

Medicare B Supplemental Claims Submission Reference Guide

Submit Supplemental Claims Electronically

Most Medicare Part B supplemental claims automatically crossover to BCBSIL. Crossover is the most efficient and cost effective method to receive payment for Medicare Supplemental claims because you do not have to submit a separate claim with the Medicare EOMB to BCBSIL. However, in some cases when patients have not updated their BCBSIL membership information* the claims will not automatically crossover. BCBSIL is now offering an electronic alternative to obtain the supplemental payment when claims do not crossover.

Follow the timeline described below to determine when a claim should crossover. (This guideline assumes the primary Medicare claim was submitted in the HIPAA compliant 837 format. Start with the **date** you receive your Explanation of Medicare Benefits:

Day 1—Receive payment and EOMB from Medicare indicating the claim has been forwarded to BCBS for supplemental payment.

Days 4—19 Receive the supplemental Crossover payment from BCBSIL (Crossover claims are highlighted with a message on the PCS; the Provider Claim Summary)

Day 20—If no payment or denial indicated on the PCS (Provider Claim Summary) is received; file the supplemental portion electronically to BCBSIL using the guidelines on the following matrix.

Note: For non-HIPAA compliant claims and paper submissions, please add 14 days to this timeline.

*The crossover process requires the patient to provide BCBSIL with the HICN Number assigned by Medicare. Where claims do not crossover for a patient or do so inconsistently please advise them to provide BCBSIL with their HICN# by contacting Customer Service at the 800 number on the back of their BCBSIL Identification Card.

ANSI 837P Format—Version 4010 A1			T0301	Source	
Loop	Segment	Value	Record (Field)	Paper EOB	835
Claim Level Data Elements					
2000B	SBR01	S(econdary)	Second DA0 record, DA0-04 = P	NA	NA
	SBR09	BL (BLUE SHIELD)	DA0-05 = G	NA	NA
2010BB	NM109	BCBS/HCSC PAYER ID NO. G00621 – IL G84980 – TX G00790 – NM	DA0-07 = Payer ID 00621 - IL, 84980 - TX, 00790 - NM	NA	NA
					2100
2300 - Claim Information	CLM07	A,B,C, or P	EA0.36	24	NA
2320 - Other Subscriber Information	SBR01	P	First DA0 record, DA0-04 = I	NA	CLP02
	SBR02	18	First DA0 record, DA0-17	NA	NA
	SBR05	MB, MI, MP, or CP (INDICATING MEDICARE AS PRIMARY PAYER)	First DA0 record, DA0-06	NA	NA
	SBR09	MB - MEDICARE PART B	First DA0 record, DA0-05	NA	CLP06
2320 - Payer Amount Paid	AMT01	D	not mapped	NA	NA
		AMOUNT PAID	First DA0 record, DA1-14	19	CLP04
2330A - Other Subscriber Name	NM101	IL	not mapped	NA	NA
	NM102	1	not mapped	NA	NA
	NM103	OTHER SUBSCRIBER LAST NAME	First DA0 record, DA0-19	20	NM103
	NM104	OTHER SUBSCRIBER FIRST NAME	First DA0 record, DA0-20	20	NM104
	NM105	MIDDLE INITIAL	First DA0 record, DA0-21	20	NM105
	NM108	MEMBER ID # QUALIFIER "MI"	not mapped	NA	NM108
	NM109	OTHER INSURED IDENTIFIER (MEDICARE HIC NUMBER)	First DA0 record, DA0-18	21	NM109
2330B - Other Payer Name	NM101	PR	not mapped	NA	NA
		2	not mapped	NA	NA
	NM103	PAYER NAME (MEDICARE)	First DA0 record, DA0-09	1	N102
	NM108	PI		NA	
	NM109	MEDICARE PART B PAYER ID NUMBER (i.e., C00952)	First DA0 record, DA0-07	NA	N104
2330B -Other Payer Secondary Identifier	REF01	2U (PAYER IDENTIFICATION NUMBER)	not mapped	NA	
	REF02	MEDICARE'S ASSIGNED CLAIM CONTROL NUMBER FROM THE EOMB	CA0-27	23	REF02

ANSI 837P Format—Version 4010 A1			T0301	Source	
Loop	Segment	Value	Record (Field)	Paper EOB	835
Line Level Data Elements					
					2110
2400-Service Line	AMT01	AAE	not mapped	NA	AMT01
	AMT02	Approved Amount	FA0-51	15	AMT02
2430 - Line Adjudication Information	SVD01	PAYER ID NUMBER (SAME AS IN LOOP 2330B - NM109)		NA	
	SVD02	SERVICE LINE AMOUNT PAID BY PRIMARY PAYER (MEDICARE) "Zero" is acceptable value for this element	FA0-52	19	SVC03
	SVD03-1	HC			SVC01-1
	SVD03-2	PROCEDURE CODE PRIMARY PAYER ADJUDICATED THIS SERVICE UNDER.	FB3-20.1 (positions 171-180)	12	SVC01-2
	SVD03-3	MODIFIER 1 PRIMARY PAYER ADJUDICATED THIS SERVICE	FB3-21.1 (positions 181-182)	13	SVC01-3
2430 - Line Adjudication Information (CONT'D)	SVD03-4	MODIFIER 2 PRIMARY PAYER ADJUDICATED THIS SERVICE	FB3-22.1 (positions 183-184)	13	SVC01-4
	SVD03-5	MODIFIER 3 PRIMARY PAYER ADJUDICATED THIS SERVICE	FB3-23.1 (positions 185-186)	13	SVC01-5
	SVD03-6	MODIFIER 4 PRIMARY PAYER ADJUDICATED THIS SERVICE	FB3-24.1 (positions 187-188)	13	SVC01-6
	SVD05	UNITS OF SERVICE PRIMARY PAYER PAID FOR THIS SERVICE	FB3.25.1 (positions 189-192)	11	SVC05
	CAS01	CLAIM ADJUSTMENT GROUP CODE	FB3-05 (positions 40-41) FB3-07 (positions 53-54) FB3-09 (positions 66-67) FB3-11 (positions 79-80) FB3-13 (positions 92-93)		CAS01
	CAS02	CLAIM ADJUSTMENT REASON CODE (CARC)			CAS02
		DEDUCTIBLE	FB0-07	16	
		CO-PAY	FB0-08	17	
		ALL OTHERS	FB3-05 (positions 42-45)	18	
	CAS03 - MA	MONETARY AMOUNT	FB3-06	19	CAS03
	CAS04 - QTY	QUANTITY		11	CAS04
	CAS05 - CARC	AS NECESSARY	FB3-07 (positions 42-45)		CAS05
	CAS06 - MA	AS NECESSARY	FB3-08		CAS06
	CAS07 - QTY	AS NECESSARY			CAS07
	CAS08 - CARC	AS NECESSARY	FB3-09 (positions 55-58)		CAS08
	CAS09 - MA	AS NECESSARY	FB3-10		CAS09
	CAS10 - QTY	AS NECESSARY			CAS10
	CAS11 - CARC	AS NECESSARY	FB3-11 (positions 68-71)		CAS11
	CAS12 - MA	AS NECESSARY	FB3-12		CAS12
	CAS13 - QTY	AS NECESSARY			CAS13
	CAS14 - CARC	AS NECESSARY	FB3-13 (positions 81-84)		CAS14
	CAS15 - MA	AS NECESSARY	FB3-14		CAS15
	CAS16 - QTY	AS NECESSARY			CAS16
	CAS17 - CARC	AS NECESSARY	FB3-15 (positions 94-97)		CAS17
	CAS18 - MA	AS NECESSARY	FB3-16		CAS18
	CAS19 - QTY	AS NECESSARY			CAS19