2000B	SBR09		BL Blue Cross Blue ShieldBCBS
Identification Code	2010BB	NM109		315 Thomas Cooper Agency 400 BlueCross BlueShield of South Carolina State Employee Health Plan 401 BlueCross BlueShield of South Carolina 402 FEP BlueCross 886 Planned Administrators 922 BlueChoice HealthPlan C63 Medicare Preferred Provider Organizations (PPO)
NTE Claim Note	2300	NTE01, NTE02	When CLM05-3 is a 7 (adjustment) or 8 (void), then a note must be added containing the reason for the change(new service line, modifier, revenue code, etc.).	NTE01 should be 'ADD'
Drug Identification	2410	LIN02, LIN03	Effective Jan. 1, 2016, the NDC number, NDC quantity and NDC unit of measure are required on all claims billed for institutional outpatient services, (as defined on pages 18 – 20 of the 2016 NUBC UB-04 Data Specifications Manual.	
Drug Quantity	2410	CTP04, CTP05	If the 2410 LIN segment is present, then BlueCross BlueShield of South Carolinaalso requires the CTP04 (NDC quantity) and the CTP05 (NDC unit of measure) be present on the claim.	

ACKNOWLEDGMENTS AND/OR REPORTS

You can find acknowledgements and/or reports in the EDI Gateway Technical Communication User's Manual at **www.HIPAACriticalCenter.com/resources/technicalinformation.aspx**.

TRADING PARTNER AGREEMENTS

You can find trading partner agreements in the EDI Gateway Technical Communication User's Manual at **www.HIPAACriticalCenter.com/resources/technicalinformation.aspx**.

APPENDIX

Change Summary

Date	Updated By	Revision Number
March 2016	Patricia O'Cain	Original Document

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