

# Blue Cross and Blue Shield of Florida

Companion Document for Availity<sup>®</sup> Health Information Network Users  
835 – Health Care Payment/Advice  
November 17, 2009



**BlueCross BlueShield  
of Florida**  
**Health Options<sup>®</sup>**

Health Options and its Parent, Blue Cross and Blue Shield of Florida, are Independent Licensees of the Blue Cross and Blue Shield Association.

**About Availity, L.L.C. – Patients. Not paperwork.®**

Availity optimizes the flow of information between health care professionals, health plans, and other health care stakeholders through a secure internet-based exchange. The Availity® Health Information Network encompasses administrative and clinical services, supports both real-time and batch transactions via the Web and electronic data interchange (EDI), and is HIPAA compliant. Availity is the recipient of several national and regional awards, including Consumer Directed Health Care, A.S.A.P. Alliance Innovation, eHealthcare Leadership, Northeast Florida Excellence in IT Leadership, E-Fusion, Emerging Technologies and Healthcare Innovations Excellence (TETHIE), and AstraZeneca-NMHCC Partnership. For more information, including an online demonstration, visit [www.availity.com](http://www.availity.com) or call 1.800.AVAILITY (282.4548).

<sup>1</sup> Availity, L.L.C., is an independent company formed as a joint venture between Navigy, Inc., a wholly owned subsidiary of Blue Cross and Blue Shield of Florida, Inc., Health Care Service Corporation, and HUM-e-FL, Inc., a subsidiary of Humana, Inc. Blue Cross and Blue Shield of Florida has business arrangements with Availity with the goal of reducing costs in the Florida health care marketplace, simplifying provider workflow, improving patient experience and in providing HIPAA-AS compliant solutions. For more information or to register, visit Availity's website at [www.availity.com](http://www.availity.com).

**835 HEALTH CARE CLAIM PAYMENT/ADVICE  
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Trading Partner Agreement Companion Document Business Requirements  
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**ANSI X12 Version 004010X091A1**

**NOTE: These instructions are to be used in addition to the implementation guide.**

DATE OF REVISION	COMMENTS
07/12/2007	<ul style="list-style-type: none"><li>• Added NPI information (B1, B7 &amp;B8)</li></ul>
04/21/2008	<ul style="list-style-type: none"><li>• Updated NPI information (B1, B6, B7&amp;B9)</li><li>• Added NPI examples (pages 13-15)</li><li>• Added instruction for Recognizing Physician Excellence Program payments (B8)</li><li>• Added new row for Provider Level Adjustments and corrected qualifier usage (B10)</li><li>• Added new row for Provider Level Adjustment association to patient information PLB03-2 (B11)</li><li>• Provider Level Adjustment 835 PLB examples added (pages 10-12)</li></ul>
11/17/2009	<ul style="list-style-type: none"><li>• Cosmetic improvement</li></ul>

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Req #	Loop ID – Segment Description & Element Name	Reference Description	Implementation Guide Page(s)	Plan Requirement
	<b>GLOBAL INFORMATION</b>			
G1	<b>All Segments</b>			Only valid loops, segments, and data elements for the 835 HIPAA-AS Implementation Guide 004010X091A1 will be reported for processing.
G2	<b>Remittance Advice</b>	2.1.2.1	13	<p>BCBSF will send the electronic payment/advice. Additionally, a paper payment/advice and reimbursement check will be sent through the mail.</p> <p><u>Monthly Capitation</u> Payments/Adjustments will be disbursed with a paper roster and check.</p> <p><u>Institutional</u> BCBSF will not return detail service line items for whole priced claims.</p>
G3	<b>Remittance Remarks</b>			Federal Regulation limits BCBSF's ability to provide detailed explanations on electronic transactions. BCBSF has chosen not to modify their paper remittance at this time. Please refer to your paper remittance if a more detailed explanation is required (i.e. Netting, Bundling, Unbundling, Interest Payments, etc...).

Dated 11/17/09 – Availity

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	<b>GLOBAL INFORMATION</b>			
G4	<b>Payment Method Code</b>  Levy's, Liens & Garnishments (Header)          Summary   <u>Note:</u> <i>All monies will be applied toward the Levy, Lien or Garnishment. However, any money over the amount required to satisfy the Levy, Lien or Garnishment will be reimbursed by BCBSF.</i>	BPR04          PLB03-1	47          168,169	<b>NON</b> - Non payment data  <b>CHK</b> – Check  Anytime a levy, lien or garnishment is applied to the claim, BPR04 will contain the code <b>NON</b> .  <hr/> <b>TL</b> – Garnishment <b>LE</b> – Levy <b>IR</b> – Internal Revenue Withholding <b>WU</b> – Unspecified  The above code values will identify the type of withholding applied to the claim.
G5	<b>Limitations</b>	CLP	10	BCBSF limits the maximum number of CLP segments to 10,000 within one ST-SE envelope.
G6	<b>Transition Handling Code</b>	BPR01	45	BCBSF will only generate an H or I.

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Req #	Loop ID – Segment Description & Element Name	Reference Description	Implementation Guide Page(s)	Plan Requirement
	<b>BUSINESS REQUIREMENTS</b>			
B1	<b>1000B Payee Identification and Additional Identification</b> Identification Code Qualifier Identification Code Identification Code Qualifier Identification Code	N1 N103 N104 REF REF01 REF02	73 77, 78	<b>N1</b> As of 5/23/08, the <b>XX</b> qualifier and the NPI will be returned in this segment.  <b>REF</b> When 1000B N103 = <b>XX</b> (NPI) then a REF segment with qualifier <b>PQ</b> in REF01 will contain the Availity Genkey in REF02 and a REF segment with qualifier <b>TJ</b> in REF01 will contain the Federal Tax ID or Social Security Number in REF02.
B2	<b>2100 Corrected Priority Payer Name</b> Individual or Organizational Name	NM1 NM108 NM109	117	<b>NM108</b> <b>NI</b> – National Association of Insurance Commissions (NAIC) Identification  BCBSF will return the above qualifier for this data element when available and applicable.  <b>NM109</b> BCBSF will return the NAIC group code as applicable and when available to identify the primary payer for this data element.
B3	<b>2100 Claim Payment Information</b> Claim Status Code Claim Filing Indicator Code	CLP CLP02 CLP06	90-91, 92	CLP02 - BCBSF will only send status codes 1, 2, 4, and 22. CLP06 - BCBSF will only send the following indicator codes:  <b>12</b> – Preferred Provider Organization <b>HM</b> – Health Maintenance Organization
B4	<b>2100 Patient Name</b> Identification Code Qualifier	HM1 HM108	103	BCBSF will only send code qualifier: <b>MI</b>

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Req #	Loop ID – Segment Description & Element Name	Reference Description	Implementation Guide Page(s)	Plan Requirement
	<b>BUSINESS REQUIREMENTS</b>			
B5	<b>2100 Insured Name</b> Entity Type Qualifier Identification Code Qualifier	NM1 NM102 NM108	106-107	NM102 - BCBSF will only send qualifier type: <b>I</b> NM108 - BCBSF will only send code qualifier: <b>MI</b>
B6	<b>2100 Service Provider Name</b> Identification Code Qualifier Identification Code	NM1 NM108 NM109	113	<b>As of 5/23/08</b> , the <b>XX</b> will be returned for the NPI.
B7	<b>2100 Rendering Provider Identification – Claim Level</b> Identification Code Qualifier Identification Code	REF REF01 REF02	128, 129	<b>As of 5/23/08</b> , this segment will no longer be valid.
B8	<b>2110 Service Payment Information</b> Claim Adjustment Information	CAS CAS01-03 CAS05-06 CAS08-09 CAS11-12 CAS14-15 CAS17-18	148-153	<b>Effective 10/1/08</b> – when Recognizing Physician Excellence bonus amounts apply, Group Code and Claim Adjustment Reason Code (CARC) CO*161(Payer Initiated Bonus) will be used at the service line level. In order to balance your account receivables, money amounts associated with CO*161 should not be applied to the patient’s account, but rather to your general ledger account.  Remember, negative amounts in the CAS segment will increase payment, while positive amounts will decrease payment.

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	<b>BUSINESS REQUIREMENTS</b>			
B9	<b>2110 Rendering Provider Identification – Service Level</b> Identification Code Qualifier Identification Code	REF REF01 REF02	156-157	<b>As of 5/23/08</b> , the <b>HPI</b> will be returned for the <b>NPI</b> .
B10	<b>Provider Level Adjustment</b>  <u>Note:</u> <i>Levy's, Liens &amp; Garnishments: All monies will be applied toward the Levy, Lien or Garnishment. However, any money over the amount required to satisfy the Levy, Lien or Garnishment will be reimbursed by BCBSF.</i>	Table 3 Summary  PLB03-1	164-172	<b>72</b> - Refund <b>CS</b> – Adjustment <b>FB</b> - Forward Balance <b>IR</b> – Internal Revenue Withholding <b>L6</b> - Interest <b>LE</b> – Levy, Lien, Garnishment <b>WO</b> – Overpayment recovery  The above code values will identify the type of adjustment for the money amount found in PLB04.
B11	<b>Provider Level Adjustment</b>  <u>Note:</u> See Examples on following pages	Table 3 Summary  PLB03-2	170	<b>Effective June/08</b> – there are certain situations when the qualifiers above will be associated to specific claims. When this occurs, BCBSF will provide the patient account number, followed by two spaces and the date of service for the claim in question.  In addition, these same qualifiers can exist without being associated to any specific claim. When this occurs, there will not be any patient account information found in this data element.  Remember, negative amounts in the PLB segment will increase payment, while positive amounts will decrease payment.  For example - \$40 refund for a specific claim will appear in the PLB as:

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Req #	Loop ID – Segment Description & Element Name	Reference Description	Implementation Guide Page(s)	Plan Requirement
	<b>BUSINESS REQUIREMENTS</b>			
				<p><b>PLB* 12345*20080131*72&gt;TU2004__ 20080101*-40</b></p> <p><b><u>Exception:</u></b> Levy's, Liens &amp; Garnishments will always be applied at the check level and never associated to a particular patient account.</p>

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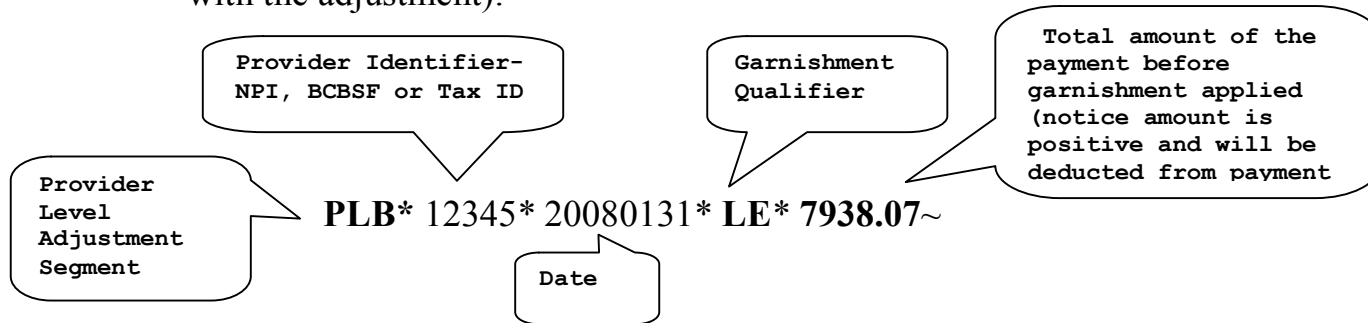
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**Provider Level Adjustment 835 PLB Examples**

**Three Business Scenarios:**

A. Garnishment for entire payment amount of \$7,938.07 resulting in zero payment (no claims associated with the adjustment):

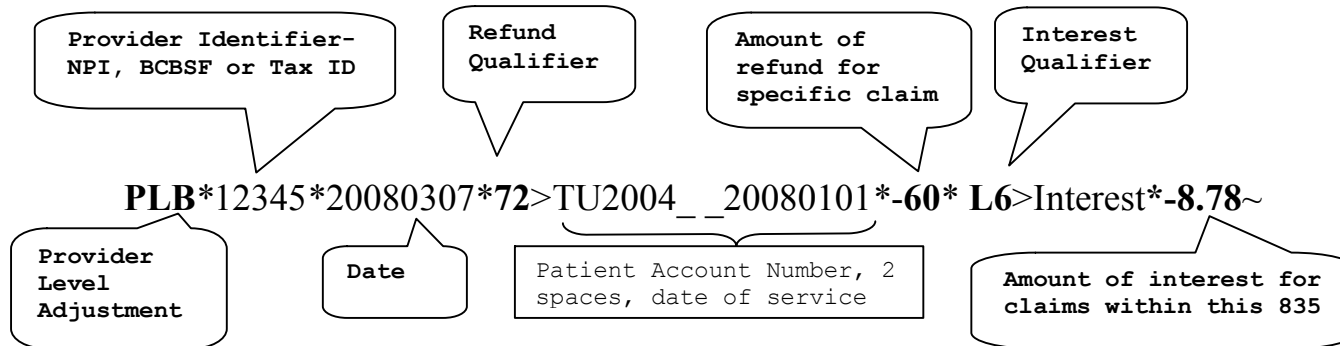


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B. Refund of \$60 for one claim and Interest for \$8.78 for claims within current 835 (refund will have claim information, interest applies to claims within the 835 and will not have claim information inside the PLB):



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C. Refund of \$400 for 8 claims (Two PLB segments needed since max number of instances is 6 per PLB):

**PLB\*12345\*20080307\*72>TU2004\_\_20080101\*-40\***  
**72>ST4443\_\_20080103\*-50\***  
**72>SC0033\_\_20080102\*-30\***  
**72>EL61954\_\_20080204\*-155\***  
**72>CA750662\_\_20080209\*-80\***  
**72>TU2004\_\_20080209\*-10~**  
**PLB\*12345\*20080307\*72>TU2004\_\_20080307\*-10\***  
**72>ST4443\_\_20080318\*-25~**

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**\* Remember, positive amounts decrease the payment and negative amounts increase the payment.**

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**The following table outlines all NPI changes to the Loops and Segments of the 835Remittance Advice.**

LOOP	SEGMENT	SEGMENT NAME	BEFORE NPI	AFTER NPI
1000B	N103	Payee Identification Qualifier	FI	XX
1000B	N104	Payee Identification Value	Federal Tax-ID	NPI
1000B	REF01	Reference Identification Qualifier	PQ	No change
1000B	REF02	Reference Identification Value	Availity Genkey	No change
1000B	REF01	Reference Identification Qualifier	N/A – see note *	TJ
1000B	REF02	Reference Identification Value	N/A – see note *	Tax-ID or SSN
2100	NM108	Service Provider Qualifier	BD-Blue Cross BS-Blue Shield	XX
2100	NM109	Service Provider Value	Billing Provider BCBSF Number	NPI
2110	REF01	Rendering Provider Qualifier	1A - Blue Cross Provider ID Qualifier 1B - Blue Shield Provider ID Qualifier	HPI
2110	REF02	Rendering Provider Value	Blue Cross Provider ID Blue Shield Provider ID	NPI
N/A	PLB01	Provider Identifier	Payer Assigned ID/Tax ID	NPI

**Note:** Currently BCBSF sends only one REF segment in the 1000B loop. After NPI implementation, an additional REF segment will be sent. The additional REF segment will contain the payee's Tax-ID or SSN that was previously sent in the NM1 segment of the 1000B loop.



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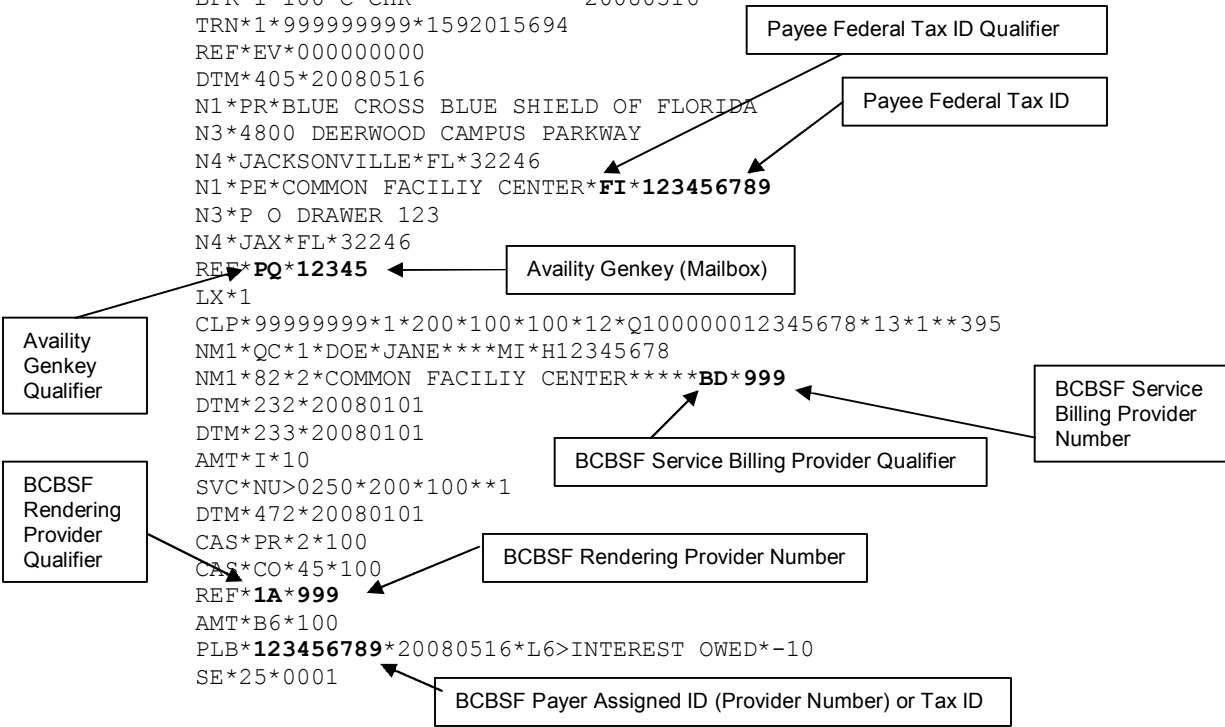
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**The following are before and after examples based on the NPI changes.**

**CURRENT 835**

```

ST*835*0001
BPR*I*100*C*CHK*****20080516
TRN*1*999999999*1592015694
REF*EV*000000000
DTM*405*20080516
N1*PR*BLUE CROSS BLUE SHIELD OF FLORIDA
N3*4800 DEERWOOD CAMPUS PARKWAY
N4*JACKSONVILLE*FL*32246
N1*PE*COMMON FACILIY CENTER*FI*123456789
N3*P O DRAWER 123
N4*JAX*FL*32246
REF*PQ*12345
LX*1
CLP*999999999*1*200*100*100*12*Q100000012345678*13*1**395
NM1*QC*1*DOE*JANE***MI*H12345678
NM1*82*2*COMMON FACILIY CENTER*****BD*999
DTM*232*20080101
DTM*233*20080101
AMT*I*10
SVC*NU>0250*200*100**1
DTM*472*20080101
CAS*PR*2*100
CAS*CO*45*100
REF*1A*999
AMT*B6*100
PLB*123456789*20080516*L6>INTEREST OWED*-10
SE*25*0001
    
```



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**The following are before and after examples based on the NPI changes.**

**NPI ENABLED 835**

```

ST*835*0001
BPR*I*100*C*CHK*****20080517
TRN*1*999999999*1592015694
REF*EV*000000000
DTM*405*20080517
N1*PR*BLUE CROSS BLUE SHIELD OF FLORIDA
N3*4800 DEERWOOD CAMPUS PARKWAY
N4*JACKSONVILLE*FL*32246
N1*PE*COMMON FACILIY CENTER*XX*1234567890
N3*P O DRAWER 123
N4*JAX*FL*32246
REF*PQ*12345
REF*TJ*123456789
LX*1
CLP*99999999*1*200*100*100*12*Q100000012345678*13*1**395
NM1*QC*1*DOE*JANE***MI*H12345678
NM1*82*2*COMMON FACILIY CENTER*****XX*1234567890
DTM*232*20080101
DTM*233*20080101
AMT*I*10
SVC*NU>0250*200*100**1
DTM*472*20080101
CAS*PR*2*100
CA*CO*45*100
REF*HPI*1234567890
AMT*B6*100
PLB*1234567890*20080516*L6>INTEREST OWED*-10
SE*25*0001
    
```

Availity  
Genkey  
Qualifier

Payee NPI Qualifier

Payee NPI Number

Availity Genkey (Mailbox)

Payee Tax ID

Payee  
Tax ID  
Qualifier

Service Billing Provider NPI Qualifier

Service Billing  
Provider NPI  
Number

Rendering  
Provider  
NPI  
Qualifier

Rendering Provider NPI Number

Payee NPI Number