

Health Advantage Billing Requirements for ANSI 837I 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.

Health Advantage requires the COB data to be reported at the service line (Loop 2430) for outpatient claims. For inpatient claims, the COB data must be reported at the claim level (Loop 2320).

2320 Other Subscriber Information

SBR01	Payor Resp. Seq. No Code - P,S,T
SBR02	Relationship Code
SBR03	Ins. Group or Policy No.
SBR04	Plan Name

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	(C4) Qualifier for Other Payor Amount Paid
AMT02	Dollar Amount Paid
AMT01	(B6) Qualifier for Allowed Amount
AMT02	Dollar Amount Allowed
AMT01	(T3) Qualifier for Total Submitted Charge Amt.
AMT02	Dollar amount for Total Submitted Charges
AMT01	(ZZ) Mutually Defined
AMT02	Dollar amount for Claim DRG Outlier Amt.
AMT01	(N1) Qualifier for Net Worth
AMT02	Total Medicare Paid Amount
AMT01	(KF) Qualifier for Net Paid Amount
AMT02	Medicare Paid at 100% Amount
AMT01	(PG) Qualifier Code for Pay Off
AMT02	Medicare Paid at 80% Amount
AMT01	(AA) Qualifier for Allocated Amt.
AMT02	Paid from Part A Medicare Trust Fund Amt.
AMT01	(B1) Qualifier for Benefit Amount
AMT02	Paid From Part B Medicare Trust Fund Amt.
AMT01	(A8) Qualifier for Non-covered Charges
AMT02	Non-covered Charge Amount
AMT01	(YT) Qualifier for Denied Charges
AMT02	Claim Total Denied Charge 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 (Y or N)
OI04	Patient Signature
OI06	Release of Information Code

2320 MIA Medicare Inpatient Adjudication (Submit if returned on the 835)

2320 MOA – Medicare Outpatient Adjudication Information (Submit if returned on the 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
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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

2330B Claim Adjudication Date

DTP01 – Date/Time Qualifier (**573**) Date claim paid
DTP02 – Date/Time/Period Format Qualifier (**D8**)
DTP03 – Adjudication or Payment Date

2430 Service Line Adjudication

SVD01	Other Payer Identification Code
SVD02	Service Line Amount Paid
SVD03-1	Product/Service ID Qualifier
SVD03-2	Procedure Code
SVD04	Service Line Revenue Code
SVD05	Quantity (Units of Service)

2430 CAS Service Line Adjustment

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

2430 Service 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)