

# Glossary

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<b>Term</b>	<b>Definition</b>
<	A symbol to indicate a value is “less than” another. For example, 2 < 3. This symbol is used in some BCBSNC proprietary error messages.
>	A symbol to indicate a value is “greater than” another. For example, 3 > 2. This symbol is used in some BCBSNC proprietary error messages.
ANSI	American National Standards Institute; the ANSI accredits various standards-setting committees (such as the ASC). ANSI-accredited committees created the stream file format X12N, upon which the HIPAA-compliant electronic transactions are modeled.
ASC	Accredited Standards Committee; see ANSI
Batch	A set or bundle of transaction types sent in one electronic transmission. Within the BCBSNC Companion Guides, a batch generally refers to an entire ST/SE Transaction Set.
Billing Provider	The entity that is requesting the adjudication of the claim. The Billing Provider is identified in all 837 Health Care Claims transactions.
Billing Service	An entity that provides claims services to providers/suppliers. A billing service collects claim information from a provider or supplier electronically or on paper and bills the insurance payer.
<b>Blue e</b>	A BCBSNC proprietary Web-based application for direct data entry of claims and inquiries. <b>Blue e</b> is available online to participating providers for free. See <a href="http://www.bcbsnc.com/providers/edi/bluee.cfm">www.bcbsnc.com/providers/edi/bluee.cfm</a> for more information.
BlueExchange	BlueExchange is the Blue Cross and Blue Shield Association's inter-Plan system for select HIPAA transaction processing. BlueExchange will support both EDI batch and real-time processing of HIPAA format compliant and data compliant XML transactions between the Local and Control Plans.
Category Codes	An ANSI code set that indicates claim level status information, particularly in a 277 Transaction. The limited set of ANSI category codes used by BCBSNC is contained in the Companion Guide Chapter on the 276 and 277 Transactions: Claim Status and Response.
CCN	Claim Control Number. See Claim Identifier
CD	An abbreviation of “Code”, used in some BCBSNC proprietary error messages.

<b>Term</b>	<b>Definition</b>
Claim Identifier	The BCBSNC assigned number for individual claims. In the HIPAA ASC X12 Transaction Implementation Guides, this Identification Number is sometimes described as the Internal Control Number (ICN), the Document Control Number (DCN), or the Claim Control Number (CCN).
Clearinghouse	An entity that transfers or moves EDI transactions for a health care provider or supplier.
COB	Coordination of Benefits
Code Set	A group of codes with pre-defined meanings, either medical or non-medical. A code set may be controlled by X12 or by an independent industry group. Only values from a named code set may be used in specific data elements. Appendix C of every implementation guide contains listings of external code sources used in that implementation guide.
Data Element Table	The Companion Guide includes a Transaction Data Element Table for each transaction to provide BCBSNC business rule annotations at the segment and element level for that specific transaction.
DCN	Document Control Number. See Claim Identifier.
Delimiters	A delimiter is a character used to separate two data elements (or sub-elements) or to terminate a segment within a data string. Delimiters are specified in the interchange header segment, ISA. Examples of standard delimiters used in ANSI X12 transactions include the asterisk (*), colon (:), and the tilde (~). See the Delimiters sections of the <i>Introduction to BCBSNC Companion Guides</i> for more information.
Denial Listing	On <b>Blue e</b> , the HIPAA 837 Claim Denial Listing informs providers about problem data contained in their claims. The Denial Listing does <u>not</u> indicate claims that have been adjudicated and denied for improper coverage.
Denied Claim	A claim may be denied for one of two reasons: 1. The claim has proceeded through the BCBSNC adjudication process, but coverage for the claim has been denied; or 2. The claim contains content errors (business edit errors) that prevent processing.
Dependent	The individual for whom a health insurance claim is being submitted if different from the subscriber.
Direct Data Entry (DDE)	DDE is a medium for accessing or entering data to a system in “real time”, essentially instantaneously. <b>Blue e</b> , BCBSNC’s Web-based application, provides DDE service that is real time for the submission of claims and inquiries.
DOB	Date of Birth
DOS	Date of Service
DX	Diagnosis Code

<b>Term</b>	<b>Definition</b>
ECR	Electronic Connectivity Request form; A form developed by eSolutions for trading partners to provide connectivity information in implementing electronic transmissions. The completion of this form is required of all trading partners with BCBSNC who wish to transmit data electronically. See the <i>Contact Information: Requests for Service</i> section of the <i>Introduction to the BCBSNC Companion Guide</i> for more information about ECR.
EDI	Electronic Data Interchange; the eSolutions division of BCBSNC establishes connectivity arrangements with trading partners for electronic transmission.
EFT	Electronic Funds Transfer is the automatic transfer of payment to a provider or supplier's bank account.
Element	A data component identified in the HIPAA Implementation Guides that collectively comprise the content of a transaction segment. Data elements have identifiers that indicate the segment to which they belong, such as NM1-01, which indicates the NM1 Segment, and the 01 element within that segment.
Envelope	A section of an EDI Transaction that defines some portion of the electronic exchange, such as the Communications Envelope or the Interchange Envelope. See the A.1.1 (Interchange Control Structure) section of any HIPAA Implementation Guide for more information.
EOP	Explanation of Payment
ERA	Electronic Remittance Advice
File Map	File maps are included in each transaction chapter of the BCBSNC Companion Guide to illustrate the sample data strings as they correspond to the HIPAA Implementation Guides (IG) and BCBSNC processing. IG Loops, Segments, and Elements are identified. The File Maps allow the user to see an entire transaction condensed so that it can be viewed within a couple of pages.
FTP	File Transfer Protocol, a type of protocol for file transmission that is based on Internet access. BCBSNC supports a secure FTP protocol for batch transmission.
Functional Acknowledgement (997)	A functional acknowledgement is sent via a 997 Transaction, in response to the receipt of an electronic transaction. A 997 Functional Acknowledgement can also be used to indicate Implementation Guide errors at the Functional Group and Transaction Set level of the transmission hierarchy. See the Introduction to the Companion Guide, Reporting, for more information.
Functional Group	See GS/GE
HCPCS	HCFA Common Procedural Coding System is a medical code set that identifies health care procedures, equipment, and supplies for claim submission purposes.
Information Receiver	The information receiver is a label used in the 270/271 and 276/277 Transactions to identify the entity making the inquiry and therefore receiving the information from the inquiry. Conversely, BCBSNC is the Information Source.

<b>Term</b>	<b>Definition</b>
GS/GE	GS and GE identify the header and trailer for the Functional Group portion of an ISA/IEA envelope within an EDI transmission. The Functional Group identifies the type of transaction sent, such as an 837 Claim or a 270 Eligibility Inquiry.
ID	Identifier
ICN	Internal Control Number. See Claim Identifier.
Interchange Acknowledgement (TA1)	A TA1 Interchange Acknowledgement indicates the receipt of a transmission at the Interchange Control (ISA/IEA) level. A TA1 can also be used to indicate Implementation Guide errors at the ISA/IEA level. See the Introduction to the Companion Guide for more information.
ISA/IEA	ISA and IEA identify the header and trailer for the Interchange Control envelope, which define the parameters of an Interchange Control envelope of an EDI transmission.
Loop	The largest named unit of information in a transaction set. A loop contains logically related segments in order to group related information. Loops are labeled by a combination of nominative and numeric identifiers, such as <i>2000 Billing/Pay-to Provider</i> . The numeric portion of the label indicates its placement within the transaction ( <i>2000</i> ), while the descriptive name identifies its focus ( <i>Billing/Pay to Provider</i> ).
LMP	Last Menstrual Period
OCC	An abbreviation of Occurrence used in some BCBSNC proprietary error messages.
Mailbox	A type of 'bulletin board' or retainer mechanism by which trading partners can retrieve or send electronic transmissions to BCBSNC. Each trading partner of EDI transmissions with BCBSNC has been assigned a secure electronic mailbox with password privileges.
Member ID	Sometimes called the certificate number, this is the BCBSNC identification number for a subscriber or member of a health care plan. Note that not all members are subscribers. Dependents of subscribers may have their own member identification number although portions of the number are shared.
National Provider ID (NPI)	A national system for uniquely identifying all providers of health care services, supplies, and equipment.
NOP	Notification of Payment is contained in an 835 Transaction. It contains detailed information, at the line item level, about what claims were paid or denied.
NSF	National Standard Format. The NSF defines standard code sets used universally in business or government. Within the context of HIPAA, the NSF generally refers to a flat text file format used for the HCFA 1500 claim prior to the implementation of the ASC X12N format.
NUBC	The National Uniform Billing Codes define the billing codes used by institutional providers for processing claims.

<b>Term</b>	<b>Definition</b>
Patient	The individual for whom a health insurance claim is being submitted. The Patient Hierarchical Level of information is required only if the patient is other than the subscriber.
Pay-to Provider	The Pay-to Provider identifies a loop in both the 837 Institutional and Professional transactions. The Pay-to Provider loop is required if the provider receiving payment is different from the Billing Provider.
Qualifier	A code from an approved code list used to define the data contained in the element following the qualifier.
Receiver Identifier	The Receiver Identifier is used in an 835 Transaction if the recipient of the payment is other than the payee identified in the transaction. It is distinct from the Information Receiver ID used in the 270 and 276 transactions.
Security Validation Messages	Included in BCBSNC business edits, these messages indicate a discrepancy between submitter/provider identifiers and the identifiers on record at BCBSNC with this business partner. Discrepancies found in 837 transactions return validation messages in the Claims Audit Report. The Companion Guide Chapters for the 837 contain tables for Security Validation Messages that identify the proprietary codes used. A paired transaction (such as the 270/271 or 276/277) returns a message in its returning pair, using the codes available to that transaction according to its implementation guide.
Segment	A group of data elements that defines a portion or “level” of a loop. Each segment focuses on a particular subject within a loop, such as <i>Provider Information</i> , and is comprised of any number of elements. Segments are labeled by an alpha or alphanumeric identifier and a descriptive name, such as <i>NM1 Individual or Organizational Name</i> .
Sender	The sender of an electronic transaction may be a clearinghouse, service bureau, health institution, or health provider. The sender must have a unique identifier, entered in the ISA level of the transaction for successful electronic transmission. See the <i>Introduction to the BCBSNC Companion Guide</i> for definitions for all identifiers.
Special Characters	Generally only those characters contained on a lower-case keyboard are accepted for electronic transmission. Data elements such as names may contain dashes, apostrophes, spaces, or periods. See Character Set Restrictions in the <i>Introduction to the BCBSNC Companion Guide</i> for more information about special characters.
Stakeholder	A stakeholder is any entity with which BCBSNC has a Trading Partner Agreement and/or a request for electronic connectivity. It can be either a health care provider, that provider’s clearinghouse or service bureau, or an employer group. The term is used interchangeably with business partner.
ST/SE Set	See Transaction Set
Submitter	The submitter is identified in the ST/SE level of a transaction and is a health care provider or health care institution. BCBSNC distinguishes between a <i>submitter</i> and the <i>sender</i> of an EDI transaction, which is often a clearinghouse or service bureau.

<b>Term</b>	<b>Definition</b>
TA1	See Interchange Acknowledgement
TOB	An abbreviation for Type of Bill or Bill Type used in some BCBSNC proprietary error messages.
Trading Partner (TP)	A business entity with which an agreement exists to exchange information, either electronically or on paper.
TPA	Trading Partner Agreement; A Trading Partner Agreement must be completed by an entity wishing to send electronic transactions to BCBSNC. See the <i>Contact Information: Requests for Service</i> section of the <i>Introduction to the Companion Guide</i> for more information about the TPA.
Transaction	Within the context of HIPAA, BCBSNC refers to a transaction as that collection of data elements necessary to perform a business function, whether that is the adjudication of a claim or the response to an inquiry.
Transaction Set (ST/SE)	The Transaction Set is a portion of an interchange envelope that contains numerous detail segments of a transaction. The ST/SE header and trailer define the parameters of the transaction set. Multiple ST/SE sets may be contained within a Functional Group. In an 837 Functional Group, for example, a ST/SE set contains multiple claims grouped by Billing or Pay-to providers.
Transmission	Two possible definitions are used within context of the Companion Guide: the actual electronic send action, or the entire Communications Envelope that includes the ISA or Interchange Envelope.
Vendor	An entity that provides hardware, software, and/or ongoing technical support to health care providers or suppliers for their electronic transmissions of transactions.
WPC	Washington Publishing Company (WPC) publishes the ANSI developed HIPAA Transaction Implementation Guides and their accompanying Status, Category, and Adjustment Reason Code lists.