

Facility Instruction Manual: Submitting Secondary Claims with COB Data Elements

OVERVIEW

This supplement to the billing section of the Passport Health Plan (PHP) Provider Manual provides specific coding information on the submission of electronic provider-to-payer* coordination of benefits (COB) claims. The required COB data elements for submitting Electronic Data Interchange (EDI) claims to PHP may be gathered from the previous payer's adjudication, in both paper and electronic (835) remittance advice formats.

SPECIFICATIONS

To submit provider-to-payer coordination of benefits (COB) claims via EDI, you must have a system, data entry process, or clearinghouse able to:

- **Create or forward claims directly to EDI in:**
 - o the HIPAA 837 format; or
 - o a format containing equivalent information.

- AND -

- **Process payment information by:**
 - o Receiving a HIPAA-standard electronic remittance advice (ERA) format from the previous payer; or
 - o Coding a paper remittance into the electronic claim.

EDI TERMINOLOGY

Please refer to the following definitions for EDI terminology used throughout PHP's online application.

Data Element – Provides the names used in the ASC X12N 837 implementation guides, including 004010X096A1 and 004010X098A1.

Loop/Segment – Provides the exact location of each data element in the 837 format.

Requirements – PHP's COB data requirements align with HIPAA guidelines. The 837 Implementation Guide may also be found online at <http://www.wpc-edi.com/>.

QUESTIONS?

If you have questions regarding this communication, please contact the EDI Technical Support Hotline at (877) 234-2475 or at ediphp@kmhp.com.

*Please note payer-to-payer COB claim submissions are not supported by EDI.

837I COB DATA FIELDS

837I Other Subscriber Information							
Required if other payers are known to potentially be involved in paying this claim.							
Loop ID	Segment Detail	Segment Name	Sized To	Element	Qualifier	Value	Notes
2320	Other Subscriber Information – may repeat 10 times	SBR	1	SBR01	P S T	Primary Secondary Tertiary	Responsibility of Previous Payer
2320	Individual Relationship Code	SBR	2	SBR02		Ref 837I	Patient's Relationship to Insured
2320	Reference Identification	SBR	12	SBR03		Group/ Policy Number	Subscriber's Group Number
2320	Claim Filing Indicator Code	SBR	3	SBR09		Ref 837I	Code Identifying Type of Claim

837I Claim Level Adjustment

Required if claim has been adjudicated by payer identified in this loop
and has claim level adjustment information.

Loop ID	Segment Detail	Segment Name	Sized To	Element	Qualifier	Value	Notes
2320	Claim Adjustment Group Code	CAS	2	CAS01	CO CR OA PI PR	Contractual Obligation Correction or Reversal Other Adjustment Payer Initiated Reductions Patient Responsibility	May be present one time per Group Code
2320	Claim Adjustment Reasons Code	CAS	5	CAS02 CAS05 CAS08 CAS11 CAS14 CAS17	See 837/ 835 IG	Claim Adjustment Reason Codes	As received on the 835 from previous payer
2320	Monetary Amount	CAS	10	CAS03 CAS06 CAS09 CAS12 CAS15 CAS18		Adjustment Amount	As received on the 835 from previous payer
2320	Quantity	CAS	10	CAS04 CAS07 CAS10 CAS13 CAS16 CAS19		Units of Service being adjusted	

837I Payer Prior Payment

Required when the present payer has paid an amount to the provider towards this bill.

Loop ID	Segment Detail	Segment Name	AMT02 Size	Element	Qualifier	Value	Notes
2320	Payer Prior Payment	AMT	10	AMT01	C4	Monetary Amount	Prior Payment All AMT02s contain a monetary amount
2320	COB Total Allowed Amount	AMT	10	AMT01	B6	Monetary Amount	Allowed – Actual
2320	COB Total Submitted Charges	AMT	10	AMT01	T3	Monetary Amount	Total Submitted Changes
2320	DRG Outlier Amount	AMT	10	AMT01	ZZ		NOT USED
2320	COB Total Medicare Paid Amount	AMT	10	AMT01	N1	Monetary Amount	Net Worth
2320	Medicare Paid Amount – 100%	AMT	10	AMT01	KF	Monetary Amount	Net Paid Amount
2320	Medicare Paid Amount – 80%	AMT	10	AMT01	PG	Monetary Amount	Payoff
2320	COB Medicare A Trust Fund Paid Amount	AMT	10	AMT01	AA	Monetary Amount	Allocated
2320	COB Medicare B Trust Fund Paid Amount	AMT	10	AMT01	B1	Monetary Amount	Benefit Amount
2320	COB Total Non-Covered Amount	AMT	10	AMT01	A8	Monetary Amount	No covered Charges – Actual
2320	COB Total Denied Amount	AMT	10	AMT01	YT	Monetary Amount	Denied

837I Payer Prior Payment

Required when 2320A is a person (NM102=1).

Loop ID	Segment Detail	Segment Name	Sized To	Element	Qualifier	Value	Notes
2320	Other Subscriber Demo-graphic Information	DMG	2	DMG01	D8	Other Insured Birth Date	Other Insured Birth Date
2320	Other Subscriber Date of Birth	DMG	8				
2320	Other Subscriber's Gender	DMG	1	DMG03	F M U	Female Male Unknown	Code indicating the sex of the individual

837I Other Subscriber Name

Required when loop 2320 is used (If SBR submitted, this loop is required).

Loop ID	Segment Detail	Segment Name		Element	Qualifier	Value	Notes
2330A	Other Subscriber Name	NM1	2	NM101	IL	Insured or Subscriber	
2330A	Entity Type Qualifier	NM1	1	NM102	1 2	Person Non-Person	Insured or Subscriber
2330A	Name Last or Org Name	NM1	20	NM103		Insured Last Name	
2330A	Name First	NM1	10	NM104		Insured First Name	
2330A	Name Middle	NM1	1	NM105		Insured Middle Name	
2330A	Name Prefix	NM1		NM106			Not Used
2330A	Name Suffix	NM1		NM107			Not Used
2330A	Identification Code Qualifier	NM1		NM108	MI ZZ	Member ID Number Member ID Number Mutually Defined	ZZ-Not Used
2330A	ID Code	NM1	20	NM109		Subscribers ID number at the previous Payer	

837I Other Subscriber Address

Required when provider has the other subscriber address on file. N4 is required when N3 is present.

Loop ID	Segment Detail	Segment Name		Element	Qualifier	Value	Notes
2330A	Other Subscriber Address 1	N3	30	N301		Subscriber Address line 1	
2330A	Other Subscriber Address 2	N3	12	N302		Subscriber Address line 2	
2330A	Other Subscriber City Name	N4	20	N401		City Name	
2330A	Other Subscriber State Name	N4	2	N402		State Abbreviation	
2330A	Postal Code	N4	9	N403		Postal Code/Zip Code	
2330A	Country Code	N4		N404			Not Used

837I Other Subscriber Secondary Information

Required when additional ID Numbers are required.

Loop ID	Segment Detail	Segment Name	Sized To	Element	Qualifier	Value	Notes
2330A	Secondary ID Qualifier	REF	2	REF01	1W 23 IG SY	Member ID Number Client Number Insurance Policy Number Social Security Number	If NM108= MI – not used
2330A	Secondary ID	REF	20	REF02		Other Insured Additional Identifier	

837I Other Payer Name

Required to send all known information on other payers in this loop.

Loop ID	Segment Detail	Segment Name		Element	Qualifier	Value	Notes
2330B	Name of Other Payer	NM1	2	NM101	PR	Payer / Carrier Name	
2330B	Entity Code Qualifier	NM1	2	NM102	2	Non-Person Entity	
2330B	Organization Name	NM1	16	NM103		Payer Name	
2330B		NM1		NM104- NM107			Not Used
2330B	Payer ID Code Qualifier	NM1		NM108	PI XV	Payer ID Health Care Financing Admin National Plan ID	
2330B	Payer ID Code	NM1	15	NM109		ID Code	Emdeon Payer ID

837I Other Payer Address

Required by Passport Health Plan, although this segment is required to be sent only when provider needs to identify the address for paper claims. N4 is required when N3 is present.

Loop ID	Segment Detail	Segment Name	Sized To	Element	Qualifier	Value	Notes
2330B	Other Payer Address Line 1	N3	18	N301		Address Line 1	
2330B	Other Payer Address Line 2	N3	18	N302		Address Line 2	
2330B	Other Payer City	N4	15	N401		Other Payer City Name	
2330B	Other Payer State	N4	2	N402		Other Payer State Abbreviation	
2330B	Other Payer Postal Code	N4	9	N403		Other Payer Postal Code/Zip Code	
2330B	Other Payer Country Code	N4		N404			Not Used

837I Claim Adjudication Date

Required when loop ID 2430 Line Adjudication Date is not used and this payer has adjudicated the claim.

Loop ID	Segment Detail	Segment Name	Sized To	Element	Qualifier	Value	Notes
2330B	Adjudication Date	DTP		DTP01	573	Date Claim Paid	
2330B	Date Qualifier	DTP		DTP02	D8	Date in CCYYMMDD	
2330B	Date Time Period	DTP	8	DTP03		Adjudication or Payment Date	

837I Other Payer Secondary ID and Reference Number

This segment is required when a secondary number is needed to identify the payer.

Loop ID	Segment Detail	Segment Name		Element	Qualifier	Value	Notes
2330B	Payer ID Number	REF	2	REF01	2U F8 FY NF TJ	Payer ID Number Original Ref # (ICN/ DCN) Claim Office # National Assoc of Ins. Comm. Fed. Tax ID for Payer	Only 2U or TJ is Used/ Accepted
2330B	Reference ID	REF	15	REF02		Other Payer Secondary ID	

837I Other Payer Patient Information

This segment is required when a secondary number is needed to identify the payer.

Loop ID	Segment Detail	Segment Name		Element	Qualifier	Value	Notes
2330C	Entity ID Code	NM1	2	NM101	QC	Patient	This is the member sent on the claim
2330C	Entity Type Qualifier	NM1		NM102	1	Person	
2330C		NM1			NM103- NM107		Not Used
2330C	ID Code Qualifier	NM1	2	NM108	EI MI	Employee ID Number Member ID Number	Only MI is used/accepted
2330C	ID Code	NM1	20	NM109		Other Payer Patient Primary ID Number	

837I Other Payer Patient Information

This segment is required when payer has more than one number identifying the patient.

Loop ID	Segment Detail	Segment Name	Sized To	Element	Qualifier	Value	Notes
2330C	Reference ID Qualifier	REF		REF01	1W IG SY	Member # Insurance Policy Number SSN	Not used if NM108 = 'MI'
2330C	Reference ID	REF	20	REF02		ID	

837I Other Payer Patient Information

Required if claim has been previously adjudicated by payer identified in loop 2330B.
Either line or claim level is expected, if both are submitted, line level must add up to claim level.

Loop ID	Segment Detail	Segment Name	Sized To	Element	Qualifier	Value	Notes
2430	ID Code	SVD	15	SVD01		ID Code	Payer ID from 2330B
2430	Monetary Amount	SVD	10	SVD02		Service Line Paid Amount	
2430	Composite Medical Procedure						
2430	Product/ Service ID	SVD		SVD03-1	See 837 IG		
2430	Product/ Service ID	SVD	7	SVD03-2		Procedure Code	
2430	Procedure Code Modifier	SVD	2	SVD03-3		Procedure Code Modifier	
2430	Procedure Code Modifier	SVD	2	SVD03-4		Procedure Code Modifier	
2430	Procedure Code Modifier	SVD	2	SVD03-5		Procedure Code Modifier	
2430	Procedure Code Modifier	SVD	2	SVD03-6		Procedure Code Modifier	
2430	Description	SVD		SVD03-7			Not Used
2430	Revenue Code	SVD	8	SVD04		Revenue Code	
2430	Quantity	SVD	10	SVD05		Quantity	
2430	Assigned Number	SVD	6	SVD06		Bundled or un-bundled Line Number	Required if other payer bundled/un-bundled this service line

837I Other Payer Patient Information

Required when the prior payment had service line adjustments reported on a remittance.
Either line or claim level is expected, if both are submitted, line level must add up to claim level.

Loop ID	Segment Detail	Segment Name	Sized To	Element	Qualifier	Value	Notes
2430	Claim Adj Group Code	CAS	2	CAS01	CO CR OA PI PR	Cont. Obl Corr/Rev Other Adj Payer Red Pat Resp	
2430	Claim Adj Reason Code	CAS	5	CAS02 CAS05 CAS08 CAS11 CAS14 CAS17	See 837/ 835 IG	Claim Adjustment Reason Codes	
2430	Monetary Amount	CAS	10	CAS03 CAS06 CAS09 CAS12 CAS15 CAS18		Adjustment Amount	
2430	Quantity	CAS	10	CAS04 CAS07 CAS10 CAS13 CAS16 CAS19		Units of Service being adjusted	

837I Other Payer Patient Information

Required when the service line adjudication has been performed.
Either line or claim level is expected, if both are submitted, line level must add up to claim level.

Loop ID	Segment Detail	Segment Name	Sized To	Element	Qualifier	Value	Notes
2430	Date Claim Paid	DTP		DTP01	573		
2430	Date Qualifier	DTP		DTP02	D8		
2430	Payment Date	DTP	8	DTP03		Service Adjudication or Payment Date	

837I 2320**The following segments are not used in adjudication of the claim with COB detail.**

Loop ID	Segment Detail	Segment Name	Element	Qualifier	Value	Notes
2320	OI	Other Insurance Coverage Information				Not Used
2320	MIA	Medicare Inpatient Adjudication Information				Not Used
2320	MOA	Medicare Outpatient Adjudication Information				Not Used
2320B	REF	Other Payer Prior Auth or Ref. #		9F G1		Not Used
2330D	NM1	Other Payer Attending Provider				
2330D	REF	Other Payer Attending Provider ID				
2330E	NM1	Other Payer Operating Provider				
2330E	REF	Other Payer Operating Provider ID				
2330F	NM1	Other payer Other Provider				
2330F	REF	Other Payer Other Provider ID				
2330G	NM1	Other Payer Referring Provider				
2330G	REF	Other Payer Referring Provider ID				
2330H	NM1	Other Payer Service Facility Provider				
2330H	REF	Other Payer Service Facility Provider ID				