Washington State Health Care Authority

Reporting Medicare/Managed Medicare and commercial payer data on an 837 transaction

The following resource will assist clearinghouses and EDI billers in reporting Medicare, Managed Medicare, and commercial payer data into the correct loops and segments for 837 transactions. This applies to all claim types (837I-institutional, 837P-professional, 837D-dental). This functionality allows entry of all data needed to adjudicate secondary claims, without submitting the primary explanation of benefits.

Reporting COB/TPL information on an 837 transaction

Claim Header

Loop 2320, data element SBR09 =

- **MB (for billing professional Medicare crossover and Managed Medicare claims)**
- **MA (for billing institutional Medicare crossover and Managed Medicare claims)**
- **CI (for secondary non-Medicare crossover claims)**

Loop 2320, data element CAS01 = PR, CAS02 = 1, CAS03 = deductible amount

Loop 2320, data element CAS01 = PR, CAS02 = 2, CAS03 = coinsurance amount

Loop 2320, data element CAS01 = PR, CAS02 = 3, CAS03 = copay amount

Loop 2320, data element AMT01 = D, AMT02 = payer paid amount

Loop 2330B, data element DTP02 = payer adjudication date

Claim Line

Loop 2430, data element SVD02 = payer paid amount

Loop 2430, data element CAS01 = PR, CAS02 = 1, CAS03 = deductible amount

Loop 2430, data element CAS01 = PR, CAS02 = 2, CAS03 = coinsurance amount

Loop 2430, data element CAS01 = PR, CAS02 = 3, CAS03 = copay amount

Loop 2430, data element DTP02 = payer adjudication date

> Note: If Medicare or the Managed Medicare plan denies a service, you are required to submit the EOMB with the denied service on a separate claim.

If you require more assistance on EDI billing, contact the help desk at HIPAA-help@hca.wa.gov .