

ITS Institutional Secondary Payer Requirement

As of August 15, 2006

Appropriate secondary payer information for institutional claim types should be reported in the following manner for inpatient and outpatient claims:

Loop 2000B (Subscriber Information)

Expect primary payer information only as does GCPS

Loop 2320 (Other Subscriber Information – claim level)

SBR02 = Self Relationship
SBR04 = Insured Group Name
SBR09 = Claim Filing Indicator Code

CAS segments are where the reason codes of the primary insurers will explain how they processed the claim.

CLAIM LEVEL CAS – ITS accepts up to the first five occurrences

CAS01 = Adjustment Group Code
CAS02 = Reason Code (ANSI)
CAS03 = Adjustment Amount

COB TOTAL ALLOWED AMT

AMT01 = Coordination of Benefits (COB) Total Allowed Amount (B6)
AMT02 = Allowed Amount

PAYER PRIOR AMOUNT PAID

AMT01 = Prior Payment Qualifier (C4)
AMT02 = Payer amount paid

COB TOTAL MEDICARE PAID

AMT01 = Medicare Paid – Net Worth (N1)
AMT02 = Total Medicare paid amount

OI03 = Benefits Assignment

Loop 2330A (Other Subscriber Name)

NM102 = Entity Qualifier
NM103 = Last/Organization Name
NM104 = First Name
NM105 = Middle Name (Middle Initial)
NM109 = Identifier (Policy Number)

Loop 2330B (Other Payer Name)

NM102 = Entity Qualifier
NM103 = Last/Organization Name (Name of primary insurer)
NM108 = Payer Identification (PI)
NM109 = Identifier

Comment [11]: Required by the 837I IG when this segment has been submitted.

ITS Institutional Secondary Payer Requirement
As of August 15, 2006

Loop 2430 (Line Adjudication Information)

Comment [a2]: This is not required information for ITS but if it is received the information is passed – first 5 occurrences only

CAS segments are where the reason codes of the primary insurers will explain how they processed the claim.

CLAIM LEVEL CAS – ITS accepts up to the first five occurrences

CAS01 = Adjustment Group Code

CAS02 = Reason Code (ANSI)

CAS03 = Adjustment Amount