

ANSI 4010A1 PROFESSIONAL TRANSACTION BILLING REQUIREMENTS

Loop	Segment ID	Segment Name	Reference Designator	Data Element Name	Usage	Selected Code Values	Blue Cross Blue Shield	Health Advantage	Admin/BlueAdvantage Admin/USable	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
			SBR05	Insurance Type code	R	AP,C1,CP,GP,HM,IP,LD,LT,MB,MC,MI,MP,OT,PP, SP	X	X	X	X
			SBR09	Claim Filing Indicator Code	R	09,10,11,12,13,14,15,16,AM,BL,CH,CI,DS,HM,LI,LM,MB,MC,OF,TV,WC,VA,ZZ	BL, 12 or 09	BL	BL	12 OR BL
2320	CAS	Claim Level Adjustments			S		X	X	X	X
			CAS01	Claim Adjustment Group code	R	CO,CR,OA,PI,PR	X	X	X	X
2320	AMT	Coordination of Benefits (COB) Payer Paid Amount			S		X	X	X	X
			AMT01	Amount Qualifier Code	R	D - Payor Amount paid	X	X	X	X
			AMT02	Monetary Amount	R		X	X	X	X
2320	AMT	Coordination of Benefits (COB) Approved Amount			R		X	X	X	X
			AMT01	Amount Qualifier Code	R	AAE - Approved Amount	X	X	X	X
			AMT02	Monetary Amount	R		X	X	X	X
2320	AMT	Coordination Of Benefits (COB) 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) Patient Responsibility Amount			S		X	X	X	X
			AMT01	Amount Qualifier Code	R	F2 - Patient Responsibility - Actual	X	X	X	X
			AMT02	Monetary Amount	R		X	X	X	X
2320	AMT	Coordination of Benefits (COB) Covered Amount			S		X	X	X	X
			AMT01	Amount Qualifier Code	R	AU - Coverage Amount	X	X	X	X
			AMT02	Monetary Amount	R		X	X	X	X
2320	AMT	Coordination of Benefits (COB) Discount Amount			S		X	X	X	X
			AMT01	Amount Qualifier Code	R	D8 - Discount Amount	X	X	X	X
			AMT02	Monetary Amount	R		X	X	X	X

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2320	AMT	Coordination of Benefits (COB) Per Day Limit Amount			S		X	X	X	X
			AMT01	Amount Qualifier Code	R	DY - Per Day Limit	X	X	X	X
			AMT02	Monetary Amount	R		X	X	X	X
2320	AMT	Coordination of Benefits (COB) Patient Paid Amount			S		X	X	X	X
			AMT01	Amount Qualifier Code	R	F5 - Patient Amount Paid	X	X	X	X
			AMT02	Monetary Amount	R		X	X	X	X
2320	DMG	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	Y - Yes N - No	X	X	X	X
			OI04	Patient Signature Source Code	R	B,C,M,P,S	X	X	X	X
			OI06	Release of Information Code	R	A,I,M,N,O,Y	X	X	X	
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	X	X	X	X
			NM103	Name Last or Organization Name	R		X	X	X	X
			NM108	Identification Code Qualifier		MI-Member ID Number ZZ-Mutually Defined	MI	MI	MI	MI
			NM109	Identification Code	R		X	X	X	X

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2330A	N3	Other Subscriber Address			S		X			X
2330A	N4	Other Subscriber City/State/Zip Code					X			X
2330A	REF	Other Subscriber Secondary Identification			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 Payor Name			R		X	X	X	X
			NM101	Entity Identifier Code	R	PR-Payer	BC01	HA01	US01	FEP01
			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 ID XV - HCFA National Payer ID	X	X	X	X
			NM109	Identification Code	R		X	X	X	X
2330B	PER	Other Payer Contact Information			S		X	X	X	X
			PER01	Contact Function Code	R	IC - Information Contact	X	X	X	X
			PER02	Name	R		X	X	X	X
			PER03	Communication Number Qualifier		ED,EM,FX,TE	TE	TE	TE	TE
			PER04	Communication Number	R		X	X	X	X
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
2330C	REF	Other Payer Patient Identification			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

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2430	SVD	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	R		X	X	X	X
			SVD03-1	Product/Service ID Qualifier	R	HC,IV,ZZ	X	HC	HC	HC
			SVD03-2	Product/ Service ID	R		X	X	X	X
			SVD05	Quantity	R		X	X	X	X
2430	CAS	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	Line Adjudication Date	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