

# SUBMITTING SECONDARY CLAIMS ELECTRONICALLY

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

### QUESTIONS?



FOR TECHNICAL SUPPORT ASSISTANCE  
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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](http://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.