

Required Loops and Segments for COB Claims

Following are the loops and segments required to submit claims electronically with COB information. Please refer to the 837 4010A1 Implementation Guide for usage and requirements of remaining loops and segments necessary for electronic billing.

Loop 2320 Other Subscriber Information (Claim Level Information)

Segment	Field Description	Usage	Qualifiers	Comments
SBR01	Payer Responsibility	R	'P' 'S' 'T'	Primary; Secondary, Tertiary
SBR02	Individual Relationship Code	R	See IG	
SBR03	Group Number	S		Required if Payer ID includes group number.
SBR04	Name	S		
SBR05	Insurance Type Code	R	See IG	
SBR09	Claim Filing Indicator Code	R	See IG	
CAS01	Claim Adjustment Group Code	R	'CO' 'CR' 'OA' 'PI' 'PR'	See IG
CAS02	Claim Adjustment Reason Code	R	See WPC-EDI HIPAA Related Code lists	http://www.wpc-edi.com/custom_html/claimadjustment.htm
CAS03	Monetary Amount	R		Amount of adjustment; When the submitted charges are paid in full, the value for CAS03 should be zero.
CAS04	Quantity	S		Required when the number of service units has been adjusted. If not required by this implementation guide, do not send. (CAS segments extend to CAS19)
AMT01	Amount	R	'D'	Other Paid Amount

	Qualifier Code			
AMT02	COB Payer Paid Amount	R		
OI03	Benefits Assignment Certification Indicator	R	'N' 'Y'	
OI04	Patient Signature Source Code	S	'B' 'C' 'M' 'P' 'S'	Required except in cases where 'N' is used in OI06
OI06	Release of Information Code	R	'A' 'I' 'M' 'N' 'O' 'Y'	
MOA01	Re-imbursment rate	S		Required if returned in the electronic remittance advice (835).
MOA02	HCPCS payable amount	S		
MOA03-MOA07	Remark Code	S		
MOA08	Monetary Amount	S		ESRD Paid Amount
MOA09	Monetary Amount	S		Non-Payable Professional Component Billed Amount

Loop 2330A Other Subscriber Name & Address Information

Segment	Field Description	Usage	Qualifiers	Comments
NM101	Insured or Subscriber Entity Identifier Code	R	IL	
NM102	Entity Type Qualifier	R	'1' '2'	
NM103	Other Insured Last Name	R		
NM104	Other Insured First Name	S		Required if NM102=1
NM108	Identification Code Qualifier	R	'MI' 'ZZ'	
NM109	Other Insured Identifier	R		Insured's ID
N301	Other Insured Address Line 1	S		

N302	Other Insured Address Line 2	S		Required if a second address exists
N401	Other Insured City Name	S		Required if available
N402	Other Insured State Code	S		Required if available
N403	Other Insured Zip Code	S		Required if available

Loop 2330B Other Payer Information

Segment	Field Description	Usage	Qualifiers	Comments
NM101	Payer Entity Identifier Code	R	'PR'	Payer
NM102	Non-Person Entity Qualifier	R	'2'	Non-Person Entity
NM103	Other Payer Last or Organization Name	R		
NM108	Identification Code Qualifier	R	'PI' 'XV'	Payer ID HCFA National Plan ID
NM109	Other Payer Primary Identifier	R		NEIC Payer ID number for the primary payer;
DTP01	Date Time Qualifier	R	573	573=Date Claim Paid
DTP02	Date Time Format Qualifier	R	D8	CCYYMMDD DTP02 is the date or time or period format that will appear in DTP03
DTP03	Date Time Period	R		Adjudication or Payment Date

Loop 2430 Service Line and Line Level Adjustment Information

Segment	Field Description	Usage	Qualifiers	Comments
SVD01	Identification Code	R	Same as: NM1*PR09 in 2330B	SVD*43*55*HC:84550**3~

SVD02	Monetary Amount	R	Service Line Paid Amount	Zero "0" is an acceptable value for this element.
SVD03-1	Product Service ID Qualifier	R	HC	Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes
SVD03-2	Service ID	R		Procedure Code
SVD03-3 TO SVD03-6	Procedure Modifier	S		
SVD05	Quantity	R		Paid Service Unit Count
CAS01	Claim Adjustment Group Code	R	'CO' 'CR' 'OA' 'PI' 'PR'	See IG
CAS02	Claim Adjustment Reason Code	R	See WPC-EDI HIPAA Related Code lists	http://www.wpc-edi.com/custom_html/claimadjustment.htm
CAS03	Monetary Amount	R		Amount of adjustment; When the submitted charges are paid in full, the value for CAS03 should be zero.
CAS04	Quantity	S		Required when the number of service units has been adjusted. If not required by this implementation guide, do not send. (CAS segments extend to CAS19)
DTP01	Date Time Qualifier	R	573	573=Date Claim Paid
DTP02	Date Time Format Qualifier	R	D8	CCYYMMDD DTP02 is the date or time or period format that will appear in DTP03
DTP03	Date Time Period	R		Adjudication or Payment Date

*All of the usual 2000, 2330, 2400, and 2430 segments required for a non-COB claim are still required. This table refers only to the segments that are required for COB claims.