**ANSI 835 BCBST IMPLEMENTATION GUIDE**
**SEGMENT ANALYSIS**
**VERSION 003 RELEASE 030**
**November 1999**

**OVERVIEW:**

We have mapped private and BlueCare remittance data into an ANSI-835 document. This document highlights how BCBST has populated specific ANSI segments.

**PURPOSE:**

The following pages are for reference and update information to the WEDI/Medicare 835 Implementation guide.

**NOTE:**

Not all segments are applicable to every remittance.

**SEGMENTS:**

X12 Segment Name: **ISA** Interchange Control Header
Usage: Mandatory

| | | |
|---|---|---|
| ISA12 | I11 | Interchange Control Version Number |
| ID 5 | 5 M | ANSI Version Code 00300 |

X12 Segment Name: **BPR** Trace
Usage: Mandatory

| | | |
|---|---|---|
| BPR16 | 0513 | Effective Entry Date |
| DT 6 | 6 C | Effective Entry Date Check Remit date |

X12 Segment Name: **TRN** Trace
Usage: Mandatory
Note: Increase length of data sent in remittance # from 9 bytes to 16 for HMO Blue/Wellport claims. Corporate claims remain 9 bytes. BlueCare remits do not have remittance numbers.

| | | |
|---|---|---|
| TRN02 | 0127 | Reference Number |
| AN 1 | 30 M | Trace Number Remittance # |

X12 Segment Name: **LX** Assigned Number
Usage: Mandatory
Note: Added additional Lines of Business and increased length.

LX01 0554 Assigned Number
N0 1 6 M Loop Number

| | LOB CODE | LOB | HOSPITAL | PHYSICIAN |
|---|---|---|---|---|
| **Tuesday/Wednesday Files** | | | | |
| | COR | Corporate | 113 | 213 |
| | MET | Nashville Metro | 114 | 214 |
| | STS | State Employee | 115 | 215 |
| | MUN | State Municipal | 116 | 216 |
| | THS | State Teacher | 117 | 217 |
| | FES | FEP Standard | 119 | 219 |
| | FEH | FEP High | 120 | 220 |
| **Thursday Files** | | | | |
| | BC01 | Blue Cross | 101 | 201 |
| | HM01 | HMO Blue | 102 | 202 |
| | WP01 | Wellport | 103 | 203 |
| | MR01 | Medicare Risk Beacon | 104 | 204 |
| | MR02 | Medicare Risk Caduceus | 105 | 205 |
| | MR03 | Medicare Risk Fort Sanders | 106 | 206 |
| | MR04 | Medicare Risk UT | 107 | 207 |
| | MR05 | Medicare Risk McMinn/Meigs | 108 | 208 |
| | MG01 | Metro Government | 109 | 209 |
| | ST01 | State 01 - Employees | 110 | 210 |
| | ST02 | State 02 - Teachers | 111 | 211 |
| | ST03 | State 03 – Local Govt | 112 | 212 |
| | ST04 | State 04 – POS - Employees | 113 | 213 |
| | ST05 | State 05 – POS - Teachers | 114 | 214 |
| | MR06 | Medicare Risk Sequatchie | 115 | 215 |
| | ST06 | State 06 – POS – Local Govt | 116 | 216 |
| | AB01 | Memphis | 140 | 240 |
| | AS01 | Southern Health | 141 | 241 |
| | ST07 | State Employees HMO | 142 | 242 |
| | ST08 | State Teachers HMO | 143 | 243 |
| | ST09 | State Government HMO | 144 | 244 |
| **Friday Files** | | | | |
| | TCP | TCHIP | 118 | 218 |
| | BCTP | TN Provider Network | 121 | 221 |
| | VSKM | Volunteer State - THP | 122 | 222 |
| | VSUT | Volunteer State - UT | 123 | 223 |
| | THR2 | BlueCare | 124 | 224 |
| | BLR1 | BlueCare | 125 | 225 |
| | BLR3 | BlueCare | 126 | 226 |
| | BLR4 | BlueCare | 127 | 227 |
| | BLR5 | BlueCare | 128 | 228 |

X12 Segment Name: **REF** Reference Numbers
Usage: Optional
Note: Added this field to produce Tax ID.

| | | | |
|---|---|---|---|
| REF01 | 1028 | Reference Number Qualifier | |
| ID 2 | 2 M | TJ | |
| REF02 | | Reference Number | |
| AN 1 | 30 C | Tax ID Number | |
| REF03 | | Description | |

X12 Segment Name: **TS3** Transaction Statistics
Usage: Optional
Note: Added 2 fields, Withhold Amount and Amount Discounted.

| | | | |
|---|---|---|---|
| TS301 | 0127 | Reference Number | |
| AN 1 | 30 M | Provider Number | BCBSTN Provider # |
| TS302 | 1331 | Facility Code | |
| ID 1 | 2 M | Type of Bill | BC/BS |
| TS303 | 0373 | Date | |
| DT 6 | 6 M | Fiscal Period | Check Paid Date |
| TS304 | 0380 | Quantity | |
| R 1 | 15 M | Total Claims | Zero Fill |
| TS305 | 0782 | Monetary Amount | |
| R 1 | 15 O | | Total Charges |
| TS306 | | Monetary Amount | |
| R 1 | 15 O | | Total Non-Covered |
| TS307 | | Monetary Amount | |
| R 1 | 15 O | | Covered/Eligible |
| TS308 | | Monetary Amount | |
| R 1 | 15 O | | Disallowed Amount |
| TS309 | | Monetary Amount | |
| R 1 | 15 O | | Network Adjustment |
| TS310 | | Monetary Amount | |
| R 1 | 15 O | | Contractual Agreement |
| TS311 | | Monetary Amount | |
| R 1 | 15 O | | Deductible |
| TS312 | | Monetary Amount | |
| R 1 | 15 O | | Co-Insurance |
| TS313 | | Monetary Amount | |
| R 1 | 15 O | | COB |
| TS314 | | Monetary Amount | |
| R 1 | 15 O | | Other Adjustment |
| TS315 | | Monetary Amount | |
| R 1 | 15 O | | Paid Amount |
| TS316 | | Monetary Amount | |
| R 1 | 15 O | | Total Adjustment |
| TS317 | | Monetary Amount | |
| R 1 | 15 O | | Patient Owe |
| TS318 | | Monetary Amount | |

| | | | |
|---|---|---|---|
| R 1 | 15 O | | Withhold Amount |
| TS319 | Monetary Amount | | |
| R 1 | 15 O | | Amount Discount |
| TS320 through TS324 not used at this time | | | |

X12 Segment Name: **CLP** Claim Level Data
Usage: Mandatory
Note: Expanded Patient Control Number to 20 bytes. Expanded claim number to 12 bytes. Expanded DRG Code to 4 bytes. **Added DRG code to HMO Blue/Wellport hospital claims.**

| | | | |
|---|---|---|---|
| CLP01 | 1028 | Claim Submitter's ID | Patient Control # |
| AN 1 | 38 M | | |
| CLP07 | 0127 | Reference Number | |
| AN 1 | 30 M | Internal Control # | Claim Number |
| CLP08 | 1331 | Facility Code | |
| ID 1 | 2 O | TOB Summary | Place of Service |
| CLP09 | 1325 | Claim Frequency | |
| ID 1 | 1 O | TOB Frequency | I = Inpatient<br>O = Outpatient |
| CLP11 | 1352 | Diagnosis Related Group | |
| ID 1 | 4 O | Code | DRG Code |

X12 Segment Name: **CAS** Claims Adjustment (claim level)
Usage: Mandatory
Note: Added Amount Discounted and Withhold Amount to Segment ID CO. If the Withhold amount or discount amount is being sent, there will be a second CO segments for the BlueCare remits.

| | | |
|---|---|---|
| CAS01 | 1033 | Claims Adjustment Group Code |
| AN 1 | 2 M | Code identifying the general category of payment adj. |
| | | |
| Segment id - **CO** CONTRACTUAL | | |
| CAS01 | | CO |
| CAS02 | | 1 |
| CAS03 | | Deductible<br>(no Deductible for BlueCare) |
| CAS05 | | 2 |
| CAS06 | | Co-insurance |
| CAS08 | | 41 |
| CAS09 | | Network Adjustment |
| CAS11 | | A2 |
| CAS12 | | Contract/Other Adjustment |
| CAS14 | | A2 |
| CAS15 | | Total Adjustment |
| Segment id - **CO** CONTRACTUAL | | Second Segment for BlueCare if needed |
| CAS01 | | CO |
| CAS02 | | 104 |
| CAS03 | | Withhold Amount |
| CAS05 | | 88 |
| CAS06 | | Amount Discounted |
| Segment id - **PR** PATIENT RESPONSIBILITY | | |
| CAS01 | | PR |
| CAS02 | | 3 |
| CAS03 | | Patient Owe |
| Segment id - **NC** DIS-ALLOWED CHARGES & NON-COVERED | | |
| CAS01 | | NC |
| CAS02 | | 96 |
| CAS03 | | Non-Covered |
| CAS05 | | A1 |
| CAS06 | | Disallowed |
| Segment id - **OA** OTHER ADJUSTMENT | | |
| CAS01 | | OA |
| CAS02 | | B3 |
| CAS03 | | Covered Amount/Eligible Amount |
| CAS05 | | 22 |
| CAS06 | | COB |
| Segment id - **OA** OTHER ADJUSTMENT (alternate segment if no claim level adjustments) | | |
| CAS01 | | OA |
| CAS02 | | 93 |
| CAS03 | | No Claim Level Adjustments |

X12 Segment Name: **NM1** Individual or Organizational Name
Usage: Optional
Note: Servicing Provider Number added for HMO Blue and Wellport claims.

| | | | |
|---|---|---|---|
| NM101 | | | Entity Identifier Code |
| ID | 2 | 2 M | SJ = Servicing Provider information follows |
| NM102 | | | Entity Type Qualifier |
| ID | 1 | 1 M | 1 = Person |
| NM108 | 0066 | | Identification Code Qualifier |
| ID | 1 | 2 M | BS = The Servicing Provider number is a Blue Shield Provider Number |
| NM109 | | | Identification Code |
| AN | 2 | 17 M | Servicing Provider's Blue Shield Number |

X12 Segment Name: **NM1** Individual or Organizational Name
Usage: Mandatory
Note: Patient Name expanded to 33 position for HMO Blue and Wellport claims.

| | | | |
|---|---|---|---|
| NM103 | | | Name or Organization Name |
| AN | 1 | 35 C | Patient Last, First, Middle Initial |
| NM104 | | | Name First |
| AN | 1 | 25 O | Not used |
| NM105 | | | Name Middle |
| AN | 1 | 25 O | Not used |
| NM108 | 0066 | | Identification Code Qualifier |
| ID | 1 | 2 M | Patient Number Change N and insured unique id number |
| NM109 | | | Identification Code |
| AN | 2 | 17 M | Subscriber number |

X12 Segment Name: **REF** Reference Numbers (claim level)
Usage: Optional
Note: The claim number has been expanded to 12 bytes.

| | | | | |
|---|---|---|---|---|
| REF01 | 0128 | Reference Number Qualifier | | |
| ID 2 | 2 M | Codes qualifying the Reference Number Valid Codes: | | |
| | | EA | N6 | ZZ |
| REF02 | | Claim # | Network Type | Note Code/Description |

| | **Network Type** | **Value** |
|---|---|---|
| **Tuesday/Wednesday Files** | | |
| | BLC | Blue Classic |
| | BPR | Blue Preferred |
| | TPN | Tennessee Preferred |
| | FEP | FEP |
| | OTH | Other – no network |
| **Thursday File** | | |
| | BPN | Blue Preferred |
| | PCN | Preferred Choice |
| | MET | Metro |
| | SGN | Signature Network |
| | BCN | Blue Classic |
| | HMO | HMO Blue |
| | SHP | Southern Health Plan |
| | OTH | Others |

X12 Segment Name: **SVC** Service Information
Usage: Optional
**Note: Revenue Code added at the line item level for Wellport and HMO Blue Hospital Claims.**

| | | |
|---|---|---|
| SVC04 | 0782 | Monetary Amount |
| R 1 | 15 M | Total Paid (Some Lines of Business may be equal to zero.) |
| **SVC05** | **0234** | **Product/Service ID** |
| **AN 1** | **30 O** | **Revenue Code** |

X12 Segment Name: **CAS** Claims Adjustment (line item level)
Usage: Optional
Note: Added Amount Discounted and Withhold Amount to Segment ID CO. If the Withhold amount or discount amount is being sent, there will be a second CO segments for the BlueCare remits.

| | | |
|---|---|---|
| CAS01 | 1033 | Claims Adjustment Group Code |
| AN 1 | 2 M | Code identifying the general category of payment adj. |
| | | |
| Segment id - **CO** CONTRACTUAL | | |
| CAS01 | | CO |
| CAS02 | | 1 |
| CAS03 | | Deductible<br>(No Deductible for BlueCare) |
| CAS05 | | 2 |
| CAS06 | | Co-insurance |
| CAS08 | | 41 |
| CAS09 | | Network Adjustment |
| CAS11 | | A2 |
| CAS12 | | Contract Adjustment |
| CAS14 | | A2 |
| CAS15 | | Total Adjustment |
| CAS16 | | N/A |
| CAS17 | | N/A |
| Segment id - CO CONTRACTUAL | | Second Segment for BlueCare if needed |
| CAS01 | | CO |
| CAS02 | | 104 |
| CAS03 | | Withhold Amount |
| CAS05 | | 88 |
| CAS06 | | Amount Discount |
| Segment id - **PR** PATIENT RESPONSIBILITY | | |
| CAS01 | | PR |
| CAS02 | | 3 |
| CAS03 | | Patient Owe |
| Segment id - **NC** DIS-ALLOWED CHARGES & NON-COVERED | | |
| CAS01 | | NC |
| CAS02 | | 96 |
| CAS03 | | Non-Covered |
| CAS05 | | A1 |
| CAS06 | | Disallowed |
| Segment id - **OA** OTHER ADJUSTMENT | | |
| CAS01 | | OA |
| CAS02 | | B3 |
| CAS03 | | Covered Amount/Eligible Amount |
| CAS05 | | 22 |
| CAS06 | | COB |

X12 Segment Name: **REF** Reference Numbers (line item level)
Usage: Optional
Note: **Units added for HMO Blue and Wellport Hospital claims.**

| | | |
|---|---|---|
| **REF01** | **0128** | **Reference Number Qualifier** |
| **ID 2** | **2 M** | **Codes qualifying the Reference Number Valid Codes:** |
| | | **QQ** |
| **REF02** | **0127** | **Units** |
| **AN 1** | **30 C** | |

X12 Segment Name: **REF** Reference Numbers (line item level)
Usage: Optional
Note: Increased note code to 3 bytes. Added the explanation of note for BlueCare, HMO Blue and Wellport only.

| | | |
|---|---|---|
| REF01 | 0128 | Reference Number Qualifier |
| ID 2 | 2 M | Codes qualifying the Reference Number Valid Codes: |
| | | ZZ |
| REF02 | 0127 | Note Code |
| AN 1 | 30 C | |
| REF03 | 0352 | Note Explanation |
| AN 1 | 80 O | |

## SUMMARY OF UPDATES

| | | | | |
|---|---|---|---|---|
| 02-08-1996 | CLP08 | Place of Service (Hospital) | | |
| 02-08-1996 | CLP09 | I = Inpatient<br>O = Outpatient (Hospital) | | |
| 02-26-1996 | BPR16 | Check Remittance Date | | |
| 03-26-1996 | TS313 | Patient Benefit (Hospital) removed | | |
| | TS309 | Allowed (Physician) removed | | |
| | TS316 | Blue Cross Benefit (Hospital) removed | | |
| | CAS08 | 71 & B3 (Hospital & Physician) removed | | |
| | CAS09 | BS Benefit & Allowed Amount (Hospital & Physician) removed | | |
| | CAS11 | 100 (Hospital) removed | | |
| | CAS12 | Patient Benefit (Hospital) removed | | |
| 01-08-1997 | LX01 | FEP Standard | Hospital 81 | Physician 82 Add |
| | LX01 | FEP High | Hospital 91 | Physician 92 Add |
| 01-20-1997 | REF | Added new segment<br>Line Item level of physician only | | |
| | REF01 | ZZ | | |
| | REF02 | Note codes | | |
| 11-14-1997 | TRN | Remittance number expanded. | | |
| | LX | Additional Lines of Business | | |
| | TS3 | Added Allowed Amount and Amount Discounted | | |
| | CLP | Patient Control Number expanded, Claim number field expanded and DRG number field expanded. | | |
| | CAS | Claim level - added Amount Discounted and Withhold Amount | | |
| | NM1 | Patient Name field expanded. | | |
| | REF | Claim Number has been expanded to 16 bytes. | | |
| | CAS | Line Item- Added amount discounted and Withhold Amount | | |
| | REF | Note code field expanded to 3 bytes and Notes Explanation field added. | | |
| 03-01-1998 | REF | Added provider tax id. | | |
| | LX | Expanded LOB codes to 3 bytes for all remits. | | |
| 08-01-1998 | NM1 | Added Servicing Provider Segment | | |
| 12-07-1998 | CAS | Added value for OA. | | |
| | SVC | Field 04 may not be equal to zero for all lines of business. | | |
| 05-20-1999 | REF | Added Network Type Values | | |
| 10-01-1999 | CLP | DRG added for Wellport and HMO Blue Hospital Claims | | |
| | SVC | Revenue Code added for Wellport and HMO Blue Hospital Claims | | |
| | REF | Units added for Wellport and HMO Blue Hospital Claims | | |

**04/01/2000 Updated Network Types in REF segment.**
**Updated Line of Business Codes in LX segment.**