

EDI CLAIM EXAMPLES

Forward these instructions to your EDI vendor or programming staff.

“**BCCCP**” needs to be placed on the claim form in the following boxes:

- **Electronic claims:**

EDI Professional (HCFA1500) (x098A1) – **Loop 2000B, SBR03** (Insured Group Number)

EDI Institutional (UB-04) (x096A1) – **Loop 2000B, SBR03** (Insured Group Number)

- **Paper claims:**

Paper Professional (HCFA1500) **Box 11**

Paper Institutional (UB-04) – **Box 62**

Example I

Provider is a company/group

Provider NPI = 1000005555

Subscriber/Member ID Number = 123456789

Our Payer ID = 38338

NM1*85*2* <u>GENERAL HOSPITAL</u> *****XX* <u>1000005555</u> ~	Billing Provider Name and NPI
N3* <u>345 ANY STREET</u> ~	Billing Provider Street Address
N4* <u>FLINT*MI*48507</u> ~	Billing Provider City, State, Zip
REF*EI* <u>380000001</u> ~	Billing Provider TIN
REF*G2*1021234~	Billing Provider ID
PER*IC*JOHN DOE*TE*000000000~	Billing Provider Contact
HL*2*1*22*0~	(Inserted by our clearinghouse)
SBR*P*18* <u>BCCCP</u> *****CI~	Subscriber Information and Member Group Number
NM1*IL*1*ADAMS*JOHN*Q***MI* <u>123456789</u> ~	Subscriber Name and ID
N3*345 OTHER ST~	Subscriber Street Address
N4*BURTON*MI*48529~	Subscriber City, State, Zip
DMG*D8*19020202*F~	Subscriber DOB
NM1*PR*2* <u>MCLAREN HEALTH PL</u> *****PI* <u>38338</u> ~	Payer Name and ID
CLM*12345*150***13^A^1*** <u>Y</u> *Y*****Y~	Claim Information/Assignment of Benefits Indicator: Use Y when assigning benefits to provider

Example II

Provider is an individual person
 Provider NPI = 100005556
 Subscriber/Member ID Number = 123456789
 Our Payer ID = 38338

NM1*85*1*SPOCK*BENJAMIN*M***XX*100005556~
 N3*123 ANY STREET~
 N4*LANSING*MI*48991~
 REF*EI*380000002~
 REF*G2*1011234~
 PER*IC*JANE DOE*TE*9893451184~
 HL*2*1*22*0~
 SBR*P*18*BCCCP*****CI~
 NM1*IL*1*ROOSEVELT*FRANKLIN*D***MI*123456789~
 N3*555 FEDERAL~
 N4*HOUGHTON LAKE*MI*48629~
 DMG*D8*19010101*F~
 NM1*PR*2*MCLAREN HEALTH PL*****PI*38338~
 CLM*123456*150***11::1*Y*A*Y*Y*C~

Billing Provider Name and NPI
 Billing Provider Street Address
 Billing Provider City, State, Zip
 Billing Provider TIN
 Billing Provider ID
 Billing Provider Contact
 (Inserted by our clearinghouse)
 Subscriber Information and Member Group Number
 Subscriber Name and ID
 Subscriber Street Address
 Subscriber City, State, Zip
 Subscriber DOB
 Payer Name and ID
 Claim Information/Assignment of
 Benefits Indicator: Use Y when
 assigning benefits to provider