BLUE CROSS BLUE SHIELD OF SOUTH CAROLINA

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

November 2023

DISCLOSURE STATEMENT

Please note that the information in this guide is subject to change. Any changes will be available at www.SouthCarolinaBlues.com.

This transaction is to be used to file health insurance institutional/medical claims electronically.

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 and its subsidiaries' ASC X12N 837I (005010X223A2) transactions.

Acceptance of the 837I claim by BlueCross BlueShield of South Carolina should not be interpreted as a guarantee of payment. Payment of benefits remains subject to all Health Plan terms, limits, conditions, exclusions, and the member's eligibility at the time services are rendered.

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, 14 837I transactions are acceptable within one enveloping sequence, but 13 837Is and one 837P within one enveloping sequence is unacceptable.

PREFACE

This Companion Guide to the v5010 ASC X12N 837I (005010X223A2) Health Care Claim Institutional (837I) Implementation Guide and associated errata adopted under HIPAA clarifies and specifies the data content when exchanging electronically with BlueCross BlueShield of South Carolina 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, is 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 purpose of this document is to introduce and provide information about BlueCross BlueShield of South Carolina's 837I Business Requirements.

References

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

Blue Cross Blue Shield of South Carolina, EDI Gateway Technical Communication User's Manual:
[EDI Gateway Technical Communications Manual (southcarolinablues.com)](http://southcarolinablues.com)

GETTING STARTED

Working with BlueCross BlueShield of South Carolina

Hospitals, billing services and clearinghouses interested in submitting 837 electronic claims to BlueCross BlueShield of South Carolina should contact EDI Services at: edi.services@bcbssc.com.

Trading Partner Registration

Enrollment with the EDI Gateway requires prospective trading partners to complete 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 complete all the required information.

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

TESTING WITH THE PAYER

You can find testing procedures in the EDI Gateway Technical Communication User's Manual located on Web page: **EDI Gateway Technical Communications Manual (southcarolinablues.com)**

CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

You can find connectivity and communication procedures in the EDI Gateway Technical Communication User's Manual located on Web page:

EDI Gateway Technical Communications Manual (southcarolinablues.com)

ACKNOWLEDGMENTS AND/OR REPORTS

You can find acknowledgements and/or reports in the EDI Gateway Technical Communication User's Manual located on Web page:
EDI Gateway Technical Communications Manual (southcarolinablues.com)

TRADING PARTNER AGREEMENTS

You can find the following trading partner agreements at southcarolinablues.com:
- Clearinghouse EDI Trading Partner Agreement
- Provider EDI Trading Partner Agreement

CONTACT INFORMATION

EDI Customer Service and Technical Assistance

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

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

Notifications of EDI Gateway outages are sent to trading partners via email. Notifications of scheduled outages are sent with two days prior notice. Notifications of unscheduled outages are sent as quickly as the outage is reported.

Provider Services

If you have questions regarding information related to subscribers that are non-technical, please contact BlueCross BlueShield of South Carolina at 800-334-2583.

Applicable Web/Email Contact Information

Additional information is available 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	BLUE CROSS BLUE SHIELD OF SOUTH CAROLINA Assigned Trading Partner ID
ISA03	Security Information Qualifier	00
ISA05	Interchange ID Qualifier	ZZ
ISA06	Interchange Sender ID	BLUE CROSS BLUE SHIELD 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	BLUE CROSS BLUE SHIELD OF SOUTH CAROLINA Assigned Trading Partner ID
GS03	Application Receiver's Code	Destination Entity U.S. Federal Tax Identification Number. Must be same as ISA08.*

*BlueCross BlueShield of South Carolina and Subsidiaries:

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
Healthy Blue SC Medicaid	570768835
Planned Administrators, Incorporated (PAI)	570718839
Thomas H. Cooper & Company (TCC)	571032566

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 http://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 and Blue Shield Association.

PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

Title	Loop ID	Segment/Data Element	Notes	Allowed Values
Claim Filing Indicator Code	2000B	SBR09		BL - BCBS
Identification Code	2010BB	NM109		315 Thomas Cooper Agency 400 BlueCross BlueShield State Employees 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 January 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 BLUE CROSS BLUE SHIELD OF SOUTH CAROLINA also requires the CTP04 (NDC quantity) and the CTP05 (NDC unit of measure) be present on the claim.	

Change Summary

Date	Updated by	Revision Number	Changes Made
March, 2016	Patricia O'Cain	Original Document	Original Document
November, 2023	Kim Lewis	1.0	Updated contact information and links on p. 6 and 7. Added Healthy Blue Medicaid to the table on p.10. Made other formatting changes.