Independent licensees of the Blue Cross and Blue Shield Association

Electronic Data Interchange (EDI)

Frequently Asked Questions

Does BlueCross BlueShield of South Carolina require the taxonomy code to be reported on any of the 837 formats?

No, BlueCross BlueShield of South Carolina does not require the taxonomy code to be reported.

Are they any circumstances where providers are required to use NDC codes on the 837?

Yes, all applicable HCPCS and CPT codes should be submitted with an NDC number valid for the date of service.

Will BlueCross BlueShield of South Carolina accept 999 claim lines?

Yes, BlueCross BlueShield of South Carolina accepts 999 claim lines.

Will BlueCross BlueShield of South Carolina allow zero charges on claims?

Yes, BlueCross BlueShield of South Carolina allows zero charges on claims.

Will BlueCross BlueShield of South Carolina allow negative charges on claims?

No, BlueCross BlueShield of South Carolina will not allow negative charges on claims.

Will BlueCross BlueShield of South Carolina require a secondary identification number?

No, BlueCross BlueShield of South Carolina will not require a secondary identification number.

Will BlueCross BlueShield of South Carolina require submitters to report Payer Estimated Amount Due?

No, BlueCross BlueShield of South Carolina will not require the Payer Estimated Amount Due.

Will BlueCross BlueShield of South Carolina require submitters to report Patient Paid Amount?

No, BlueCross BlueShield of South Carolina will not require the Patient Paid Amount.

What forms are needed to be able to send HIPAA transactions?

Providers and/or clearinghouses must complete the Trading Partner Agreement and EDIG Enrollment forms.

Does BlueCross BlueShield of South Carolina provide 835 Electronic Remittance Advices (ERAs)?

Yes, BlueCross BlueShield of South Carolina provider 835 ERAs. Please be sure to complete the necessary forms to receive this information.