

Blue Cross and Blue Shield of Alabama

Electronic Report File (ERF) Layout

Version 1.3

This file, generated within 24 business hours after the submission of electronic claims, reports accepted and denied status for claims within each batch.

Position	Field Name	Field Usage	Field Type
1 - 3	Record-Type	<p>Valid values are:</p> <p>'HHH' 'AFS' 'BC ' 'BCA' 'BCE' 'BCI' 'BSD' 'BS ' 'BSA' 'BSE' 'BSI' 'BSD' 'DC ' 'DCA' 'DCE' 'DCI' 'DCD' 'TTT'</p> <ol style="list-style-type: none"> 1. HHH and TTT are submitter header and trailer, respectively. 2. BC_, BS_, and DC_ are provider headers for different lines of business: BC=BlueCross BS=BlueShield DC=Dental 3. xxD records report results of duplicate checking. 4. xxI records report Implementation Guide errors. 5. xxB report batch errors that caused the rejection of the entire submitter ISA/IEA batch. No further reporting of data within the batch will occur. 6. xxP records report provider level errors that caused the rejection of the provider HL loop. No further reporting of data within the loop will occur. 7. xxS records report subscriber level errors that caused the rejection of the subscriber HL loop. No further reporting of data within the loop will occur. 8. xxA records indicate that a claim was accepted. 9. xxE records indicate that a claim was rejected. 10. xxL records indicate errors on specific lines of a professional claim. 	X(3)
4-23	Contract-ID	Subscriber Contract ID Number (contains the submitter id on HHH and TTT records and contains the provider ID on the BC, BS, and DC provider leader records)	X(20)
24-31	From-Date	Statement From Date (contains the run date on HHH and TTT records)	X(8)
32-39	Thru-Date	Statement Thru Date	X(8)
40-44	HCPCS-Code	HCPCS Code from the line item on professional claims, or the revenue line on outpatient institutional claims	X(5)

45-46	HCPCS-Mod-1	HCPCS Modifier 1	X(2)
47-48	HCPCS-Mod-2	HCPCS Modifier 2	X(2)
49-50	HCPCS-Mod-3	HCPCS Modifier 3	X(2)
51-52	HCPCS-Mod-4	HCPCS Modifier 4	X(2)
53-61	Total-Charge	Claim Total Charge	9(7)V99
62-78	Name	Subscriber or Patient Name (contains submitter name on HHH and TTT records, and provider name on the BC, BS, and DC provider leader records)	
62-76	Last-Name	Subscriber or Patient Last Name	X(15)
77-77	First-Init	Subscriber or Patient First Initial	X(1)
78-78	Mid-Init	Subscriber or Patient Middle Initial	X(1)
79-79	Version-Cd	Audit Trail Version Code (literal 'B' for version 004010)	X(1)
80-80	Cycle-Number	Audit trail cycle number (literal '1')	X(1)
81-320	Audit-Msg-Txt	Audit trail message text to explain error	X(240)
321-323	Audit-Msg-Nr	Identifying number to correspond to audit text message	9(3)
324-346*	Claim-Nr	Claim number assigned to this claim, if accepted	X(23)
347-366	Pat-Cntl-Nr	Patient Control Number as sent in by submitter	X(20)
367-396	Med-Rec-Nr	Medical Record Number as submitted	X(30)
397-399	Treatment-Loc	Treatment Location (contains 2 byte place of treatment for professional claims and 3 byte type of bill for institutional)	X(3)
400-408	Ichg-Cntl-Nr	Interchange Control Number found in ISA13 of the incoming file	9(9)
409-410	Filler	Not used at this time	X(2)
411-416	Ichg-Cntl-Dt	Interchange Control Date found in ISA09 of the incoming file	X(6)
417-420	Ichg-Cntl-Tm	Interchange Control Time found in ISA10 of the incoming file	X(4)
421-432	Vers-Rlse-Cd	Functional Group Version/Release code found in GS08 of the incoming file	X(12)
433-437	Internal Use Only	Internal Use Only	X(5)
438-445	EMC-FTP-Hst-Nm	This is the name of the FTP server to which the files were submitted	X(8)
446-480	X-X12N-Prov-NM	Provider Name	X(35)
481-490	X-Tax-ID-Txt	Provider Tax ID	X(10)
491-500	Filler	Not used at this time	X(10)

Change Log:

Version 1	New 8/13/2003 - First version of ERF file for HIPAA 837 claim submission reporting
Version 1.1	Update 9/3/2004 – added Internal Use Only field
Version 1.2	Update 10/2/2006 – added EMC-FTP-HST-NM field
Version 1.3	Update 06/30/2009 – added X-TAX-ID-TXT field