

Health Advantage Billing Requirements for ANSI 837P Secondary Coverage

If Health Advantage is the primary payer, submit a “P” in segment 2000B SBR05. Loop 2320 is not required if the patient does not have other supplemental insurance.

If Health Advantage is the secondary payer, submit a “S” in segment 2000B SBR05. Report the primary payer in the first occurrence of Loop 2320 and repeat accordingly for other insurance.

For outpatient hospital claims and physician claims, Health Advantage requires the COB data to be reported at the service line (Loop 2430).

2320	SBR01	Payor Resp. Seq. No Code	P,S,T
	SBR02	Relationship Code	
	SBR03	Ins. Group or Policy No.	
	SBR04	Plan Name	
	SBR05	Insurance Type Code	
2320	CAS	Clm Level Adj./Amts From 835 Prior Payment Information	
	CAS01	Clm Adj. Group Code (CO, CR, OA, PI, PR)	
	CAS02	Clm Adj. Reason Code	
	CAS03	Adjusted Amount	
	CAS04	Quantity	
	CAS05	Clm Adj. Reason Code	
	CAS06	Adjusted Amount	
	CAS07	Quantity	
	CAS08	Clm Adj. Reason Code	
	CAS09	Adjusted Amount	
	CAS10	Quantity	
	CAS11	Clm Adj. Reason Code	
	CAS12	Adjusted Amount	
	CAS13	Quantity	
	CAS14	Clm Adj. Reason Code	
	CAS15	Adjusted Amount	
	CAS16	Quantity	
	CAS17	Clm Adj. Reason Code	
	CAS18	Adjusted Amount	
	CAS19	Quantity	

2320 AMT - COB PAYER PAID AMOUNT

AMT01	(D) Qualifier for Payor Amt. Paid
AMT02	Dollar Amount Paid
AMT01	(AAE) Qualifier for Approved Amt
AMT02	Dollar Amount Approved
AMT01	(B6) Qualifier for Allowed Amount
AMT02	Dollar Amount Allowed
AMT01	(F2) Qualifier for Patient Responsibility Amt.
AMT02	Dollar amount for patient responsibility
AMT01	(AU) Covered Amount
AMT02	Dollar amount paid by other payer
AMT01	(D8) Discount Amount
AMT02	Amount of other payer discount
AMT01	(DY) Per Day Limit
AMT02	Dollar Amount of other payer per day limit
AMT01	(F5) Patient Amount Paid
AMT02	Other payer patient paid amount
AMT01	(T) Tax
AMT02	Other Payer tax amount
AMT01	(T2) Total Claim Before Taxes
AMT02	Other Payer Pre-tax claim total amount

2320 Subscriber Demographic Information

DMG01	D8 (Date Qualifier CCYYMMDD)
DMG02	Other Insured Birth Date
DMG03	Gender Code

2320 Other Insurance Coverage Information

OI03	Benefits Assigned
OI04	Patient Signature
OI06	Release of Information Code

2320 MOA – Medicare Outpatient Adjudication Information (Submit if returned on the remittance advice (835).

2330A Other Subscriber Name

NM101	(IL) Identifier code for Insured or Subscriber
NM102	Entity Type Qualifier (1 or 2)
NM103	Other Insured Last Name
NM104	Other Insured First Name
NM108	Identification Code Qualifier (MI)
NM109	Other Subscriber ID Number

2330A – Other Subscriber Address Information

N301 Other Insured Address

2330A – Other Subscriber City/State/Zip

N401 Other Insured City
N402 Other Insured State
N403 Other Insured Zip Code

2330B Other Payer Name

NM101 (**PR**) Payer Entity ID Code
NM102 (**2**) Entity Type Qualifier
NM103 Other Payer Name
NM108 (**PI**) Payor Identification Qualifier
NM109 Other Payor Identification Code

2430 Service Line Adjudication

SVD01 Other Payer Identification Code
SVD02 Service Line Amount Paid
SVD03-1 Product/Service ID Qualifier
SVD03-2 Procedure Code
SVD05 Quantity (Units of Service)

2430 CAS Service Line Adjustment

CAS01 – Service Line Adjustment Group Code (CO,CR,OA,PI,PR)
CAS02 – Service Line Adjustment Reason Code
CAS03 – Adjustment Amount

2430 Line Adjudication Date

DTP01 – Date/Time Qualifier (**573**) Date Claim Paid
DTP02 – Date Time Period Format Qualifier (**D8**)
DTO03 – Date Time Period (Adjudication or Payment Date)