Reporting Secondary Claim Info on Institutional Claim

• Loop 2320 CAS plus Loop 2320 AMT*D4 should equal Loop 2300 CLM 02

CLAIM LEVEL ADJUSTMENT
Loop: 2320 CAS — OTHER SUBSCRIBER INFORMATION

Notes:

    1. Submitter should use this CAS segment to report prior payers claim level adjustments that cause the amount paid to differ from the amount originally charged.

    2. Only one Group Code is allowed per CAS. If it is necessary to send more than one Group Code at the claim level, repeat the CAS segment again.

    3. Codes and associated amount should come from 835 (Remittance Advice) received on the claim. If no previous payments have been made, omit this segment.

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

    5. To locate the claim adjustment reason codes that are used in CAS Segments see the Washington Publishing Company website: http://www.wpc-edi.com. Follow the buttons to Code Lists – Claim Adjustment Reason Codes.

Example: CAS❋CO❋45❋**555.52**~

PAYER PRIOR PAYMENT
Loop: 2320 AMT*D4 — OTHER SUBSCRIBER INFORMATION

Notes:

    1. This is the amount this payer has paid to the provider towards this bill.

    2. This segment is required when the present payer has paid an amount to the provider towards this bill.

Example: AMT❋D4❋**150**~

CLAIM INFORMATION
Loop: 2300 CLM02— CLAIM INFORMATION

Notes:

    1. This is the total Claim charge amount.

    2. Use this element to indicate the total amount of all submitted charges of service segments for this claim.

Example: CLM❋01319300001❋**705.52**❋❋❋11:A:1❋Y❋A❋Y❋Y❋❋❋02❋❋❋❋❋❋❋N~

Reporting Secondary Claim Info on Professional Claim

• Coordination of Benefits (COB) service line balancing requires that the service level charges (Loop 2400 SV102) will equal the COB service level payment (Loop 2430 SVD02) plus the monetary amounts listed in the Claim Adjustment Reason Code (Loop 2430 CAS) segments.

• In addition, MDCH expects COB payments at the service level for professional claims

PROFESSIONAL SERVICE
Loop: 2400 SV102 — SERVICE LINE

Notes:

      1. This is the Line item Charge Amount.

Example: SV1❖HC:99211:25❖62.93❖UN❖1❖11❖❖1:2:3❖❖N~

LINE ADJUDICATION INFORMATION
Loop: 2430 SVD02 — LINE ADJUDICATION INFORMATION

Notes:

      1.This is the Service Line Paid Amount.

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

Example: SVD❖43❖**55**❖HC:84550❖❖3~

LINE ADJUSTMENT
Loop: 2430 CAS — LINE ADJUDICATION INFORMATION

Notes:

      1. This is the adjustment amount.

      2. Required if the payer identified in Loop 2330B made line level adjustments which caused the amount paid to differ from the amount originally charged.

      3. The Claim Adjustment Reason codes are located on the Washington Publishing Company web site http://www.wpc-edi.com.

4: DTP segment is required – Line check or remittance date

Example: DTP*573*D8*20120912~

Example: CAS❖45❖1❖**7.93**

Commonly Used CAS Codes
Loop: 2430 CAS — LINE ADJUDICATION INFORMATION

CAS Codes (Reason Codes)
   1 = Deductible amount
   2 = Coinsurance amount
   3 = Co-Pay
   45 = Charges exceeded our fee schedule or maximum
       allowable amount
   96 = Non-covered charges

 www.wpc-edi.com/codes

Commonly Used Claim Filing Indicator Codes
Loop: 2320 SBR09 — Claim Filing Indicator

Code identifying the type of Claim

   BL = Blue Cross/Blue Shield
   CI = Commercial Insurance
   MA = Medicare Part A
   MB = Medicare Part B
   MC = Medicaid
   HM = Health Maintenance Organization

   www.wpc-edi.com/codes