

Revisions

Release 17.0 – removed release # from heading per guidelines

Overview

The examples in this chapter are set up to show how the various combinations of pricing methods, primary pricing rules and secondary pricing rules communicate the following information to the calculator.

1. The discount arrangement.
2. The exact sequence in which the calculator computes BCBS and subscriber liability.
3. The base amount to use for each calculation (that is, based on remaining covered charges, remaining allowed amount or the lesser of the two, et cetera) and a cap for the calculated amount.
4. How to apply non-covered services on inclusively priced claims.

Depending on the pricing methods specified, the local Plan can price institutional claims at the claim level, line level or a combination of both. Professional claims always are priced at the line level.

For additional information about the UPF pricing rules, please refer to:

Chapter 3: Local Plan Pricing Options

Table 3-4: UPF Pricing Rules

Appendix C: UPF Rules And Subscriber Calculations

Table C-2: UPF Rule Set

Claim Examples

The following examples include:

1. The SF Input Description, which gives a detailed description of the claim, the local Plan claim and pricing data used in the claim submission format (SF) (that is, type of service, number of services, charges, pricing percent factors, local rates, et cetera).
2. The Processing Site's Adjudication Results, which include contractual and benefits management limitations, subscriber cost sharing and payment maximums.
3. An SCSF Input Worksheet, which includes the SF fields used by UPF to perform the actual calculation of the claim.

4. An Adjudication/UPF Summary Results worksheet, which details the adjudication results input to the UPF calculator and the UPF calculated output results. The UPF output results are shown at the line item level for non-covered services and for non-inclusively priced lines. The UPF output results are shown at the claim level for inclusively priced lines.

Percent of Charges

Claim Example #1 – SF Input Description

Institutional Inpatient Claim

Five-line claim priced as percent of charges (10). The primary pricing rule is 003 and the secondary pricing rule is n/a.

Claim Data

Line #		D/V/U	Total Charges
Accommodation Days			
1.	MED/Surg Room	2	1000.00
2.	Semiprivate Room	4	2000.00
Ancillaries			
3.	Pathology	2	500.00
4.	OR Supplies	4	1000.00
5.	Laboratory	6	1500.00

Pricing Percent Factor 90%

Adjudication Results

Line items are subject to the following reductions:

- (Line 2) Copay – 1 Amount 500.00, Copay – 2 Amount 250.00
- (Line 3) One non-covered D/V/U on the first ancillary line – contractual
- (Line 4) One non-covered D/V/U on the second ancillary line – contractual
- (Line 5) Two non-covered D/V/U on the last ancillary line – benefits management
- All covered dollars are subject to a 20 percent coinsurance subscriber liability.

SCSF Input

Following is the SCSF pricing input for this claim example.

SCCF Claims Data –		SCCF # –		1		Claim Type –		II		
Record type (60)		(60)	(60)	(65)	(65)	(65)	(65)	Claims Level Priced Data	(50)	
	Revenue code (R038)	Days/visits /units (N010)	Line charges (S007)	Pricing method (P099)	Pricing rule (R047)	Percent discount (P101)	Priced amount (L022)		avg semi pvt room rate (A042)	
SCCF Line #									case allowance (C002)	
1	121	2	1,000						per diem (P038)	
2	120	4	2,000						price method (P098)	10
3	310	2	500						primary rule (R045)	003
4	270	4	1,000						second rule (R046)	n/a
5	300	6	1,500						percent disc (P100)	90.00

Adjudication/UPF Summary Results – Claim Level Data

	message code	status code	reason code	deductible – 1	deductible – 2	deductible – 3	Final BCBS	Final Sub liab
INPUT								

Line Item Data

	Adjudication Process	Line charges	Initial pay amount	DVUs	Noncovered services BCBS/SUB	Noncovered D/V/Us BCBS/SUB C / C		Pricing percent % C / C	Copay G / G	Coins % G / G	Decrease BCBS liability	Increase subscriber liability
1	UPF Input	1,000	1000	2		0		90		20		
	UPF Output							100		180	280	180
2	UPF Input	2,000	2000	4		0		90		20		
	UPF Output							200	750	210	1160	960
3	UPF Input	500	500	2		1		90		20		
	UPF Output					250 / 250		25		45	320	295
4	UPF Input	1,000	1000	4		1		90		20		
	UPF Output					250 / 250		75		135	460	385
5	UPF Input	1,500	1500	6		2		90		20		
	UPF Output					500 / 500		100		180	780	680
Claim	UPF Output	6,000	6000			1000 / 1000		500	750	750	3000	2500

Claim Level Data

	message code	status code	reason code	Deductible – 1	Deductible – 2	Deductible – 3	Final BCBS	Final sub liab
Output		0					3,000	2,500

Percent of Allowed Amount

Claim Example # 2SF – Input Description

Institutional Outpatient Claim

Five-line claim priced as percent of charges (14). The primary pricing rule is 005 and the secondary pricing rule is n/a.

Claim Data

Line #		D/V/U	Total Charges	Local Rate
Ancillaries				
1.	Biopsy	2	1000.00	1500.00
2.	Pathology	4	2000.00	3000.00
3	Radiology	2	500.00	500.00
4.	OR Supplies	4	1000.00	2000.00
5.	Laboratory	6	1500.00	1000.00

Pricing Percent Factor 80%

Adjudication Results

Line items are subject to the following reductions:

- (Line 1) One noncovered D/V/U on the first ancillary line – benefits management
- (Line 2) Two noncovered D/V/U on the second ancillary line – benefits management
- (Line 5) One noncovered D/V/U on the last ancillary line – benefits management
- All covered dollars are subject to a 10% coinsurance subscriber liability.

SCSF Input

Following is the SCSF pricing input for this claim example.

SCCF Claims Data –		SCCF # –		2		CLAIM TYPE –		IO		
Record type (60)		(60)	(60)	(65)	(65)	(65)	(65)	Claims Level Priced Data	(50)	
	Revenue code (R038)	days/visits /units (N010)	Line charges (S007)	Pricing mthod (P099)	Pricing rule (R047)	Percent dscount (P101)	Priced aount (L022)		avg semi pvt room rate (A042)	
SCCF Line #									case allowance(C002)	
1	314	2	1,000	14	005	80.00	1500		per diem (P038)	
2	310	4	2,000	14	005	80.00	3000		price method(P098)	
3	320	2	500	14	005	80.00	500		primary rule (R045)	
4	270	4	1,000	14	005	80.00	2000		second rule (R046)	
5	300	6	1,500	14	005	80.00	1000		percent disc (P100)	

Adjudication/Upf Summary Results – Claim Level Data

	message code	status code	reason code	deductible – 1	deductible – 2	deductible – 3	Final BCBS	Final sub liab
Input								

Line Item Data

	Adjudication Process	Line charges	Initial pay amount	DVUs	Noncovered Services BCBS/SUB	Noncovered D/V/Us BCBS/SUB D / C	Pricing Percent D / D	Coins % G / G			Decrease BCBS liability	Increase subscriber liability
1	UPF Input	1,000	1500	2		1	80	10				
	UPF Output					750 / 500	150	50			950	550
2	UPF Input	2,000	3000	4		2	80	10				
	UPF Output					1500 / 1000	300	100			1900	1100
3	UPF Input	500	500	2		0	80	10				
	UPF Output						100	40			140	40
4	UPF Input	1,000	2000	4		0	80	10				
	UPF Output						400	100			500	100
5	UPF Input	1,500	1000	6		1	80	10				
	UPF Output					166.66 / 250 **	166.66 **	66.66 **			399.98	316.66
Claim	UPF Output	6,000	8000			2416.66/ 1750	1116.66	356.66			3889.98	2106.66

Claim Level Data

	message code	status code	reason code	deductible – 1	deductible – 2	deductible – 3	Final BCBS	Final sub liab
Output		0					4,110.02	2,106.66

** One noncovered D/V/U (1 of 6) = 166.66 (1000 - 166.66 = 833.34) (833.34 x 20% = 166.66) (833.34 - 166.66 = 666.68) (666.68 x 10% = 66.66)

Per Diem

Claim Example # 3 - SF Input Description

Institutional Inpatient Claim

Five-line claim priced as per diem (20). The primary pricing rule is 012 and the secondary pricing rule is 026.

Claim Data

Line #		D/V/U	Total Charges
Accommodation Days			
1.	MED/Surg Room	2	1000.00
2.	Semiprivate Room	4	2000.00
Ancillaries			
3.	Pathology	2	500.00
4.	OR Supplies	4	1000.00
5.	Laboratory	6	1500.00

Per Diem all inclusive rate 400.00

Adjudication Results

Line items are subject to the following reductions:

- (Line 4) The second ancillary line is not covered
- All covered dollars are subject to a 20% coinsurance subscriber liability.

SCSF INPUT

Following is the SCSF pricing input for this claim example.

SCCF Claims Data -		SCCF # -		3		CLAIM TYPE -		II		
Record type (60)		(60)	(60)	(65)	(65)	(65)	(65)	Claims Level Priced Data	(50)	
	Revenue code (R038)	days/visits / units (N010)	Line charges (S007)	Pricing method (P099)	Pricing rule (R047)	Percent discount (P101)	Priced amount (L022)		avg semi pvt room rate (A042)	
SCCF Line #									case allowance(C002)	
1	121	2	1,000						per diem (P038)	400
2	120	4	2,000						price method(P098)	20
3	310	2	500						primary rule (R045)	012
4	270	4	1,000						second rule (R046)	026
5	300	6	1,500						percent disc (P100)	

Claim Level Data

	message code	status code	reason code	deductible – 1	deductible – 2	deductible – 3	Final BCBS	Final sub liab
Input								

Line Item Data

	Adjudication process	Line charges	Initial pay amount	DVUs	Noncovered Services BCBS/SUB X / X	Noncovered D/V/Us BCBS/SUB	Coins % G / G				Decrease BCBS liability	Increase subscriber liability
1	UPF Input	1,000	800	2			20					
	UPF Output											
2	UPF Input	2,000	1600	4			20					
	UPF Output											
3	UPF Input	500		2			20					
	UPF Output											
4	UPF Input	1,000		4	2		20					
	UPF Output				0							
5	UPF Input	1,500		6			20					
	UPF Output											
Claim	UPF Output	6,000	2400		0		480				480	480

Claim Level Data

	message code	status code	reason code	deductible – 1	deductible – 2	deductible – 3	Final BCBS	Final sub liab
Output		2	EC001				1,920	480

Per Diem

Claim Example # 4 – SF Input Description

Institutional Inpatient Claim

Five-line claim priced as per diem (20). The primary pricing rule is 027 and the secondary pricing rule is 027.

Claim Data

Line #		D/V/U	Total Charges
Accommodation Days			
1.	MED/Surg Room	2	1000.00
2.	Semiprivate Room	4	2000.00
Ancillaries			
3.	Pathology	2	500.00
4.	OR Supplies	4	1000.00
5.	Laboratory	6	1500.00

Per diem all inclusive rate 1000.00

Adjudication Results

Line items are subject to the following reductions:

- (Line 3) One noncovered D/V/U on the first ancillary line.

All covered dollars are subject to:

- Deductible - 1 Remaining 1000.00
- Deductible - 2 Remaining 500.00
- Deductible - 3 Remaining 1000.00
- Deductible Indicator is 4 (deductibles 1 + 2)
- 10% coinsurance subscriber liability

SCSF Input

Following is the SCSF pricing input for this claim example.

<u>SCCF Claims Data</u> –		SCCF # –	4	Claim Type –		II			
Record type (60)		(60)	(60)	(65)	(65)	(65)	(65)	(50)	
	Revenue code (R038)	days/visits /units (N010)	Line charges (S007)	Pricing method (P099)	Pricing rule (R047)	Percent discount (P101)	Priced amount (L022)		
SCCF Line #								avg semi pvt room rate (A042)	
								case allowance(C002)	
1	121	2	1,000					per diem (P038)	1000
2	120	4	2,000					price method(P098)	20
3	310	2	500					primary rule (R045)	027
4	270	4	1,000					second rule (R046)	027
5	300	6	1,500					percent disc (P100)	

Claim Level Data

	message code	status code	reason code	deductible – 1	deductible – 2	deductible – 3	Final BCBS	Final sub liab
Input				1000	500	1000		

Line Item Data

	Adjudication Process	Line charges	Initial pay amount	DVUs	Noncovered Services BCBS/SUB	Noncovered D/V/Us BCBS/SUB F / C	Deductible G / G	Coins % G / G			Decrease BCBS liability	Increase subscriber liability
1	UPF Input	1,000	1000	2		0		10				
	UPF Output											
2	UPF Input	2,000	2000	4		0		10				
	UPF Output											
3	UPF Input	500	500	2		1		10				
	UPF Output					250 / 250					250	250
4	UPF Input	1,000	1000	4		0		10				
	UPF Output											
5	UPF Input	1,500	1500	6		0		10				
	UPF Output											
Claim	UPF Output	6,000	6000			250 / 250	1500	425			2175	2175

Claim Level Data

	message code	status code	reason code	deductible – 1	deductible – 2	deductible – 3	Final BCBS	Final sub liab
Output		0		0	0	1000	3,825	2,175

DRG

CLAIM EXAMPLE # 5 – SF INPUT DESCRIPTION

Institutional Inpatient Claim

Five-line claim priced as DRG (30). The primary pricing rule is 027 and the secondary pricing rule is 027.

Claim Data

Line #		D/V/U	Total Charges
Accommodation Days			
1.	MED/Surg Room	2	1000.00
2.	Semiprivate Room	4	2000.00
Ancillaries			
3.	Pathology	2	500.00
4.	OR Supplies	4	1000.00
5.	Laboratory	6	1500.00

Case Allowance Amount 6000.00

Adjudication Results

Line items are subject to the following reductions:

- (Line 2) One noncovered D/V/U on the second accommodation line.
- (Lines 1-5) Managed Care Penalty Reduction 50%

All covered dollars are subject to:

- Deductible - 1 Remaining 1000.00
- Deductible - 2 Remaining 1000.00
- Deductible - 3 Remaining 1000.00
- Deductible indicator is 4 (deductibles 1 + 2)
- 20% coinsurance subscriber liability

SCSF Input

Following is the SCSF pricing input for this claim example.

SCCF Claims Data –		SCCF # –		5		CLAIM TYPE –		II		
Record type (60)		(60)	(60)	(65)	(65)	(65)	(65)		(50)	
	Revenue code (R038)	days/visits / units (N010)	Line charges (S007)	Pricing method (P099)	Pricing rule (R047)	Percent discount (P101)	Priced amount (L022)	Claims Level Priced Data	avg semi pvt room rate (A042)	
SCCF Line #									case allowance(C002)	6000
1	121	2	1,000						per diem (P038)	
2	120	4	2,000						price method (P098)	30
3	310	2	500						primary rule (R045)	027
4	270	4	1,000						second rule (R046)	027
5	300	6	1,500						percent disc (P100)	

Claim Level Data

	message code	status code	reason code	deductible – 1	deductible – 2	deductible – 3	Final BCBS	Final Sub liab
Input				1000	1000	1000		

Line Item Data

	Adjudication Process	Line charges	Initial pay amount	DVUs	Noncovered Services BCBS/SUB	Noncovered D/V/Us BCBS/SUB F / C		M C % G / G	Deduct G / G	Coins % G / G	Decrease BCBS liability	Increase subscriber liability
1	UPF Input	1,000	1000	2		0		50		20		
	UPF Output											
2	UPF Input	2,000	2000	4		1		50		20		
	UPF Output					500 / 500					500	500
3	UPF Input	500	500	2		0		50		20		
	UPF Output											
4	UPF Input	1,000	1000	4		0		50		20		
	UPF Output											
5	UPF Input	1,500	1500	6		0		50		20		
	UPF Output											
Claim	UPF Output	6,000	6000			500 / 500		2750	2000	150	5400	5400

Claim Level Data

	message code	status code	reason code	deductible – 1	deductible – 2	deductible – 3	Final BCBS	Final sub liab
Output		0		0	0	1000	600	5,400

Claim Example # 6 – SF Input Description

Institutional Inpatient Claim

Five-line claim priced as DRG (30). The primary pricing rule is 028 and the secondary pricing rule is 028.

Claim Data

Line #		D/V/U	Total Charges
Accommodation Days			
1.	MED/surg room	2	1000.00
2.	Semiprivate room	4	2000.00
Ancillaries			
3.	Pathology	2	500.00
4.	OR supplies	4	1000.00
5.	Laboratory	6	1500.00

Case allowance amount 5000.00

Average semiprivate room rate 400.00

Adjudication Results

Line items are subject to the following reductions:

- (none)
- (Line 1) Private room differential code is 1 on the first accommodation line.
- (Line 2) Private room differential code is 1 on the second accommodation line.

Line Item Data

	Adjudication process	Line charges	Initial pay amount	DVUs	Noncovered Services BCBS/Sub	Private Room Differential Code	Pvt Room Differential Amount D / C				Decrease BCBS liability	Increase subscriber liability
1	UPF Input	1,000		2		1						
	UPF Output						-200 / 0				-200	0
2	UPF Input	2,000		4		1						
	UPF Output						-400 / 0				-400	0
3	UPF Input	500		2								
	UPF Output											
4	UPF Input	1,000		4								
	UPF Output											
5	UPF Input	1,500		6								
	UPF Output											
Claim	UPF Output	6,000	5000				-600 / 0				-600	0

Claim Level Data

	message code	status code	reason code	deductible 1	deductible 2	deductible 3	Final BCBS	Final sub liab
Output		0					5,600	0

Claim Example # 7 SF Input Description

Institutional Inpatient Claim

Five-line claim priced as DRG (30). The primary pricing rule is 027 and the secondary pricing rule is 027.

Claim Data

Line #		D/V/U	Total Charges
Accommodation Days			
1.	MED/surg room	2	1000.00
2.	Semiprivate room	4	2000.00
Ancillaries			
3.	Pathology	2	500.00
4.	OR supplies	4	1000.00
5.	Laboratory	6	1500.00

Case allowance amount 5000.00

Average semiprivate room rate 400.00

Adjudication Results

Line items are subject to the following reductions:

- none
- (Line 1) Private room differential code is 2 on the first accommodation line.
- (Line 2) Private room differential code is 2 on the second accommodation line.
- (Lines 1 & 2) Private room partial coverage amount is 50.00.

SCSF Input

Following is the SCSF pricing input for this claim example.

SCCF Claims Data										SCCF # -	7	Claim type -		II
Record type		(60)	(60)	(60)	(65)	(65)	(65)	(65)	Claims Level Priced Data	(50)				
	Revenue code (R038)	days/visits /units (N010)	Line charges (S007)	Pricing mthod (P099)	Pricing rule (R047)	Percent discount (P101)	Priced Amount (L022)	avg semi pvt room rate (A042)		400				
SCCF Line #								case allowance(C002)		5000				
1	141	2	1,000					per diem (P038)						
2	140	4	2,000					price method(P098)		30				
3	310	2	500					primary rule (R045)		027				
4	270	4	1,000					second rule (R046)		027				
5	300	6	1,500					percent disc (P100)						

Claim Level Data

	message code	status code	reason code	deductible – 1	deductible – 2	deductible – 3	Final BCBS	Final sub liab
Input								

Line Item Data

	Adjudication process	Line charges	Initial pay amount	DVUs	Noncovered services BCBS/SUB	Private room differential code	Pvt room differential amount D / C	x	y	z	Decrease BCBS liab	Increase sub liab
1	UPF Input	1,000	833.33	2		2	50					
	UPF Output						-100 / 100				-100	100
2	UPF Input	2,000	1666.67	4		2	50					
	UPF Output						-200 / 200				-200	200
3	UPF Input	500	416.67	2								
	UPF Output											
4	UPF Input	1,000	833.33	4								
	UPF Output											
5	UPF Input	1,500	1250	6								
	UPF Output											
Claim	UPF Output	6,000	5000				-300 / 300				-300	300

Claim Level Data

	message code	status code	reason code	deductible – 1	deductible – 2	deductible – 3	Final BCBS	Final Sub liab
Output		0					5,300	300

Claim Example # 8 SF Input Description

Institutional Inpatient Claim

Five-line claim priced as DRG (30). The primary pricing rule is 028 and the secondary pricing rule is 028.

Claim Data

Line #		D/V/U	Total Charges
Accommodation Days			
1.	MED/surg room	2	1000.00
2.	Semiprivate room	4	2000.00
Ancillaries			
3.	Pathology	2	500.00
4.	OR supplies	4	1000.00
5.	Laboratory	6	1500.00

Case Allowance Amount 6000.00

Adjudication Results

Line items are subject to the following reductions:

- (Line 2) One noncovered D/V/U on the second accommodation line.
- (Line 3) One noncovered D/V/U on the first ancillary line.

All covered dollars are subject to:

- Deductible - 1 Remaining 200.00
- Deductible - 3 Remaining 100.00
- Deductible Indicator is 5 (deductibles 1 + 3)
- 20% coinsurance subscriber liability.

Following is the SCSF pricing input for this claim example.

Claim Level Data

	message code	status code	reason code	deductible – 1	deductible – 2	deductible – 3	Final BCBS	Final sub liab
Input				200	0	100		

Line Item Data

	Adjudication process	Line charges	Initial pay amount	DVUs	Noncovered Services BCBS/SUB	Noncovered D/V/Us BCBS/Sub C / C	Deductible G / G	Coins % G / G			Decrease BCBS liability	Increase subscriber liability
1	UPF Input	1,000		2		0		20				
	UPF Output											
2	UPF Input	2,000		4		1		20				
	UPF Output					500 / 500					500	500
3	UPF Input	500		2		1		20				
	UPF Output					250 / 250					250	250
4	UPF Input	1,000		4		0		20				
	UPF Output											
5	UPF Input	1,500		6		0		20				
	UPF Output											
Claim	UPF Output	6,000	6000			750 / 750	300	990			2040	2040

Claim Level Data

	message code	status code	reason code	deductible – 1	deductible – 2	deductible – 3	Final BCBS	Final sb liab
Output		0		0	0	0	3,960	2,040

Flat Fee Per Category of Service

Claim Example # 9 SF Input Description:

Institutional Outpatient Claim

Five-line claim priced as flat fee per category of service (40). The primary pricing rule is 009 and the secondary pricing rule is n/a.

Claim Data

Line #		D/V/U	Total Charges	Local Rate
Ancillaries				
1.	Biopsy	2	1000.00	750.00
2.	Pathology	4	2000.00	1200.00
3.	Radiology	2	500.00	250.00
4.	OR Supplies	4	1000.00	1200.00
5.	Laboratory	6	1500.00	1800.00

Adjudication Results

Line items are subject to the following reductions:

- (Line 1) 50% reduction first ancillary line – benefits management
- (Line 2) 50% reduction on the second ancillary line – benefits management
- All covered dollars are subject to a 10 percent coinsurance subscriber liability.

SCSF Input

Following is the SCSF pricing input for this claim example.

SCCF Claims Data – SCCF # – 9 CLAIM TYPE – IO										
Record type (60)		(60)	(60)	(65)	(65)	(65)	(65)	Claims Level Priced Data	(50)	
	Revenue code (R038)	days/visits/ units (N010)	Line charges (S007)	Pricing method (P099)	Pricing rule (R047)	Percent Discount (P101)	Priced amount (L022)		avg semi pvt room rate (A042)	
SCCF Line #									case allowance(C002)	
1	314	2	1,000	40	009		750		per diem (P038)	
2	310	4	2,000	40	009		1200		price method(P098)	
3	320	2	500	40	009		250		primary rule (R045)	
4	270	4	1,000	40	009		1200		second rule (R046)	
5	300	6	1,500	40	009		1800		percent disc (P100)	

Claim Level Data

	message code	status code	reason code	deductible – 1	deductible – 2	deductible – 3	Final BCBS	Final sub liab
Input								

Line Item Data

	Adjudication Process	Line charges	Initial pay amount	DVUs	Noncovered services BCBS/Sub	Noncovered D/V/Us BCBS/sub	Managed Care % G / G	Coins % G / G			Decrease BCBS liability	Increase subscriber liability
1	UPF Input	1,000	750	2			50	10				
	UPF Output						375	37.50			412.50	412.50
2	UPF Input	2,000	1200	4			50	10				
	UPF Output						600	60			660	660
3	UPF Input	500	250	2				10				
	UPF Output							25			25	25
4	UPF Input	1,000	1200	4				10				
	UPF Output							100			100	100
5	UPF Input	1,500	1800	6				10				
	UPF Output							150			150	150
Claim	UPF Output	6,000	5200				975	372.50			1347.50	1347.50

Claim Level Data

	message code	status code	reason code	deductible – 1	deductible – 2	deductible – 3	Final BCBS	Final sub liab
Output		0					3,852.50	1,347.50

Claim Example # 10 SF Input Description

Professional Claim

Five-line claim priced as flat fee per unit of service (41). The primary pricing rule is 009 and the secondary pricing rule is n/a.

Claim Data

Line #		D/V/U	Total Charges	Local Rate
Ancillaries				
1.	Surgery	2	1000.00	600.00
2.	Pathology	4	2000.00	600.00
3.	Pathology	2	500.00	200.00
4.	Laboratory	4	1000.00	300.00
5.	Laboratory	6	1500.00	200.00

ADJUDICATION RESULTS

Line items are subject to the following reductions:

- (Line 1) One noncovered unit on the primary service line.
- (Line 2) One noncovered unit on the second service line.
- (Line 3) The third service line is not covered.

All covered dollars are subject to:

- Deductible – 1 remaining 1000.00
- Deductible – 2 remaining 1500.00
- Deductible – 3 remaining 750.00
- Deductible indicator is 9 (deductibles 1 + 2 + 3)
- 10% coinsurance subscriber liability

SCSF Input

Following is the SCSF pricing input for this claim example.

SCCF Claims Data –		SCCF # – 10		Claim Type – P				Claims Level Priced Data		
Record type (FO)		(FO)	(FO)	(F5)	(F5)	(F5)	(F5)			
	Procedure code (H001)	days/visits / units (N010)	Line charges (S007)	Pricing method (P099)	Pricing rule (R047)	Percent discount (P101)	Priced amount (S006)		avg semi pvt room rate (A042)	n/a
SCCF Line #									case allowance(C002)	n/a
1	11440	2	1,000	41	009		600		per diem (P038)	n/a
2	88302	4	2,000	41	009		600		price method(P098)	n/a
3	88307	2	500	41	009		200		primary rule (R045)	n/a
4	88019	4	1,000	41	009		300		second rule (R046)	n/a
5	87086	6	1,500	41	009		200		percent disc (P100)	n/a

Claim Level Data

	message code	status code	reason code	deductible – 1	deductible – 2	deductible – 3	Final BCBS	Final sub liab
Input				1000	1500	750		

Line Item Data

	Adjudication Process	Line charges	Initial pay amount	DVUs	Noncovered Services BCBS/Sum D / C	Noncovered DVUs BCBS/Sub D / C	Deductible G / G	Coins % G / G			Decrease BCBS liability	Increase subscriber liability
1	UPF Input	1,000	1200	2		1		20				
	UPF Output					600 / 500	500				1100	1000
2	UPF Input	2,000	2400	4		1		20				
	UPF Output					600 / 500	1500				2100	2000
3	UPF Input	500	400	2	2			20				
	UPF Output				400 / 500						400	500
4	UPF Input	1,000	1200	4				20				
	UPF Output						1000				1000	1000
5	UPF Input	1,500	1200	6				20				
	UPF Output						250	190			440	440
Claim	UPF Output	6,000	6400		400 / 500	1200 / 1000	3250	190			5040	4940

Claim Level Data

	message code	status code	reason code	deductible – 1	deductible – 2	deductible – 3	Final BCBS	Final sub liab
Output		0		0	0	0	1,360	4,940

Multiple Services

Claim Example # 1 SF Input Description

Institutional Outpatient Claim

Five-line claim priced as multiple services (42). The primary pricing rule is 012 and the secondary pricing rule is 026.

Claim Data

Line #		D/V/U	Total Charges
Ancillaries			
1.	Biopsy	2	1000.00
2.	Pathology	4	2000.00
3.	Radiology	2	500.00
4.	OR Supplies	4	1000.00
5.	Laboratory	6	1500.00

Adjudication Results

Line items are subject to the following reductions:

- (Line 4) The fourth ancillary line is not covered.
- All covered dollars are subject to a 10 percent coinsurance subscriber liability.

SCSF Input

Following is the SCSF pricing input for this claim example.

SCCF Claims Data –		SCCF # –	11	Claim Type –		IO				
Record type (60)		(60)	(60)	(65)	(65)	(65)	(65)	Claims Level Priced Data	(50)	
	Revenue code (R038)	days/visits / units (N010)	Line charges (S007)	Pricing method (P099)	Pricing rule (R047)	Percent discount (P101)	Priced amount (L022)		avg semi pvt room rate (A042)	
SCCF Line #									case allowance(C002)	
1	314	2	1,000	42	012		2500		per diem (P038)	
2	310	4	2,000	42	026		0		price method(P098)	
3	320	2	500	42	026		0		primary rule (R045)	
4	270	4	1,000	42	026		0		second rule (R046)	
5	300	6	1,500	42	026		0		percent disc (P100)	

Claim Level Data

	message code	status code	reason code	deductible – 1	deductible – 2	deductible – 3	Final BCBS	Final sub liab
Input								

Line Item Data

	Adjudication Process	Line charges	Initial pay amount	DVUs	Noncovered services BCBS/Sub X / X	Noncovered D/V/Us BCBS/Sub	Coins % G / G				Decrease BCBS liability	Increase subscriber liability
1	UPF Input	1,000	2500	2			10					
	UPF Output											
	UPF Input	2,000		4			10					
	UPF Output											
3	UPF Input	500		2			10					
	UPF Output											
4	UPF Input	1,000		4	2		10					
	UPF Output				0							
5	UPF Input	1,500		6			10					
	UPF Output											
Claim	UPF Output	6,000	2500		0		250				250	250

CLAIM LEVEL DATA

	message code	status code	reason code	deductible – 1	deductible – 2	deductible – 3	Final BCBS	Final sub liab
Output		0	EC021				2,250	250

Claim Example # 12 SF Input Description

Professional Claim

Five-line claim priced as multiple services (42). The primary pricing rule is 012 and the secondary pricing rule is 027.

Claim Data

Line #		D/V/U	Total Charges
Ancillaries			
1.	Surgery	2	1000.00
2.	Pathology	4	2000.00
3.	Pathology	2	500.00
4.	Laboratory	4	1000.00
5.	Laboratory	6	1500.00

Local Rate 5000.00

Adjudication Results

Line items are subject to the following reductions:

- (Line 2) One noncovered unit on the second service line.
- (Line 3) One noncovered unit on the third service line.

Input

Following is the SCSF pricing input for this claim example.

SCCF Claims Data –		SCCF # –	12	Claim Type –		P		Claims Level Priced Data		
Record type (FO)		(FO)	(FO)	(F5)	(F5)	(F5)	(F5)			
	Procedure code (H001)	days/visits / units (N010)	Line charges (S007)	Pricing method (P099)	Pricing rule (R047)	Percent discount (P101)	Priced amount (S006)		avg semi pvt room rate (A042)	n/a
SCCF Line #									case allowance(C002)	n/a
1	11444	2	1,000	42	012		5000		per diem (P038)	n/a
2	88302	4	2,000	42	027		0		price method(P098)	n/a
3	88307	2	500	42	027		0		primary rule (R045)	n/a
4	88019	4	1,000	42	027		0		second rule (R046)	n/a
5	87086	6	1,500	42	027		0		percent disc (P100)	n/a

Adjudication/Upf Summary Results - Claim Level Data

	message code	status code	reason code	deductible – 1	deductible – 2	deductible – 3	Final BCBS	Final Sub liab
Input								

Line Item Data

	Adjudication Process	Line charges	Initial pay amount	DVUs	Noncovered Services BCBS/Sub	Noncovered DVUs BCBS/Sub F / C					Decrease BCBS liability	Increase subscriber liability
1	UPF Input	1,000	833.33	2		0						
	UPF Output											
2	UPF Input	2,000	1666.67	4		1						
	UPF Output					416.66 / 500 **					416.66	500
3	UPF Input	500	416.67	2		1						
	UPF Output					208.33 / 250 **					208.33	250
4	UPF Input	1,000	833.33	4		0						
	UPF Output											
5	UPF Input	1,500	1250	6		0						
	UPF Output											
Claim	UPF Output	6,000	5000			624.99 / 750					624.99	750

Claim Level Data

	message code	status code	reason code	deductible – 1	deductible – 2	deductible – 3	Final BCBS	Final sub liab
Output		0					4,375.01	750

** BCBS liability was prorated (Rate / Total Charges = proration factor of .83333333) 1 of 4 D/V/U (500 x .83333333 = 416.66) 1 of 2 D/V/U (250 x .83333333 = 208.33).

Claim Example # 13 SF Input Description

Professional Claim

Five-line claim priced as multiple services (42). The primary pricing rule is 012 and the secondary pricing rule is 028.

Claim Data

Line #		D/V/U	Total Charges
Ancillaries			
1.	Surgery	2	1000.00
2.	Pathology	4	2000.00
3.	Pathology	2	500.00
4.	Laboratory	4	1000.00
5.	Laboratory	6	1500.00

Local Rate 5000.00

Adjudication Results

Line items are subject to the following reductions:

- (Line 2) One noncovered unit on the second service line.
- (Line 3) One noncovered unit on the third service line.

SCSF Input

Following is the SCSF pricing input for this claim example.

<u>SCCF Claims Data</u> – SCCF # – 13 Claim Type – P									
Record type (FO)		(FO)	(FO)	(F5)	(F5)	(F5)	(F5)		
	Procedure code (H001)	days/visits / units (N010)	Line charges (S007)	Pricing method (P099)	Pricing rule (R047)	Percent discount (P101)	Priced amount (S006)		
SCCF Line #								Claims Level Priced Data	
1	11440	2	1,000	42	012		5000		avg semi pvt room rate (A042)
2	88302	4	2,000	42	028		0		n/a
3	88307	2	500	42	028		0		case allowance(C002)
4	88019	4	1,000	42	028		0		n/a
5	87086	6	1,500	42	028		0		per diem (P038)
									price method(P098)
									n/a
									primary rule (R045)
									n/a
									second rule (R046)
									n/a
									percent disc (P100)
									n/a

Claim Level Data

	message code	status code	reason code	deductible – 1	deductible – 2	deductible – 3	Final BCBS	Final sub liab
Input								

Line Item Data

	Adjudication Process	Line charges	Initial pay amount	DVUs	Noncovered services BCBS/Sub	Noncovered DVUs BCBS/Sub C / C					Decrease BCBS liability	Increase subscriber liability
1	UPF Input	1,000	5000	2		0						
	UPF Output											
2	UPF Input	2,000		4		1						
	UPF Output					500 / 500					500	500
3	UPF Input	500		2		1						
	UPF Output					250 / 250					250	250
4	UPF Input	1,000		4		0						
	UPF Output											
5	UPF Input	1,500		6		0						
	UPF Output											
Claim	UPF Output	6,000	5000			750 / 750					750	750

Claim Level Data

	message code	status code	reason code	deductible – 1	deductible – 2	deductible – 3	Final BCBS	Final sub liab
Output		0					4,250	750

Claim Example # 14 SF Input Description

Professional Claim

Five-line claim priced as multiple services (42). The primary pricing rule is 012 and the secondary pricing rule is 028.

Claim Data

Line #		D/V/U	Total Charges
Ancillaries			
1.	Surgery	2	1000.00
2.	Pathology	4	2000.00
3.	Pathology	2	500.00
4.	Laboratory	4	1000.00
5.	Laboratory	6	1500.00

Local Rate 7000.00

Adjudication Results

Line items are subject to the following reductions:

- Line 2 - The second service line is not covered.
- Line 3 - The third service line is not covered.
- Line 4 - The fourth service line is not covered.

SCSF Input

Following is the SCSF pricing input for this claim example.

SCCF Claims Data –		Claim # – 14		Claim Type –		P		Claims Level Priced Data		
Record type (FO)		(FO)	(FO)	(F5)	(F5)	(F5)	(F5)			
	Procedure code (H001)	days/visits / units (N010)	Line charges (S007)	Pricing method (P099)	Pricing rule (R047)	Percent discount (P101)	Priced amount (S006)		avg semi pvt room rate (A042)	n/a
SCCF Line #									case allowance(C002)	n/a
1	11444	2	1,000	42	012		7000		per diem (P038)	n/a
2	88302	4	2,000	42	028		0		price method(P098)	n/a
3	88307	2	500	42	028		0		primary rule (R045)	n/a
4	88019	4	1,000	42	028		0		second rule (R046)	n/a
5	87086	6	1,500	42	028		0		percent disc (P100)	n/a

Claim Level Data

	message code	status code	reason code	deductible – 1	deductible – 2	deductible – 3	Final BCBS	Final sub liab
Input								

Line Item Data

	Adjudication process	Line charges	Initial pay amount	DVUs	Noncovered Services BCBS/Sub C / C	Noncovered DVUs BCBS/Sub					Decrease BCBS liability	Increase subscriber liability
1	UPF Input	1,000	7000	2								
	UPF Output											
2	UPF Input	2,000		4	2							
	UPF Output				2000 / 2000						2000	2000
	UPF Input	500		2	2							
	UPF Output				500 / 500						500	500
4	UPF Input	1,000		4	2							
	UPF Output				1000 / 1000						1000	1000
5	UPF Input	1,500		6								
	UPF Output											
Claim	UPF Output	6,000	7000		3500 / 3500						3500	3500

Claim Level Data

	message code	status code	reason code	deductible – 1	deductible – 2	deductible – 3	Final BCBS	Final sub liab
Output		0					3,500	3,500

Summary of Adjudication Claim Example for Payment Maximums

Example Number	Description of Adjudication Example
Example #1	Non-inclusively priced lines with claims level payment maximum Payment maximum rule uses UPF rule G (base calculation on lesser of price or charges) Priced amount less than charges
Example #2	Inclusively priced lines with claim level payment maximum Payment maximum rule uses UPF rule G (base calculation on lesser of price or charges) Priced amount less than charges
Example #3	Non-inclusively priced lines with claims level payment maximum Payment maximum rule uses UPF rule G (base calculation on lesser of price or charges) Priced amount greater than charges
Example #4	Inclusively priced lines with claims level payment maximum Payment maximum rule uses UPF rule G (base calculation on lesser of price or charges) Priced amount greater than charges
Example #5	Non-inclusively priced lines with line level payment maximum Payment maximum rule uses UPF rule G (base calculation on lesser of price or charges) Priced amount less than charges
Example #6	Non-inclusively priced lines with line and claims level payment maximum Use of payment maximum indicators to direct the application of the claims level payment maximum Payment maximum rule uses UPF rule G (base calculation on lesser of price or charges) Priced amount less than charges
Example #7	Non-inclusively priced lines with claims level payment maximum Payment maximum rule uses UPF rule G (base calculation on lesser of price or charges) Priced amount less than charges With coinsurance
Example #8	Non-inclusively priced lines with claims level payment maximum Payment maximum rule uses UPF rule T (base calculation on lesser of price or charges EXCEPT when payment maximum = zero) Priced amount less than charges With coinsurance where payment maximum is met on the last line (functions the same as modifier G.)

Example Number	Description of Adjudication Example
Example #9	<p>Non-inclusively priced lines with claims level payment maximum</p> <p>Payment maximum rule uses UPF rule T (base calculation on lesser of price or charges EXCEPT when payment maximum = zero)</p> <p>Priced amount less than charges</p> <p>Payment maximum is reached on the 3rd (of 5) lines</p> <p>Requires reprocessing of \$0 payment maximum lines as noncovered</p>
Example #10	<p>Non-inclusively priced lines with claims level payment maximum</p> <p>Payment maximum rule uses UPF rule X (do not apply)</p> <p>Priced amount less than charges</p>
Example #11	<p>Inclusively priced lines with line and claim level payment maximum</p> <p>Payment maximum rule uses UPF rule G (base calculation on lesser of price or charges)</p> <p>Inclusively priced claims will not apply a line payment maximum</p> <p>Priced amount less than charges</p>
Example #12	<p>Mixed pricing containing inclusive and non-inclusive priced lines with line level payment maximums</p> <p>Payment maximum rule uses UPF rule G (base calculation on lesser of price or charges)</p> <p>Priced amount less than charges</p>
Example #13	<p>Non-inclusively priced lines with line level payment maximum</p> <p>Payment maximum rule uses UPF rule G (base calculation on lesser of price or charges)</p> <p>Pricing discount is 80% taken on covered dollars</p> <p>NOTE: Examples 13 and 14 are calculated with a pricing method 10, percent of charges. Example 14 is calculated using a covered maximum instead of a payment maximum. When compared these two examples contrast the differences between payment maximum and covered maximum (when there are no other reductions).</p>
Example #14	<p>Non-inclusively priced lines</p> <p>Covered maximum uses UPF rule modifier G (base calculation on lesser of price or charges)</p> <p>Pricing discount is 80% taken on covered dollars</p> <p>NOTE: Examples 13 and 14 are calculated with a pricing method 10, percent of charges. Example 14 is calculated using a covered maximum instead of a payment maximum. When compared these two examples contrast the differences between payment maximum and covered maximum (when there are no other reductions).</p>
Example #15	<p>Non-inclusively priced lines with claims level payment maximum</p> <p>Payment maximum rule uses UPF rule G (base calculation on lesser of price or charges)</p> <p>Priced amount less than charges</p> <p>Line level payment maximum with surcharge</p>

Example Number	Description of Adjudication Example
Example #16	Inclusively priced lines with claim level payment maximum Payment maximum rule uses UPF rule G (base calculation on lesser of price or charges) Priced amount less than charges Claims level payment maximum with surcharge
Example #17	Inclusively priced lines with claim level payment maximum Payment maximum rule uses UPF rule G (base calculation on lesser of price or charges) Priced amount less than charges Multiple claims level payment maximum buckets Line items point to different claims level maximum buckets
Example #18	Non-inclusively priced lines with claims level payment maximum Payment maximum rule uses UPF rule G (base calculation on lesser of price or charges) Priced amount less than charges Multiple claims level payment maximum buckets Line items point to different claims level maximum buckets
Example #19	Non-inclusively priced lines with claims level payment maximum Payment maximum rule uses UPF rule G (base calculation on lesser of price or charges) Priced amount less than charges Private room accommodation is covered
Example #20	Non-inclusively priced lines with claims level payment maximum Payment maximum rule uses UPF rule G (base calculation on lesser of price or charges) Priced amount less than charges Private room accommodation is not covered
Example #21	Inclusively priced lines with claim level payment maximum Payment maximum rule uses UPF rule G (base calculation on lesser of price or charges) Priced amount less than charges Private room accommodation is covered
Example #22	<ul style="list-style-type: none"> • Inclusively priced lines with claim level payment maximum • Payment maximum rule uses UPF rule G (base calculation on lesser of price or charges) • Priced amount less than charges • Private room accommodation is not covered

Claim Example #1

SF Input Description: Institutional Inpatient Claim

Five-line claim priced as flat fee per category of service (40). The primary pricing rule is 009 and the secondary pricing rule is n/a. This rule uses the G modifier. With this rule, the Host Plan is allowing application of a payment maximum based on the lesser amount of price or charges.

There are no SF message codes associated with this claim.

Claim Data

Line #		D/V/U	Total Charges
Accommodation Days			
1.	MED/Surg room	2	1000.00
2.	Semiprivate room	4	2000.00
Ancillaries			
3.	Pathology	2	500.00
4.	OR Supplies	4	1000.00
5	Laboratory	6	1500.00

Adjudication Results

Line items are subject to the following reductions:

- There is one claim level payment maximum of \$3,000 applicable to all lines. No additional reductions (covered in full).

SCSF Input

Following is the SCSF pricing input for this claim example

SCCF Claims Data –		SCCF # –	1	Claim Type –		II			
Record type (60)		(60)	(60)	(65)	(65)	(65)	(65)	Claims Level Priced Data	(50)
	Revenue code (R038)	days/visits /units (N010)	Line charges (S007)	Pricing method (P099)	Pricing rule (R047)	Percent discount (P101)	Priced amount (L022)		avg semi pvt room rate (A042)
SCCF Line #									case allowance(C002)
1	121	2	1,000	40	009		900		per diem (P038)
2	120	4	2,000	40	009		1,800		price method (P098)
3	310	2	500	40	009		400		primary rule (R045)
4	270	4	1,000	40	009		900		second rule (R046)
5	300	6	1,500	40	009		1,000		percent disc (P100)

Claim Level Data

	message code	status code	reason code	deductible - 1	deductible - 2	deductible - 3	payment maximum - 1	payment maximum - 2	payment maximum - 3	Final BCBS	Final sub liab
Input							3000				

Line Item Data

	Adjudication process	Line charges	Initial pay amount	DVUs	Non-covered services	Non-covered D/V/Us	Supplemental	Deductible	Coin-surance	Payment Maximum				Error msg.	Decrease BCBS liability (remaining BCBS liability)	Increase sub liability
										Ind	Remain clm max	Line max	Applied max			
1	UPF Input	1,000	900	2						9	3000					
	UPF Output										2100		0 (900)		0(900)	0
2	UPF Input	2,000	1,800	4						9	2100					
	UPF Output										300		0 (1800)		0(1800)	0
3	UPF Input	500	400	2						9	300					
	UPF Output										0		100 (300)	EC008	100(300)	100
4	UPF Input	1,000	900	4						9	0					
	UPF Output										0		900 (0)	EC008	900(0)	900
5	UPF Input	1,500	1,000	6						9	0					
	UPF Output										0		1000 (0)	EC008	1000(0)	1000
	Claim UPF Output	6,000	5,000								0	0	2000		2000 (3000)	2000

NOTE: A payment maximum indicator of 9 indicates that all claims level payment maximums can be applied to this line.

Claim Level Data

	message code	status code	Reason code					deductible - 1	deductible - 2	Deductible - 3	payment max - 1	payment max - 2	Payment max - 3	Final BCBS	Final sub liab
Output		2									0	0	0	3000	2000

DF Results

Note: For some processing software, a claim with a status of Review (2) may not have or not want a DF generated.

Claim Level Data

T O T A L									M C				
CHARGES	COVERED CHARGES	NON-COVERED CHARGES	APPV PAY AMOUNT	SUBSCRIBER LIABILITY	DEDUCTIBLE AMOUNT	COPAYMENT AMOUNT	COINSURANCE AMOUNT	PAY OTH CARRIER	RED DAYS	PM/RULE (S)			
6,000.00	6,000.00	.00	3,000.00	2,000.00	.00	.00	.00	.00	0				
ACCESS FEE	CLAIM LIABILITY	AEA AMOUNT	NET LIABILITY	P A Y M E N T			R E D U C T I O N						
				CD1	AMT1	CD2	AMT2	CD3	AMT3	CD4	AMT4	CD5	AMT5
100.00	3,100.00	11.00	3,111.00	D	1,000.00	PM	2000.00	.00	.00			.00	

REJECT REASON / MESSAGE CODE:

LINE ITEM DATA - MAX 999 (LINE ITEM COUNT: 05)

LINE	REV/												
SEQ	R/M	PROC	DVU	APPV	CHARGES		COVERED	NON-COVERED	APPV PAY	SUBSCRIBER	DEDUCTIBLE	COPAYMENT	COINSURANCE
NO	CD	CODE		DAYS			CHARGES		AMOUNT	LIABILITY	AMOUNT	AMOUNT	AMOUNT
1		0121		2	0	1,000.00	1,000.00	.00	900.00	.00	.00	.00	.00
2		0120		4	0	2,000.00	2,000.00	.00	1,800.00	.00	.00	.00	.00
3	0291	0310		2	0	500.00	500.00	.00	300.00	100.00	.00	.00	.00
4	0291	0270		4	0	1,000.00	1,000.00	.00	.00	900.00	.00	.00	.00
5	0291	0300		6	0	1,500.00	1,500.00	.00	.00	1000.00	.00	.00	.00
TOTALS:						6,000.00	6,000.00	.00	3,000.00	2000.00	.00	.00	.00
LINE	M C												
SEQ	RED	P A Y M E N T					R E D U C T I O N					P A Y O T H	
NO	DAYS	CD1	AMT1	CD2	AMT2	CD3	AMT3	CD4	AMT4	CD5	AMT5	CARRIER	PM/RULE
1	0	D	100.00		.00		.00		.00		.00	.00	40/009
2	0	D	200.00		.00		.00		.00		.00	.00	40/009
3	0	D	100.00	PM	100.00		.00		.00		.00	.00	40/009
4	0	D	100.00	PM	900.00		.00		.00		.00	.00	40/009
5	0	D	500.00	PM	1000.00		.00		.00		.00	.00	40/009
TOTALS:			1,000.00		2000.00		.00		.00		.00	.00	

Claim Example #2 SF Input Description

Institutional Inpatient Claim

Five-line claim priced inclusively (30). The primary pricing rule is 028 and the secondary pricing rule is 028. These rules use the G modifier. With these rules, the Host Plan is allowing application of a payment maximum based on the lesser amount of price or charges.

There are no SF message codes associated with this claim.

Claim Data:

Line #		D/V/U	Total Charges
Accommodation Days			
1.	MED/Surg room	2	1000.00
2.	Semiprivate room	4	2000.00
Ancillaries			
3.	Pathology	2	500.00
4.	OR Supplies	4	1000.00
5	Laboratory	6	1500.00

Adjudication Results

Line items are subject to the following reductions:

- There is one claim level payment maximum of \$3000 applicable to all lines.

SCSF Input

Following is the SCSF pricing input for this claim example

SCCF Claims Data –		SCCF # –	2	Claim Type –				II			
Record type (60)		(60)	(60)	(65)	(65)	(65)	(65)	Claims Level Priced Data	(50)		
	Revenue code (R038)	days/visits/ units (N010)	Line charges (S007)	Pricing method (P099)	Pricing rule (R047)	Percent discount (P101)	Priced Amount (L022)		avg semi pvt room rate (A042)		
SCCF Line #									case allowance (C002)	5000	
1	121	2	1,000						per diem (P038)		
2	120	4	2,000						price method (P098)	30	
3	310	2	500						primary rule (R045)	028	
4	270	4	1,000						second rule (R046)	028	
5	300	6	1,500						percent disc (P100)		

NOTE: For inclusively-priced claims, a message that refers to all lines inclusively priced will appear only on the additional inclusive summary line generated by UPF. P)ayment maximum messages will not appear in a claims-level message code bucket.

Claim Level Data

	message code	status code	Reason code	deductible - 1	deductible - 2	deductible - 3	payment maximum - 1	payment maximum - 2	payment maximum - 3	Final BCBS	Final sub liab
Input							3000				

Line Item Data

	Adjudication process	Line charges	Initial pay amount	DVUs	Non-covered services	Non-covered D/V/Us	Supplemental	Deductible	Coin-surance	Payment Maximum				Error msg.	Decrease BCBS liability (remaining BCBS liability)	Increase sub liability
										Ind	Remain clm max	Line max	Applied max			
1	UPF Input	1,000		2						9						
	UPF Output														0 (0)	0
2	UPF Input	2,000		4						9						
	UPF Output														0 (0)	0
3	UPF Input	500		2						9						
	UPF Output														0 (0)	0
4	UPF Input	1,000		4						9						
	UPF Output														0 (0)	0
5	UPF Input	1,500		6						9						
	UPF Output														0 (0)	0
	Claim UPF Output	6,000	5000							9	0	0	2000 (3000)	EC008	2000 (3000)	2000

NOTE: For inclusively priced claims, a message that refers to all lines inclusively priced will appear only on the additional inclusive summary line generated by UPF. Payment maximum messages will not appear in a claims-level message code bucket.

Claim Level Data

	message code	status code	reason code					deductible - 1	deductible - 2	deductible - 3	payment max - 1	payment max - 2	Payment max - 3	Final BCBS	Final sub liab
Output		2									0	0	0	3000	2000

DF Results

Claim Level Data

T O T A L									M C				
CHARGES	COVERED CHARGES	NON-COVERED CHARGES	APPV PAY AMOUNT	SUBSCRIBER LIABILITY	DEDUCTIBLE AMOUNT	COPAYMENT AMOUNT	COINSURANCE AMOUNT	PAY OTH CARRIER	RED DAYS	PM/RULE (S)			
6,000.00	6,000.00	.00	3,000.00	2,000.00	.00	.00	.00	.00	0	30/028/028			
ACCESS FEE	CLAIM LIABILITY	AEA AMOUNT	NET LIABILITY	P A Y M E N T			R E D U C T I O N						
				CD1	AMT1	CD2	AMT2	CD3	AMT3	CD4	AMT4	CD5	AMT5
100.00	3,100.00	11.00	3,111.00	D	1,000.00	PM	2,000.00		.00		.00		.00

REJECT REASON / MESSAGE CODE: 0291

LINE ITEM DATA - MAX 999 (LINE ITEM COUNT: 05)

LINE SEQ NO	R/M CD	REV/ PROC CODE	DVU	APPV DAYS	CHARGES	COVERED CHARGES	NON-COVERED CHARGES	APPV PAY AMOUNT	SUBSCRIBER LIABILITY	DEDUCTIBLE AMOUNT	COPAYMENT AMOUNT	COINSURANCE AMOUNT
1		0121		2 0	1,000.00	1,000.00	.00	.00	.00	.00	.00	.00
2		0120		4 0	2,000.00	2,000.00	.00	.00	.00	.00	.00	.00
3		0310		2 0	500.00	500.00	.00	.00	.00	.00	.00	.00
4		0270		4 0	1,000.00	1,000.00	.00	.00	.00	.00	.00	.00
5		0300		6 0	1,500.00	1,500.00	.00	.00	.00	.00	.00	.00
TOTALS:					6,000.00	6,000.00	.00	.00	.00	.00	.00	.00

LINE M C		P A Y M E N T R E D U C T I O N										PAY OTH	PM/RULE
SEQ	RED	CD1		AMT1	CD2	AMT2	CD3	AMT3	CD4	AMT4	CD5	AMT5	
NO	DAYS												
1	0			.00		.00		.00		.00		.00	.00
2	0			.00		.00		.00		.00		.00	.00
3	0			.00		.00		.00		.00		.00	.00
4	0			.00		.00		.00		.00		.00	.00
5	0			.00		.00		.00		.00		.00	.00
TOTALS:		0		.00		.00		.00		.00		.00	.00

Claim Example #3_SF Input Description

Institutional Inpatient Claim

Five-line claim priced as flat fee per category of service (40). The primary pricing rule is 009 and the secondary pricing rule is n/a. This rule uses the G modifier. With this rule, the Host Plan is allowing application of a payment maximum based on the lesser amount of price or charges.

The claim is priced greater than charges.

There are no SF message codes associated with this claim.

Claim Data:

Line #		D/V/U	Total Charges
Accommodation Days			
1.	MED/Surg room	2	1000.00
2.	Semiprivate room	4	2000.00
Ancillaries			
3.	Pathology	2	500.00
4.	OR Supplies	4	1000.00
5	Laboratory	6	1500.00

Adjudication Results

Line items are subject to the following reductions:

- There is one claim level payment maximum of \$3,000 applicable to all lines.
- No additional reductions (covered in full).

SCSF Input

Following is the SCSF pricing input for this claim example

SCCF Claims Data – SCCF # – 3 Claim Type – II								
Record type	(60)	(60)	(60)	(65)	(65)	(65)	(65)	(50)
	Revenue code (R038)	days/visits /units (N010)	Line charges (S007)	Pricing method (P099)	Pricing rule (R047)	Percent discount (P101)	Priced amount (L022)	
SCCF Line #								Claims Level Priced Data
1	121	2	1,000	40	009		1,200	avg semi pvt room rate (A042)
2	120	4	2,000	40	009		2,400	case allowance (C002)
3	310	2	500	40	009		600	per diem (P038)
4	270	4	1,000	40	009		1,200	price method (P098)
5	300	6	1,500	40	009		1,600	primary rule (R045)
								second rule (R046)
								percent disc (P100)

Claim Level Data

	message code	status code	Reason code	deductible - 1	deductible - 2	deductible - 3	payment maximum - 1	payment maximum - 2	payment maximum - 3	Final BCBS	Final sub liab
Input							3000				

Line Item Data

	Adjudication process	Line charges	Initial pay amount	DVUs	Non-covered services	Non-covered D/V/Us	Supplemental	Deductible	Coinsurance	Payment Maximum				Error msg.	Decrease BCBS liability (remaining BCBS liability)	Increase sub liability
										Ind	Remain clm max	Line max	Applied max			
1	UPF Input	1,000	1,200	2						9	3000					
	UPF Output										1800		0		0 (12000)	0
2	UPF Input	2,000	2,400	4						9	18000					
	UPF Output										0		200 (sub liab) 600 (bcbs liab)	EC008 EC029	0600 (1800) (0)	200
3	UPF Input	500	600	2						9	0					
	UPF Output										0		500 (sub liab) 600 (bcbs liab)	EC008 EC029	600 (0)	500
4	UPF Input	1,000	1,200	4						9	0					
	UPF Output										0		1000 (sub liab) 1200 (bcbs liab)	EC008 EC029	1200 (0)	1000
5	UPF Input	1,500	1,600	6						9	0					
	UPF Output										0		1500 (sub liab) 1600 (bcbs liab)	EC008 EC029	1600 (0)	1500
	Claim UPF Output	6,000	7,000								0	0	3200 (sub liab) 4000 (bcbs liab)		4000 (3000)	3200

Claim Level Data

	message code	status code	Reason code					deductible - 1	deductible - 2	deductible - 3	payment max - 1	payment max - 2	payment max - 3	Final BCBS	Final sub liab
Output		2									0	0	0	3000	3200

DF Results

Claim Level Data

T O T A L										M C			
CHARGES	COVERED CHARGES	NON-COVERED CHARGES	APPV PAY AMOUNT	SUBSCRIBER LIABILITY	DEDUCTIBLE AMOUNT	COPAYMENT AMOUNT	COINSURANCE AMOUNT	PAY OTH CARRIER	RED DAYS	PM/RULE (S)			
6,000.00	6,000.00	.00	3,000.00	3,200.00	.00	.00	.00	.00	0				
ACCESS FEE	CLAIM LIABILITY	AEA AMOUNT	NET LIABILITY	P A Y M E N T					R E D U C T I O N				
				CD1	AMT1	CD2	AMT2	CD3	AMT3	CD4	AMT4	CD5	AMT5
-20.00	2,980.00	11.00	2,991.00	D	-200.00	PM	3200.00		.00		.00		.00

REJECT REASON / MESSAGE CODE:

LINE ITEM DATA - MAX 999 (LINE ITEM COUNT: 05)

LINE SEQ NO	REV/ R/M CD	PROC CODE	DVU	APPV DAYS	CHARGES	COVERED CHARGES	NON-COVERED CHARGES	APPV PAY AMOUNT	SUBSCRIBER LIABILITY	DEDUCTIBLE AMOUNT	COPAYMENT AMOUNT	COINSURANCE AMOUNT
1		0121	2	0	1,000.00	1,000.00	.00	1,200.00	.00	.00	.00	.00
2	0291	0120	4	0	2,000.00	2,000.00	.00	1,800.00	200.00	.00	.00	.00
3	0291	0310	2	0	500.00	500.00	.00	.00	500.00	.00	.00	.00
4	0291	0270	4	0	1,000.00	1,000.00	.00	.00	1000.00	.00	.00	.00
5	0291	0300	6	0	1,500.00	1,500.00	.00	.00	1500.00	.00	.00	.00
TOTALS:					6,000.00	6,000.00	.00	3,000.00	3200.00	.00	.00	.00
LINE SEQ NO	M RED DAYS	P A Y M E N T			R E D U C T I O N			P A Y O T H			P M / R U L E	
		CD1	AMT1	CD2	AMT2	CD3	AMT3	CD4	AMT4	CD5	AMT5	
1	D		-200.00		.00		.00		.00		.00	40/009
2	0		0.00	PM	200.00		.00		.00		.00	40/009
3	0		0.00	PM	500.00		.00		.00		.00	40/009
4	0		0.00	PM	1000.00		.00		.00		.00	40/009
5	0		0.00	PM	1500.00		.00		.00		.00	40/009
TOTALS:			-200.00		3200.00		.00		.00		.00	

Claim Example #4

SF Input Description Institutional Inpatient Claim

Five-line claim priced inclusively (30). The primary pricing rule is 028 and the secondary pricing rule is 028. These rules use the G modifier. With these rules, the Host Plan is allowing application of a payment maximum based on the lesser amount of price or charges.

The claim is priced greater than charges.

There are no SF message codes associated with this claim.

Claim Data:

Line #		D/V/U	Total Charges
Accommodation Days			
1.	MED/Surg room	2	1000.00
2.	Semiprivate room	4	2000.00
Ancillaries			
3.	Pathology	2	500.00
4.	OR Supplies	4	1000.00
5	Laboratory	6	1500.00

Adjudication Results

Line items are subject to the following reductions:

- There is one claim level payment maximum of \$3000 applicable to all lines.

SCSF Input

Following is the SCSF pricing input for this claim example.

SCCF Claims Data – SCCF # – 2 Claim Type – II								Claims Level Priced Data		
Record type (60)		(60)	(60)	(65)	(65)	(65)	(65)		(50)	
	Revenue code (R038)	days/visits/ units (N010)	Line charges (S007)	Pricing method (P099)	Pricing rule (R047)	Percent discount (P101)	Priced amount (L022)		avg semi pvt room rate (A042)	
SCCF Line #									case allowance (C002)	7000
1	121	2	1,000						per diem (P038)	
2	120	4	2,000						price method (P098)	30
3	310	2	500						primary rule (R045)	028
4	270	4	1,000						second rule (R046)	028
5	300	6	1,500						percent disc (P100)	

Claim Level Data

	Message code	status code	reason code	Deductible - 1	deductible - 2	deductible - 3	payment maximum – 1	payment maximum - 2	payment maximum - 3	Final BCBS	Final Sub liab
Input							3000				

Line Item Data

	Adjudication process	Line charges	Initial pay amount	DVUs	Non-covered services	Non-covered D/V/Us	Supplemental	Deductible	Coinsurance	Payment Maximum				Error msg.	Decrease BCBS liability (remaining BCBS liability)	Increase sub liability
										Ind	Remain clm max	Line max	Applied max			
1	UPF Input	1,000		2						9						
	UPF Output												0		0 (0)	0
2	UPF Input	2,000		4						9						
	UPF Output														0 (0)	0
3	UPF Input	500		2						9						
	UPF Output														0 (0)	0
4	UPF Input	1,000		4						9						
	UPF Output														0 (0)	0
5	UPF Input	1,500		6						9						
	UPF Output														0 (0)	0
	Claim UPF Output	6,000	7,000							9	0	0	3000 (3000)	EC008 EC029	3000 (3000)	3000

Claim Level Data

	message code	status code	Reason code					deductible - 1	deductible - 2	deductible - 3	payment max - 1	payment max - 2	payment max - 3	Final BCBS	Final sub liab
Output		2									0	0	0	3000	3000

DF Results

Claim Level Data

T O T A L									M C				
CHARGES	COVERED CHARGES	NON-COVERED CHARGES	APPV PAY AMOUNT	SUBSCRIBER LIABILITY	DEDUCTIBLE AMOUNT	COPAYMENT AMOUNT	COINSURANCE AMOUNT	PAY OTH CARRIER	RED DAYS	PM/RULE (S)			
6,000.00	6,000.00	.00	3,000.00	3,000.00	.00	.00	.00	.00	0	30/028/028			
ACCESS FEE	CLAIM LIABILITY	AEA AMOUNT	NET LIABILITY	P A Y M E N T			R E D U C T I O N						
				CD1	AMT1	CD2	AMT2	CD3	AMT3	CD4	AMT4	CD5	AMT5
0.00	3,000.00	11.00	3,011.00	PM	3,000.00		.00		.00		.00		.00

REJECT REASON / MESSAGE CODE: 0291

LINE ITEM DATA - MAX 999 (LINE ITEM COUNT: 05)

LINE SEQ NO	R/M CD	REV/ PROC CODE	DVU	APPV DAYS	CHARGES	COVERED CHARGES	NON-COVERED CHARGES	APPV PAY AMOUNT	SUBSCRIBER LIABILITY	DEDUCTIBLE AMOUNT	COPAYMENT AMOUNT	COINSURANCE AMOUNT
1		0121		2 0	1,000.00	1,000.00	.00	.00	.00	.00	.00	.00
2		0120		4 0	2,000.00	2,000.00	.00	.00	.00	.00	.00	.00
3		0310		2 0	500.00	500.00	.00	.00	.00	.00	.00	.00
4		0270		4 0	1,000.00	1,000.00	.00	.00	.00	.00	.00	.00
5		0300		6 0	1,500.00	1,500.00	.00	.00	.00	.00	.00	.00
TOTALS:					6,000.00	6,000.00	.00	.00	.00	.00	.00	.00

LINE M C	SEQ	RED	P A Y M E N T R E D U C T I O N										PAY OTH	
	NO	DAYS	CD1	AMT1	CD2	AMT2	CD3	AMT3	CD4	AMT4	CD5	AMT5	CARRIER	PM/RULE
	1	0		.00		.00		.00		.00		.00	.00	
	2	0		.00		.00		.00		.00		.00	.00	
	3	0		.00		.00		.00		.00		.00	.00	
	4	0		.00		.00		.00		.00		.00	.00	
	5	0		.00		.00		.00		.00		.00	.00	
TOTALS:	0			.00		.00		.00		.00		.00	.00	

Claim Example #5 SF Input Description

Institutional Inpatient Claim

Five-line claim priced as flat fee per category of service (40). The primary pricing rule is 009 and the secondary pricing rule is n/a. This rule uses the G modifier. With this rule, the Host Plan is allowing application of a payment maximum based on the lesser amount of price or charges.

There are no SF message codes associated with this claim.

Claim Data

Line #		D/V/U	Total Charges
Accommodation Days			
1.	MED/Surg room	2	1000.00
2.	Semiprivate room	4	2000.00
Ancillaries			
3.	Pathology	2	500.00
4.	OR Supplies	4	1000.00
5	Laboratory	6	1500.00

Adjudication Results

Line items are subject to the following reductions:

- There is no claim level payment maximum.

Each line has a line level payment maximum:

- Line 1 = 900
- Line 2 = 1800
- Line 3 = 300
- Line 4 = 0
- Line 5 = 0

Following is the SCSF pricing input for this claim example.

Claim Level Data

[illegible]

Line Item Data

	Adjudication process	Line charges	Initial pay amount	DVUs	Noncovered Services	Noncovered D/V/Us	Supplemental	Deductible	Coin-surance	Payment Maximum				Error Msg.	Decrease BCBS Liability (remaining BCBS liability)	Increase subscriber liability
										Ind	Remain clm max	Line max	Applied max			
1	UPF Input	1,000	900	2						0		900				
	UPF Output											0	0 (900)		0(900)	0
2	UPF Input	2,000	1800	4						0		1800				
	UPF Output											0	0 (1800)		0(1800)	0
3	UPF Input	500	400	2						0		300				
	UPF Output											0	100 (300)	EC008	100(300)	100
4	UPF Input	1,000	900	4						0		0				
	UPF Output											0	900 (0)	EC008	900(0)	900
5	UPF Input	1,500	1000	6						0		0				
	UPF Output											0	1000 (0)	EC008	1000(0)	1000

	CLAIM UPF Output	6,000	5,000								0	0	2000		2000 (3000)	2000
--	------------------	-------	-------	--	--	--	--	--	--	--	---	---	------	--	-------------	------

Claim Level Data

	message code	Status code	reason code					deductible - 1	deductible - 2	deductible - 3	payment max - 1	payment max - 2	Payment max - 3	Final BCBS	Final sSub liab
Output		2									0	0	0	3000	2000

DF Results

Claim Level Data

T O T A L										M C			
CHARGES	COVERED CHARGES	NON-COVERED CHARGES	APPV PAY AMOUNT	SUBSCRIBER LIABILITY	DEDUCTIBLE AMOUNT	COPAYMENT AMOUNT	COINSURANCE AMOUNT	PAY OTH CARRIER	RED DAYS	PM/RULE (S)			
6,000.00	6,000.00	.00	3,000.00	2,000.00	.00	.00	.00	.00	0				
ACCESS FEE	CLAIM LIABILITY	AEA AMOUNT	NET LIABILITY	P A Y M E N T R E D U C T I O N									
				CD1	AMT1	CD2	AMT2	CD3	AMT3	CD4	AMT4	CD5	AMT5
100.00	3,100.00	11.00	3,111.00	D	1,000.00	PM	2000.00		.00		.00		.00

REJECT REASON / MESSAGE CODE:

LINE ITEM DATA - MAX 999 (LINE ITEM COUNT: 05)

LINE	REV/													
SEQ	R/M	PROC	DVU	APPV	CHARGES		COVERED	NON-COVERED	APPV PAY	SUBSCRIBER	DEDUCTIBLE	COPAYMENT	COINSURANCE	
NO	CD	CODE		DAYS		CHARGES	CHARGES	CHARGES	AMOUNT	LIABILITY	AMOUNT	AMOUNT	AMOUNT	
1		0121	2	0	1,000.00	1,000.00		.00	900.00	.00	.00	.00	.00	
2		0120	4	0	2,000.00	2,000.00		.00	1,800.00	.00	.00	.00	.00	
3	0291	0310	2	0	500.00	500.00		.00	300.00	100.00	.00	.00	.00	
4	0291	0270	4	0	1,000.00	1,000.00		.00	.00	900.00	.00	.00	.00	
5	0291	0300	6	0	1,500.00	1,500.00		.00	.00	1000.00	.00	.00	.00	
TOTALS:					6,000.00	6,000.00		.00	3,000.00	2000.00	.00	.00	.00	
LINE	M	C												
SEQ	RED	P A Y M E N T R E D U C T I O N										PAY OTH		
NO	DAYS	CD1	AMT1	CD2	AMT2	CD3	AMT3	CD4	AMT4	CD5	AMT5	CARRIER	PM/RULE	
1	0	D	100.00		.00		.00		.00		.00	.00	40/009	
2	0	D	200.00		.00		.00		.00		.00	.00	40/009	
3	0	D	100.00	PM	100.00		.00		.00		.00	.00	40/009	
4	0	D	100.00	PM	900.00		.00		.00		.00	.00	40/009	
5	0	D	500.00	PM	1000.00		.00		.00		.00	.00	40/009	
TOTALS:			1,000.00		2000.00		.00		.00		.00	.00		

Claim Example #6

SF Input Description – Institutional Inpatient Claim

Five-line claim priced as flat fee per category of service (40). The primary pricing rule is 009 and the secondary pricing rule is n/a. This rule use the G modifier. With this rule, the Host Plan is allowing application of a payment maximum based on the lesser amount of price or charges.

No SF message codes are associated with this claim.

Claim Data

Line #		D/V/U	Total Charges
Accommodation Days			
1.	MED/Surg room	2	1000.00
2.	Semiprivate room	4	2000.00
Ancillaries			
3.	Pathology	2	500.00
4.	OR Supplies	4	1000.00
5	Laboratory	6	1500.00

Adjudication Results

Line items are subject to the following reductions:

- There is one claim level payment maximum of \$3000 applicable to all lines.
- Line two has a line level payment maximum of \$800. o additional reductions (covered in full).

SCSF Input

Following is the SCSF pricing input for this claim example.

SCCF Claims Data – - SCCF # – 5 Claim Type – II										
Record type (60)		(60)	(60)	(65)	(65)	(65)	(65)	Claims Level Priced Data	(50)	
	Revenue code (R038)	days/visits /units (N010)	Line charges (S007)	Pricing mthod (P099)	Pricing rule (R047)	Percent discount (P101)	Priced amount (L022)		avg semi pvt room rate (A042)	
SCCF Line #									case allowance (C002)	
1	121	2	1,000	40	009		900		per diem (P038)	
2	120	4	2,000	40	009		1,800		price method (P098)	
3	310	2	500	40	009		400		primary rule (R045)	
4	270	4	1,000	40	009		900		second rule (R046)	
5	300	6	1,500	40	009		1,000		percent disc (P100)	

Claim Level Data

	message code	status code	reason code	deductible - 1	deductible - 2	deductible - 3	payment maximum - 1	payment maximum - 2	payment maximum - 3	Final BCBS	Final sub liab
Input							3000				

Line Item Data

	Adjudication process	Line charges	Initial pay amount	DVUs	Non-covered services	Non-covered D/V/Us	Supplemental	Deductible	Coinsurance	Payment Maximum				Error msg.	Decrease BCBS liability (remaining BCBS liability)	Increase sub liability
										Ind	Remain clm max	Line max	Applied max			
1	UPF Input	1,000	900	2						9	3000					
	UPF Output										2100		0 (900)		0 (900)	0
2	UPF Input	2,000	1,800	4						9	2100	800				
	UPF Output										1300		1000 (800)	EC008	1000 (800)	1000
3	UPF Input	500	400	2						9	1300					
	UPF Output										900		0 (400)		0 (400)	0
4	UPF Input	1,000	900	4						9	900					
	UPF Output										0		0 (900)		0 (900)	0
5	UPF Input	1,500	1,000	6						9	0					
	UPF Output										0		1000 (0)	EC008	1000 (0)	1000
	Claim UPF Output	6,000	5,000								0	0	2000		2000 (3000)	2000

Claim Level Data

	message code	status code	Reason code					deductible - 1	deductible - 2	deductible - 3	payment max - 1	payment max - 2	payment max - 3	Final BCBS	Final sub liab
Output		2									0	0	0	3000	2000

DF Results

Claim Level Data

T O T A L										M C			
CHARGES	COVERED CHARGES	NON-COVERED CHARGES	APPV PAY AMOUNT	SUBSCRIBER LIABILITY	DEDUCTIBLE AMOUNT	COPAYMENT AMOUNT	COINSURANCE AMOUNT	PAY OTH CARRIER	RED DAYS	PM/RULE(S)			
6,000.00	6,000.00	.00	3,000.00	2,000.00	.00	.00	.00	.00	0				
ACCESS FEE	CLAIM LIABILITY	AEA AMOUNT	NET LIABILITY	P A Y M E N T		R E D U C T I O N							
				CD1	AMT1	CD2	AMT2	CD3	AMT3	CD4	AMT4	CD5	AMT5
100.00	3,100.00	11.00	3,111.00	D	1,000.00	PM	2000.00		.00		.00		.00

REJECT REASON / MESSAGE CODE:

LINE ITEM DATA - MAX 999 (LINE ITEM COUNT: 05)

LINE	REV/												
SEQ	R/M	PROC	DVU	APPV	COVERED		NON-COVERED	APPV PAY	SUBSCRIBER	DEDUCTIBLE	COPAYMENT	COINSURANCE	
NO	CD	CODE		DAYS	CHARGES	CHARGES	CHARGES	AMOUNT	LIABILITY	AMOUNT	AMOUNT	AMOUNT	
1		0121	2	0	1,000.00	1,000.00	.00	900.00	.00	.00	.00	.00	
2	0291	0120	4	0	2,000.00	2,000.00	.00	800.00	1000.00	.00	.00	.00	
3		0310	2	0	500.00	500.00	.00	400.00	.00	.00	.00	.00	
4		0270	4	0	1,000.00	1,000.00	.00	900.00	.00	.00	.00	.00	
5	0291	0300	6	0	1,500.00	1,500.00	.00	.00	1000.00	.00	.00	.00	
TOTALS:					6,000.00	6,000.00	.00	3,000.00	2000.00	.00	.00	.00	
LINE	M	C											
SEQ	RED	P A Y M E N T					R E D U C T I O N					PAY OTH	
NO	DAYS	CD1	AMT1	CD2	AMT2	CD3	AMT3	CD4	AMT4	CD5	AMT5	CARRIER	PM/RULE
1	0 D		100.00		.00		.00		.00		.00	.00	40/009
2	0 D		200.00	PM	1000.00		.00		.00		.00	.00	40/009
3	0 D		100.00		.00		.00		.00		.00	.00	40/009
4	0 D		100.00		.00		.00		.00		.00	.00	40/009
5	0 D		500.00	PM	1000.00		.00		.00		.00	.00	40/009
TOTALS:			1,000.00		2000.00		.00		.00		.00	.00	

Claim Example #7 SF Input Description

Institutional Inpatient Claim

Five-line claim priced as flat fee per category of service (40). The primary pricing rule is 009 and the secondary pricing rule is n/a. This rule uses the G modifier. With this rule, the Host Plan is allowing application of a payment maximum based on the lesser amount of price or charges.

No SF message codes are associated with this claim.

Claim Data:

Line #		D/V/U	Total Charges
Accommodation Days			
1.	MED/Surg room	2	1000.00
2.	Semiprivate room	4	2000.00
Ancillaries			
3.	Pathology	2	500.00
4.	OR Supplies	4	1000.00
5	Laboratory	6	1500.00

Adjudication Results

Line items are subject to the following reductions:

- There is one claim level payment maximum of \$3000 applicable to all lines.
- A 30 percent coinsurance is applied.

SCSF Input

Following is the SCSF pricing input for this claim example.

SCCF Claims Data -- SCCF # -- 6 Claim Type -- II										
Record type (60)		(60)	(60)	(65)	(65)	(65)	(65)	Claims Level Priced Data	(50)	
	Revenue code (R038)	days/visits /units (N010)	Line charges (S007)	Pricing method (P099)	Pricing rule (R047)	Percent discount (P101)	Priced amount (L022)		avg semi pvt room rate (A042)	
SCCF Line #									case allowance (C002)	
1	121	2	1,000	40	009		900		per diem (P038)	
2	120	4	2,000	40	009		1,800		price method (P098)	
3	310	2	500	40	009		400		primary rule (R045)	
4	270	4	1,000	40	009		900		second rule (R046)	
5	300	6	1,500	40	009		1,000		percent disc (P100)	

Claim Level Data

	message code	status code	reason code	deductible - 1	deductible - 2	deductible - 3	payment maximum - 1	payment maximum - 2	payment maximum - 3	Final BCBS	Final sub liab
Input							3000				

Line Item Data

	Adjudication process	Line charges	Initial pay amount	DVUs	Non-covered services	Non-covered D/V/Us	Supplemental	Deductible	Coinsurance	Payment Maximum				Error msg.	Decrease BCBS liability (remaining BCBS liability)	Increase sub liability
										Ind	Remain clm max	Line max	Applied max			
1	UPF Input	1,000	900	2					30%	9	3000					
	UPF Output								270 (630)		2370		0 (630)		270 (630)	270
2	UPF Input	2,000	1,800	4					30%	9	2370					
	UPF Output								540 (1260)		1110		0 (1260)	EC008	540 (1260)	540
3	UPF Input	500	400	2					30%	9	1110					
	UPF Output								120 (280)		830		0 (280)		120 (280)	120
4	UPF Input	1,000	900	4					30%	9	830					
	UPF Output								270 (630)		200		0 (630)		270 (630)	270
5	UPF Input	1,500	1,000	6					30%	9	200					
	UPF Output								300 (700)		0		500 (200)	EC008	800 (200)	800
	Claim UPF Output	6,000	5,000						1500		0	0	500		2000 (3000)	2000

Claim Level Data

	message code	status code	Reason code					deductible - 1	deductible - 2	deductible - 3	payment max - 1	payment max - 2	payment max - 3	Final BCBS	Final sub liab
Output		2									0	0	0	3000	2000

DF Results

Claim Level Data

T O T A L										M C			
CHARGES	COVERED CHARGES	NON-COVERED CHARGES	APPV PAY AMOUNT	SUBSCRIBER LIABILITY	DEDUCTIBLE AMOUNT	COPAYMENT AMOUNT	COINSURANCE AMOUNT	PAY OTH CARRIER	RED DAYS	PM/RULE(S)			
6,000.00	6,000.00	.00	3,000.00	2,000.00	.00	.00	1,500.00	.00	0				
ACCESS FEE	CLAIM LIABILITY	AEA AMOUNT	NET LIABILITY	P A Y M E N T					R E D U C T I O N				
				CD1	AMT1	CD2	AMT2	CD3	AMT3	CD4	AMT4	CD5	AMT5
100.00	3,100.00	11.00	3,111.00	D	1,000.00	PM	500.00		.00		.00		.00

REJECT REASON / MESSAGE CODE:

LINE ITEM DATA - MAX 999 (LINE ITEM COUNT: 05)

LINE	REV/												
SEQ	R/M	PROC	APPV		COVERED		NON-COVERED	APPV PAY	SUBSCRIBER	DEDUCTIBLE	COPAYMENT	COINSURANCE	
NO	CD	CODE	DVU	DAYS	CHARGES	CHARGES	CHARGES	AMOUNT	LIABILITY	AMOUNT	AMOUNT	AMOUNT	
1		0121	2	0	1,000.00	1,000.00	.00	630.00	270.00	.00	.00	270.00	
2		0120	4	0	2,000.00	2,000.00	.00	1,260.00	540.00	.00	.00	540.00	
3		0310	2	0	500.00	500.00	.00	280.00	120.00	.00	.00	120.00	
4		0270	4	0	1,000.00	1,000.00	.00	630.00	270.00	.00	.00	270.00	
5	0291	0300	6	0	1,500.00	1,500.00	.00	200.00	800.00	.00	.00	300.00	
TOTALS:					6,000.00	6,000.00	.00	3,000.00	2000.00	.00	.00	1,500.00	
LINE	M	C											
SEQ	RED	P A Y M E N T				R E D U C T I O N				P A Y O T H			
NO	DAYS	CD1	AMT1	CD2	AMT2	CD3	AMT3	CD4	AMT4	CD5	AMT5	CARRIER	PM/RULE
1	0	D	100.00		.00		.00		.00		.00	.00	40/009
2	0	D	200.00		.00		.00		.00		.00	.00	40/009
3	0	D	100.00		.00		.00		.00		.00	.00	40/009
4	0	D	100.00		.00		.00		.00		.00	.00	40/009
5	0	D	500.00	PM	500.00		.00		.00		.00	.00	40/009
TOTALS:			1,000.00		500.00		.00		.00		.00	.00	

Claim Example #8 SF Input Description

Institutional Inpatient Claim

Five-line claim priced as flat fee per category of service (40). The primary pricing rule is 037 and the secondary pricing rule is n/a. This rule uses the T modifier. With this rule, the Host Plan is allowing application of a payment maximum based on the lesser amount of price or charges except when the adjudication input payment maximum amount = zero.

There are no SF message codes associated with this claim.

Claim Data:

Line #		D/V/U	Total Charges
Accommodation Days			
1.	MED/Surg room	2	1000.00
2.	Semiprivate room	4	2000.00
Ancillaries			
3.	Pathology	2	500.00
4.	OR Supplies	4	1000.00
5	Laboratory	6	1500.00

Adjudication Results

Line items are subject to the following reductions:

- There is one claim level payment maximum of \$3000 applicable to all lines.
- A 30 percent coinsurance is applied.

SCSF Input

Following is the SCSF pricing input for this claim example.

SCCF Claims Data –		SCCF # –	7	Claim Type –		II				
Record type (60)		(60)	(60)	(65)	(65)	(65)	(65)	Claims Level Priced Data	(50)	
	Revenue code (R038)	days/visits /units (N010)	Line charges (S007)	Pricing method (P099)	Pricing rule (R047)	Percent discount (P101)	Priced amount (L022)		Avg semi pvt room rate (A042)	
SCCF Line #									Case allowance (C002)	
1	121	2	1,000	40	037		900		Per diem (P038)	
2	120	4	2,000	40	037		1,800		Price method (P098)	
3	310	2	500	40	037		400		Primary rule (R045)	
4	270	4	1,000	40	037		900		Second rule (R046)	
5	300	6	1,500	40	037		1,000		Percent disc (P100)	

Claim Level Data

	message code	status code	reason code	deductible - 1	deductible - 2	deductible - 3	payment maximum - 1	payment maximum - 2	payment maximum - 3	Final BCBS	Final sub liab
Input							3000				

Line Item Data

	Adjudication process	Line charges	Initial pay amount	DVUs	Non-covered services	Non-covered D/V/Us	Supplemental	Deductible	Coinsurance	Payment Maximum				Error msg.	Decrease BCBS liability (remaining BCBS liability)	Increase sub liability
										Ind	Remain clm max	Line max	Applied max			
1	UPF Input	1,000	900	2					30%	9	3000					
	UPF Output								270 (630)		2370		0 (630)		270 (630)	270
2	UPF Input	2,000	1,800	4					30%	9	2370					
	UPF Output								540 (1260)		1110		0 (1260)	EC008	540 (1260)	540
3	UPF Input	500	400	2					30%	9	1110					
	UPF Output								120 (280)		830		0 (280)		120 (280)	120
4	UPF Input	1,000	900	4					30%	9	830					
	UPF Output								270 (630)		200		0 (630)		270 (630)	270
5	UPF Input	1,500	1,000	6					30%	9	200					
	UPF Output								300 (700)		0		500 (200)	EC008	800 (200)	800
	Claim UPF Output	6,000	5,000						1500		0	0	500		2000 (3000)	2000

Claim Level Data

	message code	status code	Reason code					deductible - 1	deductible - 2	deductible - 3	payment max - 1	payment max - 2	payment max - 3	Final BCBS	Final sub liab
Output		2									0	0	0	3000	2000

Inter-Plan Teleprocessing Services (ITS)
Uniform Pricing Facility User Manual
Chapter 6: UPF Claim Pricing and Calculation Examples

Page: 6.78
Prepared: 02/28/97
Revised: 11/10/16

Claim Level Data

T O T A L										M C			
CHARGES	COVERED CHARGES	NON-COVERED CHARGES	APPV PAY AMOUNT	SUBSCRIBER LIABILITY	DEDUCTIBLE AMOUNT	COPAYMENT AMOUNT	COINSURANCE AMOUNT	PAY OTH CARRIER	RED DAYS	PM/RULE (S)			
6,000.00	6,000.00	.00	3,000.00	2,000.00	.00	.00	1,500.00	.00	0				
ACCESS FEE	CLAIM LIABILITY	AEA AMOUNT	NET LIABILITY	P A Y M E N T				R E D U C T I O N					
				CD1	AMT1	CD2	AMT2	CD3	AMT3	CD4	AMT4	CD5	AMT5
100.00	3,100.00	11.00	3,111.00	D	1,000.00	PM	500.00		.00		.00		.00

REJECT REASON / MESSAGE CODE:

LINE ITEM DATA - MAX 999 (LINE ITEM COUNT: 05)

LINE SEQ	REV/ R/M CD	PROC CODE	DVU	APPV DAYS	CHARGES	COVERED CHARGES	NON-COVERED CHARGES	APPV PAY AMOUNT	SUBSCRIBER LIABILITY	DEDUCTIBLE AMOUNT	COPAYMENT AMOUNT	COINSURANCE AMOUNT
1		0121	2	0	1,000.00	1,000.00	.00	630.00	270.00	.00	.00	270.00
2		0120	4	0	2,000.00	2,000.00	.00	1,260.00	540.00	.00	.00	540.00
3		0310	2	0	500.00	500.00	.00	280.00	120.00	.00	.00	120.00
4		0270	4	0	1,000.00	1,000.00	.00	630.00	270.00	.00	.00	270.00
5	0291	0300	6	0	1,500.00	1,500.00	.00	200.00	800.00	.00	.00	300.00
TOTALS:					6,000.00	6,000.00	.00	3,000.00	2000.00	.00	.00	1,500.00
LINE M C												
SEQ	RED	----- P A Y M E N T -----			R E D U C T I O N -----			P A Y O T H				
NO	DAYS	CD1	AMT1	CD2	AMT2	CD3	AMT3	CD4	AMT4	CD5	AMT5	CARRIER
1	0	D	100.00		.00		.00		.00		.00	40/037
2	0	D	200.00		.00		.00		.00		.00	40/037
3	0	D	100.00		.00		.00		.00		.00	40/037
4	0	D	100.00		.00		.00		.00		.00	40/037
5	0	D	500.00	PM	500.00		.00		.00		.00	40/037
TOTALS:			1,000.00		500.00		.00		.00		.00	

Claim Example #9 SF Input Description

Institutional Inpatient Claim

Five-line claim priced as flat fee per category of service (40). The primary pricing rule is 037 (new rule) and the secondary pricing rule is n/a. This rule uses the T modifier. With this rule, the Host Plan is allowing application of a payment maximum based on the lesser amount of price or charges. The Host Plan is further restricting the application of the discount to lines for which the payment maximum is greater than \$0.

There are no SF message codes associated with this claim.

Claim Data:

Line #		D/V/U	Total Charges
Accommodation Days			
1.	MED/Surg room	2	1000.00
2.	Semiprivate room	4	2000.00
Ancillaries			
3.	Pathology	2	500.00
4.	OR Supplies	4	1000.00
5	Laboratory	6	1500.00

Adjudication Results

Line items are subject to the following reductions:

- There is one claim level payment maximum of \$3000 applicable to all lines.
- No additional reductions (covered in full).

SCSF Input

Following is the SCSF pricing input for this claim example.

SCCF Claims Data – SCCF # – 8 Claim Type – II								Claims Level Priced Data		
Record type (60)		(60)	(60)	(65)	(65)	(65)	(65)		(50)	
	Revenue code (R038)	days/visits /units (N010)	Line charges (S007)	Pricing method (P099)	Pricing rule (R047)	Percent discount (P101)	Priced amount (L022)		avg semi pvt room rate (A042)	
SCCF Line #									case allowance (C002)	
1	121	2	1,000	40	037		900		per diem (P038)	
2	120	4	2,000	40	037		1,800		price method (P098)	
3	310	2	500	40	037		400		primary rule (R045)	
4	270	4	1,000	40	037		900		second rule (R046)	
5	300	6	1,500	40	037		1,000		percent disc (P100)	

Claim Level Data

	message code	status code	reason code	deductible - 1	deductible - 2	deductible - 3	payment maximum - 1	payment maximum - 2	payment maximum - 3	Final BCBS	Final sub liab
Input							3000				

Line Item Data

	Adjudication process	Line charges	Initial pay amount	DVUs	Non-covered services	Non-covered D/V/Us	Supplemental	Deductible	Coinsurance	Payment Maximum				Error msg.	Decrease BCBS liability (remaining BCBS liability)	Increase sub liability
										Ind	Remain clm max	Line max	Applied max			
1	UPF Input	1,000	900	2						9	3000					
	UPF Output										2100		0 (900)		0 (900)	0
2	UPF Input	2,000	1,800	4						9	2100					
	UPF Output										300		0 (1800)		0 (1800)	0
3	UPF Input	500	400	2						9	300					
	UPF Output										0		100 (300)	EC008	100 (300)	100
4	UPF Input	1,000	900	4						9	0					
	UPF Output										-900		Not applied	ECO32	0 (900)	0
5	UPF Input	1,500	1,000	6						9	-900		0			
	UPF Output										-1900		Not applied)	EC032	0 (3000)	0
	Claim UPF Output	6,000	5,000								0	0	100		100 (4900)	100

NOTE: An ECO32 message indicates that a payment maximum could not be applied to all lines because of restriction placed by the UPF rule. Reprocess the \$0 payment maximum lines as noncovered. Although the T modifier prevented the application of a payment maximum, UPF still will decrement the remaining payment maximum amount. This may result in a negative number returned in this field.

Claim Level Data

	message code	status code	Reason code					deductible - 1	deductible - 2	deductible - 3	payment max - 1	payment max - 2	payment max - 3	Final BCBS	Final sub liab
Output		2									-1900	0	0	4900	100

Adjudication/UPF Summary Results - Reprocessed \$0 Payment Max Lines as Non-Covered - Claim Level Data

	message code	status code	reason code	deductible - 1	deductible - 2	deductible - 3	payment maximum - 1	payment maximum - 2	payment maximum - 3	Final BCBS	Final sub liab
Input							3000				

Line Item Data

	Adjudication process	Line charges	Initial pay amount	DVUs	Non-covered services	Non-covered D/V/Us	Supplemental	Deductible	Coin-surance	Payment Maximum				Error msg.	Decrease BCBS liability (remaining BCBS liability)	Increase sub liability
										Ind	Remain clm max	Line max	Applied max			
1	UPF Input	1,000	900	2						9	3000					
	UPF Output										2100		0		0 (900)	0
2	UPF Input	2,000	1,800	4						9	2100					
	UPF Output										300		0		0 (1800)	0
3	UPF Input	500	400	2						9	300					
	UPF Output										0		100	EC008	100 (300)	100
4	UPF Input	1,000	900	4						0	0					
	UPF Output										0				1000 (0)	1000
5	UPF Input	1,500	1,000	6						0	0		0			
	UPF Output										0				1500 (0)	1500
	Claim UPF Output	6,000	5,000								0	0	100		2000 (3000)	2600

NOTE: The application of the UPF rule increases subscriber liability by charges (\$2500) and decreases BCBS liability by the priced amount (\$1900).

Claim Level Data

	message code	status code	Reason code					deductible - 1	deductible - 2	deductible - 3	payment max - 1	payment max - 2	payment max - 3	Final BCBS	Final sub liab
Output		2									0	0	0	3000	2600

DF Results

Claim Level Data

----- T O T A L -----										M C			
CHARGES	COVERED CHARGES	NON-COVERED CHARGES	APPV PAY AMOUNT	SUBSCRIBER LIABILITY	DEDUCTIBLE AMOUNT	COPAYMENT AMOUNT	COINSURANCE AMOUNT	PAY OTH CARRIER	RED DAYS	PM/RULE (S)			
6,000.00	6,000.00	2,500.00	3,000.00	2,600.00	.00	.00	.00	.00	0				
ACCESS FEE	CLAIM LIABILITY	AEA AMOUNT	NET LIABILITY	----- P A Y M E N T R E D U C T I O N -----									
				CD1	AMT1	CD2	AMT2	CD3	AMT3	CD4	AMT4	CD5	AMT5
40.00	3,040.00	11.00	3,051.00	D	400.00	PM	100.00		.00		.00		.00

REJECT REASON / MESSAGE CODE:

LINE ITEM DATA - MAX 999 (LINE ITEM COUNT: 05)

LINE	REV/					COVERED		NON-COVERED		APPV PAY		SUBSCRIBER		DEDUCTIBLE		COPAYMENT		COINSURANCE	
SEQ	R/M	PROC	DVU	APPV		CHARGES	CHARGES	CHARGES		AMOUNT	LIABILITY	AMOUNT		AMOUNT		AMOUNT		AMOUNT	
NO	CD	CODE		DAYS															
1		0121		2	0	1,000.00	1,000.00	.00		900.00	.00	.00		.00		.00		.00	
2		0120		4	0	2,000.00	2,000.00	.00		1,800.00	.00	.00		.00		.00		.00	
3	0291	0310		2	0	500.00	500.00	.00		300.00	100.00	.00		.00		.00		.00	
4	0291	0270		4	0	1,000.00	.00	1,000.00		.00	1,000.00	.00		.00		.00		.00	
5	0291	0300		6	0	1,500.00	.00	1,500.00		.00	1,500.00	.00		.00		.00		.00	
TOTALS:						6,000.00	6,000.00	2,500.00		3,000.00	2,600.00	.00		.00		.00		.00	
LINE	M C																		
SEQ	RED	P A Y M E N T				R E D U C T I O N				P A Y O T H									
NO	DAYS	CD1	AMT1	CD2	AMT2	CD3	AMT3	CD4	AMT4	CD5	AMT5	CARRIER		PM/RULE					
1	0	D	100.00		.00		.00		.00		.00	.00		40/037					
2	0	D	200.00		.00		.00		.00		.00	.00		40/037					

Inter-Plan Teleprocessing Services (ITS)
Uniform Pricing Facility User Manual
Chapter 6: UPF Claim Pricing and Calculation Examples

Page: 6.84
Prepared 02/28/97
Revised: 11/10/16

3	0	D	100.00	PM	100.00	.00	.00	.00	.00	40/037
4	0		.00		.00	.00	.00	.00	.00	40/037
5	0		.00		.00	.00	.00	.00	.00	40/037
TOTALS:			400.00		100.00	.00	.00	.00	.00	

Claim Example #10 SF Input Description

Institutional Inpatient Claim

Five-line claim priced as flat fee per category of service (40). The primary pricing rule is 065 (new rule) and the secondary pricing rule is n/a.. This rule uses the X modifier. With this rule, the Host Plan is restricting application of the discount for lines in which a payment maximum is applied.

There are no SF message codes associated with this claim.

Claim Data:

Line #		D/V/U	Total Charges
Accommodation Days			
1.	MED/Surg room	2	1000.00
2.	Semiprivate room	4	2000.00
Ancillaries			
3.	Pathology	2	500.00
4.	OR Supplies	4	1000.00
5	Laboratory	6	1500.00

Adjudication Results

Line items are subject to the following reductions:

- There is one claim level payment maximum of \$3000 applicable to all lines.
- No additional reductions (covered in full).

SCSF Input

Following is the SCSF pricing input for this claim example.

SCCF Claims Data – SCCF # – 9 Claim Type – II										
Record type (60)		(60)	(60)	(65)	(65)	(65)	(65)	Claims Level Priced Data	(50)	
	Revenue code (R038)	days/visits /units (N010)	Line charges (S007)	Pricing method (P099)	Pricing rule (R047)	Percent discount (P101)	Priced amount (L022)		avg semi pvt room rate (A042)	
SCCF Line #									case allowance (C002)	
1	121	2	1,000	40	065		900		per diem (P038)	
2	120	4	2,000	40	065		1,800		price method (P098)	
3	310	2	500	40	065		400		primary rule (R045)	
4	270	4	1,000	40	065		900		second rule (R046)	
5	300	6	1,500	40	065		1,000		percent disc (P100)	

Claim Level Data

	message code	status code	reason code	deductible - 1	deductible - 2	deductible - 3	payment maximum - 1	payment maximum - 2	payment maximum - 3	Final BCBS	Final sub liab
Input							3000				

Line Item Data

	Adjudication process	Line charges	Initial pay amount	DVUs	Non-covered services	Non-covered D/V/Us	Supplemental	Deductible	Coin-surance	Payment Maximum				Error msg.	Decrease BCBS liability (remaining BCBS liability)	Increase sub liability
										Ind	Remain clm max	Line max	Applied max			
1	UPF Input	1,000	900	2						9	3000		0			
	UPF Output										2100		0		0(900)	0
2	UPF Input	2,000	1,800	4						9	2100		0			
	UPF Output										300		0		0(1800)	0
3	UPF Input	500	400	2						9	300		0			
	UPF Output										-100		Not applied	EC028	0 (400)	0
4	UPF Input	1,000	900	4						9	-100		0			
	UPF Output										-1000		Not applied	EC028	0(900)	0
5	UPF Input	1,500	1,000	6						9	-1000		0			
	UPF Output										-2000		Not applied	EC028	0(1000)	0
	Claim UPF Output	6,000	5,000								0	0	0		0 (5000)	0

Claim Level Data

	message code	status code	reason code				deductible - 1	deductible - 2	deductible - 3	payment max - 1	payment max - 2	payment max - 3	Final BCBS	Final sub liab
Output		2								-2000	0	0	5000	0

NOTE: Although the X modifier prevented the application of a payment maximum, UPF still will decrement the remaining payment maximum amount. This may result in a negative number returned in this field.

Generating a DF When the Host Plan's Rule and Home Plan Adjudication Are in Conflict

This occurs in the following scenario:

1. The adjudication process is applying a payment maximum.
2. The UPF rule used includes an X (do not apply payment maximum) modifier for payment maximums.

Note: UPF will not apply a payment when the UPF rule's payment maximum modifies is X (do not apply payment maximum.) The Home Plan can evaluate the results (without the application of line or claims level maximums) to determine whether the potential savings warrant a change to the input payment maximum.

When the Plan adjudicating the claim receives an EC028 message code, it has the following options:

1. Override the benefits. Do not apply a payment maximum to this line.
2. Apply a conflict resolution solution with the Host Plan. This could involve:
 - Revert to charges
 - Reject the claim as handle direct only if the provider has not requested an 835.
 - Ask the Host Plan to reprice the claim

Claim Example #11 j – SF Input Description:

Institutional Inpatient Claim

Five-line claim priced inclusively (30). The primary pricing rule is 028 and the secondary pricing rule is 028. These rules use the G modifier. With these rules, the Host Plan is allowing application of a payment maximum based on the lesser amount of price or charges.

No SF message codes are associated with this claim.

Claim Data

Line #		D/V/U	Total Charges
Accommodation Days			
1.	MED/Surg room	2	1000.00
2.	Semiprivate room	4	2000.00
Ancillaries			
3.	Pathology	2	500.00
4.	OR Supplies	4	1000.00
5	Laboratory	6	1500.00

Adjudication Results

Line items are subject to the following reductions:

- One claim level payment maximum of \$3000 is applicable to all lines.
- Line two has a line level payment maximum of \$1,750. No additional reductions (covered in full).

SCSF Input

Following is the SCSF pricing input for this claim example.

SCCF Claims Data – SCCF # – 10 Claim Type – II										
Record type (60)		(60)	(60)	(65)	(65)	(65)	(65)	Claims Level Priced Data	(50)	
	Revenue code (R038)	Days/visits /units (N010)	Line charges (S007)	Pricing method (P099)	Pricing rule (R047)	Percent discount (P101)	Priced amount (L022)		avg semi pvt room rate (A042)	
SCCF Line #									case allowance (C002)	5000
1	121	2	1,000						per diem (P038)	
2	120	4	2,000						price method (P098)	30
3	310	2	500						primary rule (R045)	028
4	270	4	1,000						second rule (R046)	028
5	300	6	1,500						percent disc (P100)	

Claim Level Data

	message code	status code	reason code	deductible - 1	deductible - 2	deductible - 3	payment maximum - 1	payment maximum - 2	payment maximum - 3	Final BCBS	Final sub liab
Input							3000				

Adjudication/UPF Summary Results – Line Item Data

	Adjudication process	Line charges	Initial pay amount	DVUs	Non-covered services	Non-covered D/V/Us	Supplemental	Deductible	Coin-surance	Payment Maximum				Error msg.	Decrease BCBS liability (remaining BCBS liability)	Increase sub liability
										Ind	Remain clm max	Line max	Applied max			
1	UPF Input	1,000		2						9						
	UPF Output														0(0)	0
2	UPF Input	2,000		4						9		1750				
	UPF Output												Not applied	EC030	0(0)	0
3	UPF Input	500		2						9						
	UPF Output														0(0)	0
4	UPF Input	1,000		4						9						
	UPF Output														0(0)	0
5	UPF Input	1,500		6						9						
	UPF Output														0(0)	0
	Claim UPF Output	6,000	5,000							9	0	0	2000 (3000)	EC008	2000 (3000)	2000

For inclusively priced claims, a message that refers to all lines inclusively priced will appear **only** on the additional inclusive summary line generated by UPF. Payment maximum messages will not appear in a claims level message code bucket.

Claim Level Data

	message code	status code	Reason code					Deductible - 1	deductible - 2	deductible - 3	payment max - 1	payment max - 2	payment max - 3	Final BCBS	Final sub liab
Output		2									0	0	0	3000	2000

DF Results - Claim Level Data

T O T A L										M C			
CHARGES	COVERED CHARGES	NON-COVERED CHARGES	APPV PAY AMOUNT	SUBSCRIBER LIABILITY	DEDUCTIBLE AMOUNT	COPAYMENT AMOUNT	COINSURANCE AMOUNT	PAY OTH CARRIER	RED DAYS	PM/RULE(S)			
6,000.00	6,000.00	.00	3,000.00	2,000.00	.00	.00	.00	.00	0	30/028/028			
ACCESS FEE	CLAIM LIABILITY	AEA AMOUNT	NET LIABILITY	P A Y M E N T R E D U C T I O N									
				CD1	AMT1	CD2	AMT2	CD3	AMT3	CD4	AMT4	CD5	AMT5
100.00	3,100.00	11.00	3,111.00	D	1,000.00	PM	2,000.00		.00		.00		.00

REJECT REASON / MESSAGE CODE: 0291

LINE ITEM DATA - MAX 999 (LINE ITEM COUNT: 05)

LINE NO	REV/ R/M CD	PROC	DVU	APPV DAYS	CHARGES	COVERED CHARGES	NON-COVERED CHARGES	APPV PAY AMOUNT	SUBSCRIBER LIABILITY	DEDUCTIBLE AMOUNT	COPAYMENT AMOUNT	COINSURANCE AMOUNT
1	0121	2	0		1,000.00	1,000.00	.00	.00	.00	.00	.00	.00
2	0120	4	0		2,000.00	2,000.00	.00	.00	.00	.00	.00	.00
3	0310	2	0		500.00	500.00	.00	.00	.00	.00	.00	.00
4	0270	4	0		1,000.00	1,000.00	.00	.00	.00	.00	.00	.00
5	0300	6	0		1,500.00	1,500.00	.00	.00	.00	.00	.00	.00
TOTALS:					6,000.00	6,000.00	.00	.00	.00	.00	.00	.00

LINE M C													
SEQ NO	RED	CD1	AMT1	CD2	AMT2	CD3	AMT3	CD4	AMT4	CD5	AMT5	PAY OTH CARRIER	PM/RULE
1	0		.00		.00		.00		.00		.00	.00	
2	0		.00		.00		.00		.00		.00	.00	
3	0		.00		.00		.00		.00		.00	.00	
4	0		.00		.00		.00		.00		.00	.00	
5	0		.00		.00		.00		.00		.00	.00	
TOTALS: 0			.00		.00		.00		.00		.00	.00	

Claim Example #12 – SF Input Description

Institutional Inpatient Claim

Five-line claim. Four lines are inclusively priced (30). The primary pricing rule is 028 and the secondary pricing rule is 028. The fifth line is priced separately as pricing method 40, rule 009. These rules use the G modifier. With these rules, the Host Plan is allowing application of a payment maximum based on the lesser amount of price or charges.

No SF message codes are associated with this claim.

Claim Data

Line #		D/V/U	Total Charges
Accommodation Days			
1.	MED/surg room	2	1000.00
2.	Semiprivate room	4	2000.00
Ancillaries			
3.	Pathology	2	500.00
4.	OR supplies	4	1000.00
5.	Laboratory	6	1500.00

Adjudication Results

Line items are subject to the following reductions:

- Line 4 has a line level payment maximum of \$750.
- Line 5 has a line level payment maximum of \$750. No additional reductions

SCSF Input

Following is the SCSF pricing input for this claim example.

SCCF Claims Data –		SCCF # –	6	Claim Type –		II		Claims Level Priced Data		
Record type (60)		(60)	(60)	(65)	(65)	(65)	(65)		(50)	
	Revenue code (R038)	days/visits / units (N010)	Line charges (S007)	Pricing Method (P099)	Pricing rule (R047)	Percent Discount (P101)	Priced Amount (L022)		avg semi pvt room rate (A042)	
SCCF Line #									case allowance(C002)	4000
1	121	2	1,000						per diem (P038)	
2	120	4	2,000						price method(P098)	30
3	310	2	500						primary rule (R045)	028
4	270	4	1,000						second rule (R046)	028
5	300	6	1,500	40	009		1,000		percent disc (P100)	

Adjudication/UPF Summary Results – Claim Level Data

	message code	status code	reason code	deductible – 1	deductible – 2	deductible – 3	Final BCBS	Final sub liab
Input								

Adjudication/UPF Summary Results – Line Item Data

	Adjudication process	Line charges	Initial pay amount	DVUs	Non-covered services	Non-covered D/V/Us	Supplemental	Deductible	Coinsurance	Payment Maximum				Error msg.	Decrease BCBS liability (remaining BCBS liability)	Increase sub liability
										Ind	Remain clm max	Line max	Applied max			
1	UPF Input	1,000		2						0						
	UPF Output														0(0)	0
2	UPF Input	2,000		4						0						
	UPF Output													EC030	0(0)	0
3	UPF Input	500		2						0						
	UPF Output														0(0)	0
4	UPF Input	1,000		4						0		750				
	UPF Output												Not applied	EC030 *	0(0)	0
5	UPF Input	1,500	1,000	6						0		750				
	UPF Output												250 (750)	EC008 **	250 (750)	250
	Claim UPF Output	6,000	4,000/1000							9	0	0	250		250 (4750)	250

* EC030 is set at each inclusively priced line that has a line level payment maximum as input. The payment maximum is not applied.

** This payment maximum is applied to the non-inclusive line.

Claim Level Data

	message code	status code	Reason code					Deductible - 1	deductible - 2	deductible - 3	payment max - 1	payment max - 2	payment max - 3	Final BCBS	Final sub liab
Output		2									0	0	0	4750	250

Inter-Plan Teleprocessing Services (ITS)
Uniform Pricing Facility User Manual
Chapter 6 – UPF Claim Pricing and Calculation Examples

Page: 6.95
Prepared: 10/01/00
Revised: 11/10/16

DF Results – Claim Level Data

----- T O T A L -----										M C			
CHARGES	COVERED CHARGES	NON-COVERED CHARGES	APPV PAY AMOUNT	SUBSCRIBER LIABILITY	DEDUCTIBLE AMOUNT	COPAYMENT AMOUNT	COINSURANCE AMOUNT	PAY OTH CARRIER	RED DAYS	PM/RULE (S)			
6,000.00	6,000.00	.00	4,750.00	250.00	.00	.00	.00	.00	0	30/028/028			
ACCESS FEE	CLAIM LIABILITY	AEA AMOUNT	NET LIABILITY	----- P A Y M E N T -----								R E D U C T I O N -----	
				CD1	AMT1	CD2	AMT2	CD3	AMT3	CD4	AMT4	CD5	AMT5
100.00	4,850.00	11.00	4,861.00	D	1,000.00	PM	250.00		.00		.00		.00

REJECT REASON / MESSAGE CODE:

LINE ITEM DATA - MAX 999 (LINE ITEM COUNT: 05)

LINE SEQ	REV/ R/M CD	PROC CODE	DVU	APPV DAYS	CHARGES	COVERED CHARGES	NON-COVERED CHARGES	APPV PAY AMOUNT	SUBSCRIBER LIABILITY	DEDUCTIBLE AMOUNT	COPAYMENT AMOUNT	COINSURANCE AMOUNT
1		0121	2	0	1,000.00	1,000.00	.00	.00	.00	.00	.00	.00
2		0120	4	0	2,000.00	2,000.00	.00	.00	.00	.00	.00	.00
3		0310	2	0	500.00	500.00	.00	.00	.00	.00	.00	.00
4		0270	4	0	1,000.00	1,000.00	.00	.00	.00	.00	.00	.00
5	0291	0300	6	0	1,500.00	1,500.00	.00	750.00	250.00	.00	.00	.00
TOTALS:					6,000.00	6,000.00	.00	750.00	250.00	.00	.00	.00

LINE M C SEQ	RED DAYS	----- P A Y M E N T -----					R E D U C T I O N -----					PAY OTH CARRIER	PM/RULE
NO		CD1	AMT1	CD2	AMT2	CD3	AMT3	CD4	AMT4	CD5	AMT5		
1	0		.00		.00		.00		.00		.00	.00	
2	0		.00		.00		.00		.00		.00	.00	
3	0		.00		.00		.00		.00		.00	.00	
4	0		.00		.00		.00		.00		.00	.00	
5	0	D	500.00	PM	250.00		.00		.00		.00	.00	
TOTALS:0			500.00		250.00		.00		.00		.00	.00	

Claim Example #13 – SF Input Description:

Institutional Inpatient Claim

Five-line claim priced as percent of charges (10). The primary pricing rule is 003 and the secondary pricing rule is n/a. The discount percentage applied to each line is 80 percent. This rule uses the G modifier. With this rule, the Host Plan is allowing application of a payment maximum based on the lesser amount of price or charges.

No SF message codes are associated with this claim.

Claim Data

Line #		D/V/U	Total Charges
Accommodation Days			
1.	MED/surg room	2	1000.00
2.	Semiprivate room	4	2000.00
Ancillaries			
3.	Pathology	2	500.00
4.	OR supplies	4	1000.00
5.	Laboratory	6	1500.00

Adjudication Results

Line items are subject to the following reductions: There is a line level payment maximum set for each line. These are set as follows:

- Line 1 \$900
- Line 2 \$1500
- Line 3 \$400
- Line 4 \$600
- Line 5 \$1000

SCSF Input

Following is the SCSF pricing input for this claim example

SCCF Claims Data –		SCCF # –		1		Claim Type –		II		
Record type (60)		(60)	(60)	(65)	(65)	(65)	(65)	Claims Level Priced Data	(50)	
	Revenue code (R038)	days/visits / units (N010)	Line charges (S007)	Pricing Method (P099)	Pricing rule (R047)	Percent Discount (P101)	Priced Amount (L022)		avg semi pvt room rate (A042)	
SCCF Line #									case allowance(C002)	
1	121	2	1,000	10	003	80%			per diem (P038)	
2	120	4	2,000	10	003	80%			price method (P098)	
3	310	2	500	10	003	80%			primary rule (R045)	
4	270	4	1,000	10	003	80%			second rule (R046)	
5	300	6	1,500	10	003	80%			percent disc (P100)	

Adjudication/UPF Summary Results – Claim Level Data

	message code	status code	reason code	deductible – 1	deductible – 2	deductible – 3	Final BCBS	Final sub liab
Input								

Adjudication/UPF Summary Results – Line Item Data

	Adjudication process	Line charges	Initial pay amount	DVUs	Non-covered services	Covered Maximum	Percent Discount	Deduct-ible	Coin-surance	Payment Maximum				Error msg.	Decrease BCBS liability (remaining BCBS liability)	Increase sub liability
										Ind	Remain clm max	Line max	Applied max			
1	UPF Input	1,000	1,000	2			80%			0		800				
	UPF Output						200 (800)						0		0 (800)	0
2	UPF Input	2,000	2,000	4			80%			0		1500				
	UPF Output						400 (1600)						100 (1500)		100 (1500)	100
3	UPF Input	500	500	2			80%			0		400				
	UPF Output						100 (400)						0		0 (400)	0
4	UPF Input	1,000	1,000	4			80%			0		600				
	UPF Output						200 (800)						200 (600)		200 (600)	200
5	UPF Input	1,500	1,500	6			80%			0		1000				
	UPF Output						300 (1200)						200 (1000)		200 (1000)	200
	Claim UPF Output	6,000	6,000				1200				0	0	500		500 (4300)	500

Claim Level Data

	message code	status code	Reason code					Deductible - 1	deductible - 2	deductible - 3	payment max - 1	payment max - 2	payment max - 3	Final BCBS	Final sub liab
Output		2									0	0	0	4300	500

DF Results

Claim Level Data

T O T A L										M C			
CHARGES	COVERED CHARGES	NON-COVERED CHARGES	APPV PAY AMOUNT	SUBSCRIBER LIABILITY	DEDUCTIBLE AMOUNT	COPAYMENT AMOUNT	COINSURANCE AMOUNT	PAY OTH CARRIER	RED DAYS	PM/RULE(S)			
6,000.00	6,000.00	.00	4,300.00	500.00	.00	.00	.00	.00	0				
ACCESS FEE	CLAIM LIABILITY	AEA AMOUNT	NET LIABILITY	P A Y M E N T R E D U C T I O N									
				CD1	AMT1	CD2	AMT2	CD3	AMT3	CD4	AMT4	CD5	AMT5
120.00	4,420.00	11.00	4,431.00	D	1,200.00	PM	500.00		.00		.00		.00

REJECT REASON / MESSAGE CODE:

LINE ITEM DATA - MAX 999 (LINE ITEM COUNT: 05)

LINE SEQ NO	REV/ R/M CD	PROC CODE	APPV DVU	DAYS	CHARGES	COVERED CHARGES	NON-COVERED CHARGES	APPV PAY AMOUNT	SUBSCRIBER LIABILITY	DEDUCTIBLE AMOUNT	COPAYMENT AMOUNT	COINSURANCE AMOUNT
1		0121	2	0	1,000.00	1,000.00	.00	800.00	.00	.00	.00	.00
2	0291	0120	4	0	2,000.00	2,000.00	.00	1,500.00	100.00	.00	.00	.00
3		0310	2	0	500.00	500.00	.00	400.00	.00	.00	.00	.00
4	0291	0270	4	0	1,000.00	1,000.00	.00	600.00	200.00	.00	.00	.00
5	0291	0300	6	0	1,500.00	1,500.00	.00	1,000.00	200.00	.00	.00	.00
TOTALS:					6,000.00	6,000.00	.00	4,300.00	500.00	.00	.00	.00
LINE SEQ NO	M RED	C	P A Y M E N T R E D U C T I O N								PAY OTH CARRIER	PM/RULE
			CD1	AMT1	CD2	AMT2	CD3	AMT3	CD4	AMT4	CD5	AMT5
1	0	D		200.00		.00		.00		.00		.00
2	0	D		400.00	PM	100.00		.00		.00		.00
3	0	D		100.00		.00		.00		.00		.00
4	0	D		200.00	PM	200.00		.00		.00		.00
5	0	D		300.00	PM	200.00		.00		.00		.00
TOTALS:				1,200.00		500.00		.00		.00		.00

Claim Example #14 – SF Input Description:

Institutional Inpatient Claim

Five-line claim priced as percent of charges (10). The primary pricing rule is 003 and the secondary pricing rule is n/a. The discount percentage applied to each line is 80 percent. This rule uses the G modifier. With this rule, the Host Plan is allowing application of a payment maximum based on the lesser amount of price or charges.

No SF message codes are associated with this claim.

Claim Data

Line #		D/V/U	Total Charges
Accommodation Days			
1.	MED/surg room	2	1000.00
2.	Semiprivate room	4	2000.00
Ancillaries			
3.	Pathology	2	500.00
4.	OR supplies	4	1000.00
5.	Laboratory	6	1500.00

Adjudication Results

Line items are subject to the following reductions: A covered maximum is set for each line as follows

- Line 1 \$900
- Line 2 \$1500
- Line 3 \$400
- Line 4 \$600
- Line 5 \$1000

This example illustrates the application of covered maximum as it currently is implemented in UPF. This example contrasts the application of payment maximum (Example #13). Note that, with covered maximums, the application sequence of this UPF rule reduces the payment amount before calculation of the percent discount.

SCSF Input

Following is the SCSF pricing input for this claim example

SCCF Claims Data –		SCCF # –	6	Claim Type –		II		Claims Level Priced Data		
Record type (60)		(60)	(60)	(65)	(65)	(65)	(65)		(50)	
	Revenue code (R038)	days/visits / units (N010)	Line charges (S007)	Pricing Method (P099)	Pricing rule (R047)	Percent Discount (P101)	Priced Amount (L022)		avg semi pvt room rate (A042)	
SCCF Line #									case allowance(C002)	
1	121	2	1,000	10	003	80%			per diem (P038)	
2	120	4	2,000	10	003	80%			price method(P098)	
3	310	2	500	10	003	80%			primary rule (R045)	
4	270	4	1,000	10	003	80%			second rule (R046)	
5	300	6	1,500	10	003	80%			percent disc (P100)	

Adjudication/UPF Summary Results – Claim Level Data

	message code	status code	reason code	deductible – 1	deductible – 2	deductible – 3	Final BCBS	Final sub liab
Input								

Adjudication/UPF Summary Results – Line Item Data

	Adjudication process	Line charges	Initial pay amount	DVUs	Non-covered services	Covered Maximum	Percent Discount	Deduct -ible	Coin-surance	Payment Maximum				Error msg.	Decrease BCBS liability (remaining BCBS liability)	Increase sub liability
										Ind	Remain clm max	Line max	Applied max			
1	UPF Input	1,000	1,000	2		900	80%			0						
	UPF Output					100 (900)	180 (720)								280 (720)	100
2	UPF Input	2,000	2,000	4		1500	80%			0						
	UPF Output					500 (1500)	300 (1200)								800 (1200)	500
3	UPF Input	500	500	2		400	80%			0						
	UPF Output					100 (400)	80 (320)								180 (320)	100
4	UPF Input	1,000	1,000	4		600	80%			0						
	UPF Output					400 (600)	120 (480)								520 (480)	400
5	UPF Input	1,500	1,500	6		1000	80%			0						
	UPF Output					500 (1000)	200 (800)								700 (800)	500
	Claim UPF Output	6,000	6,000			1600	880								2480 (3520)	1600

Claim Level Data

	message code	status code	Reason code					Deductible - 1	deductible - 2	deductible - 3	payment max - 1	payment max - 2	payment max - 3	Final BCBS	Final sub liab
Output		0									0	0	0	3520	1600

DF Results

Claim Level Data

T O T A L										M C			
CHARGES	COVERED CHARGES	NON-COVERED CHARGES	APPV PAY AMOUNT	SUBSCRIBER LIABILITY	DEDUCTIBLE AMOUNT	COPAYMENT AMOUNT	COINSURANCE AMOUNT	PAY OTH CARRIER	RED DAYS	PM/RULE (S)			
6,000.00	6,000.00	.00	3,520.00	1,600.00	.00	.00	.00	.00	0				
ACCESS FEE	CLAIM LIABILITY	AEA AMOUNT	NET LIABILITY	P A Y M E N T		R E D U C T I O N							
				CD1	AMT1	CD2	AMT2	CD3	AMT3	CD4	AMT4	CD5	AMT5
88.00	3,608.00	11.00	3,619.00	D	880.00		.00		.00		.00		.00

REJECT REASON / MESSAGE CODE:

LINE ITEM DATA - MAX 999 (LINE ITEM COUNT: 05)

LINE	REV/													
SEQ	R/M	PROC		APPV		COVERED	NON-COVERED	APPV PAY	SUBSCRIBER	DEDUCTIBLE	COPAYMENT	COINSURANCE		
NO	CD	CODE	DVU	DAYS	CHARGES	CHARGES	CHARGES	AMOUNT	LIABILITY	AMOUNT	AMOUNT	AMOUNT		
1	0291	0121		2 0	1,000.00	900.00	100.00	720.00	100.00	.00	.00	.00		
2	0291	0120		4 0	2,000.00	1,500.00	500.00	1,200.00	500.00	.00	.00	.00		
3	0291	0310		2 0	500.00	400.00	100.00	320.00	100.00	.00	.00	.00		
4	0291	0270		4 0	1,000.00	600.00	400.00	480.00	400.00	.00	.00	.00		
5	0291	0300		6 0	1,500.00	1,000.00	500.00	800.00	500.00	.00	.00	.00		
TOTALS:					6,000.00	4,400.00	1,600.00	3,520.00	1,600.00	.00	.00	.00		
LINE	M	C												
SEQ	RED	P A Y M E N T R E D U C T I O N										P A Y O T H		
NO	DAYS	CD1	AMT1	CD2	AMT2	CD3	AMT3	CD4	AMT4	CD5	AMT5	CARRIER	PM/RULE	
1	0	D	180.00		.00		.00		.00		.00	.00	10/003	
2	0	D	300.00		.00		.00		.00		.00	.00	10/003	
3	0	D	80.00		.00		.00		.00		.00	.00	10/003	
4	0	D	120.00		.00		.00		.00		.00	.00	10/003	
5	0	D	200.00		.00		.00		.00		.00	.00	10/003	
TOTALS:			880.00		.00		.00		.00		.00	.00		

Claim Example #15 – SF Input Description:

Institutional Inpatient Claim

Five-line claim priced as flat fee per category of service (40). The primary pricing rule is 009 and the secondary pricing rule is n/a. This rule uses the G modifier. With this rule, the Host Plan is allowing application of a payment maximum based on the lesser amount of price or charges.

SF message code U280 is set at each line, indicating that this claim has a surcharge.

Claim Data

Line #		D/V/U	Total Charges
Accommodation Days			
1.	MED/surg room	2	1000.00
2.	Semiprivate room	4	2000.00
Ancillaries			
3.	Pathology	2	500.00
4.	OR supplies	4	1000.00
5.	Laboratory	6	1500.00

Adjudication Results

Line items are subject to the following reductions: There is no claim level payment maximum. However, each line has a line level payment maximum as follows:

- Line 1 = 900
- Line 2 = 1500
- Line 3 = 300
- Line 4 = 100
- Line 5 = 200

SCSF Input

Following is the SCSF pricing input for this claim example.

SCCF CLAIMS DATA –		SCCF # –		1		CLAIM TYPE –		II		
Record type (60)		(60)	(60)	(65)	(65)	(65)	(65)	Claims Level Priced Data	(50)	
	Revenue code (R038)	days/visits / units (N010)	Line charges (S007)	Pricing Method (P099)	Pricing rule (R047)	Percent Discount (P101)	Priced Amount (L022)		avg semi pvt room rate (A042)	
SCCF Line #									case allowance(C002)	
1	121	2	1,000	40	009		900		per diem (P038)	
2	120	4	2,000	40	009		1,800		price method(P098)	
3	310	2	500	40	009		400		primary rule (R045)	
4	270	4	1,000	40	009		900		second rule (R046)	
5	300	6	1,500	40	009		1,000		percent disc (P100)	

SF Line #	SF Message #1			
	Code (65) (S060)	Condition Code (65) (S057)	Amount (65) (S058)	Percent (65) (S059)
1	U280	008	NA	04%
2	U280	008	NA	04%
3	U280	008	NA	04%
4	U280	008	NA	04%
5	U280	008	NA	04%

Adjudication/UPF Summary Results – Claim Level Data

	message code	status code	reason code	deductible – 1	deductible – 2	deductible – 3	Final BCBS	Final sub liab
Input								

Adjudication/UPF Summary Results – Line Item Data

	Adjudication process	Line charges	Initial pay amount	DVUs	Non-covered services	Non-covered D/V/Us	Supplemental	Deductible	Coin-surance	Payment Maximum				Surcharge	Error msg.	Decrease BCBS liability (remaining BCBS liability)	Increase sub liability
										Ind	Remain clm max	Line max	Applied max				
1	UPF Input	1,000	900	2						0	0	900	0	4%			
	UPF Output										0			-36 (936)		-36 (936)	0
2	UPF Input	2,000	1800	4						0	0	1500	0	4%			
	UPF Output										0		300 (1500)	-60 (1560)	EC008	240 (1560)	300
3	UPF Input	500	400	2						0	0	300	0	4%			
	UPF Output										0		100 (300)	-12 (312)	EC008	88 (312)	100
4	UPF Input	1,000	900	4						0	0	100	0	4%			
	UPF Output										0		800 (100)	-4 (104)	EC008	796 (104)	800
5	UPF Input	1,500	1000	6						0	0	200	0	4%			
	UPF Output										0		800 (200)	-8 (208)	EC008	792 (208)	800
	Claim UPF Output	6,000	5,000									0	2000	-120*		1880 (3120)	2000

* The result of the application of a surcharge always will result in an increase to the BCBS liability.

Claim Level Data

	message code	status code	Reason code					Deductible - 1	deductible - 2	deductible - 3	payment max - 1	payment max - 2	payment max - 3	Final BCBS	Final sub liab
Output		2									0	0	0	3120	2000

DF Results

Claim Level Data

T O T A L										M C			
CHARGES	COVERED CHARGES	NON-COVERED CHARGES	APPV PAY AMOUNT	SUBSCRIBER LIABILITY	DEDUCTIBLE AMOUNT	COPAYMENT AMOUNT	COINSURANCE AMOUNT	PAY OTH CARRIER	RED DAYS	PM/RULE(S)			
6,000.00	6,000.00	.00	3,120.00	2,000.00	.00	.00	.00	.00	0				
ACCESS FEE	CLAIM LIABILITY	AEA AMOUNT	NET LIABILITY	P A Y M E N T					R E D U C T I O N				
				CD1	AMT1	CD2	AMT2	CD3	AMT3	CD4	AMT4	CD5	AMT5
100.00	3,220.00	11.00	3,231.00	D	1,000.00	PM	2000.00	S1	120.00		.00		.00

REJECT REASON / MESSAGE CODE:

LINE ITEM DATA - MAX 999 (LINE ITEM COUNT: 05)

LINE SEQ NO	REV/ R/M CD	PROC CODE	DVU	APPV DAYS	CHARGES	COVERED CHARGES	NON-COVERED CHARGES	APPV PAY AMOUNT	SUBSCRIBER LIABILITY	DEDUCTIBLE AMOUNT	COPAYMENT AMOUNT	COINSURANCE AMOUNT
1		0121	2	0	1,000.00	1,000.00	.00	936.00	.00	.00	.00	.00
2		0120	4	0	2,000.00	2,000.00	.00	1,560.00	300.00	.00	.00	.00
3	0291	0310	2	0	500.00	500.00	.00	312.00	100.00	.00	.00	.00
4	0291	0270	4	0	1,000.00	1,000.00	.00	104.00	800.00	.00	.00	.00
5	0291	0300	6	0	1,500.00	1,500.00	.00	208.00	800.00	.00	.00	.00
TOTALS:					6,000.00	6,000.00	.00	3,120.00	2000.00	.00	.00	.00
LINE SEQ NO	M C RED	P A Y M E N T			R E D U C T I O N			P A Y O T H			P M / R U L E	
		CD1	AMT1	CD2	AMT2	CD3	AMT3	CD4	AMT4	CD5	AMT5	
1	0 D	100.00	PM	100.00	S1	36.00	.00	.00	.00	.00	.00	40/009
2	0 D	200.00	PM	100.00	S1	60.00	.00	.00	.00	.00	.00	40/009
3	0 D	100.00	PM	100.00	S1	12.00	.00	.00	.00	.00	.00	40/009
4	0 D	100.00	PM	900.00	S1	4.00	.00	.00	.00	.00	.00	40/009
5	0 D	500.00	PM	1000.00	S1	8.00	.00	.00	.00	.00	.00	40/009
TOTALS:		1,000.00		2000.00		120.00	.00	.00	.00	.00	.00	

Claim Example #16 – SF Input Description

Institutional Inpatient Claim

Five-line claim priced inclusively (30). The primary pricing rule is 028 and the secondary pricing rule is 028. These rules use the G modifier. With these rules, the Host Plan is allowing application of a payment maximum based on the lesser amount of price or charges.

SF message code U280 is set at the claim level, indicating that this claim has a surcharge.

Claim Data

Line #		D/V/U	Total Charges
Accommodation Days			
1.	MED/surg room	2	1000.00
2.	Semiprivate room	4	2000.00
Ancillaries			
3.	Pathology	2	500.00
4.	OR supplies	4	1000.00
5.	Laboratory	6	1500.00

Line items are subject to the following reductions: One claim level payment maximum of \$3,000 is applicable to all lines. No additional reductions (covered in full).

Following is the SCSF pricing input for this claim example.

SCCF Claims Data –		SCCF # –	2	Claim Type –		II				
Record type (60)		(60)	(60)	(65)	(65)	(65)	(65)	Claims Level Priced Data	(50)	
	Revenue code (R038)	days/visits / units (N010)	Line charges (S007)	Pricing Method (P099)	Pricing rule (R047)	Percent Discount (P101)	Priced Amount (L022)		avg semi pvt room rate (A042)	
SCCF Line #									case allowance(C002)	5000
1	121	2	1,000						per diem (P038)	
2	120	4	2,000						price method(P098)	30
3	310	2	500						primary rule (R045)	028
4	270	4	1,000						second rule (R046)	028
5	300	6	1,500						percent disc (P100)	
									SF message code (S012)	U280
									special pricing condition code (S053)	008
								special pricing conditions amount (S052)	NA	
								special pricing conditions percent (S054)	04%	

Adjudication/UPF Summary Results – Claim Level Data

	message code	status code	reason code	deductible – 1	deductible – 2	deductible – 3	payment maximum - 1	payment maximum - 2	payment maximum - 3	Final BCBS	Final sub liab
Input							3000				

Adjudication/UPF Summary Results – Line Item Data

	Adjudication process	Line charges	Initial pay amount	DVUs	Non-covered services	Non-covered D/V/Us	Supplemental	Deductible	Coin-surance	Payment Maximum				Surcharge 4%	Error msg.	Decrease BCBS liability (remaining BCBS liability)	Increase sub liability
										Ind	Remain clm max	Line max	Applied max				
1	UPF Input	1,000	900	2						9	0	0	0	0			
	UPF Output										0		0	0		0 (0)	0
2	UPF Input	2,000	1800	4						9	0	0	0	0			
	UPF Output										0		0	0		0 (0)	0
3	UPF Input	500	400	2						9	0	0	0	0			
	UPF Output										0		0	0		0 (0)	0
4	UPF Input	1,000	900	4						9	0		0	0			
	UPF Output										0		0	0		0 (0)	0
5	UPF Input	1,500	1000	6						9	0		0	0			
	UPF Output										0		0	0		0 (0)	0
	Claim UPF Output	6,000	5,000									0	2000	-120*	EC008	1880 (3120)	2000

* The result of the application of a surcharge always will result in an increase to the BCBS liability.

Claim Level Data

	message code	status code	Reason code				Deductible - 1	deductible - 2	deductible - 3	payment max - 1	payment max - 2	payment max - 3	Final BCBS	Final sub liab
Output		2								0	0	0	3120	2000

DF Results

Claim Level Data

T O T A L										M C			
CHARGES	COVERED CHARGES	NON-COVERED CHARGES	APPV PAY AMOUNT	SUBSCRIBER LIABILITY	DEDUCTIBLE AMOUNT	COPAYMENT AMOUNT	COINSURANCE AMOUNT	PAY OTH CARRIER	RED DAYS	PM/RULE (S)			
6,000.00	6,000.00	.00	3,120.00	2,000.00	.00	.00	.00	.00	0	30/028/028			
ACCESS FEE	CLAIM LIABILITY	AEA AMOUNT	NET LIABILITY	P A Y M E N T R E D U C T I O N									
				CD1	AMT1	CD2	AMT2	CD3	AMT3	CD4	AMT4	CD5	AMT5
100.00	3,220.00	11.00	3,231.00	D	1,000.00	PM	2000.00	S1	120.00		.00		.00

REJECT REASON / MESSAGE CODE: 0291

LINE ITEM DATA - MAX 999 (LINE ITEM COUNT: 05)

LINE	REV/												
SEQ	R/M	PROC	APPV		COVERED		NON-COVERED	APPV PAY	SUBSCRIBER	DEDUCTIBLE	COPAYMENT	COINSURANCE	
NO	CD	CODE	DVU	DAYS	CHARGES	CHARGES	CHARGES	AMOUNT	LIABILITY	AMOUNT	AMOUNT	AMOUNT	
1		0121	2	0	1,000.00	1,000.00	.00	.00	.00	.00	.00	.00	
2		0120	4	0	2,000.00	2,000.00	.00	.00	.00	.00	.00	.00	
3		0310	2	0	500.00	500.00	.00	.00	.00	.00	.00	.00	
4		0270	4	0	1,000.00	1,000.00	.00	.00	.00	.00	.00	.00	
5		0300	6	0	1,500.00	1,500.00	.00	.00	.00	.00	.00	.00	
TOTALS:					6,000.00	6,000.00	.00	.00	.00	.00	.00	.00	
LINE	M	C											
SEQ	RED	P A Y M E N T					R E D U C T I O N					PAY OTH	
NO	DAYS	CD1	AMT1	CD2	AMT2	CD3	AMT3	CD4	AMT4	CD5	AMT5	CARRIER	PM/RULE
1	0		.00		.00		.00		.00		.00	.00	
2	0		.00		.00		.00		.00		.00	.00	
3	0		.00		.00		.00		.00		.00	.00	
4	0		.00		.00		.00		.00		.00	.00	
5	0		.00		.00		.00		.00		.00	.00	
TOTALS:			.00		.00		.00		.00		.00	.00	

Claim Example #17 – SF Input Description

Institutional Inpatient Claim

Five-line claim priced inclusively (30). The primary pricing rule is 028 and the secondary pricing rule is 028. These rules use the G modifier. With these rules, the Host Plan is allowing application of a payment maximum based on the lesser amount of price or charges.

No SF message codes are associated with this claim.

Claim Data

Line #		D/V/U	Total Charges
Accommodation Days			
1.	MED/surg room	2	1000.00
2.	Semiprivate room	4	2000.00
Ancillaries			
3.	Pathology	2	500.00
4.	OR supplies	4	1000.00
5.	Laboratory	6	1500.00

Adjudication Results

Line items are subject to the following reductions: There are multiple claim level payment maximums as follows.

- Payment maximum 1 \$1,000 applied to line 1, 3, 5
- Payment maximum 2 \$1,500 applied to line 2, 3, 5
- Payment maximum 3 \$500 applied to line 4

Following is the SCSF pricing input for this claim example.

Adjudication/UPF Summary Results – Claim Level Data

	message code	status code	Reason code	deductible - 1	deductible – 2	deductible - 3	payment max - 1	payment max - 2	payment max - 3	Final BCBS	Final sub liab
Input							1000	1500	500		

Adjudication/UPF Summary Results – Line Item Data

	Adjudication process	Line charges	Initial pay amount	DVUs	Non-covered services	Non-covered D/V/Us	Supplemental	Deductible	Coin-surance	Payment Maximum				Error msg.	Decrease BCBS liability (remaining BCBS liability)	Increase sub liability
										Ind	Remain clm max	Line max	Applied max			
1	UPF Input	1,000		2						1						
	UPF Output														0 (0)	0
2	UPF Input	2,000		4						2					0 (0)	0
	UPF Output														0 (0)	0
3	UPF Input	500		2						4					0 (0)	0
	UPF Output														0 (0)	0
4	UPF Input	1,000		4						3					0 (0)	0
	UPF Output														0 (0)	0
5	UPF Input	1,500		6						4					0 (0)	0
	UPF Output														0 (0)	0
	Claim UPF Output	6,000	5,000								0	0	1000 (4000)	EC008 EC031*	1000 (4000)	1000

* For inclusively priced claims when different payment maximum indicators are encountered, the first payment maximum indicator is used for calculation. Review message EC031 is generated by the UPF. Payment maximum messages will not appear in a claims level message code bucket.

Claim Level Data

	message code	status code	Reason code					Deductible - 1	deductible - 2	deductible - 3	payment max - 1	payment max - 2	payment max - 3	Final BCBS	Final sub liab
Output		2									0	1500	500	4000	1000

DF Results

Claim Level Data

T O T A L										M C			
CHARGES	COVERED CHARGES	NON-COVERED CHARGES	APPV PAY AMOUNT	SUBSCRIBER LIABILITY	DEDUCTIBLE AMOUNT	COPAYMENT AMOUNT	COINSURANCE AMOUNT	PAY OTH CARRIER	RED DAYS	PM/RULE (S)			
6,000.00	6,000.00	.00	4,000.00	1,000.00	.00	.00	.00	.00	0	30/028/028			
ACCESS FEE	CLAIM LIABILITY	AEA AMOUNT	NET LIABILITY	P A Y M E N T		R E D U C T I O N							
				CD1	AMT1	CD2	AMT2	CD3	AMT3	CD4	AMT4	CD5	AMT5
100.00	4,100.00	11.00	4,111.00	D	1,000.00	PM	1,000.00		.00		.00		.00

REJECT REASON / MESSAGE CODE: 0291

LINE ITEM DATA - MAX 999 (LINE ITEM COUNT: 05)

LINE SEQ NO	REV/ R/M CD	PROC CODE	DVU	APPV DAYS	CHARGES	COVERED CHARGES	NON-COVERED CHARGES	APPV PAY AMOUNT	SUBSCRIBER LIABILITY	DEDUCTIBLE AMOUNT	COPAYMENT AMOUNT	COINSURANCE AMOUNT
1		0121		2 0	1,000.00	1,000.00	.00	.00	.00	.00	.00	.00
2		0120		4 0	2,000.00	2,000.00	.00	.00	.00	.00	.00	.00
3		0310		2 0	500.00	500.00	.00	.00	.00	.00	.00	.00
4		0270		4 0	1,000.00	1,000.00	.00	.00	.00	.00	.00	.00
5		0300		6 0	1,500.00	1,500.00	.00	.00	.00	.00	.00	.00
TOTALS:					6,000.00	6,000.00	.00	.00	.00	.00	.00	.00

LINE SEQ NO	M C RED DAYS	CD1	AMT1	CD2	AMT2	CD3	AMT3	CD4	AMT4	CD5	AMT5	PAY OTH CARRIER	PM/RULE
1	0		.00		.00		.00		.00		.00	.00	
2	0		.00		.00		.00		.00		.00	.00	
3	0		.00		.00		.00		.00		.00	.00	
4	0		.00		.00		.00		.00		.00	.00	
5	0		.00		.00		.00		.00		.00	.00	
TOTALS: 0													
			.00		.00		.00		.00		.00	.00	

Claim Example #18 – SF Input Description

Institutional Inpatient Claim

Five-line claim priced as flat fee per category of service (40). The primary pricing rule is 009 and the secondary pricing rule is n/a. This rule uses the G modifier. With this rule, the Host Plan is allowing application of a payment maximum based on the lesser amount of price or charges.

No SF message codes are associated with this claim.

Claim Data

Line #		D/V/U	Total Charges
Accommodation Days			
1.	MED/surg room	2	1000.00
2.	Semiprivate room	4	2000.00
Ancillaries			
3.	Pathology	2	500.00
4.	OR supplies	4	1000.00
5.	Laboratory	6	1500.00

Adjudication Results

Line items are subject to the following reductions. There are multiple claim level payment maximums as follows.

- Payment Maximum 1 \$1000 applied to line 1, 3, 5
- Payment Maximum 2 \$1500 applied to line 2, 3, 5
- Payment Maximum 3 \$500 applied to line 4

SCSF Input

Following is the SCSF pricing input for this claim example.

<u>SCCF Claims Data</u> – SCCF # – 1 Claim Type – II									
Record type (60)		(60)	(60)	(65)	(65)	(65)	(65)	(50)	
	Revenue code (R038)	days/visits / units (N010)	Line charges (S007)	Pricing Method (P099)	Pricing rule (R047)	Percent Discount (P101)	Priced Amount (L022)		
SCCF Line #								Claims Level Priced Data	
1	121	2	1,000	40	009		900	avg semi pvt room rate (A042)	
2	120	4	2,000	40	009		1800	case allowance(C002)	
3	310	2	500	40	009		400	per diem (P038)	
4	270	4	1,000	40	009		900	price method(P098)	
5	300	6	1,500	40	009		1,000	primary rule (R045)	
								second rule (R046)	
								percent disc (P100)	

Adjudication/UPF Summary Results – Claim Level Data

	message code	status code	reason code	deductible – 1	deductible – 2	deductible – 3	payment maximum - 1	payment maximum - 2	payment maximum - 3	Final BCBS	Final sub liab
Input							1000	1500	500		

Adjudication/UPF Summary Results – Line Item Data

	Adjudication process	Line charges	Initial pay amount	DVUs	Non-covered services	Non-covered D/V/Us	Supplemental	Deductible	Coin-surance	Payment Maximum				Error msg.	Decrease BCBS liability (remaining BCBS liability)	Increase sub liability
										Ind	Remain clm max*	Line max	Applied max			
1	UPF Input	1,000	900	2						1			0			
	UPF Output												0 (900)		0 (900)	0
2	UPF Input	2,000	1800	4						2						
	UPF Output												300 (1500)	EC008	300 (1500)	300
3	UPF Input	500	400	2						4						
	UPF Output												300 (100)	EC008	300 (100)	300
4	UPF Input	1,000	900	4						3						
	UPF Output												400 (500)	EC008	400 (500)	400
5	UPF Input	1,500	1,000	6						4						
	UPF Output												1000 (0)	EC008	1000 (0)	1000
	Claim UPF Output	6,000	5,000								0	0	2000		2000 (3000)	2000

Claim Level Data

	message code	status code	Reason code					Deductible - 1	deductible - 2	deductible - 3	payment max - 1	payment max - 2	payment max - 3	Final BCBS	Final sub liab
Output		2									0	0	0	3000	2000

* Refer to the chart below to illustrate the application of payment maximum across the three claims level payment maximum buckets

Application of Payment Maximum Across the Multiple Claim Level Payment Maximum Input Buckets

			Payment Maximum - 1	Payment Maximum - 2	Payment Maximum - 3
Initial value			1000	1500	500
			Remaining payment maximum after the calculation of the line		
Line number	BCBS payment (liability)	Which bucket(s) apply	Payment Maximum - 1	Payment Maximum - 2	Payment Maximum - 3
Line 1	900	1	100	1500	500
Line 2	1500	2	100	0	500
Line 3	100	1 and 2	0	0	500
Line 4	500	3	0	0	0
Line 5	0	1 and 2	0	0	0

DF Results

Claim Level Data

T O T A L										M C			
CHARGES	COVERED CHARGES	NON-COVERED CHARGES	APPV PAY AMOUNT	SUBSCRIBER LIABILITY	DEDUCTIBLE AMOUNT	COPAYMENT AMOUNT	COINSURANCE AMOUNT	PAY OTH CARRIER	RED DAYS	PM/RULE(S)			
6,000.00	6,000.00	.00	3,000.00	2,000.00	.00	.00	.00	.00	0				
ACCESS FEE	CLAIM LIABILITY	AEA AMOUNT	NET LIABILITY	P A Y M E N T				R E D U C T I O N					
				CD1	AMT1	CD2	AMT2	CD3	AMT3	CD4	AMT4	CD5	AMT5
100.00	3,100.00	11.00	3,111.00	D	1,000.00	PM	2000.00		.00		.00		.00

REJECT REASON / MESSAGE CODE:

LINE ITEM DATA - MAX 999 (LINE ITEM COUNT: 05)

LINE	REV/												
SEQ	R/M	PROC	DVU	APPV	COVERED		NON-COVERED	APPV PAY	SUBSCRIBER	DEDUCTIBLE	COPAYMENT	COINSURANCE	
NO	CD	CODE		DAYS	CHARGES	CHARGES	CHARGES	AMOUNT	LIABILITY	AMOUNT	AMOUNT	AMOUNT	
1		0121	2	0	1,000.00	1,000.00	.00	900.00	.00	.00	.00	.00	
2		0120	4	0	2,000.00	2,000.00	.00	1,500.00	300.00	.00	.00	.00	
3	0291	0310	2	0	500.00	500.00	.00	100.00	300.00	.00	.00	.00	
4	0291	0270	4	0	1,000.00	1,000.00	.00	500.00	400.00	.00	.00	.00	
5	0291	0300	6	0	1,500.00	1,500.00	.00	.00	1000.00	.00	.00	.00	
TOTALS:					6,000.00	6,000.00	.00	3,000.00	2000.00	.00	.00	.00	
LINE	M	C											
SEQ	RED	P A Y M E N T					R E D U C T I O N					P A Y O T H	
NO	DAYS	CD1	AMT1	CD2	AMT2	CD3	AMT3	CD4	AMT4	CD5	AMT5	CARRIER	PM/RULE
1	0	D	100.00		.00		.00		.00		.00	.00	40/009
2	0	D	200.00	PM	300.00		.00		.00		.00	.00	40/009
3	0	D	100.00	PM	300.00		.00		.00		.00	.00	40/009
4	0	D	100.00	PM	400.00		.00		.00		.00	.00	40/009
5	0	D	500.00	PM	1000.00		.00		.00		.00	.00	40/009
TOTALS:			1,000.00		2000.00		.00		.00		.00	.00	

Claim Example #19 – SF Input Description

Institutional Inpatient Claim

Five-line claim priced as flat fee per category of service (40). The primary pricing rule is 009 and the secondary pricing rule is n/a. This rule uses the G modifier. With this rule, the Host Plan is allowing application of a payment maximum based on the lesser amount of price or charges.

The first accommodation line is for a private room. The average semiprivate room rate is included in the SF

No SF message codes are associated with this claim.

Claim Data

Line #		D/V/U	Total Charges
Accommodation Days			
1.	MED/surg room	2	1000.00
2.	Semiprivate room	4	2000.00
Ancillaries			
3.	Pathology	2	500.00
4.	OR supplies	4	1000.00
5.	Laboratory	6	1500.00

Adjudication Results

Line items are subject to the following reductions:

- Line 1 - private room charges are covered in full.

There is one claim level payment maximum of \$3000 applicable to all lines. No additional reductions apply (covered in full).

SCSF Input

Following is the SCSF pricing input for this claim example.

SCCF CLAIMS DATA –		SCCF # –		1		CLAIM TYPE –		II		
Record type (60)		(60)	(60)	(65)	(65)	(65)	(65)	Claims Level Priced Data	(50)	
	Revenue code (R038)	days/visits / units (N010)	Line charges (S007)	Pricing Method (P099)	Pricing rule (R047)	Percent Discount (P101)	Priced Amount (L022)		avg semi pvt room rate (A042)	400
SCCF Line #									case allowance(C002)	
1	112	2	1,000	40	009		900		per diem (P038)	
2	120	4	2,000	40	009		1,800		price method(P098)	
3	310	2	500	40	009		400		primary rule (R045)	
4	270	4	1,000	40	009		900		second rule (R046)	
5	300	6	1,500	40	009		1,000		percent disc (P100)	

Adjudication/UPF Summary Results – Claim Level Data

	message code	status code	reason code	deductible – 1	deductible – 2	deductible – 3	payment maximum - 1	payment maximum - 2	payment maximum - 3	Final BCBS	Final sub liab
Input							3000				

Adjudication/UPF Summary Results – Line Item Data

	Adjudication process	Line charges	Initial pay amount	DVUs	Non-covered services	Private room covered	Private room not covered	Deductible	Coin-surance	Payment Maximum				Error msg.	Decrease BCBS liability (remaining BCBS liability)	Increase sub liability
										Ind	Remain clm max	Line max	Applied max			
1	UPF Input	1,000	900	2						9	3000					
	UPF Output										2000		0 (1000)		0 (1000)	0
2	UPF Input	2,000	1800	4						9	2000					
	UPF Output										200		0 (1800)		0 (1800)	0
3	UPF Input	500	400	2						9	200					
	UPF Output										0		200 (200)	EC008	200 (200)	200
4	UPF Input	1,000	900	4						9	0					
	UPF Output										0		900 (0)	EC008	900 (0)	900
5	UPF Input	1,500	1000	6						9	0					
	UPF Output										0		1000 (0)	EC008	1000 (0)	1000
	Claim UPF Output	6,000	5,000								0	0	2100		2100 (3000)	2100

Claim Level Data

	message code	status code	Reason code					Deductible - 1	deductible - 2	deductible - 3	payment max - 1	payment max - 2	payment max - 3	Final BCBS	Final sub liab
Output		2									0	0	0	3000	2100

DF Results

Claim Level Data

NOTE: For some processing software, a claim with a status of review (2) may not have or want a DF-generated.

T O T A L									M C				
CHARGES	COVERED CHARGES	NON-COVERED CHARGES	APPV PAY AMOUNT	SUBSCRIBER LIABILITY	DEDUCTIBLE AMOUNT	COPAYMENT AMOUNT	COINSURANCE AMOUNT	PAY OTH CARRIER	RED DAYS	PM/RULE(S)			
6,000.00	6,000.00	.00	3,000.00	2,100.00	.00	.00	.00	.00	0				
ACCESS FEE	CLAIM LIABILITY	AEA AMOUNT	NET LIABILITY	P A Y M E N T		R E D U C T I O N							
				CD1	AMT1	CD2	AMT2	CD3	AMT3	CD4	AMT4	CD5	AMT5
100.00	3,100.00	11.00	3,111.00	D	900.00	PM	2100.00		.00		.00		.00

REJECT REASON / MESSAGE CODE:

LINE ITEM DATA - MAX 999 (LINE ITEM COUNT: 05)

LINE	REV/												
SEQ	R/M	PROC	APPV	COVERED		NON-COVERED		APPV PAY	SUBSCRIBER	DEDUCTIBLE	COPAYMENT	COINSURANCE	
NO	CD	CODE	DVU	DAYS	CHARGES	CHARGES	CHARGES	AMOUNT	LIABILITY	AMOUNT	AMOUNT	AMOUNT	
1		0121	2	0	1,000.00	1,000.00	.00	1,000.00	.00	.00	.00	.00	
2		0120	4	0	2,000.00	2,000.00	.00	1,800.00	.00	.00	.00	.00	
3	0291	0310	2	0	500.00	500.00	.00	200.00	200.00	.00	.00	.00	
4	0291	0270	4	0	1,000.00	1,000.00	.00	.00	900.00	.00	.00	.00	
5	0291	0300	6	0	1,500.00	1,500.00	.00	.00	1000.00	.00	.00	.00	
TOTALS:					6,000.00	6,000.00	.00	3,000.00	2100.00	.00	.00	.00	
LINE	M	C											
SEQ	RED	P A Y M E N T					R E D U C T I O N				P A Y O T H		
NO	DAYS	CD1	AMT1	CD2	AMT2	CD3	AMT3	CD4	AMT4	CD5	AMT5	CARRIER	PM/RULE
1	0		.00		.00		.00		.00		.00	.00	40/009
2	0 D		200.00		.00		.00		.00		.00	.00	40/009
3	0 D		100.00	PM	200.00		.00		.00		.00	.00	40/009
4	0 D		100.00	PM	900.00		.00		.00		.00	.00	40/009
5	0 D		500.00	PM	1000.00		.00		.00		.00	.00	40/009
TOTALS:			900.00		2100.00		.00		.00		.00	.00	

Claim Example #20 – SF Input Description

Institutional Inpatient Claim

Five-line claim priced as flat fee per category of service (40). The primary pricing rule is 009 and the secondary pricing rule is n/a. This rule uses the G modifier. With this rule, the Host Plan is allowing application of a payment maximum based on the lesser amount of price or charges.

The first accommodation line is for a private room. The average semiprivate room rate is included in the SF

No SF message codes are associated with this claim.

Claim Data

Line #		D/V/U	Total Charges
Accommodation Days			
1.	MED/surg room	2	1000.00
2.	Semiprivate room	4	2000.00
Ancillaries			
3.	Pathology	2	500.00
4.	OR supplies	4	1000.00
5.	Laboratory	6	1500.00

Adjudication Results

Line items are subject to the following reductions:

- Line 1 - private room charges is not covered.

There is one claim level payment maximum of \$3000 applicable to all lines. No additional reductions (covered in full) apply.

Following is the SCSF pricing input for this claim example.

Adjudication/UPF Summary Results – Claim Level Data

[illegible]

Adjudication/UPF Summary Results – Line Item Data

	Adjudication process	Line charges	Initial pay amount	DVUs	Non-covered services	Private room covered	Private room not covered	Deductible	Coin-surance	Payment Maximum				Error msg.	Decrease BCBS liability (remaining BCBS liability)	Increase sub liability
										Ind	Remain clm max	Line max	Applied max			
1	UPF Input	1,000	900	2						9	3000					
	UPF Output										2100		0 (900)		0 (900)	100
2	UPF Input	2,000	1,800	4						9	2100					
	UPF Output										300		0 (1800)		0 (1800)	0
3	UPF Input	500	400	2						9	300					
	UPF Output										0		100 (300)	EC008	100 (300)	100
4	UPF Input	1,000	900	4						9	0					
	UPF Output										0		900 (0)	EC008	900 (0)	900
5	UPF Input	1,500	1,000	6						9	0					
	UPF Output										0		1000 (0)	EC008	1000 (0)	1000
	Claim UPF Output	6,000	5,000								0		2000		2100 (3000)	2100

Claim Level Data

	message code	status code	Reason code					Deductible - 1	deductible - 2	deductible - 3	payment max - 1	payment max - 2	payment max - 3	Final BCBS	Final sub liab
Output		2									0	0	0	3000	2100

DF Results

Claim Level Data

----- T O T A L -----										M C			
CHARGES	COVERED CHARGES	NON-COVERED CHARGES	APPV PAY AMOUNT	SUBSCRIBER LIABILITY	DEDUCTIBLE AMOUNT	COPAYMENT AMOUNT	COINSURANCE AMOUNT	PAY OTH CARRIER	RED DAYS	PM/RULE(S)			
6,000.00	6,000.00	100.00	3,000.00	2,100.00	.00	.00	.00	.00	0				
ACCESS FEE	CLAIM LIABILITY	AEA AMOUNT	NET LIABILITY	----- P A Y M E N T -----		R E D U C T I O N -----		-----					
				CD1	AMT1	CD2	AMT2	CD3	AMT3	CD4	AMT4	CD5	AMT5
100.00	3,100.00	11.00	3,111.00	D	900.00	PM	2000.00		.00		.00		.00

REJECT REASON / MESSAGE CODE:

LINE ITEM DATA - MAX 999 (LINE ITEM COUNT: 05)

LINE	REV/												
SEQ	R/M	PROC	APPV		COVERED		NON-COVERED	APPV PAY	SUBSCRIBER	DEDUCTIBLE	COPAYMENT	COINSURANCE	
NO	CD	CODE	DVU	DAYS	CHARGES	CHARGES	CHARGES	AMOUNT	LIABILITY	AMOUNT	AMOUNT	AMOUNT	
1	1068	0121	2	0	1,000.00	1,000.00	100.00	900.00	100.00	.00	.00	.00	
2		0120	4	0	2,000.00	2,000.00	.00	1,800.00	.00	.00	.00	.00	
3	0291	0310	2	0	500.00	500.00	.00	300.00	100.00	.00	.00	.00	
4	0291	0270	4	0	1,000.00	1,000.00	.00	.00	900.00	.00	.00	.00	
5	0291	0300	6	0	1,500.00	1,500.00	.00	.00	1000.00	.00	.00	.00	
TOTALS:					6,000.00	6,000.00	100.00	3,000.00	2100.00	.00	.00	.00	
LINE	M	C											
SEQ	RED	P A Y M E N T					R E D U C T I O N					P A Y O T H	
NO	DAYS	CD1	AMT1	CD2	AMT2	CD3	AMT3	CD4	AMT4	CD5	AMT5	CARRIER	PM/RULE
1	0		.00		.00		.00		.00		.00	.00	40/009
2	0	D	200.00		.00		.00		.00		.00	.00	40/009
3	0	D	100.00	PM	100.00		.00		.00		.00	.00	40/009
4	0	D	100.00	PM	900.00		.00		.00		.00	.00	40/009
5	0	D	500.00	PM	1000.00		.00		.00		.00	.00	40/009
TOTALS:			900.00		2000.00		.00		.00		.00	.00	

Claim Example #21 – SF Input Description

Institutional Inpatient Claim

Five-line claim priced inclusively (30). The primary pricing rule is 028 and the secondary pricing rule is 028. These rules use the G modifier. With these rules, the Host Plan is allowing application of a payment maximum based on the lesser amount of price or charges.

The first accommodation line is for a private room. The average semiprivate room rate is included in the SF

No SF message codes are associated with this claim.

Claim Data

Line #		D/V/U	Total Charges
Accommodation Days			
1.	MED/surg room	2	1000.00
2.	Semiprivate room	4	2000.00
Ancillaries			
3.	Pathology	2	500.00
4.	OR supplies	4	1000.00
5.	Laboratory	6	1500.00

Adjudication Results

Line items are subject to the following reductions:

- Line 1 - private room charges is covered in full.

There is one claim level payment maximum of \$3000 applicable to all lines.

SCSF Input

Following is the SCSF pricing input for this claim example.

SCCF Claims Data – SCCF # – 2 Claim Type – II										
Record type (60)		(60)	(60)	(65)	(65)	(65)	(65)	Claims Level Priced Data	(50)	
	Revenue code (R038)	days/visits / units (N010)	Line charges (S007)	Pricing Method (P099)	Pricing rule (R047)	Percent Discount (P101)	Priced Amount (L022)		avg semi pvt room rate (A042)	400
SCCF Line #									case allowance(C002)	5000
1	112	2	1,000						per diem (P038)	
2	120	4	2,000						price method(P098)	30
3	310	2	500						primary rule (R045)	028
4	270	4	1,000						second rule (R046)	028
5	300	6	1,500						percent disc (P100)	

Adjudication/UPF Summary Results – Claim Level Data

	message code	status code	reason code	deductible – 1	deductible – 2	deductible – 3	payment maximum - 1	payment maximum - 2	payment maximum - 3	Final BCBS	Final sub liab
Input							3000				

Adjudication/UPF Summary Results – Line Item Data

	Adjudication process	Line charges	Initial pay amount	DVUs	Private room covered	Private room not covered	Supplemental	Deductible	Coin-surance	Payment Maximum				Error msg.	Decrease BCBS liability (remaining BCBS liability)	Increase sub liability
										Ind	Remain clm max	Line max	Applied max			
1	UPF Input	1,000		2	200					9						
	UPF Output														0 (0)	0
2	UPF Input	2,000		4						9						
	UPF Output														0 (0)	0
3	UPF Input	500		2						9						
	UPF Output														0 (0)	0
4	UPF Input	1,000		4						9						
	UPF Output														0 (0)	0
5	UPF Input	1,500		6						9						
	UPF Output														0 (0)	0
	Claim UPF Output	6,000	5,000		200 (5200)					9	0	0	2200 (3000)	EC008*	2200 (3000)	2200

* For inclusively priced claims, a message that refers to all lines inclusively priced will appear **only** on the additional inclusive summary line generated by the UPF. Payment maximum messages will not appear in a claims level message code bucket.

Claim Level Data

	message code	status code	Reason code					Deductible - 1	deductible - 2	deductible - 3	payment max - 1	payment max - 2	payment max - 3	Final BCBS	Final sub liab
Output		2									0	0	0	3000	2200

DF Results

Claim Level Data

----- T O T A L -----										M C			
CHARGES	COVERED CHARGES	NON-COVERED CHARGES	APPV PAY AMOUNT	SUBSCRIBER LIABILITY	DEDUCTIBLE AMOUNT	COPAYMENT AMOUNT	COINSURANCE AMOUNT	PAY OTH CARRIER	RED DAYS	PM/RULE (S)			
6,000.00	6,000.00	.00	3,000.00	2,200.00	.00	.00	.00	.00	0	30/028/028			
ACCESS FEE	CLAIM LIABILITY	AEA AMOUNT	NET LIABILITY	----- P A Y M E N T -----		R E D U C T I O N -----		-----					
				CD1	AMT1	CD2	AMT2	CD3	AMT3	CD4	AMT4	CD5	AMT5
80.00	3,080.00	11.00	3,091.00	D	800.00	PM	2,200.00		.00		.00		.00

REJECT REASON / MESSAGE CODE: 0291

LINE ITEM DATA - MAX 999 (LINE ITEM COUNT: 05)

LINE SEQ NO	REV/ R/M CD	PROC CODE	DVU	APPV DAYS	CHARGES	COVERED CHARGES	NON-COVERED CHARGES	APPV PAY AMOUNT	SUBSCRIBER LIABILITY	DEDUCTIBLE AMOUNT	COPAYMENT AMOUNT	COINSURANCE AMOUNT
1		0121		2 0	1,000.00	1,000.00	.00	.00	.00	.00	.00	.00
2		0120		4 0	2,000.00	2,000.00	.00	.00	.00	.00	.00	.00
3		0310		2 0	500.00	500.00	.00	.00	.00	.00	.00	.00
4		0270		4 0	1,000.00	1,000.00	.00	.00	.00	.00	.00	.00
5		0300		6 0	1,500.00	1,500.00	.00	.00	.00	.00	.00	.00
TOTALS:					6,000.00	6,000.00	.00	.00	.00	.00	.00	.00

LINE SEQ NO	M C RED DAYS	CD1	AMT1	CD2	AMT2	CD3	AMT3	CD4	AMT4	CD5	AMT5	PAY OTH CARRIER	PM/RULE
1	0		.00		.00		.00		.00		.00	.00	
2	0		.00		.00		.00		.00		.00	.00	
3	0		.00		.00		.00		.00		.00	.00	
4	0		.00		.00		.00		.00		.00	.00	
5	0		.00		.00		.00		.00		.00	.00	
TOTALS:		0	.00		.00		.00		.00		.00	.00	

Claim Example #22 – SF Input Description

Institutional Inpatient Claim

Five-line claim priced inclusively (30). The primary pricing rule is 028 and the secondary pricing rule is 028. These rules use the G modifier. With these rules, the Host Plan is allowing application of a payment maximum based on the lesser amount of price or charges.

The first accommodation line is for a private room. The average semiprivate room rate is included in the SF

No SF message codes are associated with this claim.

Claim Data

Line #		D/V/U	Total Charges
Accommodation Days			
1.	MED/surg room	2	1000.00
2.	Semiprivate room	4	2000.00
Ancillaries			
3.	Pathology	2	500.00
4.	OR supplies	4	1000.00
5.	Laboratory	6	1500.00

Adjudication Results

Line items are subject to the following reductions:

- Line 1 - private room charges is not covered.

There is one claim level payment maximum of \$3000 applicable to all lines.

SCSF Input

Following is the SCSF pricing input for this claim example.

SCCF Claims Data –		SCCF # –		6		Claim Type – II				
Record type (60)		(60)	(60)	(65)	(65)	(65)	(65)	Claims Level Priced Data	(50)	
	Revenue code (R038)	days/visits / units (N010)	Line charges (S007)	Pricing Method (P099)	Pricing rule (R047)	Percent Discount (P101)	Priced Amount (L022)		avg semi pvt room rate (A042)	400
SCCF Line #									case allowance(C002)	5000
1	112	2	1,000						per diem (P038)	
2	120	4	2,000						price method(P098)	30
3	310	2	500						primary rule (R045)	028
4	270	4	1,000						second rule (R046)	028
5	300	6	1,500						percent disc (P100)	

Adjudication/UPF Summary Results – Claim Level Data

	message code	status code	reason code	deductible – 1	deductible – 2	deductible – 3	payment maximum - 1	payment maximum - 2	payment maximum - 3	Final BCBS	Final sub liab
Input							3000				

Adjudication/UPF Summary Results – Line Item Data

	Adjudication process	Line charges	Initial pay amount	DVUs	Private room covered	Private room not covered	Supplemental	Deductible	Coin-surance	Payment Maximum				Error msg.	Decrease BCBS liability (remaining BCBS liability)	Increase sub liability
										Ind	Remain clm max	Line max	Applied max			
1	UPF Input	1,000		2		200				9						
	UPF Output														0 (0)	0
2	UPF Input	2,000		4						9						
	UPF Output														0 (0)	0
3	UPF Input	500		2						9						
	UPF Output														0 (0)	0
4	UPF Input	1,000		4						9						
	UPF Output														0 (0)	0
5	UPF Input	1,500		6						9						
	UPF Output														0 (0)	0
	Claim UPF Output	6,000	5,000			200 (5000)				9	0	0	2000 (3000)	EC008*	2200 (3000)	2200

* For inclusively priced claims, a message that refers to all lines inclusively priced will appear **only** on the additional inclusive summary line generated by the UPF. Payment maximum messages will not appear in a claims level message code bucket..

Claim Level Data

	message code	status code	Reason code					Deductible - 1	deductible - 2	deductible - 3	payment max - 1	payment max - 2	payment max - 3	Final BCBS	Final sub liab
Output		2									0	0	0	3000	2100

DF Results

Claim Level Data

T O T A L										M C			
CHARGES	COVERED CHARGES	NON-COVERED CHARGES	APPV PAY AMOUNT	SUBSCRIBER LIABILITY	DEDUCTIBLE AMOUNT	COPAYMENT AMOUNT	COINSURANCE AMOUNT	PAY OTH CARRIER	RED DAYS	PM/RULE (S)			
6,000.00	6,000.00	200.00	3,000.00	2,200.00	.00	.00	.00	.00	0	30/028/028			
ACCESS FEE	CLAIM LIABILITY	AEA AMOUNT	NET LIABILITY	P A Y M E N T R E D U C T I O N									
				CD1	AMT1	CD2	AMT2	CD3	AMT3	CD4	AMT4	CD5	AMT5
80.00	3,080.00	11.00	3,091.00	D	800.00	PM	2,200.00		.00		.00		.00

REJECT REASON / MESSAGE CODE: 0291 1068

LINE ITEM DATA - MAX 999 (LINE ITEM COUNT: 05)

LINE SEQ NO	REV/ R/M CD	PROC CODE	DVU	APPV DAYS	CHARGES	COVERED CHARGES	NON-COVERED CHARGES	APPV PAY AMOUNT	SUBSCRIBER LIABILITY	DEDUCTIBLE AMOUNT	COPAYMENT AMOUNT	COINSURANCE AMOUNT
1		0121	2	0	1,000.00	1,000.00	200.00	.00	.00	.00	.00	.00
2		0120	4	0	2,000.00	2,000.00	.00	.00	.00	.00	.00	.00
3		0310	2	0	500.00	500.00	.00	.00	.00	.00	.00	.00
4		0270	4	0	1,000.00	1,000.00	.00	.00	.00	.00	.00	.00
5		0300	6	0	1,500.00	1,500.00	.00	.00	.00	.00	.00	.00
TOTALS:					6,000.00	6,000.00	200.00	.00	.00	.00	.00	.00

LINE SEQ NO	M C RED DAYS	CD1	AMT1	CD2	AMT2	CD3	AMT3	CD4	AMT4	CD5	AMT5	PAY OTH CARRIER	PM/RULE
1	0		.00		.00		.00		.00		.00	.00	
2	0		.00		.00		.00		.00		.00	.00	
3	0		.00		.00		.00		.00		.00	.00	
4	0		.00		.00		.00		.00		.00	.00	
5	0		.00		.00		.00		.00		.00	.00	
TOTALS:0			.00		.00		.00		.00		.00	.00	