

ANSI 4010A1 Institutional Transaction Billing Requirements

Required Data For Each Line Of Business

Loop	Segment ID	Segment Name	Reference Designator	Data Element Name	Usage	Selected Code Value	Blue Cross Blue Shield	Health Advantage	Blue Advantage Admin/Blue Advantage	FEP
2320	SBR	Other Subscriber Information			S		X	X	X	X
			SBR01	Payer Responsibility Sequence Number Code	R	P - Primary S - Secondary T - Tertiary	X	X	X	X
			SBR02	Individual Relationship Code	R	01,04,05,07,10,15,17,18,19,20,21,22, 23, 24,29,32,33,36,39,40,41,43,53,G8	X	X	X	X
2320			SBR09	Claim Filing Indicator Code	S	09,10,11,12,13,14,15,16,AM,BL,CH,CI,DS, HM,LI,LM,MA,MB,MC,OF.TV.VA.WC.ZZ	BL, 12 OR 09	BL	BL	12 OR BL
2320	CAS	Claim Level Adjustment			S		X	X	X	X
			CAS01	Claim Adjustment Group Code	R	CO,CR,OA,PI,PR	X	X	X	X
			CAS02	Claim Adjustment Reason Code	R		X	X	X	X
			CAS03	Monetary Amount	R		X	X	X	X
2320	AMT	Payer Prior Payment			S		X	X	X	X
			AMT01	Amount Qualifier Code	R	C4 - Prior Payment - Actual	X	X	X	X
			AMT02	Monetary Amount	R		X	X	X	X
2320	AMT	Coordination of Benefits (COB) Total Allowed Amount			S		X	X	X	X
			AMT01	Amount Qualifier Code	R	B6 - Allowed - Actual	X	X	X	X
			AMT02	Monetary Amount	R		X	X	X	X
2320	AMT	Coordination of Benefits (COB) Total Submitted Charges			S		X	X	X	X
			AMT01	Amount Qualifier Code	R	T3 - Total Submitted Charges	X	X	X	X
			AMT02	Monetary Amount	R		X	X	X	X
2320	AMT	Diagnostic Related Group (DRG) Outlier Amount			S		X	X	X	X
			AMT01	Amount Qualifier Code	R	ZZ - Mutually Defined	X	X	X	X
			AMT02	Monetary Amount	R		X	X	X	X
2320	AMT	Coordination of Benefits (COB) Total Medicare Paid Amount			S		X	X	X	X
			AMT01	Amount Qualifier Code	R	N1 - Net Worth	X	X	X	X
			AMT02	Monetary Amount	R		X	X	X	X

Loop	Segment ID	Segment Name	Reference Designator	Data Element Name	Usage	Selected Code Value	Blue Cross Blue Shield	Health Advantage	Blue Advantage Admin/Blue Advantage	FEP
2320	AMT	Medicare Paid Amount - 100%			S		X	X	X	X
			AMT01	Amount Qualifier Code	R	KF - Net Paid Amount	X	X	X	X
			AMT02	Monetary Amount	R			X	X	X
2320	AMT	Medicare Paid Amount - 80%			S		X	X	X	X
			AMT01	Amount Qualifier Code	R	PG - Payoff	X	X	X	X
			AMT02	Monetary Amount	R		X	X	X	X
2320	AMT	Coordination of Benefits (COB) Medicare A Trust Fund Paid Amount			S		X	X	X	X
			AMT01	Amount Qualifier Code	R	AA - Allocated	X	X	X	X
			AMT02	Monetary Amount	R		X	X	X	X
2320	AMT	Coordination of Benefits (COB) Medicare B Trust Fund Amount			S		X	X	X	X
			AMT01	Amount Qualifier Code	R	B1 - Benefit Amount	X	X	X	X
			AMT02	Monetary Amount	R		X	X	X	X
2320	AMT	Coordination of Benefits (COB) Total Non-Covered Amount			S		X	X	X	X
			AMT01	Amount Qualifier Code	R	A8 - NonCovered Charges - Actual	X	X	X	X
			AMT02	Monetary Amount	R		X	X	X	X
2320	AMT	Coordination of Benefits (COB) Total Denied Amount			S		X	X	X	X
			AMT01	Amount Qualifier Code	R	YT - Denied	X	X	X	X
			AMT02	Monetary Amount	R		X	X	X	X
2320	DMG	Other Subscriber Demographic Information			S		X	X	X	X
			DMG01	Date Time Period Format Qualifier	R	D8 - Date Expressed in Format CCYYMMDD	X	X	X	X
			DMG02	Date Time Period	R		X	X	X	X
			DMG03	Gender Code	R	F - Female M - Male U - Unknown	X	X	X	X
2320	OI	Other Insurance Coverage Information			S		X	X	X	X
			OI03	Yes/No Condition or Response Code	R	N - No Y - Yes	X	X	X	X
			OI06	Release of Information Code	R	A,I,M,N,O,Y	X	X	X	X

Loop	Segment ID	Segment Name	Reference Designator	Data Element Name	Usage	Selected Code Value	Blue Cross Blue Shield	Health Advantage	Blue Advantage Admin/Blue Advantage	FEP
2320	MIA	Medicare Inpatient Adjudication Information			S					
			MIA01	Quantity	R					
			MIA02	Quantity	S					
			MIA03	Quantity	S					
			MIA03	Monetary Amount	S					
			MIA04	Reference Identification	S					
			MIA05	Monetary Amount	S					
			MIA06	Monetary Amount	S					
			MIA07	Monetary Amount	S					
			MIA08	Monetary Amount	S					
			MIA09	Monetary Amount	S					
			MIA10	Monetary Amount	S					
			MIA11	Monetary Amount	S					
			MIA12	Monetary Amount	S					
			MIA13	Monetary Amount	S					
			MIA14	Monetary Amount	S					
			MIA15	Quantity	S					
			MIA16	Monetary Amount	S					
			MIA17	Monetary Amount	S					
			MIA18	Monetary Amount	S					
			MIA19	Monetary Amount	S					
			MIA20	Reference Identification	S					
			MIA21	Reference Identification	S					
			MIA23	Reference Identification	S					
			MIA24	Monetary Amount	S					
2320	MOA	Medicare Outpatient Adjudication Information			S					
			MOA01	Percent	S					
			MOA02	Monetary Amount	S					
			MOA03	Reference Identification	S					
			MOA04	Reference Identification	S					
			MOA05	Reference Identification	S					
			MOA06	Reference Identification	S					
			MOA07	Reference Identification	S					
			MOA08	Monetary Amount	S					
			MOA09	Monetary Amount	S					
2330A	NM1	Other Subscriber Name			S		X	X	X	X
			NM101	Entity Identifier Code	R	IL - Insured or Subscriber	X	X	X	X
			NM102	Entity Type Qualifier	R	1 - Person 2 - Non-Person Entity	X	X	X	X
			NM103	Name Last or Organization Name	R		X	X	X	X
			NM108	Identification Code Qualifier	R	MI-Member Identification Number ZZ- Mutually Defined	MI	MI	MI	MI

Required if Applicable

Required if applicable

			NM109	Identification Code	R		X	X	X	X
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Loop	Segment ID	Segment Name	Reference Designator	Data Element Name	Usage	Selected Code Value	Blue Cross Blue Shield			
2330A	REF	Other Subscriber Secondary Information			S		X	X	X	X
			REF01	Reference Identification Qualifier	R	1W,23,IG,SY	X	X	X	X
			REF02	Reference Identification	R		X	X	X	X
2330B	NM1	Other Payer Name			S		X	X	X	X
			NM101	Entity Identifier Code	R	PR - Payer	X	X	X	X
			NM102	Entity Type Qualifier	R	2 - Non-Person Entity	X	X	X	X
			NM103	Name Last or Organization Name	R		X	X	X	X
			NM108	Identification Code Qualifier	R	PI-Payor Identification XV-Health Care Financing Administration National PlanID	PI	PI	PI	P1
			NM109	Identification Code	R		BC01	HAD01	US01	FEP01
2330B	DTP	Claim Adjudication Date			S		X	X	X	X
			DTP01	Date/Time Qualifier	R	573 - Date Claim Paid	X	X	X	X
			DTP02	Date Time Period Format Qualifier	R	D8 - Date Expressed in Format CCYYMMDD	X	X	X	X
			DTP03	Date Time Period	R		X	X	X	X
2330B	REF	Other Payer Secondary Identification and Reference Number			S		X	X	X	X
			REF01	Reference Identification Qualifier	R	2U,F8,FY,NF,TJ	X	X	X	X
			REF02	Reference Identification	R		X	X	X	
2430	SVD	Service Line Adjudication Information			S		X	X	X	X
			SVD01	Identification Code	R		X	X	X	X
			SVD02	Monetary Amount	R		X	X	X	X
			SVD03	Composite Medical Procedure Identifier			X	X	X	X
			SVD03-1	Product/Service ID Qualifier	R	HC	X	X	X	X
			SVD03-2	Product/ Service ID	R		X	X	X	X
			SVD04	Product/Service ID	R		X	X	X	X
			SVD05	Quantity	R		X	X	X	X
2430	CAS	Service Line Adjustment			S		X	X	X	X
			CAS01	Claim Adjustment Group Code	R	CO,CR,OA,PI,PR	X	X	X	X
			CAS02	Claim Adjustment Reason Code	R		X	X	X	X
			CAS03	Monetary Amount	R		X	X	X	X
2430	DTP	Service Adjudication Date			S		X	X	X	X
			DTP01	Date/Time Qualifier	R	573 - Date Claim Paid	X	X	X	X
			DTP02	Date Time Period Format Qualifier	R	D8 - Date Expressed in Format CCYYMMDD	X	X	X	X

			DTP03	Date Time Period	R		X	X	X	X
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