

**Blue Cross of Idaho**

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**276/277 Health Care  
Claim Status  
Inquiry & Response**

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**Companion Guide  
Version 1.0**

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# Document Releases

Version	Date	Revision Reason	Approved By
1.0		Initial Release	

# Version Change Details

Version 1.0 – Initial release.

# List of Acronyms

Blue Cross of Idaho (**BCI**)

Electronic Data Interchange (**EDI**)

Health Insurance Portability and Accountability Act (**HIPAA**)

# 1 Introduction

## 1.1 Disclaimer

This Companion Guide for the **276 Health Care Claim Status Request**, and the **277 Health Care Claim Status Notification**, have been created for use in conjunction with the 4010A1 version of the ANSI X12 Implementation Guide. This document should not be considered a replacement for the ANSI X12 Implementation Guide, but as an additional source of information created to assist providers and business partners of Blue Cross of Idaho. A download of the latest ANSI X12 Implementation Guide can be obtained, at no cost, at the following Website: <http://www.wpc-edi.com/content/view/533/377/>

## 1.2 Document Purpose

The purpose of this companion guide is to describe those aspects of processing electronic **276 Health Care Claim Status Request**, and the **277 Health Care Claim Status Notification**, which are specific to Blue Cross of Idaho. As mentioned above, this companion guide is not meant to be used as a replacement for the 4010A1 version of the ANSI X12 Implementation Guide.

This companion guide contains data clarifications derived from specific business rules that apply exclusively to claims processing done by Blue Cross of Idaho. In addition, this guide also includes useful information about sending and receiving data to and from Blue Cross of Idaho.

Clients of Blue Cross of Idaho are advised that updates will be made to this document on a continual basis, and the current version of the document will be available by visiting the following website: <http://www.bluecross.com>

## 2 Enrollment & Support Information

### 2.1 Enrollment Information

Any entity desiring to send or receive electronic transactions through the Blue Cross of Idaho Clearinghouse must first be registered, and Blue Cross of Idaho requires a separate enrollment form for each transaction set being processed. If you are interested in registering with Blue Cross of Idaho, simply complete a copy of the Electronic Claims Submission Enrollment Form and Fax it to **(208)-331-7203**.

This form is available at the following website: [http://www.bcidaho.com/edi\\_clearinghouse/index.asp](http://www.bcidaho.com/edi_clearinghouse/index.asp)  
Please look under the **Providers** column, and you will find a link to the **Electronic Claims Submission Enrollment Form**.

After Blue Cross of Idaho has received and processed your Electronic Claims Submission Enrollment Form, there are a number of tasks that must be completed:

- ◆ Receive your login and password information.
- ◆ Submit test files, assisted by a member of the Blue Cross of Idaho EDI Support Desk.
- ◆ Obtain permission to submit production data files.

### 2.2 EDI Support

The Blue Cross of Idaho EDI Support Desk assists users with questions about electronic transactions. The Blue Cross of Idaho EDI Support Desk is available to all Idaho providers Monday through Friday from 8:00 a.m. to 5:00 p.m. MST at **(208)-331-8817** or **(888)-224-3341**.

The Blue Cross of Idaho EDI Support Desk:

- Provides information on services offered.
- Enrolls users for claims submission and data retrieval.
- Verifies receipt of electronic transmissions.
- Provides technical assistance to users who are experiencing transmission difficulties.

### 2.3 General Business Information

BCI will only accept transactions from trading partners who have completed the enrollment process, which means the entity's submitter ID is on file. All other transactions will be rejected.

BCI complies with the standards adopted by HIPAA. Specific coding requirements utilized by Blue Cross of Idaho are described below. It should be remembered that the eligibility information returned by BCI is not a guarantee of claims payment. BCI will respond to all eligibility requests with the coverage information available for the patient identified per the date provided.

When submitting 276 real-time requests, BCI will only accept one patient request per ISA-IEA, GS-GE and ST-SE envelope configuration. When submitting 276 batch requests, BCI will accept multiple GS-GE groups within a single ISA-IEA pairing.

# 3 276 - Health Care Claim Status Request

## 3.1 Blue Cross of Idaho Coding Requirements for the 276 transaction

**Purpose:** This Draft Standard for Trial Use contains the format and establishes the data contents of the Health Care Claim Status Request Transaction Set (276) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used by a provider, recipient of health care products or services, or their authorized agent to request the status of a health care claim or encounter from a health care payer. This transaction set is not intended to replace the Health Care Claim Transaction Set (837), but rather to occur after the receipt of a claim or encounter information. The request may occur at the summary or service line detail level.

### Enrollment Information

*Any entity desiring to send or receive electronic transactions through the Blue Cross of Idaho Clearinghouse must first be registered, and Blue Cross of Idaho requires a separate enrollment form for each transaction set being processed. If you are interested in registering with Blue Cross of Idaho, simply complete a copy of the Electronic Claims Submission Enrollment Form and Fax it to (208)-331-7203.*

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*Please look under the Providers column, and you will find a link to the Electronic Claims Submission Enrollment Form.*

*After Blue Cross of Idaho has received and processed your Electronic Claims Submission Enrollment Form, there are a number of tasks that must be completed:*

- *Receive your login and password information.*
- *Submit test files, assisted by a member of the Blue Cross of Idaho EDI Support Desk.*
- *Obtain permission to submit production data files.*

### Detail:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes
<b>LOOP ID - 2000A</b>					<b>≥1</b>	
<b>LOOP ID - 2100A</b>					<b>≥1</b>	
050	NM1	Payer Name	O	1		
<b>LOOP ID - 2000B</b>					<b>≥1</b>	
<b>LOOP ID - 2100B</b>					<b>≥1</b>	
050	NM1	Information Receiver Name	O	1		
<b>LOOP ID - 2000C</b>					<b>≥1</b>	
010	HL	Service Provider Level	M	1		
<b>LOOP ID - 2100C</b>					<b>≥1</b>	
050	NM1	Provider Name	O	1		
<b>LOOP ID - 2000D</b>					<b>≥1</b>	
010	HL	Subscriber Level	M	1		
040	DMG	Subscriber Demographic Information	O	1		N2/040
<b>LOOP ID - 2100D</b>					<b>1</b>	
050	NM1	Subscriber Name	O	1		
<b>LOOP ID - 2200D</b>					<b>≥1</b>	
090	TRN	Claim Submitter Trace Number	O	1		

# NM1

## 3.2 Payer Name

Pos: 050	Max: 1
Detail - Optional	
Loop: 2100A	Elements: 5

**Purpose:** To supply the full name of an individual or organizational entity

### Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>																
NM101	98	<b>Entity Identifier Code</b> <b>Description:</b> Code identifying an organizational entity, a physical location, property or an individual	M	ID	2/3																
		<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>PR</td> <td>Payer</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	PR	Payer															
<u>Code</u>	<u>Name</u>																				
PR	Payer																				
NM102	1065	<b>Entity Type Qualifier</b> <b>Description:</b> Code qualifying the type of entity	M	ID	1/1																
		<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>2</td> <td>Non-Person Entity</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	2	Non-Person Entity															
<u>Code</u>	<u>Name</u>																				
2	Non-Person Entity																				
NM103	1035	<b>Name Last or Organization Name</b> <b>Description:</b> Individual last name or organizational name	O	AN	1/35																
NM108	66	<b>Identification Code Qualifier</b> <b>Description:</b> Code designating the system/method of code structure used for Identification Code (67)	C	ID	1/2																
		<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>21</td> <td>Health Industry Number (HIN)</td> </tr> <tr> <td>AD</td> <td>Blue Cross Blue Shield Association Plan Code</td> </tr> <tr> <td>FI</td> <td>Federal Taxpayer's Identification Number</td> </tr> <tr> <td>NI</td> <td>National Association of Insurance Commissioners (NAIC) Identification</td> </tr> <tr> <td>PI</td> <td>Payor Identification</td> </tr> <tr> <td>PP</td> <td>Pharmacy Processor Number</td> </tr> <tr> <td>XV</td> <td>Health Care Financing Administration National Payer Identification Number (PAYERID)</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	21	Health Industry Number (HIN)	AD	Blue Cross Blue Shield Association Plan Code	FI	Federal Taxpayer's Identification Number	NI	National Association of Insurance Commissioners (NAIC) Identification	PI	Payor Identification	PP	Pharmacy Processor Number	XV	Health Care Financing Administration National Payer Identification Number (PAYERID)			
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NM109	67	<b>Identification Code</b> <b>Description:</b> Code identifying a party or other code	C	AN	2/80																
		<p><b>ExternalCodeList</b> <b>Name:</b> 121 <b>Description:</b> Health Industry Identification Number</p> <p><b>ExternalCodeList</b> <b>Name:</b> 245 <b>Description:</b> National Association of Insurance Commissioners (NAIC) Code</p> <p><b>ExternalCodeList</b> <b>Name:</b> 540 <b>Description:</b> Health Care Financing Administration National PlanID</p>																			

### BCI Business Rules:

**BCI Requires the sender to supply the Payer Name**

# NM1

## 3.3 Information Receiver Name

Pos: 050	Max: 1
Detail - Optional	
Loop: 2100B	Elements: 8

**Purpose:** To supply the full name of an individual or organizational entity

### Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>								
NM101	98	<b>Entity Identifier Code</b> <b>Description:</b> Code identifying an organizational entity, a physical location, property or an individual	M	ID	2/3								
		<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>41</td> <td>Submitter</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	41	Submitter							
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NM102	1065	<b>Entity Type Qualifier</b> <b>Description:</b> Code qualifying the type of entity	M	ID	1/1								
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<u>Code</u>	<u>Name</u>												
1	Person												
2	Non-Person Entity												
NM103	1035	<b>Name Last or Organization Name</b> <b>Description:</b> Individual last name or organizational name	O	AN	1/35								
NM104	1036	<b>Name First</b> <b>Description:</b> Individual first name	O	AN	1/25								
NM105	1037	<b>Name Middle</b> <b>Description:</b> Individual middle name or initial	O	AN	1/25								
NM107	1039	<b>Name Suffix</b> <b>Description:</b> Suffix to individual name	O	AN	1/10								
NM108	66	<b>Identification Code Qualifier</b> <b>Description:</b> Code designating the system/method of code structure used for Identification Code (67)	C	ID	1/2								
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NM109	67	<b>Identification Code</b> <b>Description:</b> Code identifying a party or other code	C	AN	2/80								
		<b><u>ExternalCodeList</u></b> <b>Name:</b> 537 <b>Description:</b> Health Care Financing Administration National Provider Identifier											

### BCI Business Rules:

**BCI Requires the sender to supply the Receiver Level**

# HL

## 3.4 Service Provider Level

Pos: 010	Max: 1
Detail - Mandatory	
Loop: 2000C	Elements: 4

**Purpose:** To identify dependencies among and the content of hierarchically related groups of data segments

### Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>				
HL01	628	<b>Hierarchical ID Number</b> <b>Description:</b> A unique number assigned by the sender to identify a particular data segment in a hierarchical structure	M	AN	1/12				
HL02	734	<b>Hierarchical Parent ID Number</b> <b>Description:</b> Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to	O	AN	1/12				
HL03	735	<b>Hierarchical Level Code</b> <b>Description:</b> Code defining the characteristic of a level in a hierarchical structure <table><thead><tr><th><u>Code</u></th><th><u>Name</u></th></tr></thead><tbody><tr><td>19</td><td>Provider of Service</td></tr></tbody></table>	<u>Code</u>	<u>Name</u>	19	Provider of Service	M	ID	1/2
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HL04	736	<b>Hierarchical Child Code</b> <b>Description:</b> Code indicating if there are hierarchical child data segments subordinate to the level being described <table><thead><tr><th><u>Code</u></th><th><u>Name</u></th></tr></thead><tbody><tr><td>1</td><td>Additional Subordinate HL Data Segment in This Hierarchical Structure.</td></tr></tbody></table>	<u>Code</u>	<u>Name</u>	1	Additional Subordinate HL Data Segment in This Hierarchical Structure.	O	ID	1/1
<u>Code</u>	<u>Name</u>								
1	Additional Subordinate HL Data Segment in This Hierarchical Structure.								

# NM1

## 3.5 Provider Name

Pos: 050	Max: 1
Detail - Optional	
Loop: 2100C	Elements: 9

**Purpose:** To supply the full name of an individual or organizational entity

### Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>								
NM101	98	<b>Entity Identifier Code</b> <b>Description:</b> Code identifying an organizational entity, a physical location, property or an individual  <table border="0"> <tr> <td><u>Code</u></td> <td><u>Name</u></td> </tr> <tr> <td>1P</td> <td>Provider</td> </tr> </table>	<u>Code</u>	<u>Name</u>	1P	Provider	M	ID	2/3				
<u>Code</u>	<u>Name</u>												
1P	Provider												
NM102	1065	<b>Entity Type Qualifier</b> <b>Description:</b> Code qualifying the type of entity  <table border="0"> <tr> <td><u>Code</u></td> <td><u>Name</u></td> </tr> <tr> <td>1</td> <td>Person</td> </tr> <tr> <td>2</td> <td>Non-Person Entity</td> </tr> </table>	<u>Code</u>	<u>Name</u>	1	Person	2	Non-Person Entity	M	ID	1/1		
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NM104	1036	<b>Name First</b> <b>Description:</b> Individual first name	O	AN	1/25								
NM105	1037	<b>Name Middle</b> <b>Description:</b> Individual middle name or initial	O	AN	1/25								
NM106	1038	<b>Name Prefix</b> <b>Description:</b> Prefix to individual name	O	AN	1/10								
NM107	1039	<b>Name Suffix</b> <b>Description:</b> Suffix to individual name	O	AN	1/10								
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### BCI Business Rules:

**BCI Requires the sender to supply the Provider Name**

# HL

## 3.6 Subscriber Level

Pos: 010	Max: 1
Detail - Mandatory	
Loop: 2000D	Elements: 4

**Purpose:** To identify dependencies among and the content of hierarchically related groups of data segments

### Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>						
HL01	628	<b>Hierarchical ID Number</b> <b>Description:</b> A unique number assigned by the sender to identify a particular data segment in a hierarchical structure	M	AN	1/12						
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<u>Code</u>	<u>Name</u>										
0	No Subordinate HL Segment in This Hierarchical Structure.										
1	Additional Subordinate HL Data Segment in This Hierarchical Structure.										

# DMG

## 3.7 Subscriber Demographic Information

Pos: 040	Max: 1
Detail - Optional	
Loop: 2000D	Elements: 3

**Purpose:** To supply demographic information

### Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
DMG01	1250	<b>Date Time Period Format Qualifier</b> <b>Description:</b> Code indicating the date format, time format, or date and time format	C	ID	2/3
		<b>Code</b> <b>Name</b> D8            Date Expressed in Format CCYYMMDD			
DMG02	1251	<b>Date Time Period</b> <b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times	C	AN	1/35
DMG03	1068	<b>Gender Code</b> <b>Description:</b> Code indicating the sex of the individual	O	ID	1/1
		<b>Code</b> <b>Name</b> F            Female M            Male U            Unknown			

# NM1

## 3.8 Subscriber Name

Pos: 050	Max: 1
Detail - Optional	
Loop: 2100D	Elements: 9

**Purpose:** To supply the full name of an individual or organizational entity

### Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>								
NM101	98	<b>Entity Identifier Code</b> <b>Description:</b> Code identifying an organizational entity, a physical location, property or an individual	M	ID	2/3								
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NM106	1038	<b>Name Prefix</b> <b>Description:</b> Prefix to individual name	O	AN	1/10								
NM107	1039	<b>Name Suffix</b> <b>Description:</b> Suffix to individual name	O	AN	1/10								
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<u>Code</u>	<u>Name</u>												
24	Employer's Identification Number												
MI	Member Identification Number												
ZZ	Mutually Defined												
NM109	67	<b>Identification Code</b> <b>Description:</b> Code identifying a party or other code	C	AN	2/80								

### BCI Business Rules:

**BCI Requires the sender to supply the Subscriber Level**

# TRN

## 3.9 Claim Submitter Trace Number

Pos: 090	Max: 1
Detail - Optional	
Loop: 2200D	Elements: 2

**Purpose:** To uniquely identify a transaction to an application

### Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
TRN01	481	<b>Trace Type Code</b> <b>Description:</b> Code identifying which transaction is being referenced	M	ID	1/2
		<b>Code</b> <b>Name</b> 1              Current Transaction Trace Numbers			
TRN02	127	<b>Reference Identification</b> <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M	AN	1/30

### BCI Business Rules:

**BCI Requires the sender to supply the Claim Submitter Trace Number**

# 4 277 - Health Care Claim Status Notification

## 4.1 Blue Cross of Idaho Coding Requirements for the 277 transaction

Blue Cross of Idaho complies with the standards adopted by HIPAA, when generating a 277 transaction.

**Purpose:** This Draft Standard for Trial Use contains the format and establishes the data contents of the Health Care Claim Status Notification Transaction Set (277) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used by a health care payer or authorized agent to notify a provider, recipient, or authorized agent regarding the status of a health care claim or encounter or to request additional information from the provider regarding a health care claim or encounter. This transaction set is not intended to replace the Health Care Claim Payment/Advice Transaction Set (835) and therefore, will not be used for account payment posting. The notification may be at a summary or service line detail level. The notification may be solicited or unsolicited.

### Enrollment Information

*Any entity desiring to send or receive electronic transactions through the Blue Cross of Idaho Clearinghouse must first be registered, and Blue Cross of Idaho requires a separate enrollment form for each transaction set being processed. If you are interested in registering with Blue Cross of Idaho, simply complete a copy of the Electronic Claims Submission Enrollment Form and Fax it to (208)-331-7203.*

*This form is available at the following website: [http://www.bcidaho.com/edi\\_clearinghouse/index.asp](http://www.bcidaho.com/edi_clearinghouse/index.asp)*

*Please look under the Providers column, and you will find a link to the Electronic Claims Submission Enrollment Form.*

*After Blue Cross of Idaho has received and processed your Electronic Claims Submission Enrollment Form, there are a number of tasks that must be completed:*

- *Receive your login and password information.*
- *Submit test files, assisted by a member of the Blue Cross of Idaho EDI Support Desk.*
- *Obtain permission to submit production data files.*

### Detail:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes	Usage	Page
<b>LOOP ID - 2000A</b>					<b>&gt;1</b>			
<b>LOOP ID - 2100A</b>					<b>&gt;1</b>			
050	NM1	Payer Name	O	1			Required	10
<b>LOOP ID - 2000B</b>					<b>&gt;1</b>			
<b>LOOP ID - 2100B</b>					<b>&gt;1</b>			
050	NM1	Information Receiver Name	O	1			Required	11
<b>LOOP ID - 2000C</b>					<b>&gt;1</b>			
<b>LOOP ID - 2100C</b>					<b>&gt;1</b>			
050	NM1	Provider Name	O	1			Required	12
<b>LOOP ID - 2000D</b>					<b>&gt;1</b>			
<b>LOOP ID - 2100D</b>					<b>1</b>			
050	NM1	Subscriber Name	O	1			Required	13
<b>LOOP ID - 2200D</b>					<b>&gt;1</b>			
090	TRN	Claim Submitter Trace Number	O	1			Situational	14

# NM1

## 4.2 Payer Name

Pos: 050	Max: 1
Detail - Optional	
Loop: 2100A	Elements: 5

**User Option (Usage):** Required

**Purpose:** To supply the full name of an individual or organizational entity

### Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	98	Entity Identifier Code	M	ID	2/3	Required
NM102	1065	Entity Type Qualifier	M	ID	1/1	Required
NM103	1035	Name Last or Organization Name	O	AN	1/35	Situational
NM108	66	Identification Code Qualifier	C	ID	1/2	Situational
NM109	67	Identification Code	C	AN	2/80	Situational

### BCI Business Rules:

*BCI will return the Payer Name*

# NM1

## 4.3 Information Receiver Name

Pos: 050	Max: 1
Detail - Optional	
Loop: 2100B	Elements: 9

**User Option (Usage):** Required

**Purpose:** To supply the full name of an individual or organizational entity

### Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	98	Entity Identifier Code	M	ID	2/3	Required
NM102	1065	Entity Type Qualifier	M	ID	1/1	Required
NM103	1035	Name Last or Organization Name	O	AN	1/35	Situational
NM104	1036	Name First	O	AN	1/25	Situational
NM105	1037	Name Middle	O	AN	1/25	Situational
NM106	1038	Name Prefix	O	AN	1/10	Situational
NM107	1039	Name Suffix	O	AN	1/10	Situational
NM108	66	Identification Code Qualifier	C	ID	1/2	Situational
NM109	67	Identification Code	C	AN	2/80	Situational

### BCI Business Rules:

*BCI will return the Receiver Level*

# NM1

## 4.4 Provider Name

Pos: 050	Max: 1
Detail - Optional	
Loop: 2100C	Elements: 9

**User Option (Usage):** Required

**Purpose:** To supply the full name of an individual or organizational entity

### Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	98	Entity Identifier Code	M	ID	2/3	Required
NM102	1065	Entity Type Qualifier	M	ID	1/1	Required
NM103	1035	Name Last or Organization Name	O	AN	1/35	Situational
NM104	1036	Name First	O	AN	1/25	Situational
NM105	1037	Name Middle	O	AN	1/25	Situational
NM106	1038	Name Prefix	O	AN	1/10	Situational
NM107	1039	Name Suffix	O	AN	1/10	Situational
NM108	66	Identification Code Qualifier	C	ID	1/2	Situational
NM109	67	Identification Code	C	AN	2/80	Situational

### BCI Business Rules:

*BCI will return Service Provider Level*

# NM1

## 4.5 Subscriber Name

Pos: 050	Max: 1
Detail - Optional	
Loop: 2100D	Elements: 9

**User Option (Usage):** Required

**Purpose:** To supply the full name of an individual or organizational entity

### Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	98	Entity Identifier Code	M	ID	2/3	Required
NM102	1065	Entity Type Qualifier	M	ID	1/1	Required
NM103	1035	Name Last or Organization Name	O	AN	1/35	Situational
NM104	1036	Name First	O	AN	1/25	Situational
NM105	1037	Name Middle	O	AN	1/25	Situational
NM106	1038	Name Prefix	O	AN	1/10	Situational
NM107	1039	Name Suffix	O	AN	1/10	Situational
NM108	66	Identification Code Qualifier	C	ID	1/2	Situational
NM109	67	Identification Code	C	AN	2/80	Situational

### BCI Business Rules:

*BCI will return Subscriber Level*

# TRN

## 4.6 Claim Submitter Trace Number

Pos: 090	Max: 1
Detail - Optional	
Loop: 2200D	Elements: 2

**User Option (Usage):** Situational

**Purpose:** To uniquely identify a transaction to an application

### Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
TRN01	481	Trace Type Code	M	ID	1/2	Required
TRN02	127	Reference Identification	M	AN	1/30	Required

### BCI Business Rules:

*BCI will return the Claim Submitter Trace Number*

All other fields are to be coded as per the X12 Guideline.