BLUE CROSS BLUE SHIELD OF SOUTH CAROLINA ASC X12N 835 (005010X221A1) HEALTH CARE

CLAIM PAYMENT/ADVICE COMPANION GUIDE

November 2023

BlueCross® BlueShield® of South Carolina is an independent licensee of the Blue Cross and Blue Shield Association.

DISCLOSURE STATEMENT

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

The 835 ASC X12/005010X221 transaction is a Health Care Claim Payment/Advice Payment of claims and transfer of remittance information which is sent by entities that process health care reimbursements and received by, but not limited to, hospitals, nursing homes, laboratories, physicians, dentists and allied professional groups.

The use of this document is solely for the purpose of clarification. The information describes specific requirements to be used in the 835 processing for BlueCross BlueShield of South Carolina and its subsidiaries.

In all instances, "payee" refers to the actual providers and/or their agents. Likewise, "payer" refers not only to the actual payer but to any third party agent as well.

PREFACE

This Companion Guide to the X12/005010X221 Health Care Claim Payment/Advice (835) Implementation Guides 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 X12/005010X221 Health Care Claim Payment/Advice (835) Implementation Guides, are compliant with both ASC X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12/005010X221 Health Care Claim Payment/Advice (835) 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.

BlueCross BlueShield of South Carolina 835 Companion Guide

Page intentionally left blank

INTRODUCTION	7
Scope 7	
Overview	7
References	7
Additional Information	7
GETTING STARTED	7
Working with BlueCross BlueShield of South Carolina	
Trading Partner Registration	7
TESTING WITH THE PAYER	8
CONNECTIVITY WITH THE PAYER/COMMUNICATIONS	8
TRADING PARTNER AGREEMENTS	8
CONTACTINFORMATION	8
EDI Customer Service and Technical Assistance	
Provider Services	
Applicable Web/Email Contact Information	
CONTROL SEGMENTS/ENVELOPES	9
EDIG Specifications for Enveloping X12 Transactions	9
PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS	10
APPENDICES	11
Change Summary	

INTRODUCTION

Scope

Providers, billing services and clearinghouses are advised to use the ASC v5010 005010X221A1 HEALTH CARE CLAIM PAYMENT/ADVICE (835) Implementation Guide as a basis for their processing of remittance advices. This companion document should be used to clarify the business rules for 835 data content requirements.

Overview

The purpose of this document is to introduce and provide information about processing BlueCross BlueShield of South Carolina's 835 payment/advice.

References

ASC X12 Version 5010A1 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)**

Additional Information

Receivers must have Internet (HTTPS) connection capability to receive 835 claim payment remittance transactions.

The receiver must be associated with at least one provider in the BlueCross BlueShield of South Carolina provider database.

GETTING STARTED

Working with BlueCross BlueShield of South Carolina

Hospitals, billing services and clearinghouses interested in receiving 835 remittance advices from 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

EDIG does not require any testing to be done for 835 transactions. Providers begin receiving ERAs once the Trading Partner Agreement has been executed and enrollment process is completed.

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)

TRADING PARTNER AGREEMENTS

You can find the following trading partner agreements at <u>southcarolinablues.com</u>:

- 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		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	* *	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.

Life and dental insurance are offered by Companion Life. Because Companion Life is a separate company from BlueCross BlueShield of South Carolina, Companion Life will be responsible for all services related to life and dental insurance.

PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

Please be aware that the 835 contains payment information for all claims submitted within a given timeframe and is not limited to only institutional or only professional transactions.

APPENDICES

Change Summary

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