

Electronic Submission Can Help Expedite Secondary Claim Payments

PROFESSIONAL PROVIDERS

Most Medicare Part B supplemental claims will crossover automatically to BCBSTX. Crossover is the most efficient and cost effective method of receiving payment for Medicare Supplemental claims because you do not have to submit a separate claim with the Medicare explanation of member benefits (EOMB) to BCBSTX.

Sometimes, such as when a patient has not updated their BCBSTX membership information, the claim may not automatically crossover. In these cases, you can file the supplemental portion electronically to BCBSTX. Refer to our [Medicare B Supplemental Electronic Claim Submission Reference Guide](#) for Professional providers, located in the Claim Pointers and Reference Guides sections of our online Provider Library at www.bcbstx.com/provider.

Professional providers may *not* submit electronic claims when BCBSTX is secondary to other commercial carriers. Professional providers may *only* submit electronic claims when BCBSTX is secondary to Medicare. Institutional providers may file electronic claims when BCBSTX is secondary to other commercial carriers.

INSTITUTIONAL PROVIDERS

Electronic Data Interchange (EDI) requirements for electronic submission of **BCBSTX Institutional claims secondary to Medicare** are included in the [837I Companion Document](#), available in the Electronic Commerce section of our Provider Web site.

Institutional providers also may file electronic claims when **BCBSTX is secondary to other commercial carriers**. See below for the EDI specifications for submitting electronic secondary Institutional claims (ANSI 837I Format — Version 4010A1) when another commercial carrier is primary. Submission of the primary payer's explanation of benefits is not required.

Payee Identification Loop – 2320:

Other Subscriber Information	SBR01	Enter the Payer Responsibility Sequence Code: (P) – Primary
	SBR02	Enter the Individual Relationship Code (Examples: 01 = Spouse; 18 = Self)
	SBR03	Enter the subscriber's Group or Policy Number
Payer Prior Payment	AMT01	Enter the Amount Qualifier Code: C4
	AMT02	Enter the amount paid by the Primary Insurance Carrier

Payee Identification Loop – 2330A:

Other Subscriber Name	NM101	Enter the Entity Identifier Code: (IL) – Insured or Subscriber
	NM102	Enter the Entity Type Qualifier: (1) – Person
	NM103	Enter the other subscriber's last name
	NM104	Enter the other subscriber's first name
	NM105	Enter the other subscriber's middle initial, if applicable
	NM106	(Not Used)
	NM107	Enter the other subscriber's name suffix, if applicable
	NM108	Enter the Identification Code Qualifier: (MI) – Member Identification Number
	NM109	Enter the other subscriber's primary insurance ID number

Payee Identification Loop – 2330B:

Other Payer Name	NM101	Enter the Entity Identifier Code: (PR) – Payer
	NM102	Enter the Entity Type Qualifier: (2) – Non-person Entity
	NM103	Enter the name of the Primary Insurance Carrier
	NM104	(Not Used)
	NM105	(Not Used)
	NM106	(Not Used)
	NM107	(Not Used)
	NM108	Enter the Identification Code Qualifier: (PI) – Payer Identification
	NM109	Enter the other payer's unique primary identifier

FOR MORE INFORMATION

- **Ask your software vendor...** Can your practice management software accommodate the electronic data elements for secondary claims? Make sure there are no preset defaults that may prevent submission.
- **Unsure of primary vs. secondary status for a claim?** Have questions regarding claim payment or need other claim information? Contact BCBSTX Provider Customer Service at (800) 451-0287.
- **Need Federal Employee Program (FEP) assistance?** Call (800) 442-4607, or call the number listed on the back of the member's ID card.
- **Questions regarding the electronic claim submission process?** Contact our Electronic Commerce Center at (800) 746-4614.

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