

ANSI Secondary Companion Guide

Loop	Segment Name	Details
2300	Claim Level - Total Submitted Charges	CLM02 Must be equal to the sum of all service line items.
2320	Claim Level - Deductible Amount	CAS Claim Level Total Deductible - Dollar Amount, with CAS01=PR and CAS Claim Adjustment Reason Code = 1 NOTE: Report line item adjudication information if provided by primary payer
2320	Claim Level - Co-Insurance or Co-Payment Amount	CAS Claim Level Total Co-Ins or Co-Pay - Dollar Amount, CAS01=PR and CAS Claim Adjustment Reason Code = 2 or 3
2320	Claim Level Primary Payer Paid Amount	AMT02, where AMT01=D. (D is paid amount)
2320	Claim Level Primary Payer Allowed Amount	AMT02, where AMT01=B6. (B6 is approved amount)
2320	Claim Level Primary Payer Discount Amount	CAS Service Line Reduced - Dollar Amount CAS01=CO + Claim Adjustment Reason Code
2400	Line Level Submitted Charge	SV102, Service Line Charge - Dollar Amount
2400	Line Level Primary Payer Allowed Amount	Service Line Allowed - Dollar Amount AMT02, where AMT01=AAE. NOTE: Report line item adjudication information if provided by primary payer
2430	Line Level Primary Payer Paid Amount	SVD02. Service Line Paid - Dollar Amount NOTE: Report line item adjudication information if provided by primary payer
2430	Line Level Deductible Amount	CAS Service Line Deductible - Dollar Amount CAS01=PR and CAS Claim Adjustment Reason Code = 1 NOTE: Report line item adjudication information if provided by primary payer
2430	Line Level Co-Insurance or Co-Payment Amount	CAS Service Line - Dollar Amount, CAS01=PR and CAS Claim Adjustment Reason Code = 2 or 3 NOTE: Report line item adjudication information if provided by primary payer

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Loop	Segment Name	Details
2430	Line Level Primary Payer Discount Amount	CAS Service Line Reduced - Dollar Amount CAS01=CO + Claim Adjustment Reason Code NOTE: Report line item adjudication information if provided by primary payer

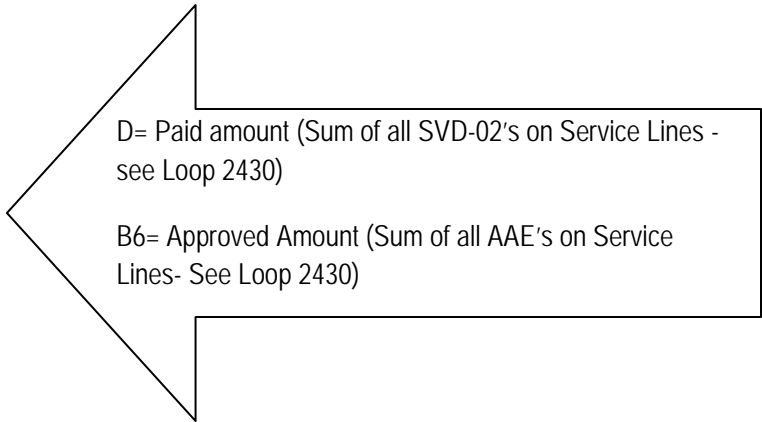
Claim Level Example

**** Claim Information ****

2300 CLM CLM*27456-1-6*275***11>>1*Y*A*Y*Y*B~
 2300 DTP DTP*454*D8*20091119~
 2300 DTP DTP*431*D8*20091116~
 2300 REF REF*9F*734694~
 2300 HI HI*BK>7242*BF>71946~

**** Other Subscriber Information ****

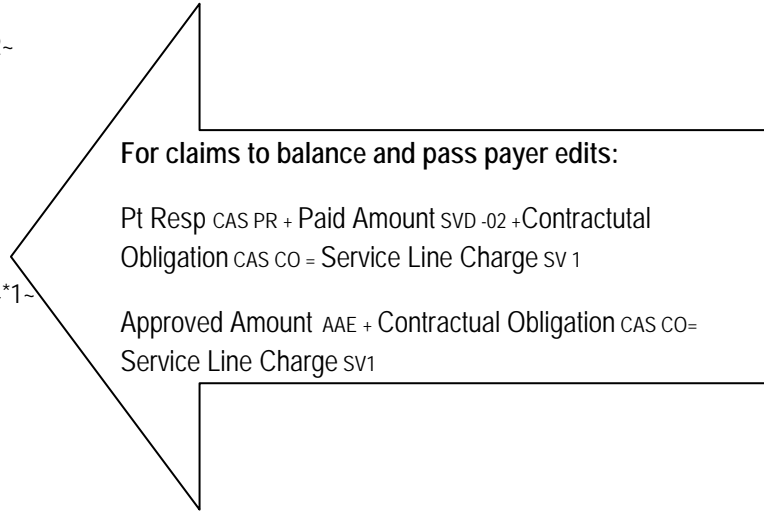
2320 SBR SBR*P*18*NONE*PHP*OT****BL~
 2320 AMT AMT*D*101.64~
 2320 AMT AMT*B6*127.05~
 2320 DMG DMG*D8*19370206*F~
 2320 OI OI***Y*B**A~



Line Level Example

**** Service Lines ****

2400 LX LX*1~
 2400 SV1 SV1*HC>97110>GP*240*UN*4***1>2~
 2400 DTP DTP*472*D8*20091210~
 2400 REF REF*6R*27456-1-6-1~
 2400 AMT AMT*AAE*122.12~
 2430 SVD SVD*31478*97.70*HC>97110>GP**4*1~
 2430 CAS CAS*CO*45*117.88~
 2430 CAS CAS*PR*2*24.42~
 2430 DTP DTP*573*D8*20100304~
 2400 LX LX*2~
 2400 SV1 SV1*HC>97010>GP*35*UN*1***1>2~
 2400 DTP DTP*472*D8*20091210~
 2400 REF REF*6R*27456-1-6-2~
 2400 AMT AMT*AAE*4.93~
 2430 SVD SVD*31478*3.94*HC>97010>GP**1*2~
 2430 CAS CAS*CO*45*30.07~
 2430 CAS CAS*PR*2*0.99~
 2430 DTP DTP*573*D8*20100304~



For claims to balance and pass payer edits:

Pt Resp CAS PR + Paid Amount SVD -02 + Contractual
 Obligation CAS CO = Service Line Charge sv 1

Approved Amount AAE + Contractual Obligation CAS CO=
 Service Line Charge sv1