Secondary Payer and COB rules for Institutional – (x223A1)

Loop and Segment	Value	Description
Loop 2000B	**Subscriber Hierarchical Loop**	
SBR01	A, B, C, D, E, F, G, H, S, T	Payer Responsibility Sequence Number Code This value cannot be 'P' for COB claims.
Loop 2300	**Claim Information Loop**	
CLM07	A	Assigned
AMT01	F3	Patient Responsibility - Estimated Qualifier
AMT02	Dollar Amount	Patient Responsibility Amount
Loop 2320	**Other Subscriber Information Loop**	
SBR01	A, B, C, D, E, F, G, H, S, P, T	Payer Responsibility Sequence Number Code This value cannot equal 2000B/SBR01
SBR02	01, 18, 19, 20, 21, 39, 40, 53, G8	Individual Relationship Code
SBR09	Refer to TR3 Guide for Code List	Claim Filing Indicator (Type of Carrier)
CAS01	CO, CR, OA, PI, PR	Claim Adjustment Group Code
CAS02	Refer to WPC.org for Code List	Claim Adjustment Reason Code
CAS03	Dollar Amount	Adjustment Amount
AMT01	D	Payer Paid Amount Qualifier
AMT02	Dollar Amount	Payer Paid Amount
AMT01	EAF	Remaining Patient Liability Qualifier
AMT02	Dollar Amount	Remaining Patient Liability Amount
AMT01	A8	Non-covered Charges – Actual Qualifier
AMT02	Dollar Amount	Non-covered Charges Amount
OI03	N, W, Y	Benefits Assignment Certificate Indicator
OI06	I, Y	Release of Information Code
Loop 2330A	**Other Subscriber Name Loop**	
NM101	IL	Insured or Subscriber
NM102	1	Person
NM103	Last Name	Other Insured Last Name
NM104	First Name	Other Insured First Name
NM108	MI	Identifier Code Qualifier
NM109	Member Identifier Number	Other Insured Identifier
N401	City Name	Other Insured City Name
Loop 2330B	**Other Payer Name Loop**	
NM101	PR	Payer
NM102	2	Non-Person Entity
NM103	Last or Organization Name	Other Payer Last or Organization Name
NM108	PI	Identifier Code Qualifier
NM109	Payer Primary Identifier	Other Payer Primary ID
N401	City Name	Other Payer City Name

Loop and Segment	Value	Description
Loop 2430	**_Line Adjudication Information Loop_**	
SVD01	Payer ID Code	Other Payer Primary Identifier Code This must match value in 2330B/NM109
SVC02	Dollar Amount	Service Line Paid Amount
SVC03-1	ER, HC, HP, WK	Service ID Qualifier
SVC03-2	Code Value	Procedure Code
SVC04-2	Quantity	Paid Service Unit Count
CAS01	CO, CR, OA, PI, PR	Claim Adjustment Group Code
CAS02	Refer to WPC.org for Code List	Claim Adjustment Reason Code
CAS03	Dollar Amount	Adjustment Amount
DTP01	573	Date Claim Paid Qualifier
DTP02	D8	Date Time Period Format Qualifier
DTP03	Date in CCYYMMDD format	Adjudication or Payment Date

Secondary Payer and COB rules for Professional – (x222A1)

Loop and Segment	Value	Description
Loop 2000B	***Subscriber Hierarchical Loop***	
SBR01	A, B, C, D, E, F, G, H, S, T	Payer Responsibility Sequence Number Code This value cannot be 'P' for COB claims.
Loop 2300	***Claim Information Loop***	
CLM07	A	Assigned
AMT01	F5	Patient Amount Paid Qualifier
AMT02	Dollar Amount	Patient Amount Paid
Loop 2320	***Other Subscriber Information Loop***	
SBR01	A, B, C, D, E, F, G, H, S, P, T	Payer Responsibility Sequence Number Code This value cannot equal 2000B/SBR01
SBR02	01, 18, 19, 20, 21, 39, 40, 53, G8	Individual Relationship Code
SBR09	Refer to TR3 Guide for Code List	Claim Filing Indicator (Type of Carrier)
CAS01	CO, CR, OA, PI, PR	Claim Adjustment Group Code
CAS02	Refer to WPC.org for Code List	Claim Adjustment Reason Code
CAS03	Dollar Amount	Adjustment Amount
AMT01	D	Payer Paid Amount Qualifier
AMT02	Dollar Amount	Payer Paid Amount
AMT01	A8	Non-covered Charges – Actual Qualifier
AMT02	Dollar Amount	Non-covered Charges Amount
AMT01	EAF	Remaining Patient Liability Qualifier
AMT02	Dollar Amount	Remaining Patient Liability Amount
OI03	N, W, Y	Benefits Assignment Certificate Indicator
OI06	I, Y	Release of Information Code
Loop 2330A	***Other Subscriber Name Loop***	
NM101	IL	Insured or Subscriber
NM102	1	Person
NM103	Last Name	Other Insured Last Name
NM104	First Name	Other Insured First Name
NM108	MI	Identifier Code Qualifier
NM109	Member Identifier Number	Other Insured Identifier
N401	City Name	Other Insured City Name
Loop 2330B	***Other Payer Name Loop***	
NM101	PR	Payer
NM102	2	Non-Person Entity
NM103	Last or Organization Name	Other Payer Last or Organization Name
NM108	PI	Identifier Code Qualifier
NM109	Payer Primary Identifier	Other Payer Primary ID
N401	City Name	Other Payer City Name

Loop and Segment	Value	Description
Loop 2430	**Line Adjudication Information Loop**	
SVD01	Payer ID Code	Other Payer Primary Identifier Code This must match value in 2330B/NM109
SVC02	Dollar Amount	Service Line Paid Amount
SVC03-1	ER, HC, WK	Service ID Qualifier
SVC03-2	Code Value	Procedure Code
SVC04-2	Quantity	Paid Service Unit Count
CAS01	CO, CR, OA, PI, PR	Claim Adjustment Group Code
CAS02	Refer to WPC.org for Code List	Claim Adjustment Reason Code
CAS03	Dollar Amount	Adjustment Amount
DTP01	573	Date Claim Paid Qualifier
DTP02	D8	Date Time Period Format Qualifier
DTP03	Date in CCYYMMDD format	Adjudication or Payment Date
AMT01	EAF	Remaining Patient Liability Qualifier
AMT02	Dollar Amount	Remaining Patient Liability