

**Companion Document For**  
**ANSI ASC X12N 835 4010A1 (Claim Payment Advice) Retrieval From**  
**Blue Cross and Blue Shield of Alabama**  
**NPI Version for Dental, Institutional, and Professional Payment Advice**

**March 2008**

The Health Insurance Portability and Accountability Act (HIPAA) requires that Blue Cross and Blue Shield of Alabama, and all other health insurance payers in the United States, comply with the EDI standards for health care as established by the Secretary of Health and Human Services. The ANSI ASC X12N 835 implementation guides have been established as the standards of compliance for claim transactions.

The implementation guides for each transaction are available electronically at [www.wpc-edi.com](http://www.wpc-edi.com).

The following information is intended to serve only as a companion document to the HIPAA ANSI ASC X12N 835 implementation guides. The table contains specific requirements to be used for processing data in the Alabama Blue Cross and Blue Shield of Alabama number 00510.

The use of this document is solely for the purpose of clarification. This document, supplements, but does not contradict any requirements in the ANSI ASC X12N implementation guides. Additional companion documents will be developed for use with other HIPAA standards, as they become available.

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ITEM #	LOOP	SEGMENT	LANGUAGE
1.	-----	Interchange Control Header	ISA01 (Authorization Information Qualifier) will be 03 and ISA02 (Additional Data Identification) will be the Payee Tax ID.
2.	-----	Interchange Control Header	For Professional and Dental claims use 00510 plus 8 spaces (to meet the minimum/maximum data element requirement of 15 bytes) will be in the ISA06 as the Interchange Sender ID.  For Institutional claims use 00010 plus 8 spaces (to meet the minimum/maximum data element requirement of 15 bytes) will be in the ISA06 as the Interchange Sender ID.
3.	-----	Interchange Control Header	ZZ in ISA07 as the Interchange ID Qualifier.
4.	-----	Interchange Control Header	10-digit payee NPI plus 5 spaces (to meet the minimum/maximum data element requirement of 15 bytes) will be in the ISA08 as the Interchange Receiver ID.
5.	-----	Interchange Control Header	ISA13 (Interchange Control Number) will contain a unique value for each transmission. The actual format of the number is YYMMDD00n, where YYMMD is the create date and the value of n is set according to the payroll type (Regular = 1, Bell = 2, FEP = 3 and Domestic = 4).
6.	-----	Interchange Control Header	ISA14 (Acknowledgement Requested) will be 0 (zero) to indicate that a 997 acknowledgement is not requested.
7.	-----	Functional Group Header	GS02 (Application Sender's Code) will be 00010 for Institutional data.  GS02 (Application Sender's Code) will be 00510 for Dental and Professional data.
8.	-----	Functional Group Header	GS03 (Application Receiver's Code) will be your 10-digit payee NPI.
9.	1000B	Payee Identification	An XX in N103 and the Payee NPI in N104.
10.	1000B	Payee Additional Identification	TJ in REF01 and Tax ID in REF02.
11.	2000	Header Number	The LX loop will be created for each provider number within a common pay identifier group (an NPI representing multiple providers or locations or both).

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ITEM #	LOOP	SEGMENT	LANGUAGE
			For Institutional payment advice LX01=4 will be used to report Rejected Claims.
12.	2000	Provider Summary Information	TS301 will contain the NPI for professional and dental remittances. TS01 is not populated for institutional remittances.
13.	2100	Claim Payment Information	The Patient Control Number will be returned in CLP01, if submitted. If not submitted, CLP01 will contain 0 (zero).
14.	2100	Claim Payment Information	The Patient Control Number will be a maximum length of 20 bytes.
15.	2100	Claim Payment Information	CLP07 will contain the Blue Cross claim number under which the claim adjudicated.
16.	2100	Service Provider Name	NM108 (Rendering Provider Identifier) will contain XX and NM109 will contain the payee NPI.
17.	2110	Service Identification	REF01 will contain LU and REF02 (Rendering Provider Identifier) will contain the Blue Shield location number assigned to where the services were rendered.  Line level information will only be returned if it was submitted in the original claim submission.
18.	2110	Rendering Provider Information	There will be two Rendering Provider Information REF segments:  One REF will contain HPI in REF01 and the Individual NPI in REF02.  The other REF will contain TJ in REF01 and Tax ID in REF02.
19.	-----	-----	ISA to IEA interchange will represent the remittance for a single provider or a common pay identifier group dependent on how providers chose to enumerate for NPI.
20.	-----	-----	Separate remittance transactions will be created for regular business, Bell, FEP and Domestic claims.
21.	-----	-----	All remittance data will be in upper case even if the original submitted claim contained lower case data.