



## SUBMITTING ELECTRONIC CLAIMS

The following information describes the procedures to submit self referral, prior authorization, NDC drug codes and adjustments on your Blue Shield of California electronic claims.

We recommend you share this information with your practice management system vendor. The procedures below may require updates to your electronic claims billing software.

### SELF REFERRAL FOR POINT OF SERVICE (POS)

For Professional EDI claims:

- Please copy **SELFREFERRAL** to **NM103 (Loop 2310A)**
- And **BLANK** to **NM104 (Loop 2310A)**

First Name = SELFREFERRAL

Last Name = BLANK

Sample: **NM1\*DN\*1\*SELFREFERRAL\*\*\*\*XX\*1002233777~**

For Institutional EDI claims:

- Please copy **SELFREFERRAL** to **NM103 (Loop 2310F)**
- And **BLANK** to **NM104 (Loop 2310F)**

First Name = SELFREFERRAL

Last Name = BLANK

Sample: **NM1\*DN\*1\*SELFREFERRAL\*\*\*\*XX\*1002233777~**

### SUBMITTING PRIOR AUTHORIZATION NUMBERS

For both Institutional and Professional EDI claims:

- Report Prior Authorization Number in REF02 segment in Loop 2300
- Use the "G1" qualifier in the REF01 segment of Loop 2300

REF01 = G1

REF02 = Authorization Number

Sample: **REF\*G1\*12456789ABCD**

- Report the following:
  - the entity that approved the authorization (BSC, IPA, NIA),
  - authorization date,
  - date range service approved,
  - and approved days/units in **NTE02 Loop 2300**.

For Professional claims use *Claim Note* and for Institutional claims use *Billing Note*. In both Professional and Institutional claims, use "ADD" as the value in NTE01.



Sample: **NTE\*ADD\* BSC 20050719 20050719 20050722 4 DAYS**

- first field is either BSC, IPA, or NIA
- second field is the date the auth was given (use ccyymmdd format)
- third field is the date range approved (use ccyymmdd ccyymmdd format)
- fourth field is either the amount of days approved or units

## REPORTING NDC CODES ON X12N EDI PROFESSIONAL AND INSTITUTIONAL CLAIMS & ENCOUNTERS

NDC codes should be reported in Loop 2410 for both X12N Professional and Institutional claims and encounters. The following three segments in Loop 2410 should be used: **LIN**; **CTP** and **REF**.

### 1. LIN (Drug Identification) Segment usage:

LIN02 = N4 qualifier for NDC Drug Code  
LIN03 = NDC code in 5-4-2 format.

Sample: **LIN\*\*N4\*01234567891~**

*Please see page 423 of the X12N Professional Addenda (005010X222A1) and page 449 of the X12 Institutional Addenda (005010X223A2) for additional usage information.*

### 2. CTP (Drug Pricing) Segment usage:

CTP03 = Unit Price  
CTP04 = Quantity  
CTP05-1 = Unit of Measurement Code values (see below for available list)

F2 International Unit  
GR Gram  
ME Milligram  
ML Milliliter  
UN Unit

Sample: **CTP\*\*\*1.15\*2\*UN~**

*Please see page 426 of the X12N Professional Addenda (005010X222A1) and page 452 of the X12 Institutional Addenda (005010X223A2) for additional usage information.*

### 3. REF (Prescription Number) Segment usage:

REF01 = XZ qualifier for Prescription Number  
REF02 = Prescription Number

Sample: **REF\*XZ\*123456~**

*Please see page 428 of the X12N Professional Addenda (005010X222A1) and page 454 of the X12 Institutional Addenda (005010X223A2) for additional usage information.*

Sample of complete NDC reporting:

**LIN\*\*N4\*01234567891~**  
**CTP\*\*\*1.15\*2\*UN~**  
**REF\*XZ\*123456~**



## PROCEDURES TO SUBMIT ADJUSTED CLAIMS ELECTRONICALLY

Adjusted claims can be sent to Blue Shield of California, however please wait for the original claim to finalize before sending in the adjusted claim.

Once the incorrect has finalized in our system, then you can re-bill the claim with the appropriate adjustment bill type. You will also need to include the following EDI segments on your adjusted claim:

Send "F8" in REF01 (Loop 2300)

Send "14 digit number BSC ICN of incorrect original claim in REF02 (Loop 2300).

**Sample: REF\*F8\*12345678912345~**

Note: 12345678912345 should be replaced with the original claim's BSC internal control number (ICN).

You can obtain the Blue Shield of California internal control number (ICN) from the claim status option on Provider Connection or on the explanation of benefits (EOB) or electronic remittance advice (ERA).

If you have any questions about the information presented in this document, please call us at 800.480.1221 or email the EDI Mailbox at [EDI\\_BSC@blueshieldca.com](mailto:EDI_BSC@blueshieldca.com).

Sincerely,

Blue Shield of California EDI Team