

# Practitioner 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](mailto:ediphp@kmhp.com).

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

# 837P COB DATA FIELDS

| <b>837P Other Subscriber Information</b>  |  |              |          |       |             |                                  |                                   |
|---|--|--------------|----------|-------|-------------|----------------------------------|-----------------------------------|
| Required if other payers are known to potentially be involved in paying this claim. |  |              |          |       |             |                                  |                                   |
| Loop ID   | Segment Detail                                     | Segment Name | Sized To | Value | Qualifier   | Value                            | Notes                             |
| 2320  | Other Subscriber Information – may repeat 10 times | SBR          | 1        | SBR01 | P<br>S<br>T | Primary<br>Secondary<br>Tertiary | Responsibility of Previous Payer  |
| 2320  | Individual Relationship Code                       | SBR          | 2        | SBR02 |             | Ref 837P                         | Patient's Relationship to Insured |
| 2320  | Reference Identification                           | SBR          | 12       | SBR03 |             | Group/<br>Policy<br>Number       | Subscriber's Group Number         |
| 2320  | Insurance Type Code                                | SBR          | 2        | SBR05 | See 837 IG  | Insurance Type Code              |                                   |
| 2320  | Claim Filing Indicator Code                        | SBR          | 3        | SBR09 |             | Ref 837P                         | Code Identifying Type of Claim    |

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

## 837P 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 | Value | Qualifier | Value           | Notes                                |
|---------|---------------------------------|--------------|------------|-------|-----------|-----------------|--------------------------------------|
| 2320    | Payor Paid Amount               | AMT          | 10         | AMT01 | D         | Monetary Amount | Payer Paid Amount                    |
| 2320    | Approved Amount                 | AMT          | 10         | AMT01 | AAE       | Monetary Amount | Total Approved Amount by Other Payer |
| 2320    | Allowed Amount                  | AMT          | 10         | AMT01 | B6        | Monetary Amount | Total Allowed-Actual                 |
| 2320    | Patient Responsibility Amount   | AMT          | 10         | AMT01 | F2        | Monetary Amount | Patient Resp. Actual                 |
| 2320    | Covered Amount                  | AMT          | 10         | AMT01 | AU        | Monetary Amount | Coverage Amount                      |
| 2320    | Discount Amount                 | AMT          | 10         | AMT01 | D8        | Monetary Amount | Discount Allowed                     |
| 2320    | Per Day Limit Amount            | AMT          | 10         | AMT01 | DY        | Monetary Amount | Per Day Limit                        |
| 2320    | Patient Amount Paid             | AMT          | 10         | AMT01 | F5        | Monetary Amount | Other Payer Patient Paid Amount      |
| 2320    | Tax Amount                      | AMT          | 10         | AMT01 | T         | Monetary Amount | Other Payer Tax Amount               |
| 2320    | Total Claim Before Taxes Amount | AMT          | 10         | AMT01 | T2        | Monetary Amount | Pre-Tax Claim Amount                 |

## 837P Payer Prior Payment

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

| Loop ID | Segment Detail                            | Segment Name | Sized To | Value | 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<br>M<br>U | Female<br>Male<br>Unknown | Code indicating the sex of the individual |

## 837P Other Subscriber Name

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

| Loop ID | Segment Detail                | Segment Name |    | Value | Qualifier    | Value  | Notes                   |
|---------|-------------------------------|--------------|----|-------|--------------|--|-------------------------|
| 2330A   | Other Subscriber Name         | NM1          | 2  | NM101 | IL           | Insured or Subscriber  |                         |
| 2330A   | Entity Type Qualifier         | NM1          | 1  | NM102 | 1<br>2       | Person<br>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<br><br>ZZ | Member ID Number<br>Member ID Number<br><br>Mutually Defined | <br><br><br>ZZ-Not Used |
| 2330A   | ID Code                       | NM1          | 20 | NM109 |              | Subscribers ID number at the previous Payer                  |                         |

## 837P 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 |    | Value | 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 |

## 837P Other Subscriber Secondary Information

Required when additional ID numbers are required.

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

## 837P Other Payer Name

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

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

## 837P 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 | Value | Qualifier | Value                        | Notes |
|---------|-------------------|--------------|----------|-------|-----------|------------------------------|-------|
| 2330B   | Adjudication Date | DTP          |          | DTP01 | 573       | Date Claim Paid              |       |
| 2330B   | Date Qualifier    | DTP          |          | DTP02 | D8        | Date in CCYYM-MDD            |       |
| 2330B   | Date Time Period  | DTP          | 8        | DTP03 |           | Adjudication or Payment Date |       |

## 837P 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 |    | Value | Qualifier                              | Value  | Notes                           |
|---------|-----------------|--------------|----|-------|--|--|---------------------------------|
| 2330B   | Payer ID Number | REF          | 2  | REF01 | 2U<br><br>F8<br><br>FY<br>NF<br><br>TJ | Payer ID Number<br>Original Ref # (ICN/DCN)<br>Claim Office #<br>National Assoc of Ins. Comm.<br>Fed. Tax ID for Payer | Only 2U or TJ is Used/ Accepted |
| 2330B   | Reference ID    | REF          | 15 | REF02 |  | Other Payer Secondary ID   |                                 |

## 837P Other Payer Patient Information

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

| Loop ID | Segment Detail        | Segment Name |    | Value | 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-<br>NM107 |  | Not Used                             |
| 2330C   | ID Code Qualifier     | NM1          | 2  | NM108 | EI<br><br>MI    | Employee ID Number<br>Member ID Number | Only MI is used / accepted           |
| 2330C   | ID Code               | NM1          | 20 | NM109 |                 | Other Payer Patient Primary ID Number  |                                      |

## 837P 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 | Value | Qualifier                    | Value   | Notes                       |
|---------|------------------------|--------------|----------|-------|------------------------------|---|-----------------------------|
| 2330C   | Reference ID Qualifier | REF          |          | REF01 | 1W<br>23<br><br>IG<br><br>SY | Member #<br>Client Number<br>Insurance Policy Number<br>SSN | 1W-Not used if NM108 = 'MI' |
| 2330C   | Reference ID           | REF          | 20       | REF02 |                              | ID  |                             |

## 837P Approved Amount

May be submitted if the information is available from the other payer.

| Loop ID | Segment Detail  | Segment Name | Sized To | Value | Qualifier | Value           | Notes                       |
|---------|-----------------|--------------|----------|-------|-----------|-----------------|-----------------------------|
| 2400    | Approved Amount | AMT          |          | AMT01 | AAE       | Monetary Amount | AMT02 is the monetary value |

## 837P Line Adjudication Information

Required if claim has been previously adjudicated by payer identified in loop 2330B and service line has adjustments applied to it.

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

## 837P 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 | Value  | Qualifier                  | Value   | Notes |
|---------|-----------------------|--------------|----------|--|----------------------------|---|-------|
| 2430    | Claim Adj Group Code  | CAS          |          | CAS01  | CO<br>CR<br>OA<br>PI<br>PR | Cont. Obl<br>Corr/Rev<br>Other Adj<br>Payer Red<br>Pat Resp |       |
| 2430    | Claim Adj Reason Code | CAS          | 5        | CAS02<br>CAS05<br>CAS08<br>CAS11<br>CAS14<br>CAS17 | See 837/<br>835<br>IG      | Claim Adjustment Reason Codes                               |       |
| 2430    | Monetary Amount       | CAS          | 10       | CAS03<br>CAS06<br>CAS09<br>CAS12<br>CAS15<br>CAS18 |                            | Adjustment Amount   |       |
| 2430    | Quantity              | CAS          | 10       | CAS04<br>CAS07<br>CAS10<br>CAS13<br>CAS16<br>CAS19 |                            | Units of Service being adjusted                             |       |

## 837P Other Payer Patient Information

Required when the service line adjudication has been performed.

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

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

| <b>Loop ID</b> | <b>Segment Detail</b> | <b>Segment Name</b>                          | <b>Qualifier</b> | <b>Segment Value</b> | <b>Value</b> | <b>Notes</b> |
|----------------|-----------------------|--|------------------|----------------------|--------------|--------------|
| 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<br>G1         |                      |              | Not Used     |
| 2330B          | REF                   | Claim Adj Ind                                | T4               |                      |              | Not Used     |
| 2330D          | NM1                   | Other Payer Attending Provider               |                  |                      |              | Not Used     |
| 2330D          | REF                   | Other Payer Attending Provider ID            |                  |                      |              | Not Used     |
| 2330E          | NM1                   | Other Payer Operating Provider               |                  |                      |              | Not Used     |
| 2330E          | REF                   | Other Payer Operating Provider ID            |                  |                      |              | Not Used     |
| 2330F          | NM1                   | Other payer Other Provider                   |                  |                      |              | Not Used     |
| 2330F          | REF                   | Other Payer Other Provider ID                |                  |                      |              | Not Used     |
| 2330G          | NM1                   | Other Payer Referring Provider               |                  |                      |              | Not Used     |
| 2330G          | REF                   | Other Payer Referring Provider ID            |                  |                      |              | Not Used     |
| 2330H          | NM1                   | Other Payer Service Facility Provider        |                  |                      |              | Not Used     |
| 2330H          | REF                   | Other Payer Service Facility Provider ID     |                  |                      |              | Not Used     |