

ITS Professional Secondary Payer Requirement

As of August 15, 2006

Appropriate secondary payer information for professional claim types should be reported in the following manner:

Loop 2000B (Subscriber Information)

Assume that this loop contains only primary subscriber information – same as GCPS.

Loop 2320 (Other Subscriber Information – claim level)

SBR09 = Claim Filing Indicator Code (BL)

PAYER AMOUNT PAID

AMT01 = Payer amount Paid Qualifier (D)

AMT02 = Payer amount paid

DISCOUNT AMOUNT

AMT01 = Other Insurance Discount Amt Qualifier (D8)

AMT02 = Other Insurance Discount Amt

COB ALLOWED AMOUNT

AMT01 = Allowed Actual (B6)

AMT02 = Allowed Amount

COB PATIENT RESPONSIBLE AMOUNT

AMT01 = Patient Responsible Amount (F2)

AMT02 = Other Payer Patient Responsible Amount

CAS area – up to 5 occurrences at claim level

CAS01 = Adjustment Group Code

CAS02 = Reason Code

CAS03 = Adjustment Amount

Loop 2330A (Other Subscriber Name)

NM102 = Person (1)

NM103 = Last/Organization Name

NM104 = First Name

NM105 = Middle Name (Middle Initial)

NM109 = Identifier (Policy Number)

Loop 2330B (Other Payer Name)

NM101 = Payer (PR)

NM102 = Non-Person Entity (2)

NM103 = Last/Organization Name (Name of primary insurer)

NM109 = Identifier

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Loop 2430 (Line Adjudication Information)

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

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