

SUBMITTING SECONDARY CLAIMS ELECTRONICALLY

GUIDELINES FOR PROFESSIONAL, INSTITUTIONAL AND DENTAL 5010 ANSI-837 CLAIMS

QUESTIONS?



FOR TECHNICAL SUPPORT ASSISTANCE
CONTACT EBUSINESS SOLUTIONS AT
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To ensure that secondary/tertiary professional and institutional claims are paid appropriately, the coordination of benefits (COB) information must be submitted in compliance with ANSI standards.

COB INFORMATION MAY INCLUDE THE FOLLOWING:

LOOP ID - 2320	OTHER SUBSCRIBER INFORMATION
LOOP ID - 2330A	OTHER SUBSCRIBER NAME
LOOP ID - 2330B	OTHER PAYER NAME
LOOP ID - 2330C	OTHER PAYER REFERRING PROVIDER
LOOP ID - 2330D	OTHER PAYER RENDERING PROVIDER
LOOP ID - 2330E	OTHER PAYER SERVICE FACILITY LOCATION
LOOP ID - 2330F	OTHER PAYER SUPERVISING PROVIDER
LOOP ID - 2430	LINE ADJUDICATION INFORMATION

ADDITIONAL HELPFUL INFORMATION

- The primary payer paid amount represents the actual paid amount of the other payer (located on the 835 ERA, loop 2100 | CLP04).
- Claim adjustment segments (CAS) explain any variance between the paid amount and the total charge. CAS information may apply to the entire claim (located in the 835 ERA, loop 2100 | CAS) or each line item (located in the 835 ERA, loop 2110 | CAS).
- A complete list of claim adjustment group and reason codes can be found at www.wpc-edi.com.
- Amounts must balance (Payer payment = Sum of payment amounts – Sum of adjustment amounts).
- BlueCross BlueShield of Tennessee strongly recommends sending claim payment information at the line level if that data is available.

MINIMUM REQUIREMENTS FOR SUBMITTING ELECTRONIC SECONDARY CLAIMS INCLUDE THE FOLLOWING:

Payer Responsibility Sequence Number Code [Loop ID -2320 | SBR01]

Submit code identifying the payer's sequence of responsibility for payment. When more than one payer exists, a unique value must be used for each payer.

Example Sequence Number Codes:

- S Secondary
- T Tertiary

Payer Paid Amount [Loop ID – 2320 | AMT02]

Submit primary payer's total paid amount.

CAS Adjustment Information [Loop 2320 or 2430 | CAS]

Submit other payer claim adjustment group and reason codes with the corresponding monetary amounts.

Example CAS Group Codes:

- CO Contractual Obligations
- PR Patient Responsibility

Example Claim Adjustment Reason Codes (CARC):

- 1 Deductible
- 2 Coinsurance

Claim Check or Remittance Date [Loop 2330B | DTP(573)]

Submit other payer check or remittance date.