

Revisions

Release 17.0 – removed release # from heading per guidelines

Overview

How to Append UPF Pricing Information to Claims

This chapter describes how local Plans append pricing information to claims using the ITS Submission Format (SF) records. Included are examples of how to append pricing information to institutional and professional SFs and how to specify claim level, line-item level and a combination of claim level and line-item level pricing.

The ITS institutional SF is available for both inpatient and outpatient claims and is based on the UB92 claim format. The professional SF is based on the HCFA-1500 claim format.

To price institutional and professional claims, local Plans must identify the UPF pricing methods, rules and SF message codes they will use and they must append the appropriate pricing data to the ITS SFs.

After reading this chapter, you can consult the ITS Records Description Manual for layouts of the ITS SF records.

Identifying ITS Claims to Price

Identifying Claims to Price for UPF

All local Plans must price the Inter-Plan Business claims they receive. In addition, for national account processing, Control and Participating Plans will agree on whether the Participating Plan must append pricing information to the claim. The Plan profile pricing data indicator (P061) then can identify whether the Participating Plan must append pricing information to a claim.

Institutional Submission Format Pricing Records

Appending Pricing Information to the Submission Format

Local Plans can append pricing data to institutional Submission Format claims using records that are part of the ITS institutional SF. Table 4-1 describes each of these institutional records.

Table 4-1: Institutional Pricing-Related Records

| Record | Record Type | Information Included | Maximum # of Records per Claim |
|---|-------------|--|--------------------------------|
| Institutional claim record | 50 | Claim level pricing methods and rules, including SF message codes, which identify conditions unique to a local Plan that affect how a claim is processed. | 1 |
| Institutional line of service record | 60 | Line level data on either accommodations and/or ancillaries. | 999 |
| Institutional line level pricing record | 65 | Line level pricing methods and rules, including SF message codes and pricing data corresponding to the line level data in the institutional line level record. | 999 |

Institutional Pricing Methods Supported

Local Plans use these records to specify a range of pricing methods and rules at the claim level, line-item level or a combination of claim and line-item levels.

Claim Level Pricing

Claim-level pricing specifies one pricing method and one set of pricing values for all of a claim's line items. To price an institutional inpatient or outpatient claim at the claim level:

1. Specify a valid claim level pricing method (P098) on the institutional claim record and do not enter any data in any line pricing method (P099) on the line level pricing record.

For inpatient claims, claim-level pricing data apply to both accommodation and ancillary data.
For outpatient claims, claim-level pricing data apply only to ancillary data.

2. For institutional inpatient claims, [refer to Table 4-12](#) for other required pricing data based on the pricing method you use. For institutional outpatient claims, [refer to Table 4-14](#) for other required pricing data based on the pricing method you use.

Line-Level Pricing

You also can price claims at the line-item level, using either a single line-item pricing method for all line items on the entire claim or a combination of different line-item pricing methods on the claim.

To price an institutional inpatient or outpatient claim at the line-item level:

Leave the claim level pricing method (P098) blank on the institutional claim record (record Type 50).

For each accommodation and/or ancillary line item on the institutional line of service record (record type 60), specify a line pricing method in every corresponding line pricing method field (P099) on the line level pricing record (record type 65).

For institutional inpatient claims, [refer to Table 4-13](#) for other required pricing data based on the pricing method you use. For institutional outpatient claims, [refer to Table 4-15](#) for other required pricing data based on the pricing method you use.

Note: Each service line of pricing data on the institutional line level pricing record (record type 65) corresponds in record sequence to the line item accommodation and/or ancillary service line on the institutional line of service record (record type 60). Accommodation service lines must precede ancillary service lines for institutional inpatient claims.

Claim-Level/Line-Item Level Combination Pricing

Only use a line-item pricing method that differs from your claim level pricing method on a claim when you need to identify line items not included in a per diem (pricing method 20) or DRG (pricing method 30) claim-level price.

Specify the claim level pricing data (per diem or DRG) in the pricing method (P098) field on the institutional claim record. [Refer to Table 4-12](#) for additional fields required based on whether you specify per diem or DRG pricing.

For inpatient claims, the per diem or DRG claim-level pricing applies to both accommodation and ancillary data. You cannot use claim-level/line-item level combination pricing for outpatient claims.

Price each line-item accommodation that is not included in the per diem or DRG pricing by specifying a pricing method in the line pricing method (P099) field that corresponds to each exception. [Refer to Table 4-13](#) for other required pricing data based on the line pricing method you choose.

Note: In this case, your accommodations line-item pricing always refers to a specific accommodation line item and overrides the claim level per diem or DRG pricing you have specified in the pricing method field (P098).

Similarly, price each line-item ancillary that is not included in the per diem or DRG claim-level price by entering a line pricing method in the line pricing method (P099) field that corresponds to each exception. [Refer to Table 4-15](#) for other required pricing data based on the line pricing method you use.

Note: In this case, your ancillary line-item pricing always refers to a specific ancillary line item and overrides the claim level per diem or DRG pricing you have specified in the pricing method field (P098).

Line-Item Level Combination Pricing

You also can use combination pricing to specify different pricing methods at the line-item level only. When combining different pricing methods at the line-item level:

1. Enter the different line item pricing methods as noted above in the discussion of line-item pricing.
2. Note the restrictions in [Table 4-3](#): Valid combinations of two or more pricing methods are available on a single institutional or professional claim.

Restrictions on Combination Pricing

Follow these guidelines when you must use one pricing method at the claim level and one or more other pricing methods at the line-item level:

As noted above, only use claim-level/line-item level combination pricing to price line items not included in the per diem or DRG/case allowance pricing.

When specifying line-items not included in the per diem or DRG/case allowance pricing, use only the following pricing methods:

- Percent of charges
- Percent of allowed amount per category of service
- Percent of allowed amount per unit of service
- Flat fee or allowance per category of service
- Flat fee or allowance per unit of service

When you enter a per diem or DRG/case allowance pricing method in the pricing method (P098) field, at least one accommodation line item must be part of that inclusive price and have no corresponding line pricing method (P099).

Follow these guidelines when you must use two or more different pricing methods at the line-item level:

1. Pricing method 01 (charges) can never be combined with any other pricing method on a claim.
2. Pricing method 20 can be used only at the line-item level in the line pricing method: (P099).
3. Pricing methods 30 and 33 are never valid at the line-item level.
4. Pricing methods 42 and 43 are valid only at the line-item level, and only in the line pricing method field (P099) on institutional outpatient claims and in the line pricing method field (P099) on professional claims.

[Table 4-2](#) lists the pricing methods available for institutional and professional claims priced using a single pricing method. [Table 4-3](#) lists the combinations of valid pricing methods for institutional and professional claims that require more than one pricing method on a single claim.

The sections that follow these tables provide additional detail on appending pricing data to SF claims.

Table 4-2: Valid Institutional and Professional Pricing Methods for Claims Priced with a Single Pricing Method

Note: [Refer to Table 4-3](#) for details on how you can combine these different pricing methods on the same claim.

| Pricing Method | Description | Claim Type | Pricing Method Validity | |
|----------------|---|---|-------------------------|------------------------|
| | | | At the Claim Level | At the Line-Item Level |
| 01 | Charges | Inpatient Outpatient Professional | Yes Yes No | Yes Yes Yes |
| 10 | Percent of charges | Inpatient Outpatient Professional | Yes Yes No | Yes Yes Yes |
| 14 | Percent of allowed amount per category of service | Inpatient Outpatient Professional | No No No | Yes Yes Yes |
| 15 | Percent of allowed amount per unit of service | Inpatient Outpatient Professional | No No No | Yes Yes Yes |
| 20 | Per diem | Inpatient Outpatient Professional | Yes No No | Yes No No |
| 30 | Case allowance (DRG) | Inpatient Outpatient Professional | Yes No No | No No No |
| 33 | Case allowance/percent of charges | Inpatient Outpatient Professional | Yes No No | No No No |
| 40 | Flat fee or allowance per category of service | Inpatient Outpatient Professional | No No No | Yes Yes Yes |
| 41 | Flat fee or allowance per unit of service | Inpatient Outpatient Professional | No No No | Yes Yes Yes |
| 42 | Multiple service allowance | Inpatient Outpatient Professional | No No No | No Yes Yes |

| | | | | |
|----|---|---|----------------|------------------|
| 43 | Multiple service allowance/percent of charges | Inpatient Outpatient Professional | No No No | No Yes Yes |
|----|---|---|----------------|------------------|

Table 4-3: Valid Combinations of Two or More Pricing Methods Available on a Single Institutional or Professional Claim

NOTE: [Refer to Table 4-2](#) for a list of pricing methods you can use on claims priced with just a single pricing method.

| Claim Type | If You Specify One of These Claim Level Pricing Methods | You Also Can Combine One or More of These Line-Item Pricing Methods |
|-------------------------|---|---|
| Institutional inpatient | 20 Per diem | 10 Percent of charges 14 % of allowed/category 15 % of allowed/unit 40 Allowed/category 41 Allowed/unit |
| Institutional inpatient | 30 DRG 33 Case allowance/percent of charges | 10 Percent of charges 14 % of allowed/category 15 % of allowed/unit 40 Allowed/category 41 Allowed/unit |

| Claim Type | If You Do Not Use Claim-Level Pricing | You Can Combine Two or More of These Line-Item Pricing Methods |
|--------------------------|--|---|
| Institutional inpatient | Ø (Leave the claim-level pricing method blank.) | 10 Percent of charges 14 % of allowed/category 15 % of allowed/unit 20 Per diem 40 Allowed/category 41 Allowed/unit <i>NOTE: Per diem pricing is valid only at the line-item level for accommodations.</i> |
| Institutional outpatient | Ø (Leave the claim-level pricing method blank.) | 10 Percent of charges 14 % of allowed/category 15 % of allowed/unit 40 Allowed/category 41 Allowed/unit 42 Multiple service allowance 43 Multiple service allowance/percent of charges <i>NOTE: Line item pricing methods 42 and 43 may be combined with other pricing methods, but not with each other.</i> |
| Professional | NA | 10 Percent of charges |

| Claim Type | If You Do Not Use Claim-Level Pricing | You Can Combine Two or More of These Line-Item Pricing Methods |
|------------|---------------------------------------|--|
| | (Claim level pricing does not apply.) | 14 % of allowed/category 15 % of allowed/unit 40 Allowed/category 41 Allowed/unit 42 Multiple service allowance 43 Multiple service allowance/ percent of charges <i>NOTE: Line item pricing methods 42 and 43 may be combined with other pricing methods, but not with each other.</i> |

Institutional Claim Record (Record Type 50)

Purpose

You use the institutional claim record to communicate claim level pricing data on institutional claims. In addition, you use the institutional claim level record to communicate local conditions to a processing site. These message codes and special pricing conditions codes identify conditions unique to your local Plan that affect how a claim is priced. UPF processes only SF message codes on the institutional claim record.

Claim Type

You must include one institutional claim record for each institutional inpatient and outpatient claim.

You must enter a valid claim level pricing method (P098) on the institutional claim record (record type 50) or a valid line pricing method (P099) on every institutional line level pricing record (record type 65).

You must enter the per diem rate (P038) for any institutional claim you price with pricing method per diem (20) on the claim level record.

You must enter a valid claim level primary rule number (R045) on the institutional claim record (record type 50) or a valid line rule number (R047) on every institutional line level pricing record (record type 65).

You must enter a secondary rule number (R046) for all inclusively priced institutional inpatient claims (pricing methods 20, 30, 33) on the institutional claim record (record type 50).

Record Specification

Optionally, you may enter up to five valid SF message codes, special pricing conditions codes and special pricing conditions amounts and/or percentages when appropriate.

Table 4-4, below, lists selected data fields from the institutional claim level record. Refer to the ITS Data Definitions Manual for information on these fields.

In addition, the pricing method you choose and whether you use claim level, line level or combination pricing will affect how you enter data on this record. Refer to [Tables 4-12, 4-13, 4-14, and 4-15](#) for additional information on how pricing method determines required data elements. [Refer to the Institutional Pricing Methods Supported section](#) of this chapter for a discussion of claim level, line level and combination pricing requirements.

Table 4-4: Selected Fields from the Institutional Claim Record (Record Type 50)

NOTE: This table contains only selected data elements from the institutional claim record in a format designed for easy reference. Refer to the ITS Records Description Manual for a layout of this record.

| Institutional Claim Record (Record Type 50) Claim Level Pricing Information |
|---|
| Pricing method (P098) |
| Primary rule number (R045) |
| Secondary rule number (R046) |
| Percentage factor (P100) |
| Average semi[private room rate (A042) |
| Private room rate (P068) |
| Per diem rate (all inclusive) (P038) |
| DRG code (D022) |
| Case allowance amount (C002) |
| Pricing classification (P060) |
| SF message code (S012) |
| Special pricing conditions code (S053) |
| Special pricing conditions amount (S052) |
| Special pricing conditions percent (S054) |

Institutional Line of Service Record (Record Type 60)

Purpose

Use the institutional line of service record to communicate accommodation and/or ancillary data on institutional inpatient or outpatient claims.

Claim Type

You must include at least one institutional line of service record for each claim.

Record Specification

You can include up to 999 line level records for each claim. Service lines containing accommodation revenue codes must be listed before service lines containing ancillary revenue codes. Service lines must be numbered consecutively.

At least one item on the line of service record must be a line item charge that totals all accommodations and or ancillary charges and has a revenue code of 001. This 001 line item may be on any one of the line items on the institutional line of service record.

Table 4-5, below, lists selected data fields from the institutional line of service record. Refer to the ITS Data Definitions Manual for information on these fields.

In addition, the pricing method you choose and whether you use claim level, line item level or combination pricing will affect how you enter data on this record. Refer to Tables [4-12](#), [4-13](#), [4-14](#) and [4-15](#) for additional information on how pricing method determines required data elements. [Refer to the Institutional Pricing Method Supported section](#) of this chapter for a discussion of claim level, line item level and combination pricing.

Table 4-5: Selected Fields from the Institutional Line of Service Record (Record Type 60)

NOTE: This table contains only selected data fields from the institutional line of service record in a format designed for easy reference. Refer to the ITS Records Description Manual for a layout of this record.

| Institutional Line of Service Record (Record Type 60) Up to 999 occurrences |
|---|
| Revenue code (R038) |
| Date of service (D004) |
| Number of services (N010) |
| Accommodation rate (A007) |
| Service charge (S007) |

Institutional Line Level Pricing Record (Record Type 65)

Purpose

You use the institutional line level pricing record to communicate line-item level pricing data for the accommodation and ancillary revenue codes listed on the line of service record (record type 60). You use this record to price all accommodations and ancillaries at the line level, to specify rates for selected accommodations or ancillaries at the line level, or to specify rates for selected

accommodations or ancillaries not individually priced by any claim level pricing or inclusive rate you specified in the institutional claim record (record type 50).

Claim Type

You must include an institutional line level pricing record (record type 65) for institutional inpatient or outpatient claims that contain data (other than revenue code 001) on the institutional line of service record (record type 60).

Record Specification

You can include up to 999 institutional line level pricing records per claim.

Each service line of pricing data on the institutional line level pricing record (record type 65) corresponds in record sequence to the service lines containing accommodation revenue codes and the service lines containing ancillary revenue codes of the institutional line of service record (record type 60). Accommodation service lines must precede ancillary service lines.

For institutional inpatient and outpatient claims you must enter a valid line pricing method (P099) for every service line item you have entered on the institutional line of service record (record type 60) unless you have entered a claim level pricing method (P098) on the institutional claim record (record type 50).

You must enter a secondary rule number (R047) for all inclusively priced institutional outpatient claims (pricing methods 42 and 43) on the line of service record. The primary ancillary service line (first service line) will indicate the primary rule and all subsequent ancillary service lines will indicate the secondary rule number.

Table 4-6, below, lists selected data fields from the institutional line level pricing record. Refer to the ITS Data Definitions Manual for information on these fields.

In addition, the pricing method you choose and whether you use claim level, line item level or combination pricing will affect how you enter data on this record. Refer to Tables [4-12](#), [4-13](#), [4-14](#) and [4-15](#) for additional information on how pricing method determines required data elements. [Refer to the Institutional Pricing Methods Supported section](#) of this chapter for a discussion of claim level, line item level or combination pricing requirements.

Table 4-6: Selected Fields from the Institutional Line Level Pricing Record (Record Type 65) – 999 Occurrences

NOTE: This table contains only selected data elements from the institutional line level pricing record in a format designed for easy reference. Refer to the ITS Records Description Manual for a layout of this record.

| Institutional Line Level Pricing Record (Record Type 65) 999 Occurrences | |
|--|--|
| Pricing method - line (P099) | SF message code line (S060) <i>NOTE: Only the SF action message codes used for supplemental</i> |

| Institutional Line Level Pricing Record (Record Type 65) 999 Occurrences | |
|--|---|
| | <i>and surcharge processing</i> |
| Percentage factor – line (P101) | Special Pricing Conditions code – line (S057) |
| Rule number – line (R047) | Special Pricing Conditions amt. – line (S058) |
| Local rate (L022) | Percentage – Line (S059) |

Professional Submission Format Pricing Records

Local Plans price professional claims using records that are part of the ITS professional submission format. Table 4-7 describes each of these professional records.

Table 4-7: Professional Pricing Records

| Record | Record Type | Information Included | Maximum # Per Claim |
|--|-------------|---|---------------------|
| Professional claim record | E0 | The sum of the charges for all line of services records (record type F0) | 1 |
| Professional line of service record | F0 | Service data on up to 50 line items | 50 |
| Professional line level pricing record | F5 | Pricing data for each line item on the professional line of service record (record type F0) | 50 |
| Professional claim pricing record | E1 | SF message codes, which identify conditions unique to a Local Plan that affect how a claim is processed | 1 |

Professional Claim Record (Record Type EO)

Purpose

You use the professional claim record to communicate the sum of the charges on all professional line of service records (FO.)

Claim Type

You must include one record for each professional claim.

Record Specification

Specify the sum of the charges for all line of service records in the total charges field (T013).

Table 4-8, below, lists one data element from the professional claim record. Refer to the ITS Data Definitions Manual for information on this field.

In addition, the pricing method you choose will affect how you enter data on this record. [Refer to Table 4-16](#) for ad

Table 4-8: Selected Fields From the Professional Claim Record (Record Type E0)

NOTE: This table contains only selected data elements from the professional claim record in a format designed for easy reference. Refer to the ITS Records Description Manual for a layout of this record.

| |
|--------------------------------|
| Professional Claim Record (E0) |
| Total charges (T013) |

Professional Line of Service Record (Record Type FO)

Purpose

You use the professional line of service record to communicate data on professional services by line item.

Claim Type

You must include at least one record for each professional claim.

Record Specification

You can include up to 50 professional line of service records per claim, with one line item per claim.

Table 4-9, below, lists selected data elements from the professional line of services record. Refer to the ITS Data Definitions Manual for information on these fields.

In addition, the pricing method you choose will affect how you enter data on this record. [Refer to Table 4-16](#) for additional information.

Table 4-9: Selected Fields from the Professional Line of Service Record (Record Type F0)

NOTE: This table contains only selected data elements from the Professional Claim Record in a format designed for easy reference. Refer to the ITS Records Description Manual for a layout of this record.

| |
|--|
| Professional Line of Service Record (F0) |
|--|

| |
|--|
| Professional Line of Service Record (F0) |
| Number of services (N010) |
| Service charge (S007) |

Professional Line Level Pricing Record (Record Type F5)

Purpose

You use the professional line level pricing record to communicate pricing data for each line item on the professional line of service record.

Claim Type

You must include at least one record for each professional claim.

Record Specification

You can include up to 50 professional line level pricing records per claim, with one line item per claim. Each record must correspond to a single professional line of service record, and the order of the professional line level pricing records should correspond to the order of the professional line of service records.

You must price all line items on professional claims:

- You must create one professional line level pricing record (F5) for each professional line of service record (F0).

- Every professional line level pricing record must contain a valid line pricing method (P099).

- You must enter a secondary rule number (R047) for all inclusively priced professional claims (pricing methods 42 and 43) on the line level pricing record. The primary service line (first service line) will indicate the primary rule and all subsequent service lines will indicate the secondary rule number.

Table 4-10, below, lists selected data elements from the professional appended pricing record. Refer to the ITS Data Definitions Manual for information on these fields.

In addition, the pricing method you choose will affect how you enter data on this record. [Refer to Table 4-16](#) for additional information on how pricing method determines re

Table 4-10: Selected Fields from the Professional Line Level Pricing Record (Record Type F5)

NOTE: This table contains only selected data elements from the professional line level pricing record in a format designed for easy reference. Refer to the ITS Record Descriptions Manual for a layout of this record.

| Professional Appended Pricing Record (F5) |
|--|
| Line pricing method (P099) Service allowance amount (S006) Percentage factor (P101) Rule number (R047) Pricing classification (P060) |

Professional Claim Pricing Record (Record Type E1)

Purpose

You use the professional claim pricing record to communicate any exceptions that you have that will affect how you price claims. These exceptions, such as the application of subscriber liability or a negotiated rate that includes multiple surgeries, might negate or modify the discount that you have indicated. You may not know if these exceptions apply to a specific claim or whether they relate to subscriber contract issues.

Claim Type and Record Specifications

Optionally, you may enter up to five valid SF message codes, special pricing conditions codes, special pricing conditions amounts or special pricing conditions percent when appropriate for each professional claim. UPF processes only SF message codes on the professional claim pricing record.

You can include only one professional claim pricing record per claim.

Table 4-11, below, lists selected data fields from the professional claim pricing record. Refer to the ITS Data Definitions Manual for information on these fields. For a list of local conditions codes specific to UPF, refer to Chapter 3: UPF Local Plan SF Message Codes, Table 3-6.

Table 4-11: Selected Fields from the Professional Claim Pricing Record (Record Type E1)

Note: This table contains only selected data elements from the professional claim pricing record in a format designed for easy reference. Refer to the ITS Data Definitions Manual for a data element listing for this record

| Professional Claim Pricing Record (Record Type E1) (Five Occurrences) |
|---|
| SF message code (S012) |
| Special pricing conditions code (S053) |
| Special pricing conditions amount (S052) |
| Special pricing conditions percent (S054) |

Edit Tables

Required Data Elements

The pricing method you choose for an institutional or professional claim will help determine the selected pricing and pricing related data elements that you also must include on the claim.

Edit Matrices

The tables on the following pages specify the pricing and pricing-related data elements that are required, optional or not applicable depending on the pricing method you choose. The requirements specified by these tables also are coded in the SF edits performed at the local site before the claim is sent to the processing site.

These tables specify data entry requirements for the following kinds of claims:

- Table 4-12 Institutional inpatient, claim level pricing
- Table 4-13 Institutional inpatient, line-item pricing
- Table 4-14 Institutional outpatient, claim level pricing
- Table 4-15 Institutional outpatient, line-item pricing
- Table 4-16 Professional claims

The tables on the following pages list the SF relational edits that apply to each UPF pricing method. Note that, in most cases, different fields are conditionally required depending on the pricing method, message codes and revenue codes on the SF claim.

Table 4-12: Institutional Inpatient Data Element Requirements: Claim Level Pricing/Accommodations and Ancillaries

[illegible]

R: Data field is required for this pricing method
O: Data field is optional for this pricing method
C: Conditional - required if applicable
N/A: Data field is not applicable for this pricing method
Blank: Data field is not applicable for this pricing method

Table 4-13: Institutional Inpatient Data Element Requirements: Line Level Pricing/Accommodations and Ancillaries

[illegible]

NOTE:

| | |
|--------|--|
| R: | Data field is required for this pricing method |
| O: | Data field is optional for this pricing method |
| C: | Conditional-Required if applicable |
| N/A: | Data field is not applicable for this pricing method |
| Blank: | Data field is not applicable for this pricing method |

[illegible]

| Record Type | Data Element Name | Data Element Number | Pricing Method | | | | | | | | | | |
|-------------|------------------------|---------------------|----------------|----|----|----|----|----|----|----|----|----|----|
| | | | 01 | 10 | 14 | 15 | 20 | 30 | 33 | 40 | 41 | 42 | 43 |
| 50 | Per Diem Rate | P038 | | | | | | | | | | | |
| | (All Inclusive) | | | | | | | | | | | | |
| 50 | DRG Code | D022 | | | | | | | | | | | |
| 50 | Case Allowance Amt. | C022 | | | | | | | | | | | |
| 50 | Pricing Classification | P060 | O | O | | | | | | | | | |
| 50 | SF Message Code | S012 | O | O | | | | | | | | | |
| 50 | Special Pricing | S053 | C | C | | | | | | | | | |
| | Conditions Code | | | | | | | | | | | | |
| 50 | Special Pricing | S052 | C | C | | | | | | | | | |
| | Conditions Amount | | | | | | | | | | | | |
| 50 | Special Pricing | S054 | C | C | | | | | | | | | |
| | Conditions Percent | | | | | | | | | | | | |
| 60 | Revenue Code | R038 | R | R | | | | | | | | | |
| 60 | Date of Service | D004 | O | O | | | | | | | | | |
| 60 | Number of Services | N010 | R | R | | | | | | | | | |
| 60 | Accommodation Rate | A007 | | | | | | | | | | | |
| 60 | Service Charge | S007 | R | R | | | | | | | | | |
| 65 | Pricing Method-Line | P099 | | | | | | | | | | | |
| 65 | Percentage Factor-Line | P101 | | | | | | | | | | | |
| 65 | Rule Number-Line | R047 | | | | | | | | | | | |
| 65 | Local Rate | L022 | O | O | | | | | | | | | |

R: Data field is required for this pricing method
O: Data field is optional for this pricing method
C: Conditional - required if applicable
N/A: Data field is not applicable for this pricing method
Blank: Data field is not applicable for this pricing method

Table 4-15: Institutional Outpatient Data
Element Requirements: Line Level Pricing/Ancillaries

| Record Type | Data Element Name | Data Element Number | Pricing Method | | | | | | | | | | |
|-------------|------------------------|---------------------|----------------|----|----|----|-----|-----|-----|----|----|----|----|
| | | | 01 | 10 | 14 | 15 | 20 | 30 | 33 | 40 | 41 | 42 | 43 |
| 50 | Pricing Method | P098 | | | | | N/A | N/A | N/A | | | | |
| 50 | Primary Rule # | R045 | | | | | | | | | | | |
| 50 | Secondary Rule # | R046 | | | | | | | | | | | |
| 50 | Percentage Factor | P100 | | | | | | | | | | | |
| 50 | Average Semi-Pvt. | A042 | | | | | | | | | | | |
| | Room Rate | | | | | | | | | | | | |
| 50 | Private Room Rate | P068 | | | | | | | | | | | |
| 50 | Per Diem Rate | P038 | | | | | | | | | | | |
| | (All Inclusive) | | | | | | | | | | | | |
| 50 | DRG Code | D022 | | | | | | | | | | | |
| 50 | Case Allowance Amt. | C022 | | | | | | | | | | | |
| 50 | Pricing Classification | P060 | O | O | O | O | | | | O | O | O | O |
| 50 | SF Message Code | S012 | O | O | O | O | | | | O | O | O | O |

| Record Type | Data Element Name | Data Element Number | Pricing Method | | | | | | | | | | |
|-------------|------------------------|---------------------|----------------|----|----|----|----|----|----|----|----|----|----|
| | | | 01 | 10 | 14 | 15 | 20 | 30 | 33 | 40 | 41 | 42 | 43 |
| 50 | Special Pricing | S053 | C | C | C | C | | | | C | C | C | C |
| | Conditions Code | | | | | | | | | | | | |
| 50 | Special Pricing | S052 | C | C | C | C | | | | C | C | C | C |
| | Conditions Amount | | | | | | | | | | | | |
| 50 | Special Pricing | S054 | C | C | C | C | | | | C | C | C | C |
| | Conditions Percent | | | | | | | | | | | | |
| 60 | Revenue Code | R038 | R | R | R | R | | | | R | R | R | R |
| 60 | Date of Service | D004 | O | O | O | O | | | | O | O | O | O |
| 60 | Number of Services | N010 | R | R | R | R | | | | R | R | R | R |
| 60 | Accommodation Rate | A007 | | | | | | | | | | | |
| 60 | Service Charge | S007 | R | R | R | R | | | | R | R | R | R |
| 65 | Pricing Method-Line | P099 | R | R | R | R | | | | R | R | R | R |
| 65 | Percentage Factor-Line | P101 | | R | R | R | | | | | | | R |
| 65 | Rule Number-Line | R047 | | R | R | R | | | | R | R | R | R |
| 65 | Local Rate | L022 | O | O | R | R | | | | R | R | R | R |

NOTE:

R: Data field is required for this pricing method
O: Data field is optional for this pricing method
C: Conditional-Required if applicable
N/A: Data field is not applicable for this pricing method
Blank: Data field is not applicable for this pricing method

Table 4-16: Professional Claim Data Element Requirements

| Record Type | Data Element Name | Data Element Number | Pricing Method | | | | | | | | | | |
|-------------|------------------------------------|---------------------|----------------|----|----|----|-----|-----|-----|----|----|----|----|
| | | | 01 | 10 | 14 | 15 | 20 | 30 | 33 | 40 | 41 | 42 | 43 |
| E0 | Total Charges | T013 | R | R | R | R | N/A | N/A | N/A | R | R | R | R |
| F0 | Service Charge | S007 | R | R | R | R | | | | R | R | R | R |
| F0 | Number of Services | N010 | R | R | R | R | | | | R | R | R | R |
| F5 | Service Allowance Amount | S006 | O | O | R | R | | | | R | R | R | R |
| F5 | Percentage Factor-Line | P101 | | R | R | R | | | | | | | |
| F5 | Pricing Method-Line | P099 | R | R | R | R | | | | R | R | R | R |
| F5 | Rule Number-Line | R047 | | R | R | R | | | | R | R | R | R |
| F5 | Pricing Classification | P060 | O | O | O | O | | | | O | O | O | O |
| E1 | SF Message Code | S012 | O | O | O | O | | | | O | O | O | O |
| E1 | Special Pricing Conditions Code | S053 | C | C | C | C | | | | C | C | C | C |
| E1 | Special Pricing Conditions Amount | S052 | C | C | C | C | | | | C | C | C | C |
| E1 | Special Pricing Conditions Percent | S054 | C | C | C | C | | | | C | C | C | C |

NOTE:

R: Data field is required for this pricing method
O: Data field is optional for this pricing method

Blank: Data field is not applicable for this pricing method
N/A Data field is not applicable for this pricing method

Overview

How to Append UPF COB Information to Claims

This section describes how local Plans append COB information to claims using the ITS SF records. Included are examples of how to append COB information to institutional and professional SFs, and how to specify claim level, line-item level and a combination of claim level and line-item level pricing.

After reading this chapter, you may refer to the Other Party Liability (OPL) User Manual for more detailed information.

Standards for Passing COB Information

The Host Plan must pass all available OPL information to the Home Plan. The required process is for the Host Plan to use the SF to send all available OPL information to the Home Plan. The Host Plan may not use the Standard Inter-Plan Resolution Facility (SIRF) to pass OPL information.

The Host Plan must stipulate when a processing Plan may or may not use its discount by populating the appropriate corresponding value in the secondary payer pricing qualifier.

Institutional SF COB-Related Records

Appending COB Information to the SF

If OPL is present, the Host Plan must indicate this by populating the other carrier indicator field (O019) on the 20 record type (institutional patient record) appropriately.

The Host Plan must create a 30 record type (subscriber/third party payer record) for each payer on the claim. A 30 record type is intended to mimic the UB92 multiple payer sections. This is in addition to the occurrence of the 30 record type for the BCBS-related payment information that is being submitted through ITS for reimbursement. The source of payment field (S016) should be set accordingly on each occurrence of the 30 record type to identify the payer for that individual occurrence of the record. For example, the source of payment field (S016) must be set to a value of CI (insurance company) on the occurrence for the 30 record type containing the commercial carrier payment information. The source of payment field must be set to BI (Blue Cross or Blue Shield) on the occurrence of the 30 record type containing the BCBS-related payment information.

Providers are instructed to bill on the UB92 format the payer occurrences in order of primary, secondary and tertiary payments.

The Host Plan must set the ITS payer indicator field (I018) to Y (ITS routing information contained in this occurrence of payer/subscriber data) on the 30 record containing its information. A 30

record type with a value of N (payer/subscriber information not applicable to ITS routing) in the ITS payer indicator field contains other payer/subscriber data. (This ensures that the FDB is updated with the subscriber data related to the ITS claim and the correct subscriber information is used to access the Plan profile DB.) If one occurrence of the 30 record indicator is equal to Y and all other occurrences are blank, the ITS software will set the ITS payer indicator to N on the occurrences that are blank.

Note: The ITS information can be in any one of the three occurrences of the 30 record type.

The Host Plan must populate the fields on the 30 record type with all OPL information that was submitted to it. All information received should be forwarded to the Home Plan. This is required.

Any information pertaining to all types of OPL must be forwarded to the Home Plan via the SF. Host Plans must use the OPL value code and amount fields and records for both Medicare and COB. Host Plans may continue to use the existing value code (V002) fields for those dollar amounts that do not correspond to one of the new OPL value codes (O082, O084). The value codes that correspond with the new OPL value codes are deductible payer A and B (A1, B1) and coinsurance payer A and B (A2, B2). Host Plans should continue to use the existing value codes that are non-dollar-related codes (values 01 – 99). Deductible payer A/B and coinsurance payer A/B must be populated in the new OPL value codes and amounts, even for Medicare claims.

If OPL is indicated, but no actual payment is indicated, the other carrier indicator should be set to I.

Provide other carrier payment data on the SF at the claim level or at the line level. Host Plans are required to send this information only at the level at which they received it. The claim and line level other carrier payment data are not balanced between the line and claim levels.

Table 4-17: Institutional COB-Related Records

| Record | Record Type | Information Included | Maximum # of Records per Claim |
|---|-------------|---|--------------------------------|
| Institutional header record | 05 | Line of business | 1 |
| Institutional patient record | 20 | Other carrier indicator | 1 |
| Institutional subscriber/third party payer record | 30 | Assignment of benefits indicator ITS payer Indicator Source of payment code Secondary payer pricing qualifier code | 3 |
| Institutional OPL claim level record | 32 | Claim level OPL value codes OPL value amounts | 1 |
| Institutional claim record | 50 | Host OPL provider arrangement code | 1 |
| Institutional OPL line level | 66 | Line level | 999 |

| Record | Record Type | Information Included | Maximum # of Records per Claim |
|--------|-------------|--------------------------------------|--------------------------------|
| record | | OPL value codes OPL value amounts | |

Institutional Header Record (Record Type 05)

Purpose

You use the institutional header record (record type 05) for claim control information.

Claim Type

This record type is required.

Record Specification

There is one institutional header record per claim. For COB, specify the line of business.

| |
|--|
| Institutional Header Record (Record Type 05) Claim Level Pricing Information |
| Line of business (L005) |

Institutional Patient Record (Record Type 20)

Purpose

Use the institutional patient (record type 20) for patient information.

Claim Type

This record type is required.

Record Specification

There is one institutional patient record per claim. For COB, specify the other carrier indicator.

| |
|---|
| Institutional Claim Record (Record Type 20) Claim Level Pricing Information |
| Other carrier indicator (O019) |

Institutional Subscriber Record (Record Type 30)

Purpose

Use the institutional subscriber record to convey subscriber information and other insurance information.

Claim Type

The subscriber record is always required.

Record Specification

One 30 record must have 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.

[Refer to the Institutional SF COB-Related Records section](#) for additional information on specifying COB data on the institutional claim record.

| Institutional Claim Record (Record Type 30) Subscriber Information |
|---|
| Assignment of benefits indicator (A034) ITS payer indicator (I018) Source of payment code (S016) Secondary payer pricing qualifier code (S090) |

Institutional Claim Level OPL Value Code and Amount Record (Record Type 32)

Purpose

Use the institutional claim level OPL value code and OPL value amount record to communicate claim level OPL value code and associated value amount data for the line of service records (record type 32) for which you have claim OPL information.

Claim Type

This record type is optional. However, if you have OPL information, you must include an institutional claim level OPL value code and amount record (record type 32) for institutional inpatient or outpatient claims that contain claim level OPL data.

Record Specification

You can include up to one institutional claim level OPL value code and amount records per claim.

Selected Fields From the Institutional Claim Level OPL Record (Record Type 32) – One Occurrence

NOTE: This table contains only selected data elements from the institutional line level pricing record in a format designed for easy reference. Refer to the ITS Records Description Manual for a layout of this record.

| Institutional Claim Level OPL Record (Record Type 32) One Occurrence |
|--|
| OPL value code – line (O082) |
| OPL value amount – line (O083) |

Institutional Claim Level Record (Record Type 50)

Purpose

Use the institutional claim record to communicate claim level pricing data on institutional claims.

Claim Type

This record type is conditional. 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.

Record Specification

You may include only one institutional claim level record per claim. For COB, you may optionally specify the Host OPL provider arrangement code.

Selected Fields from the Institutional Claim Record (Record Type 50)

NOTE: This table contains only selected data elements from the institutional claim record in a format designed for easy reference. Refer to the ITS Records Description Manual for a layout of this record

| Institutional Claim Record (Record Type 50) Claim Level Pricing Information |
|---|
| Host OPL Provider Arrangement Code (H007) |

Institutional Line Level OPL Value Code and Amount Record (Record Type 66)

Purpose

Use the institutional line level OPL value code and OPL value amount record to communicate line-item level OPL value code and associated value amount data for those line of service records (record type 60) for which you have line level OPL information.

Claim Type

This record type is optional. However, if you have OPL information, you must include an institutional line level OPL value code and amount record (record Type 66) for institutional inpatient or outpatient claims that contain line level OPL data.

Record Specification

You may include up to 999 institutional line level OPL value code and amount records per claim.

Each service line of OPL value code and amount data on the institutional line level pricing record (record type 66) corresponds in record sequence to the service lines containing accommodation revenue codes and the service lines containing ancillary revenue codes of the institutional line of service record (record type 60). You are required to populate only lines for which you have OPL information. If you know that the other carrier paid zero on a certain line, then a 66 record should be populated with the same line sequence number of the corresponding 60 record (value code of A3 with zeros in the corresponding value amount field).

Selected Fields from the Institutional Line Level OPL Record (Record Type 66) – 999 Occurrences

NOTE: This table contains only selected data elements from the institutional line level pricing record in a format designed for easy reference. Refer to the ITS Records Description Manual for a layout of this record

| Institutional Line Level OPL Record (Record Type 66) 999 Occurrences |
|--|
| OPL value code – line (O084) |
| OPL value amount – line (O085) |

Professional SF Pricing Records Appending COB Information to the SF

The Host Plan must create a D0 record type (professional subscriber record) to indicate the BCBS patient information that applies to this claim. If OPL is present, the Host Plan must indicate this by populating the other carrier indicator field (O019) on the C0 record type (professional patient record) appropriately. See Table 2.2 for valid values and definitions. Create an occurrence of the D1 record type (additional subscriber record) for each payer on the claim, in addition to the

occurrence of the D0 record type (subscriber record) for the payment information submitted through ITS for reimbursement. Populate the fields on the D1 record type with all OPL information that was submitted to the Host Plan. All information received must be forwarded to the Home Plan via the SF.

The source of payment field (S016) should be set accordingly on each occurrence of the D1 record type to identify the payer for the occurrence. The field (S016) is set to a value of MA (Medicare), MA (Medicare conditionally primary) or MB (Medicare Part B) on the occurrence of the D1 record containing the Medicare payment information.

The allowed, paid, coinsurance and deductible amounts from the other carrier (other carrier allowed amount – O015; other carrier paid amount – O020; other carrier coinsurance amount – O017 and other carrier deductible amount – O018) will be set to zero by the ITS software if the release number is 8.4 or greater.

OPL value code and amount fields should be used to capture any payment or liability amounts from another carrier. The D2 record will capture the information at the claim level and the F6 record at the line level. Plans need to use the OPL value code and amount fields for Medicare and COB.

The Host Plan must set the line of business field (L005) on the A5 record type to a value of 9 (Medicare complementary) when proof of Medicare payment is present.

Host Plans must set the Medicare assignment indicator field (M004) to the appropriate value when there is any indication that Medicare payment applies to the claim.

Table 4-18: Professional Pricing Records

| Record | Record Type | Information Included | Maximum # of Records Per Claim |
|---|-------------|--|--------------------------------|
| Professional header record | A5 | Line of business | 1 |
| Professional patient record | C0 | Other carrier indicator | 1 |
| Professional subscriber record | D0 | Assignment of benefits indicator Secondary payer pricing qualifier code | 1 |
| Professional additional subscriber record | D1 | Source of payment code | 2 |
| Professional OPL claim record | D2 | Claim level OPL value codes OPL value amounts | 1 |
| Professional claim record | E0 | Host OPL provider arrangement code | 1 |

| | | | |
|------------------------------------|----|--|----|
| Professional OPL line level record | F6 | Line level OPL value codes OPL value amounts | 50 |
|------------------------------------|----|--|----|

Professional Header Record (Record Type A5)

Purpose

Use the professional header record (record type A5) for claim control information.

Claim Type

This record type is required.

Record Specification

There is one professional header record per claim. For COB, specify the line of business.

Selected Fields from the Professional Claim Record (Record Type A5)

NOTE: This table contains only selected data elements from the professional claim record in a format designed for easy reference. Refer to the ITS Records Description Manual for a layout of this record.

| |
|--------------------------------|
| Professional Claim Record (A5) |
| Line of business (L005) |

Professional Patient Record (Record Type C0)

Purpose

Use the professional patient (record type C0) for patient information.

Claim Type

This record type is required.

Record Specification

There is one professional patient record per claim. For COB, specify the other carrier indicator.

| |
|----------------------------------|
| Professional Patient Record (C0) |
| Other carrier indicator (O019) |

Professional Subscriber Record (Record Type D0)

Purpose

Use the professional patient (record type C0) for subscriber information.

Claim Type

This record type is required.

Record Specification

There is one professional patient record per claim. For COB, specify the secondary payer pricing qualifier code.

| |
|---|
| Professional Subscriber Record (D0) |
| Secondary payer pricing qualifier code (S090) |

Professional Additional Subscriber Record (Record Type D1)

Purpose

Use the professional additional subscriber (record type D1) for patient information.

Claim Type

This record type is optional; however, if COB is indicated, this record is required.

Record Specification

There may be up to two professional additional subscriber records per claim. For COB, specify the source of payment code.

| |
|--------------------------------|
| Professional Claim Record (D1) |
| Source of payment code (S016) |

Professional Claim Level OPL Value Code and Amount Record (Record Type D2)

Purpose

Use the professional claim level OPL value code and OPL value amount record to communicate the claim level OPL value code and associated value amount data for claims for which you have claim level OPL information.

Claim Type

This record type is optional. However, if you have OPL information, you must include a professional claim level OPL value code and amount record (record type D2) for professional claims that contain claim level OPL data.

Record Specification

You can include one professional claim level OPL value code and amount record per claim. For COB, specify the OPL value codes for which you have data and their associated OPL value amounts.

| Professional Claim OPL Record (D2) |
|--|
| OPL value code – claim (O082) OPL value amount – claim (O083) |

Professional Claim Level Record (Record Type E0)

Purpose

Use the professional claim record to communicate claim level pricing information.

Claim Type

This record type is required.

Record Specification

Use one professional claim record per claim. For COB, you may optionally specify the HOST OPL provider arrangement code.

| |
|---|
| Professional Claim Record (E0) |
| Host OPL provider arrangement code (H007) |

Professional Line Level OPL Value Code and Amount Record (Record Type F6)

Purpose

Use the professional line level OPL value code and OPL value amount record to communicate the line-item level OPL value code and associated value amount data for the line of service records (record type F0) for which you have line level OPL information.

Claim Type

This record type is optional. However, if you have OPL information, you must include a professional line level OPL value code and amount record (record type F6) for professional claims that contain line level OPL data.

Record Specification

You can include up to 50 professional line level OPL value code and amount records per claim.

Each service line of OPL value code and amount data on the professional line level pricing record (record type F6) corresponds in record sequence to the service line of the professional line of service record (record type F0). You are required to populate only lines for which you have OPL information. If you know that the other carrier paid zero on a certain line, then an F6 record should be populated with the same line sequence number of the corresponding F0 record (value code of A3 with zeros in the corresponding value amount field).

Selected Fields from the Professional Line Level OPL Record (Record Type F6)

NOTE: This table contains only selected data elements from the professional line level pricing record in a format designed for easy reference. Refer to the ITS Record Descriptions Manual for a layout of this record.

| |
|---|
| Professional Line Level OPL Value Code and Amount Record (F6) |
| OPL value code – line (O084) |
| OPL value amount – line (O085) |

Edit Tables

Required Data Elements

Some COB-related data elements are required regardless of any indication of another carrier. Some are conditionally required when there is OPL information received by a Host Plan.

Edit Matrices

The tables on the following pages specify the COB-related data elements that are required, optional or not applicable regardless of any indication of another carrier. The requirements specified by these tables also are coded in the SF edits performed at the local site before the claim is sent to the processing site.

These tables specify data entry requirements for the following kinds of claims:

- Table 4-18 Institutional Data Element Requirements
- Table 4-19 Professional Data Element Requirements

The tables on the following pages list the SF relational edits that apply to each claim type. Note that, in most cases, different fields are conditionally required depending on the presence of OPL information on the SF claim.

Table 4-19: Institutional Data Element Requirements

| Record Type | Data Element Name | Data Element Number | R C O |
|-------------|--|---------------------|-------|
| 05 | Line of business | L005 | R |
| 20 | Other carrier indicator | O019 | R |
| 30 | Assignment of benefits indicator | A034 | C |
| 30 | ITS payer indicator | I018 | R |
| 30 | Source of payment code | S016 | R |
| 30 | Secondary payer pricing qualifier code | S090 | R |
| 32 | OPL value code – claim | O082 | C |
| 32 | OPL value amount – claim | O083 | C |
| 50 | Host OPL provider arrangement code | H007 | O |
| 66 | OPL value code – line | O084 | C |
| 66 | OPL value amount – line | O085 | C |

R: Data field is required regardless of indication of another carrier

O: Data field is optional; the Host Plan may fill in when another carrier is indicated on the claim, but it is not required

C: Conditional – Required if OPL information is received by the Host Plan

Table 4-20: Professional Claim Data Element Requirements

| Record Type | Data Element Name | Data Element Number | R C O |
|-------------|--|---------------------|-------|
| A5 | Line of business | L005 | R |
| C0 | Other carrier indicator | O019 | R |
| D0 | Assignment of benefits indicator | A034 | C |
| D0 | Secondary payer pricing qualifier code | S090 | R |
| D1 | Source of payment code | S016 | R |
| D2 | OPL value code – claim | O082 | C |
| D2 | OPL value amount – claim | O083 | C |
| E0 | Host OPL provider arrangement code | H007 | O |
| F6 | OPL value code – line | O084 | C |
| F6 | OPL value amount – line | O085 | C |

R: Data field is required regardless of indication of another carrier

O: Data field is optional; the Host Plan may fill in when another carrier is indicated on the claim, but it is not required

C: Conditional – Required if OPL information is received by the Host Plan