

HCFA Mapping to BCBSNC Local Proprietary Format (LPF) and the HIPAA 837-Professional Implementation Guide

Form Locator	Description of HCFA Value and Notes for 837 Equivalents	LPF Record & Position	ANSI 837P Looping Structure	ANSI 837P Segment & Element ID	ANSI 837P Imp. Guide Page Number
n/a	Header and Trailer - ANSI 837P Header & Footers information will be in the ISA/IEA, GS/GE & THE ST/SE	HDR 1-3 TRL1-3		ST01 & ST02	
1	Leave blank	n/a	n/a		
1a	Insured's ID – Enter the Member identification number exactly as it appears on the patient's card. The Member's ID number is the Subscriber number, any alpha prefix, and any two-digit suffix listed next to the Member's first name on the ID card. This field accepts alpha and numeric characters.	A7-22	2010BA (if subscriber is patient) or 2010CA	NM1-09	pp. 119, 159
2	The patient's name should be entered as last name, first name & middle initial	B 6-20, B21-30 & B-31	2010BA (if subscriber is patient) or 2010CA	NM1-03, NM1-04, NM1-05	pp. 118, 158
3	The patient's birth date in MMDDCCYY format on the HCFA form must be changed to an 837 compliant format of CCYYMMDD. Indicate patient's sex with one character (M or F)	B32-39 & B40	2010BA (if subscriber is patient) or 2010CA	DMG02 & DMG03	pp. 125, 165
4	Insured's name – Last Name, First Name, M.I. (This name should correspond with the ID # in field 1a.) Note that in the 837, the insured's name will always appear in the 2010BA. If the patient is the same as insured, the NM1-09 will also be present in the 2010BA loop.	B46-60, B61-75 & B76	2010BA	NM1-03, NM1-04 & NM1-05	pp. 118
5	Patient's address and telephone number - Address, City, State, Zip Code & Telephone Number (Patient telephone number is not available in the 837 - Professional)	C6-30, C31-45, C46-47, C48-56 & C57-66	2010BA, or 2010CA	N301, N401, N402, N403 & N/A	pp. 121, 161 and 122, 162
6	Patient's relationship to the insured should be indicated with one character (1-Self, 2-Spouse, 3-Child). When the patient is the subscriber the SPR02 is required, otherwise, the PAT01 is used (patient is not the subscriber).	B41	2000B, 2000C	SBR02 PAT01	pp. 111, 154
7	Insured's address - Address, City, State, Zip Code & Telephone Number (Mandatory for FEP, National Accounts and Blue Card claims) (Subscriber telephone number is not available in the 837)	D6-30, D31-45, D46-47, D48-56 & D57-66	2010BA	N301, N401, N402, N403 & N/A	pp. 121 & 122 & 123
8	Patient's marital status (1-Single, 2-Married, 3-Other) and employment status (1-Employed, 2-Full time student, 3-Part time student)	D67 & D68	N/A	N/A	

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9	Show the last name, first name and middle initial of the person having other coverage that applies to this patient. (Complete this block only when the patient has other insurance coverage).	G6-20, G21-35 & G36	2330A	NM1-03, NM1-04 & NM1-05	pp.351
9a	The policy and/or group number of the other insured's policy	G37-52	2320	SBR03	pp.320
9b	The patient's birth date in MMDDCCYY format on the HCFA form must be changed to an 837 compliant format of CCYYMMDD. Indicate patient's sex with one character (M or F)	G53-60 & G61	2320	DMG02 & DMG03	pp. 343
9c	The insured's employer's name or school name.	H6-33	N/A	N/A	
9d	The insured's insurance company plan name, program name or if no other insurance 'NONE'	H34-61	2320	SBR04	pp.320
10a	Work related indicator – Is patient's condition related to employment? (Y=yes, N=no) (NOTE: the value in CLM11:1-3 has to be EM for this to be employment related.)	E6	2300	CLM11-1 CLM11-2 or CLM11-3	pp. 176, 177
10b	Auto accident indicator – Is patient's condition related to an auto accident? (Y=yes, N=no) If Yes, place the accident took place (2 character abbreviation of state where accident occurred).	E7, E8-9	2300	CLM11-1 CLM11-2 or CLM11-3 CLM11-4	pp. 176, 177
10c	Accidental Injury Indicator – Is patient's condition related to another accident? (Y=yes, N=no)	E10	2300	CLM11-1 CLM11-2 or CLM11-3	pp. 176177
11	Member's policy, group or FECA number	F6-15	2000B	SBR03	p. 111
11a	The patient's birth date in MMDDCCYY format on the HCFA form must be changed to an 837 compliant format of CCYYMMDD. Indicate patient's sex with one character (M or F)	F16-23 & F24	2010BA	DMG02 & DMG03	p.125
11b	Member's employer's name or school name	F25-52	N/A	N/A	
11c	Member's Insurance plan name or program name.	F53-80	2000B	SBR04	p. 111
11d	Is there another health benefit plan? (Y=yes, N=no) Note: In the 837, the presence of the 2320, SRR loop/segment indicates if there is additional health benefit coverage.	G69	2320	SBR01	p. 321

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n/a	Other Coverage Type Indicator – Indicates the type of insurance carrier (1-No other coverage, 2-Commercial coverage, 3-Out-of-state Blue Cross plan, 4-CHAMPUS, 5-BCBSNC, 6-Medicaid, 7-Medicare, 8-Blue Cross & Medicaid, 9-Blue Cross & CHAMPUS, X-State Heal In the 837, uses the closest options from SBR09 that match the HCFA selections.	G70	2320	SBR09	p. 321
12	Patient's or authorized signature indicator for information release	H62-76	N/A	NA	
13	Insured's or authorized persons signature authorizing payment of medical benefits to physician or supplier	n/a			
14	Date of onset in MMDDYY format for current illness, accident or LMP (Last Menstrual Period) - Date format for the 837 is CCYYMMDD Note that there are three possible DTP segments from the 837 that could be used here. See page numbers for different locations.	I 6-11	2300	DTP 03	pp. 189, 194, or 196
15	First date that patient had previous same or similar illness in MMDDYY format. Date format for the 837 is CCYYMMDD.	I 12-17	2300	DTP 03	p. 193
16	Unable to work in current occupation – contains from date in MMDDYY format. Date format for the 837 is CCYYMMDD.	I 20-25	2300	DTP 03	p. 202
17	Enter the name of the referring physician or provider. May contain SELF (Note that in the 837 this may NOT contain "SELF"; NM103 is the Last Name and is required if this segment is used at all.)	J6-33	2310A	NM1- 03 ,04 & 05	p. 284
17a	Referring physicians Blue Shield provider number	J34-45	2310A	REF 02	p. 289
18	If services are provided in the hospital, give hospitalization To and From dates related to the current service in MMDDYYMMDDYY format. Only list dates services provided, not complete hospitalization dates. (Mandatory for inpatient admissions) NOTE: in the 837, date format is CCYYMMDD.	J51-56 & J57-62	2300	DTP 03	pp. 209, 211
19	Not is use at this time	n/a			
20	Lab indicator – Was an outside lab performed on this patient? (Y=yes, N=no) If yes, charges incurred for Outside Lab in \$\$\$\$ ¢ format. Note that the 837 format for monetary amounts MAY include the decimal point and up to 2 places if needed to indicate parts of a dollar (for example, \$\$\$.¢). Do not use any places after the decimal that are not needed to keep a place or show a value.	K54 & K55-61	N/A	N/A	

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21	Primary, Secondary, Contributing and Contributing Diagnosis ICD9-CM codes describing the illness or injury which is being treated. (Enter up to four codes in priority order).	L6-10 , L11-15, L16-20 & L21-25	2300	HI01:2 & HI02:2 & HI03:2 & HI04:2	pp. 266 & 266 & 267 & 268
22	Medicaid Resubmission Code/Orginal Ref. No.	L26-37 & L38-55	N/A	N/A	
23	Prior Authorization or Certification Plan approval # if services require it	L56-75	2300	REF02	p. 228
24a	From and To Dates in Month, day, and year (eight digits) for procedure, service or supply. (Note: date format for 837 is CCYYMMDD.)	M6-17	2400	DTP03	p. 436
24b	Place of Service code	M18-19	2300	CLM05:1	p. 173
24c	Type of Service code	M20-21	N/A	NA/	
24d	Procedure code – contains CPT4, HCPCS or BSI-5 code and CPT4 modifiers if they are needed.	M22-26 & M27-28, M58-59, M60-61	2400	SV101-2 & SV101-3 & SV101-4 & SV101-5	pp. 401 & 402
24e	Diagnosis code – contains the ICD9-CM that relates to the Procedure code in 24d	M29-33	2400	SV107-1	p. 405
24f	Charges. Note that the 837 format for monetary amounts MAY include the decimal point and up to 2 places if needed to indicate parts of a dollar (for example, \$\$\$.\$¢¢). Do not use any places after the decimal that are not needed to keep a place or show a value. For example, a value of \$120.50 should be presented as 120.5	M34-40	2400	SV102	402
24g	Days, Units or Minutes – Indicates how many times the procedure was performed. Should include number of visits, or units of supplies, or service, or anesthesia time in one-minute increments.	M41-44	2400	SV104	p. 403
24h	EPSDT Family Plan (leave blank)	M45-47	2300	CLM12	p. 178
24i	EMG – Emergency indicator (leave blank)	M48-50	2400	SV109	p.406
24j	COB Coordination of Benefits (leave blank)	M51-52	N/A	N/A	

Bolded text indicates Required Fields; Note that only segments and elements are designated as required or situational - loops are not. Elements that are required, IF the situational segment is used, are bold.

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24k	BCBSNC Physician identification number for the performing provider. If a Group Number displays in the Header Record, a physician ID number is required in this field. (NOTE: If the rendering physician is the same as the Billing/Pay-to Provider, this information must ALSO be contained in the 2000A Loop PRV for IG compliance. For BCBSNC processing, this information must be in the 2310B Loop, REF02.)	M53-57	2310B This segment and element are required for BCBSNC processing.	REF02 This segment and element are required for BCBSNC processing.	p. 297
25	Federal Tax ID number & Federal Tax ID flag (S = Social Security Number, E = Employer Identification Number This Tax ID # represents that of the Bill-To Provider or the Pay-to Provider if it is different from the Bill-to Provider.	N6-14 & N15	2010AA	NM1-09 & NM1-08	p. 86, 101
	Patient Account Number - assigned by provider's/supplier's accounting system. (FL 26 on a paper HCFA1500)	A29-45	2300	CLM01	p. 171
26	Medical Record Number (Providers claim number) – Changed from Patient Account Number for LRSP processing.	N16-31	2300	REF02	p. 241
27	Accept Assignment	N32	2300	CLM07	p. 174
28	Total Charges for up to six procedures in \$\$\$\$\$c format. Note that the 837 format for monetary amounts MAY include the decimal point and up to 2 places if needed to indicate parts of a dollar (for example, \$\$\$.\$c). Do not use any places after the decimal that are not needed to keep a place or show a value. For example, a value of \$120.50 should be presented as 120.5	N33-40	2300	CLM02	p. 172
29	Amount paid by the primary insurance carrier in \$\$\$\$\$c format. Note that the 837 format for monetary amounts MAY include the decimal point and up to 2 places if needed to indicate parts of a dollar (for example, \$\$\$.\$c). Do not use any places after the decimal that are not needed to keep a place or show a value. For example, a value of \$120.50 should be presented as 120.5	N41-48	2300	AMT02	p. 220
30	Balance Due (charges minus any payments received in \$\$\$\$\$c) Note that the 837 format for monetary amounts MAY include the decimal point and up to 2 places if needed to indicate parts of a dollar (for example, \$\$\$.\$c). Do not use any places after the decimal that are not needed to keep a place or show a value. For example, a value of \$120.50 should be presented as 120.5	N49-55	N/A	N/A	
31	Signature of the physician/provider/supplier	n/a			

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32	Name of facility where services were rendered if other than home or office (Note: In the 837 if NM1 is used, NM1-01 and 02 are required.)	O 6-25	2310D	NM1-03	p. 304
33	Physician's billing name and address (P3), City (P4), State – 2 character abbreviation (P5), Zip Code (P6) and the five digit BCBSNC Group or Provider number (P7), desired for payments and correspondence.	P6-30, P31-46, P47-48, P49-57 & P58-69	2010AA, 2010AB	NM103, NM104, N301, N401, N402, N403 & REF02	pp. 84, 85, 88, 103 & 89, 104 & 90, 104 & 90, 105 & 92, 107

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