

Overview

Submission Format Data

The ITS SF is the standard dataset used to convey claims data from Participating Plans, Host Plans or local Plans to Control Plans, Home Plans or processing sites.

Like the other standard ITS formats, the SF is a set of 255-byte records that Plans combine to form a single claim transaction. The SF has one set of records that conveys data on institutional claims and another set for professional claims.

The SF combines these records in different ways to convey claims data to the processing site. The basic set of required claim data for all claim types includes information on the provider, patient, subscriber, claim and services provided.

The SF also is flexible enough to convey a range of additional data, including:

- Provider data
- Pricing data on provider services
- Medicare data (if appropriate)
- Managed care and point of service data (if appropriate)
- Other Party Liability (OPL) data

Creating and Editing the SF

Local Plans create the SF by taking data from their own claims collection systems, combining it with data extracted from the Plan profile and mapping it to the appropriate SF records.

After the local Plan has created the SF, it is input into the SF batch edits, which sort and edit the records.

Matching the Adjustment SF with an NF

The valid adjustment SF records output from the SF batch edits are input to the NF edit and matching process. This process matches adjustment SFs with the corresponding NF adjustment request or reply before transmission.

Updating the Formats Database/Transmitting the SF

Following the SF and, if applicable, NF editing processes, the local Plan uses the formats database update software to post the valid, invalid and reject SF records to the formats database. The local Plan then transmits the valid records to the processing site.

Reports

Both the SF batch edits and the formats database update process produce a number of reports. Report descriptions appear at the end of this chapter. Please refer to the ITS Reports Manual for samples of each report.

Pre-submission Process

Identifying ITS Claims

Local Plans need to format only a subset of their incoming claims as ITS SF transactions. Among the incoming claims that should not be formatted as SFs are:

- Local business
- National account claims for Control Plans that are not using ITS

Local Plans must develop their own internal processes and procedures for identifying incoming claims as requiring ITS SF transactions. These local processes interact with the local Plan's claims collection systems and with the ITS Plan profile.

Accessing the Plan Profile

Local Plans access the ITS Plan profile a number of times when creating and editing an ITS SF. The earliest access to the Plan profile occurs at this pre-SF stage.

The alpha prefix on the incoming claim and the ITS Plan profile play a key role in helping local Plans identify ITS claims. Using the alpha prefix (or Control Plan code, if available) to access the Plan profile, the local Plan can obtain information on the appropriate processing methods to use for that particular claim by checking the program code field (P079).

Online Entry and Correction

A local Plan can manually key data from its own claims collection systems onto ITS data screens that match the UB-92 and HCFA-1500 claim forms by using the online entry and correction (OEC) software. OEC provides editing capabilities as well, displaying error codes and messages on the screen when the user attempts to release an invalid record for processing.

The advantage of using OEC to create the SF locally is that it provides a quick way to implement ITS as a Participating or Host Plan and provides a supplement to your automated methods for exception processing. The disadvantage of using OEC is that the data entry is an entirely manual process. Most of the information in this chapter applies to all methods of creating ITS SF claims, including OEC. Differences are noted where they exist. For additional information, refer to the Online Entry and Correction (OEC) User Manual.

Creating the SF

Mapping from Local Systems

After identifying an incoming claim as an ITS claim, the local Plan must create the SF. The local Plan uses its own internal claims collection processes to obtain the actual claim data for the SF.

Initializing Fields

Local Plans should initialize all alphanumeric fields to blanks and all numeric fields to zeroes.

SCCF Serial Number

The SCCF serial number is a 17-byte field consisting of the local Plan code (three characters), the Julian date (seven characters), a unique sequence number assigned to the claim (five characters) and a suffix (two characters). The serial number suffix on the SF record always equals 00.

Subscriber Identification Number

The subscriber identification number for the Blue Cross and Blue Shield subscriber should be mapped to the subscriber record (D0 record for professional claims, 30 record for institutional claims). For institutional claims, there can be multiple occurrences of the 30 record. The local Plan must identify the 30 record that contains the subscriber identification number relevant to ITS processing by setting the ITS payer indicator to Y on one and only one occurrence of the 30 record. If only one 30 record is present and the ITS payer indicator is spaces, the SF edit software sets the ITS payer indicator to Y.

The subscriber identification number relevant to ITS processing must adhere to the following formatting requirements:

- If the program code = A or 9, positions 1 - 3 of the subscriber identification number must be three alpha characters.
- If the program code does not = A or 9, positions 1 - 3 of the subscriber identification number must be three alpha characters or three spaces.
- Positions 4 - 17 cannot be all spaces.
- The entire field (positions 1 - 17) cannot contain any embedded spaces.

Subscriber Group Number

The SF edit software will justify the subscriber group number as follows.

- If the group number contains alpha characters, the field will be left-justified and blank-filled.
- If the group number does not contain alpha characters, the field will be right-justified and zero-filled.

Using the Plan Profile

The ITS Plan profile provides key data in this creation process. The Plan profile indicates whether the local Plan must do one or more of the following for the claim:

- Append provider data.
- Append pricing data.
- Run the data requirement (Level 2) edits and relationship (Level 3) edits.
- Run the uniform pricing facility (UPF) edits (selected data requirement and relationship edits).
- Include managed care data with the claim.

Refer to Table 2.1 for additional information. The Plan Profile User Manual provides details on the Plan profile fields referenced in this table.

SF Requirements

The SF edits enforce many of the SF requirements that the Plan profile stores by alpha prefix. Thus, local Plans must create SF records based on how the edits will later validate the record.

The following sections of this chapter provide additional information on those edits, beginning with an overview of the required structure of the SF.

Table 2.1 – SF Requirements Identified from the Plan Profile

SF Requirement	Plan Profile Field Identifying Requirement	Local Plan Action
Append provider data.	Provider data indicator (P086)	If the provider data indicator is set to Y, the local Plan must include an appended provider record (15/B5).
Include managed care data with the claim.	Managed care code (M001) <i>Note: The ITS software will not enforce any data requirements based on the setting of this field. The field is for Plan use only.</i>	If the managed care code is set to 0, the processing site does not require managed care data. If the managed care code is set to 1, the Plan should include managed care data on the SF. If the managed care code is set to 2, the Plan should include managed care data on the Managed Care Format.
Run the data requirement (level 2) and relationship (level 3) edits.	Submission edit indicator (S027)	If the submission edit indicator is set to Y, the Plan must include data required by data requirement (level 2) and relationship (level 3) edits.

SF Requirement	Plan Profile Field Identifying Requirement	Local Plan Action
Append pricing data.	Pricing data indicator (P061)	If the pricing data indicator is set to Y, the Plan must include appended accommodations, ancillary and professional pricing records as appropriate.
Run the uniform pricing facility edits (selected data requirement and relationship edits).	UPF pricing edit code (U003)	If the UPF pricing edit code is set to 1, the Plan must include data required by UPF data requirement (level 2) and relationship (level 3) edits.

SF Structure

Institutional and Professional SF Structure

The SF consists of two separate formats, one for institutional claims and one for professional claims. Each format consists of a set of 255-byte records. Local Plans create an SF by combining these individual records into a single claim transaction.

Table 2.2 details the structure of the institutional SF and [Table 2.3](#) details the structure of the professional SF. The Record Requirements column in these two tables describes whether the record is required, optional or conditional.

Refer to the ITS Record Descriptions Manual for layouts of all SF records.

Record Sequence Numbering

If a single occurrence of a record type is present, the sequence number must be set to 01. When there are multiple occurrences of a record type, the sequence numbers must begin with 01 and increment sequentially. Record types 31, 46, 65 and E6 are an exception to these requirements.

Table 2.2 – The Institutional SF

Record	Number	Inst. Inpatient	Inst. Outpatient	Max. # of Records	Record Requirements
Header	05	R	R	1	The header record is required.
Provider	10	R	R	1	The provider record is required.
Appended provider	15	C	C	1	The appended provider record is required if the Plan profile provider data indicator is set to Y.
Patient	20	R	R	1	The patient record is required.

Record	Number	Inst. Inpatient	Inst. Outpatient	Max. # of Records	Record Requirements
Subscriber	30	R	R	3	<p>The subscriber record is required.</p> <p>One and only one 30 record must have the ITS payer indicator = Y. This identifies the 30 record that contains the subscriber data relevant to ITS processing. The ITS payer indicator = Y can be in any one of the 30 records. If only one 30 record is present and the ITS payer indicator is spaces, the SF edit software sets the ITS payer indicator to Y.</p> <p>If the line of business on the header record = 9 (Medicare complementary), there must be a 30 record (in addition to the 30 record with ITS payer indicator = Y) with source of payment = MA (Medicare).</p>
Additional subscriber	31	O	O	3	The additional subscriber record is optional. If the 31 record is present, a 30 record with the same sequence number also must be present.
Institutional OPL claim level	32	O	O	1	This record contains claim-level OPL value code and amount fields.
Treatment authorization/occurrence	40	O	O	1	The treatment authorization/occurrence record is optional.
Condition/value	41	O	O	1	The condition/value record is optional.
Special notations	46	O	O	999	The special notations record is optional. Use of this record type requires agreement from both Plans (sending and receiving).
Claim	50	C	C	1	If the access fee code on the Plan profile = 1 (access fee amount to be calculated) or 2 (nonstandard access fee amount to be calculated), the claim record is required. If an accommodation revenue code on a 60 record indicates private room, the claim record is required.
Line of service and other carrier payment	60	R	R	999	<p>One line of service record with revenue code 0001 and the claim's total charges in the service charge field is required.</p> <p>For inpatient claims: A minimum of two line of service records are required: one containing an accommodation revenue code and one containing the 0001 revenue code. A maximum of 10 line of service records containing accommodation revenue codes can be present.</p> <p>For outpatient claims: A minimum of two line of service records are required: one containing an ancillary revenue code and one containing the 0001 revenue code. There can be no line of service records containing an accommodation revenue code.</p>

Record	Number	Inst. Inpatient	Inst. Outpatient	Max. # of Records	Record Requirements
Line level pricing and point of service	65	C	C	22	If the pricing data indicator on the Plan profile = Y (pricing data must be appended), there must be a claim record present with a pricing method - claim present, or a line level pricing record present for each line of service record. If a line level pricing record is present, there must be a corresponding line of service record with the same sequence number. There cannot be a line level pricing record for the line of service record that contains the 0001 revenue code.
Institutional OPL line level	66	O	O	999	This record contains line-level OPL value code and amount fields.
Medical	70	R	R	1	The medical record is required.
Physician	80	O	O	1	The physician record is optional.
Trailer	90	R	R	1	The trailer record is required.

Table 2.3 – The Professional SF

Record	Number	Required/ Optional	Max. No. of Records	Record Requirements
Claim header	A5	R	1	The claim record is required.
Provider	B0	R	1	The provider record is required.
Appended provider	B5	C	1	The appended provider record is required if the Plan profile provider data indicator is set to Y.
Patient	C0	R	1	The patient record is required.
Subscriber	D0	R	1	The subscriber record is required.
Additional subscriber	D1	O	2	The additional subscriber record is optional. If the line of business on the header record = 9 (Medicare complementary), there must be a D1 record with source of payment = MA (Medicare).
Professional OPL claim level	D2	O	1	This record contains claim-level OPL value code and amount fields.
Claim	E0	R	1	The claim record is required.
Claim pricing	E1	O	1	The claim pricing record is optional.
Special notations	E6	O	50	The special notations record is optional. Use of this record type requires agreement from both the sending and receiving Plans.
Line of service and other carrier payment	F0	R	50	At least one line of service record is required.

Record	Number	Required/ Optional	Max. No. of Records	Record Requirements
Dental record	F1	O	1	The dental record is optional.
Line level pricing and point of service	F5	C	50	If the Plan profile pricing data indicator is set to Y, an F5 record is required for every F0 record present. If the Plan profile pricing data indicator is set to N, F5 records must not be present.
Professional OPL line level	F6	O	50	This record contains line-level OPL value code and amount fields.
Referring physician	G0	O	1	The referring physician is optional.
Trailer	X0	R	1	The trailer record is required.

SF Batch Edit Process Overview

After creating the SF, the local Plan runs the ITS SF batch edits, which are invoked in the following sequence. If the Plan uses OEC to create or correct SFs, it must extract the SFs from OEC. At this point, the Plan may send the records directly to the processing site. However, it is strongly recommended that Plans input the extracted records to the SF batch edit process described in the following steps.

Step	Action
1	<p>The local Plan inputs the SF transactions to the input control utility (ICU). SF files can be concatenated for input into the ICU.</p> <p>The ICU produces the Input Control Utility Report, which summarizes the files that were concatenated.</p> <p>The ICU assigns an SCCF serial number to any SF that does not already have one. This unique identifier for each claim does not change throughout the claim submission, disposition and reconciliation processes. If the user created the SF using OEC, the OEC software has already assigned an SCCF serial number.</p>
3	<p>The ICU output file is sorted by SCCF serial number before it is input to the SF batch edits.</p>
4	<p>The SF batch edit software system generates a number of data fields on the SF.</p>
5	<p>The batch edits are invoked in the following order:</p> <ul style="list-style-type: none">• Plan pre-edits• Format integrity (Level 1) edits• Data requirement (Level 2) edits• Relationship (Level 3) edits• Plan-specific edits
6	<p>The batch edit report generator produces a variety of reports identifying valid and invalid SFs.</p>

Submission Parameter File

The submission parameter file (ITCDDI02) is an 80-byte record that contains the Host/Home site indicator and the report sort sequence indicator.

The Host/Home site indicator shows whether the Plan is running the edits as the Host Plan or Home Plan. Some of the SF edits are performed differently based on the value contained in this field. A value of 1 indicates a Host/Par Plan; a value of 2 indicates a Home/Control Plan.

The report sort sequence indicator identifies the sort criteria for the reports output from the SF edits. There are six sort sequences available.

For further information regarding the submission parameter file or the SF batch edits process flow, refer to the ITS Installation Procedures Manual.

System-generated SF Fields

A number of SF fields are system-generated by the edit software. Table 2.4 lists the system-generated fields on the SF and the source of the data for these fields.

Table 2.4 – System-generated SF Fields

SF Field	How the Field is System-generated
Plan Profile Fields	
Access fee code (A002)	<p>Running the edits as Host Plan: The software moves the access fee code from the Plan profile to the SF.</p> <p>Running the edits as Home Plan: The software compares the access fee code on the SF to the value on the Plan profile. If they do not match, the system sets the A002 error.</p>
Account type code (A008)	<p>When running the edits as a Host Plan, the software moves the account type code from the Plan profile to the SF.</p> <p>When running the edits as a Home Plan, the software compares the account type code on the SF to the value on the Plan profile. If they do not match, the A008 error is set.</p>
AEA code (A024)	<p>When running the edits as a Host Plan, the software moves the AEA code from the Plan profile to the SF.</p> <p>When running the edits as a Home Plan, the software compares the AEA code on the SF to the value on the Plan profile. If they do not match, the A024 error is set.</p>
CFA code (C008)	<p>When running the edits as a Host Plan, the software moves the CFA code from the Plan profile to the SF.</p> <p>When running the edits as a Home Plan, the software compares the CFA code on the SF to the value on the Plan profile. If they do not match, the C008 error is set.</p>
Control Plan CFA account code (C033)	<p>When running the edits as a Host Plan, the software moves the Control Plan CFA account code from the Plan profile to the SF.</p> <p>When running the edits as a Home Plan, the software compares Control Plan CFA account code on the SF to the value on the Plan profile. If they do not match, the C033 error is set.</p>
Control Plan code (C034)	<p>When running the edits as a Host Plan, the software moves the Control Plan code from the Plan profile to the SF header record.</p> <p>When running the edits as a Home Plan, the software compares the Control Plan code on the SF header record to the value on the Plan profile. If they do not match, Plan profile access error PP03 is set.</p>

SF Field	How the Field is System-generated
Local Plan station code (L019)	<p>Standard rules: When running the edits as a Host or Home Plan, a valid local Plan station code must be present.</p> <p>Custom rules: When running the edits as a Host Plan, the software moves the local Plan station code from the Plan profile to the SF. When running the edits as a Home Plan and the local Plan station code is present on the SF, the software compares the local Plan station code on the SF to the value on the Plan profile. If they do not match, the L019 error is set.</p>
National/OOA code (N002)	<p>When running the edits as a Host Plan, the software moves the national/OOA code from the Plan profile to the SF.</p> <p>When running the edits as a Home Plan, the software compares the national/OOA code on the SF to the value on the Plan profile. If they do not match, the N002 error is set.</p>
Processing site Plan code (P073)	<p>When running the edits as a Host Plan, the software moves the processing site Plan code from the Plan profile to the SF.</p> <p>When running the edits as a Home Plan, the software compares the processing site Plan code on the SF to the value on the Plan profile. If they do not match, the P073 error is set.</p>
Processing site station code (P074)	<p>When running the edits as a Host Plan, the software moves the processing site station code from the Plan profile to the SF.</p> <p>When running the edits as a Home Plan, the software compares the processing site station code on the SF to the value on the Plan profile. If they do not match, the P074 error is set.</p>
Program code (P079)	<p>When running the edits as a Host Plan, the software moves the program code from the Plan profile to the SF.</p> <p>When running the edits as a Home Plan, the software compares the program code on the SF to the value on the Plan profile. If they do not match, the P079 error is set.</p>
Plan profile adjustment edit indicator (P153)	<p>When running the edits as a Host Plan, the software moves the Plan profile adjustment edit indicator from the Plan profile to the SF.</p> <p>When running the edits as a Home Plan, the software compares the Plan profile adjustment edit indicator on the SF to the value on the Plan profile. If they do not match, the P153 error is set.</p>
Plan profile standard indicator (P052)	Set from the Plan profile when running the edits as a Host or Home Plan.
Release number (R021)	Set from the SF edits.

SF Field	How the Field is System-generated
Resubmission DF indicator (R036)	<p>When running the edits as a Host Plan, the software moves the resubmission DF indicator from the Plan profile to the SF.</p> <p>When running the edits as a Home Plan, the software compares the resubmission DF indicator on the SF to the value on the Plan profile. If they do not match, the R036 error is set.</p>
Other System-generated Fields	
Clerk number (C024)	When an SF is created via OEC, the online software sets the clerk number. When an SF is updated in OEC, the software resets the clerk number to the number of the clerk who is updating the record.
BlueCard Program product type (B026)	The SF edit software sets this field to a B only if the delivery method on the Plan profile = 2 (PPO) and the program code on the Plan profile = A (out-of-area/BlueCard). Otherwise, valid values for this field are B, I and N.
Edit date (E001)	The edit date is set to the current date by the SF batch edit software. It is set to the current date by the OEC software every time the SF is released online.
Error code (E006)	Up to five error codes are set by the SF batch edit software. Error codes are not written to the header record when adding or updating an SF in OEC.
Electronic Claims Routing Indicator (E015)	<p>The SF edit software sets the ECR indicator to determine if ECRP is being used for the claim...Valid values are:</p> <p>H - Electronic claims routing process where a HIPAA compliant 835 is required (SF, DF and RF),</p> <p>Y - Electronic claims routing process (SF and RF, no DF),</p> <p>N - Host override of the ECR process. Standard Inter-Plan process will be used (SF, DF and RF)</p> <p>blank - Standard Inter-Plan process will be used (SF, DF and RF)</p> <p>Note: with Release 9.4, Y is no longer a valid value.</p>

SF Field	How the Field is System-generated
Length of stay (L002)	<p>The SF edit software calculates the difference between two dates and places the result in the length of stay field. This applies to institutional inpatient SFs only.</p> <ul style="list-style-type: none"> • If Statement Covers From Date is equal to or precedes Admission Date: Statement Covers To Date (S024) minus Admission Date (A020) • If Admission Date precedes Statement Covers From Date: Statement Covers To Date (S024) minus Statement Covers From Date (S023). • The logic in edit IRL56 adds 1 day to 'Length of Stay' when the calculated Length of Stay is not equal to the summation of accommodation lines. The +1 result is promoted to the SF.
Online date of last activity (O006)	Set to the current date by the OEC software.
Online time of last activity (O007)	Set to the current time by the OEC software.
Processing site control number (P072)	<p>When running the edits as a Host Plan, the SF batch edit software moves the processing site control number from the DF (referenced by the cross-reference SCCF number) on the formats database to the SF.</p> <p>When running the edits as a Home Plan, the processing site control number is required when the type of submission = 3 (adjustment) or 4 (resubmitted adjustment).</p>
SCCF serial number (S001)	If an SF is input to the SF batch edits without an SCCF serial number, a number is system-generated by the SF batch edit software. In OEC, the SCCF serial number is always system-generated. The software accesses the SCCF serial number control record (ITCDBP14) on the parameter database when system-generating an SCCF serial number.
Status code (S025)	The status code is set by the SF batch edit and OEC software.
Total accommodation charges (T003)	The SF batch edit software calculates this total and sets it on the trailer record. This applies to institutional SFs only.
Total accommodation noncovered charges (T004)	The SF batch edit software calculates this total and sets it on the trailer record. This applies to institutional SFs only.
Total ancillary charges (T007)	The SF batch edit software calculates this total and sets it on the trailer record. This applies to institutional SFs only.

SF Field	How the Field is System-generated
Total ancillary noncovered charges (T008)	The SF batch edit software calculates this total and sets it on the trailer record. This applies to institutional SFs only.
Total number of days/visits (T025)	The SF batch edit software calculates this total and sets it on the trailer record. This applies to institutional SFs only.

Plan Profile and Release Version Edits

Plan Profile Edits

The SF edits search for a Plan profile record using the Plan profile key fields. The Plan profile contains data on the level of editing that the software should run. If any Plan profile key fields contain an error, the software will produce one of the Plan profile matching error codes listed in Table 1.2.

Release Version Edits

The submission edit software will set the release number for each transaction. This is accomplished by comparing the SCCF Julian date with the date ranges on the parameters database 19 record. Once a match is found, the ITS software will set the release number associated with that date range. If the SCCF Julian date does not fall within a date range on the 19 record, the SF will receive an IR021/PR021 error and is written to the duplicate/invalid release file.

SF Edits

Editing Levels

The batch SF editing process provides three different editing levels, each focusing on a different aspect of the format's integrity.

All three editing levels are required for BlueCard Program claims processing.

In contrast, using customized agreements between Plans (reflected in customized Plan profile records), local Plans have the following options:

- To bypass all level 2 and level 3 edits.
- To bypass selected level 3 edits on UPF pricing fields.

Format Integrity Edits (Level 1)

The format integrity or level 1 edits, which are run on the SF, verify that all required records in the SF are present. The record set required in an SF claim depends on a number of factors. These include:

- Type of claim (inpatient, outpatient, professional, dental)
- Plan profile requirements (provider data, pricing data)
- How the record is priced (at the claim or line level)

Duplicate Edits

Duplicate edits check that a record does not exist on the same input file or on the formats database with the same SCCF serial number.

Data Requirement Edits (Level 2)

The SF data requirement edits check that the data are present when required and that they contain a valid value. In some cases, the edits simply check for data of a certain type (numeric). In other cases, these edits validate that the data entered meets specific requirements (in a certain range or of a certain value).

Relationship Edits (Level 3)

SF relationship edits check the logical relationships among two or more SF data elements.

OEC

The OEC software runs all three levels of editing unless the Plan profile submission edit indicator (S027) is set to N. Refer to the section on [bypassing level 2 and level 3 edits](#) later in this chapter for more information.

Format Integrity Edits (Level 1)

The format integrity edits (level 1) verify that an SF is complete. This includes verifying that:

- All required records within a SF transaction are present.
- The number of line items does not exceed the maximum allowed.

The records required for a transaction will vary depending on claim type and on various Plan profile data elements.

These edits use the following naming conventions.

Error Codes/ Messages

- IFMXX – institutional level 1 error on the XX record
- PFMXX – professional level 1 error on the XX record

Duplicate Edits

The SF edit software checks to make sure that two or more SFs with the same SCCF serial number do not exist on the same input file. If this occurs, error IXR51 (institutional) or PXR51 (professional) is issued.

The SF edit software also performs duplicate edits against the formats database. Table 2.5 outlines the combination of records that will pass or fail the edits depending on the type of submission and status code on the SF on the formats database, the type of submission on the SF being edited, and whether the Plan is running the edits as the Host Plan or Home Plan.

Table 2.5 – Formats Database Duplicate Edits

Submission Format on Formats Database	No Matching Record	- 1 - Matching Val Inv Rej Mis	- 2 - Matching Val Inv Rej Mis	- 3 - Matching Val Inv Rej Mis	- 4 - Matching Val Inv Rej Mis	- A - Matching Val Inv Rej Oth
SF being edited/posted to FDB:						
1	V	D* V	D* D	D* D	D* D	D* D
2	V (I)	V V (I)	V V	I I	I I	I I
3	V	D D	D* D	D* V	D* D	D* D
4	V (I)	I I	I I	V V (I)	V V	I I

Value in parentheses (I) indicates a different result when the Host Plan is running the SF edits.
V = valid D = duplicate (IXR50/PXR50 error) I = invalid resubmission (IXR52/PXR52 error)

**Note: The duplicate edit (IXR50/PXR50) is bypassed when the Host Plan is running the SF edits and a valid Release 7.2 SF is present on the formats database.*

Data Requirement Edits (Level 2)

Data Requirement Edits

The data requirement or level 2 edits verify that the data in selected fields on the SF, if present, are in the correct format and contain valid values.

Error Codes/Messages

All level 2 institutional edits and level 2 professional edits use the following naming conventions:

- IXXXX – field XXXX contains an invalid value or format on the institutional SF.
- PXXXX – field XXXX contains an invalid value or format on the professional SF.

Relationship Edits (Level 3)

Relationship edits verify that the correct logical relationships exist among two or more data element values.

All level 3 institutional relationship edits and level 3 professional relationship edits use the following naming conventions:

- IRLXX – institutional relationship edit
- PRLXX – professional relationship edit

Special Requirements for Plan Payer Code

Plan Payer Code

The Plan payer code (P050) in the SF interacts with the corresponding field in the Plan profile in the editing process. This field must have one of the following values on both the SF and the Plan profile record:

- 1 = local Plan pays
- 2 = processing site pays

The Plan payer often is the subject of negotiation between Plans, and the Plan payer code in Plan profile custom records will reflect these agreements. Also, the Plan payer code must be set to 1 (the local Plan pays) for standard BlueCard Program records.

Plan Payer Qualifier

The Plan payer code in the SF also interacts with the Plan payer qualifier code (P051) in the Plan profile.

The Plan profile Plan payer qualifier code will have one of the following values, each of which will qualify the circumstances under which the local Plan pays the provider:

- 01 = provider payments only
- 11 = pay only SCCF submission input
- 21 = pay provider only if local Plan pricing used
- 31 = participating provider only

Setting the SF Plan Payer Code

The local Plan can override the value of the Plan profile Plan payer code when it fills the SF Plan payer code field only in selected circumstances.

Local Plans can use Table 2.6 to determine how to set the Plan payer code in the SF based on various settings in the Plan profile.

Local Plans should consider the following points when using this table to set the Plan payer code:

- The ITS SF edits software will force the local Plan to set the submission Plan payer code as indicated in Table 2.6. The local Plan can always relinquish the responsibility of paying the provider, but the local Plan cannot assume this responsibility when the Plan profile specifies that the processing site pays.
- When the local Plan is using a standard Plan profile rule to process the claim, only the bolded row in the table applies. This scenario is most common in standard claims, where BlueCard Program policy requires the local Plan to pay the provider.

- In custom Plan profile rules, if the Plan profile Plan payer qualifier code is not blank and if the Plan profile Plan payer code is 1 (local Plan pays), the local Plan should pay the provider only if the Plan payer qualifier code condition is met. Thus, the local Plan should read the value of the Plan payer qualifier code in the Plan profile and set the Plan payer code in the SF accordingly. However, ITS SF edits software will not force the local Plan to follow the restrictions set by the values of the Plan payer qualifier code.

Table 2.6 – Valid SF Plan Payer Codes

If the Plan profile Plan payer code is set to:	And if the Plan profile Plan payer qualifier code is set to:	Then the local Plan should set the Plan payer code to:
1	blank	1 (local Plan pays) or 2 (processing site pays)
2	blank	2 (processing site pays)
1	01 Provider payments only 11 Pay only SCCF submission input 21 Pay provider only if local Plan pricing is used 31 Participating provider only	1 (local Plan pays) or 2 (processing site pays)
2	01 Provider payments only 11 Pay only SCCF submission input 21 Pay provider only if local Plan pricing used 31 Participating provider only	2 (processing site pays)

Bypassing Level 2 and Level 3 Edits

The Plan profile provides Plans with a number of options on how the software runs the data requirement (level 2) and relationship (level 3) edits. These options are:

- If the submission edit indicator on the Plan profile is set to Y, the submission software will run the level 2 and level 3 edits. If the indicator is set to N, the software will bypass these edits.
- If the UPF pricing edit code on the Plan profile is set to 0, the submission software will bypass selected level 2 and level 3 edits. If the indicator is set to 1, the software will not bypass these edits. Both indicators work together to produce different results, as noted in Table 2.7.
- For BlueCard Program claims using standard Plan profile records, both indicators will be set to run all level 2 and level 3 edits.
- Plans using custom Plan profile rules can set these fields in a number of ways as noted in Table 2.7.

Table 2.7 – Plan Profile SF Edit Switches

Plan Profile Fields		Results
Submission Edit Indicator	UPF Pricing Edit Code	
Y (run edits)	1 (run edits)	The submission software runs all of the level 2 and level 3 edits.
Y (run edits)	0 (do not run edits)	The submission software runs all but the edits on selected UPF-related fields
N (do not run edits)	0 (do not run edits)	The submission software does not run any level 2 and level 3 edits.
N (do not run edits)	1 (run edits)	The submission software does not run any level 2 and level 3 edits.

Trailer Record Counts

The local Plan is responsible for calculating the record counts on the trailer record (90/X0) for each SF. To do this, the Plan should compute the number of physical records for each of the record types: 1X, 2X, 3X, 4X, 5X, 6X, 7X and 8X (institutional) or BX, CX, DX, EX, FX and GX (professional). The sum for each of the record types should be placed in the record count field for that record type on the trailer record. Also, the total number of physical records, including the header and trailer records, should be placed in the physical record count field on the trailer record.

Note: The special notations transmission indicator (S021) is available on each special notations record to enable the local Plan to identify which special notations records should be transmitted to the processing site and which should be kept internally. Records with the special notations transmission indicator set to N will not be transmitted to the processing site. Records with the special notations transmission indicator set to Y or blank will be transmitted. The local Plan should not count special notations records with the indicator set to N in the record type 4X count (institutional), record type FX count (professional) or physical record count fields. The SF batch edit software will bypass these records when computing actual record counts. The transmission software will strip these records from the file before transmission.

The SF edit software calculates the actual record counts and compares them to the counts on the trailer record. If the counts are not equal, the software will set the appropriate error.

90/X0 Trailer Record Field	Error Code
Institutional	
Physical record count	IP046
Record type 1X count	IR048
Record type 2X count	IR049
Record type 3X count	IR050
Record type 4X count	IR051
Record type 5X count	IR052

90/X0 Trailer Record Field	Error Code
Record type 6X count	IR053
Record type 7X count	IR054
Record type 8X count	IR055
Professional	
Physical record count	PR046
Record type BX count	PR008
Record type CX count	PR009
Record type DX count	PR010
Record type EX count	PR011
Record type FX count	PR012
Record type GX count	PR013

Results of the Editing

Output Files

The SF edit process creates the following six output files:

- The valid SF file contains SFs that have passed all edits.
- The invalid SF file contains SFs that have failed one or more edits.
- The institutional header records (05) or professional header records (A5) contain a maximum of five error codes.
- The reject SF file contains SFs that were marked as rejects in the OEC facility.
- The duplicate/invalid release SF file contains SFs that have failed the duplicate edits, failed edits against the formats database, have an invalid subscriber identification number format, have an invalid type of submission, do not pass the SCCF serial number edit, do not contain the correct release number or contain an incorrect transaction indicator.

The error codes that cause an SF to be written to the duplicate/invalid release SF file include II018, IR021, IS001, IS042, IT041, IT059, IXR01, IXR50, IXR51, IXR52, IXR53, IXR54, PR021, PS001, PS042, PT041, PT059, PXR01, PXR50, PXR51, PXR52, PXR53 and PXR54.

Plans must not update the duplicate/invalid release SF file to the formats database.

- The valid adjustment SF file contains SFs that have passed all edits and have a type of submission equal to 3 (adjustment) or 4 (resubmitted adjustment).

Plans must not update the valid adjustment SF file to the formats database. Instead, this file should be input to the NF batch edit and matching process. The valid adjustment SF file out of that process should be posted to the formats database.

Error Codes

Both the batch edits and the OEC software assign error codes that identify the source of the edit error.

The batch edit process writes up to five error codes onto the submission header record, while the OEC software displays up to three error codes on each screen. In batch, if more than five errors exist on an SF, the fifth error code will be one of the following:

- II999 indicates that an institutional SF contains more than five edit errors.
- PP999 indicates that a professional SF contains more than five edit errors.

Reports

The editing process produces a number of reports. [Table 2.8](#) lists all reports the submission edit software produces. Samples of each report follow the table.

Correcting SFs

The local Plan can correct the submission transactions that failed the edits using the OEC software. Refer to the Online Entry Correction (OEC) User Manual for additional information on this software.

Resubmitting SFs

Occasionally, SFs error out in the Processing Site's internal system due to missing or invalid data. SF resubmission is an optional process. However, if using the process, the Processing Site must request (via a B2 General Inquiry Request Message) that the Host Plan correct and resubmit the SF. If a B2 General Inquiry Request Message from the Home Plan is not found, IXR56/PXR56 is issued.

When resubmitting an SF, set the type of submission to 2 (resubmit original SF) or 4 (resubmit adjustment SF). The resubmitted SF has the same SCCF serial number as the original SF. When a Plan is running the SF edit software as a Host Plan, the software checks to see whether an original SF with type of submission equal to 1 (original) or 3 (adjustment) is on the formats database. If the original SF is not on the formats database, error IXR52/PXR52 is issued. When a Plan is running the edit software as a Home Plan, this check is not performed. This allows a Home Plan to receive a resubmitted SF when the Home Plan never received the transmission of the original SF and the Host Plan cannot resend the original transmission, but must resubmit the SF.

The SF edit software also verifies that for resubmitted SFs, a valid DF is not present on the formats database. This prevents an SF from being resubmitted after a valid DF already has been created for the SF. If the edit software finds a valid DF, error IXR53/PXR53 is issued.

Occasionally, the Host Plan realizes prior to receiving a DF that there was missing or invalid data on the SF. SF resubmission is an optional process. However, if using the process, the Host Site must request (via a B2 General Inquiry Request Message) to resubmit a corrected SF. A General Inquiry Response Message by the Home Plan is required to approve the SF resubmission. Host Plans must obtain Home Plan approval before resubmitting an SF. If a B2 General Inquiry Response Message from the Home Plan approving the resubmission is not found, IXR56/PXR56 is issued.

Adjustment SF Compare Program

The adjustment SF compare program compares every field on an adjustment SF with every field on the most recent SF for the claim being adjusted. If any fields are different, both of the field values are displayed on the adjustment SF compare report. This report is especially useful for processing sites to help identify what has changed on an adjusted claim.

The input to the adjustment SF compare program is a file of adjustment SF records. The compare program reads the formats database and retrieves the most recent SF that corresponds to the DF being adjusted. [Table 2.8](#) contains a summary of the SF adjustment compare report. A sample report follows this table.

Matching Adjustment SFs to the Corresponding Notification Format

After the SF edits are run, the valid adjustment SF file is input to the NF batch edit and matching process. The purpose of this process is to match adjustment SFs with the corresponding NF adjustment request (NF 06) or adjustment reply (NF 07) before transmission.

The adjustment SFs should be input to the NF batch process before posting to the formats database. For more information regarding the NF batch edits, refer to the Standard Inter-Plan Resolution Facility (SIRF) and Adjustments User Manual.

Updating the Formats Database

The Update Process

After the SF edits (and NF edits if applicable) are complete, the local Plan must post the valid, valid adjustment, invalid and reject SF files to the formats database. Plans should not post the duplicate/invalid release file to the formats database.

When the SF is posted to the formats database, the formats database update software sets the formats database posting date on the header record to the current date and changes the transaction identifier on all records from blank 1 to 11.

Data Posted to the Formats Database

The formats database contains a copy of all SF records. The formats database update process produces a number of reports in each update cycle. Table 2.8 lists these reports with a short summary. Samples of each report can be found in the ITS Reports Manual.

Transmitting the SFs

In the final step of the submission process, the local Plan transmits the SFs to the appropriate receiving Plan. The input to this process is the valid submission file and the valid adjustment SF file, which are transmitted over BluesNet to the appropriate processing site.

Valid adjustment SFs should always be transmitted with a corresponding NF 06 or 07 approving the adjustment.

Refer to Chapter 6 – ITS Transmission Process for more information on the transmission process.

SF Reports

The ITS software produces a number of reports. Table 2.8 lists all reports that the submission edit software produces. Refer to the ITS Reports Manual for samples of each report.

Table 2.8 – SF Reports

Report Name	Report Number	Description
Input Control Utility Report	ITCP9002-01	Identifies the SF files input to the SF batch edit process. Lists the input, actual transaction count and record count for each file, as well as the total transaction count and record count input to the process.
SF Edit Control Report	ITCP9112-01	Lists all transactions and records processed in the SF batch edit process. Transactions and records are subtotaled by output file (valid, invalid, duplicate/invalid release, reject and valid adjustment). Transactions are subtotaled by claim type (institutional or professional).
Valid SF Report	ITCP9004-01	Identifies all transactions that passed the edits and are on the valid file. Data local Plan code, processing site Plan code, subscriber ID number, SCCF serial number, subscriber group number, local Plan control number, local Plan receipt date, claim type, incur date [statement covers from date (institutional) or earliest date of service from (professional)], payment disposition code, Plan payer code, national/OOA code, program code, Control Plan code, BCBS provider number and total charges. For report sort criteria, refer to the note at the end of this table.

Report Name	Report Number	Description
Invalid SF Report	ITCP9004-02	Identifies all transactions that failed one or more edits and are on the invalid file. Two report lines per claim. Data include local Plan code, processing site Plan code, subscriber identification number, subscriber last name, SCCF serial number, patient first name, subscriber group number, local Plan control number, BCBS provider number, local Plan receipt date, incur date [statement covers from date (institutional) or earliest date of service from (professional)], Plan payer code, payment disposition code, national/PPA code, program code, claim type, control Plan code, total charges and error code. Up to five errors display per claim. For report sort criteria, refer to the note at the end of this table.
Reject SF Report	ITCP9004-03	Identifies all transactions that have been assigned a reject status by an operator using the OEC software and are on the reject file. Data include local Plan code, processing site Plan code, subscriber identification number, SCCF serial number, subscriber group number, local Plan control number, BCBS provider number, local Plan receipt date, claim type, incur date [statement covers from date (institutional) or earliest date of service from (professional)], payment disposition code, Plan payer code, national/OOA code, program code, control Plan code, total charges and remark code. For report sort criteria, refer to the note at the end of this table.
SF Duplicate/ Invalid Release Report	ITCP9004-04	Identifies all claims that are on the duplicate/invalid release file. SFs with the following error codes are written to the duplicate/ invalid release file: II018, IR021, IS001, IS042, IT041, IT059, IXR01, IXR50, IXR51, IXR52, IXR53, IXR54, PR021, PS001, PS042, PT041, PT059, PXR01, PXR50, PXR51, PXR52, PXR53 and PXR54. Two report lines per claim. Data include local Plan code, processing site Plan code, subscriber identification number, subscriber last name, SCCF serial number, patient first name, subscriber group number, local Plan control number, BCBS provider number, local Plan receipt date, incur date [statement covers from date (institutional) or earliest date of service from (professional)], Plan payer code, payment disposition code, national/OOA code, program code, claim type, release number, Control Plan code, total charges and error code. Up to five errors display per claim. For report sort criteria, refer to the note at the end of this table.

Report Name	Report Number	Description
Valid SF Adjustment Report	ITCP9004-05	Identifies all SFs that passed the edits and have a type of submission set to 3 (adjustment) or 4 (resubmitted adjustment). Two report lines per claim. Data include local Plan code, processing site Plan code, subscriber identification number, subscriber last name, SCCF serial number, patient first name, subscriber group number, local Plan control number, BCBS provider number, local Plan receipt date, incur date [statement covers from date (institutional) or earliest date of service from (professional)], Plan payer code, payment disposition code, national/OOA code, program code, claim type, control Plan code, total charges, cross reference SCCF number and processing site control number. For report sort criteria, refer to the note at the end of this table.
Valid Electronic Claims Routing SF Report	ITCP9004-06	Contains SFs with an ECR indicator equal to Y.
ITS Standard Exchange Format Print - Submission	ITCP9014-01	Lists all fields on an SF. It is not a report out of the SF batch edit process.
Adjustment SF Compare Report	ITCP9068-01	Displays the fields that differ from the original SF to the adjustment SF. Displays data element names and values for each field that is different.
Adjustment SF Compare Reject Report	ITCP9066-01	Lists adjustment SFs that could not be processed by the adjustment SF compare program because the original SF is not on the formats database or because the adjustment SF does not have a cross-reference SCCF number. Data include the SCCF serial number of the SF that could not be processed and the reason it could not be processed.
FDBUpdate Report Input Control	ITCP9132-01	One-page report generated in each formats database update run. Lists the source of each input file and compares the actual transaction count, record count, and net liability amount to the counts and amounts on the file trailer record.
FDBInput Edit/Split Error Report	ITCP9336-01	Identifies errors found during the formats database split process. Displays the formats database key fields and an error message.
FDB Input Edit/Split Counts Report	ITCP9336-02	Displays the input, reject and output counts for claims, records and dollars for each record type posted to the formats database. Gives counts for all databases being updated.
FDB#002 Batch Update Error Report	ITCP9338-01	Identifies errors encountered during the formats database update process. Displays the formats database key fields and an error message. One report is produced for each database being updated.

Report Name	Report Number	Description
FDB#002 Batch Update Counts Report	ITCP9338-02	Displays the input, reject and output counts for claims, records and dollars for each record type posted to the formats database. One report is produced for each database being updated.
FDB #002 Update Report Output Control	ITCP9118-01	Displays a transaction count for each edit status within a record type being posted to the formats database. Gives total update counts. One report is produced for each formats database being updated.
Formats Index Database Update Counts Report	ITCP9340-01	Displays the total number of index records input to the index update that were generated by the formats database update step. Provides a count of records added to the index database.

Note: The reports generated out of the SF batch edit process have the following sort criteria:

- *First sort criteria* *Local Plan code (if running software as a Host Plan)*
 Processing site Plan code (if running software as a Home Plan)
- *Second sort criteria* *Processing site Plan code (if running software as a Host Plan)*
 Local Plan code (if running software as a Home Plan)
- *Third sort criteria* *SCCF serial number*
- *Fourth sort criteria* *Subscriber identification number*
- *Fifth sort criteria* *Subscriber group number*
- *Sixth sort criteria* *Local Plan control number*

The Plan running the edits can set the order of the third, fourth and fifth sort criteria. Subtotaling by alpha prefix will occur if the subscriber identification number is chosen as the third sort criteria.