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837P Professional Claims

Secondary/Tertiary Claims to Blue Shield of California

- Claim level information can be submitted, Blue Shield of California requires line level on professional claims.
- Standard list refers to HIPAA compliant codes established by CMS and other government entities.
- Please see specific generic claim example for generating tertiary claims.*
- Both 2430 segments must equal original Total Charge in CLM02 in order to balance

Please see below for segment usage.

Page #	Loop ID	Reference	Name	Codes	Notes/Comments
319	2320	SBR01	Other Subscriber Information	P, S, T	Primary, Secondary Tertiary – can be repeated up to Tertiary
319	2320	SBR02	Individual Relationship code	Standard list	Standard list of individual relationship codes same as 2000B SBR02 segment
320	2320	SBR03	Reference Identification – Group or Policy Number		Required by subscribers payers identification includes group or plan code.
320	2320	SBR04	Name		Required if the subscribers payer identification includes group or plan name
321	2320	SBR05	Insurance Type Code	Standard List	Required from Implementation guides
321-322	2320	SBR09	Claim Filing Indicator Code	MB, CI, BL examples	Standard list of codes
323	2320	CAS01	Claim Level Adjustment codes	CO, CR, OA, PI, PR	Required if claim adjudicated by prior payer with claim level adjustments
332	2320	AMT01	Coordination of Benefits (COB) Payer Paid Amount	D	Required if claim adjudicated by prior payer. It is acceptable to show zero paid

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Page #	Loop ID	Reference	Name	Codes	Notes/Comments
332	2320	AMT02	Monetary Amount Paid		Claim level monetary amount paid by prior payer.
333	2320	AMT01	Coordination of Benefits (COB) Approved Amount	AAE	Claim level approved amount by prior payer
333	2320	AMT02	Monetary Approved Amount		Claim level monetary approved amount from other payer
334	2320	AMT01	Coordination of Benefits (COB) Allowed Amount	B6	Claim level allowed amount from a specific payer plan
334	2320	AMT02	Monetary Allowed Amount		Claim level monetary allowed amount from specific payer
335	2320	AMT01	Coordination of Benefits (COB) Patient Responsibility Amount	F2	Required if there is patient responsibility from payers adjudication
342	2320	AMT02	Monetary Patient responsibility		Claim level monetary amount for patient responsibility from other payer adjudication
342	2320	DMG01	Subscriber Demographic Information – Time Date Period Format Qualifier	D8	
342	2320	DMG02	Date Time Period		Date expressed in CCYYMMDD
344	2320	OI03	Other Insurance Coverage Information – Assignments of Benefits Indicator	Y or N	Crosswalk from original 837 CLM08
345	2320	OI04	Patient Signature Source Code	B, C, M, P, S	Required except in cases the OI06 is N
345	2320	OI06	Release of Information Code	A, I, M, N, O, Y	Required
350-352	2330A	NM101-109	Other Subscriber Name	All codes represented from IG	Required – NM01, 02, 03, 04, 08, 09
354	2330A	N301-02	Other Subscribers Street Address		Other Subscribers address including second line if needed.
355-356	2330A	N401-04	Other Subscribers City, State Zip		Other Subscribers city, state zip
359	2330B	NM101-109	Other Payer Name	All codes represented from IG	Critical field is NM109 = Identification code. This must be identical to SVD01 (Loop 2430) for this payer for COB

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Page #	Loop ID	Reference	Name	Codes	Notes/Comments
398-553	2400		2400 Service Line segments		Expectation of all 2400 service line fields that apply to claim
554	2430		Line Adjudication Information		
555	2430	SVD01	Identification Code		Critical field should match coordinating NM109 in Loop ID-2330B identifying other Payer – for Tertiary there will be two
555	2430	SVD02	Service Line Paid Amount		Amount paid by specific line by specific payer. Zero is acceptable amount for this field.
555	2430	SVD03	Procedure Identifier		Crosswalk from the SVC01 in the 835 transmission
555	2430	SVD03-1	Product or Service ID Qualifier	HC	Qualifier for HCPC codes
556	2430	SVD03-2	Product/Service ID		HCPC codes
556	2430	SVD03-3 through 6	Procedure Code Modifier(s)		Up to 4 reporting Procedure Modifier codes for each service line
557	2430	SVD03-5	Paid Service Unit Count		Crosswalk from SVC05 in 835 or if not present in 835, use original billed units.
558	2430		Line Adjustment Information		Required if payer identified in loop 2330B made line level adjustments which caused the amount paid to differ from amount originally charged.
560	2430	CAS01	Claim Adjustment Group Code	CO, CR, OA, PI, PR	Code identifying the general category of the payment adjustment. There can be multiple segments based off claim adjustment group code. Example, 1 with CO, and 1 with PR.

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Page #	Loop ID	Reference	Name	Codes	Notes/Comments
560-563	2430	CAS02, 05, 08, 11	Claim Adjustment Reason Code	Standard list of codes from CMS	Codes identifying specific reason for adjustment of payment. There can be up to 4 codes per specific field identified.
560-563	2430	CAS03, 06, 09, 12	Monetary amount adjusted		Adjusted amount at line level
560-563	2430	CAS04, 07, 10, 13	Adjustment Quantity		Use this quantity for units of service being adjusted by specific payer designated.

Example of Tertiary critical fields

- Both 2430 segments must equal original Total Charge in CLM02 in order to balance*

Claim information (2300)

    CLM*TERT837PDLLRS2NDTST*100***23>>1*Y*A*Y*Y*B~

Other Subscriber Information (2320)

45   SBR*P*18**MEDICARE*MB****MB~

46   DMG*D8*19290329*M~

47   OI***Y*B**Y~

    Other Subscriber Name (2330A)

48   NM1*IL*1*BILLITERE*J****MI*555555555A~

49   N3*TWO BILLIES BLOCK~

50   N4*SAN FRANCISCO*CA*94119~

    Other Payer Name (2330B)

51   NM1*PR*2*MEDICARE*****PI*PAYER01~

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52	REF*G1*123456789321~

Other Subscriber Information (2320)

53	SBR*S*18*COMM**OT****CI~
54	DMG*D8*19290329*M~
55	OI***Y*B**Y~

Other Subscriber Name (2330A)

56	NM1*IL*1*BILLITERE*J****MI*ABC123456789~
57	N3*TWO BILLIES BLOCK~
58	N4*SAN FRANCISCO*CA*94119~

Other Payer Name (2330B)

59	NM1*PR*2*COMMERCIAL*****PI*PAYER02~
60	REF*G1*123456789987654321~

Service Line (2400)

61	LX*1~
62	SV1*HC>93010*100*UN*1***1~
63	DTP*472*D8*20071012~
64	REF*6R*7721574~
65	NTE*ADD*DONE AT 0628~

Line Adjudication Information (2430)

66	SVD*PAYER01*50*HC>93010**1~
67	CAS*PR*1*40~
68	CAS*CO*45*10~
69	DTP*573*D8*20080405~

Line Adjudication Information (2430)

70	SVD*PAYER02*70*HC>93010**1~

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| 71 | CAS*PR*1*30~ |
| 72 | DTP*573*D8*20080415~ |

Transaction 837P (837P)