



Electronic Claims Submission Coordination of Benefits (COB) – Institutional Examples

Aetna Provider eSolutionsSM

We prepared this COB Institutional Claims Examples document to work in conjunction with the Aetna COB Overview document and the COB Final Addenda, and it will provide you with the following:

- Claims scenarios of institutional COB claims, which include institutional payer-to-payer claims for outpatient and inpatient services and institutional Medicare-to-payer claims for inpatient services, along with an institutional Medicare inpatient claim with a patient coinsurance responsibility
- Examples of 837 claim detail for the primary payer, which correspond with the presented claim scenarios
- Correlating 837 examples of claim details to secondary payer
- Notes to assist you with understanding how the 837 claims detail compares between the primary payer and the submission to the secondary payer

Note: This document contains technical language pertaining to 837 claims information. If you are not comfortable with 837 language, please refer to the Aetna COB Overview document, which can direct you to a variety of documents to assist you. At a minimum, you should be familiar with information housed in the 837 HIPAA Implementation Guide, which can be downloaded from:

<http://www.wpc-edi.com>

The 837 data found in this document is derived from Version 4010-A1 examples.

Questions?

Please contact us via email by visiting www.aetna.com. Select “Contact Us,” then “Doctors & Hospitals,” and then “Our Web Site.”

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COB Example #1 - Institutional Format - Commercial Payers Hospital Outpatient Services

Example is based on **Example 1 from the HIPAA Institutional Implementation Guide.**

Scenario:

Coordination of benefits; patient is not the subscriber; payers are commercial health insurance companies, provider-to-payer COB model. Hospital submits claims electronically and receives ERA from primary payer.

CASE: Patient has outpatient testing done at a hospital -- lab test and echocardiogram.
DOS=09/11/96

SERVICES RENDERED and CHARGES

Rev Code	Service Description	# of Units	Charges
0305	Laboratory-Hematology	1	\$13.39
0730	EKG/ECG	1	\$76.54
		Total	\$89.93

Payer A returned an electronic remittance advice (835) to the billing provider with the following amounts and Claim Adjustment Reason Codes:

- SUBMITTED CHARGES** (CLP03): \$89.93
- AMOUNT PAID** (CLP04): \$39.15
- PATIENT RESPONSIBILITY** (CLP05): \$50.78

The primary payer's 835 ERA CAS at the Claims level was:
CAS*PR*1*40.78*3*10~

CAS indicates a \$10.00 co-payment and \$40.78 deductible are due from the patient.



On the following pages, you will find comparisons of 837 data for this claims example.

Column 1 is provider's 837 claims data sent to Payer A.

Column 2 is provider's 837 claims data sent to Payer B, which includes the primary carrier's adjustments, payments, etc.

Column 3 has notes on the differences between the claims and (highlighted) comments on entries that would result in Aetna COB data capture screens.

Comparison of original claim and secondary claim, differences highlighted

Claim to Payer A	Claim to Payer B	Notes
2 BHT BEGINNING OF HIERARCHICAL TRANSACTION BHT*0019*00*0123*19960918*0932*CH~ 3 REF TRANSACTION TYPE IDENTIFICATION REF*87*004010X096~ 4 1000A SUBMITTER NM1 SUBMITTER NAME NM1*41*2*PREMIER BILLING*****46*00120~ PER SUBMITTER EDI CONTACT INFORMATION PER*IC*JANE DOE*TE*9005555555~ 5 1000B RECEIVER NM1*40*2*ABC VENDOR*****46*12345~ 6 2000A BILLING/PAY-TO PROVIDER HL LOOP HL - BILLING PROVIDER HL*1**20*1~ 7 2010AA BILLING PROVIDER NM1 BILLING PROVIDER NM1*85*2*JONES HOSPITAL*****XX*330127111~ N3 BILLING PROVIDER ADDRESS N3*225 MAIN STREET BARKLEY BUILDING~ N4 BILLING PROVIDER CITY/STATE/ZIP N4*CENTERVILLE*PA*17111~ REF BILLING PROVIDER SECONDARY IDENTIFICATION	2 BHT BEGINNING OF HIERARCHICAL TRANSACTION BHT*0019*00*0123*19960918*0932*CH~ 3 REF TRANSACTION TYPE IDENTIFICATION REF*87*004010X096~ 4 1000A SUBMITTER NM1 SUBMITTER NAME NM1*41*2*PREMIER BILLING*****46*00120~ PER SUBMITTER EDI CONTACT INFORMATION PER*IC*JANE DOE*TE*9005555555~ 5 1000B RECEIVER NM1*40*2*ABC VENDOR*****46*12345~ 6 2000A BILLING/PAY-TO PROVIDER HL LOOP HL - BILLING PROVIDER HL*1**20*1~ 7 2010AA BILLING PROVIDER NM1 BILLING PROVIDER NM1*85*2*JONES HOSPITAL*****XX*330127111~ N3 BILLING PROVIDER ADDRESS N3*225 MAIN STREET BARKLEY BUILDING~ N4 BILLING PROVIDER CITY/STATE/ZIP N4*CENTERVILLE*PA*17111~ REF BILLING PROVIDER SECONDARY IDENTIFICATION	

<p>REF*EI*987654080~ 8 2000B SUBSCRIBER HL LOOP HL - SUBSCRIBER HL*2*1*22*0~ SBR SUBSCRIBER INFORMATION SBR*P*18*****CI~ 9 2010BA SUBSCRIBER NM1 SUBSCRIBER NAME NM1*IL*1*DOE*JOHN*T***MI*030005074~ N3 SUBSCRIBER ADDRESS N3*125 CITY AVENUE~ N4 SUBSCRIBER CITY/STATE/ZIP N4*CENTERVILLE*PA*17111~ DMG SUBSCRIBER DEMOGRAPHIC INFORMATION DMG*D8*19261111*M~ 10 2010BC PAYER NM1 PAYER NAME NM1*PR*2*KEY INSURANCE COMPANY****PI*999996666~ N3 PAYER ADDRESS N3*3333 OCEAN ST~ N4 PAYER CITY/STATE/ZIP N4*SOUTH MIAMI*FL*33000~</p>	<p>REF*EI*987654080~ 8 2000B SUBSCRIBER HL LOOP HL - SUBSCRIBER HL*2*1*22*0~ SBR SUBSCRIBER INFORMATION SBR*S*****CI~ 9 2010BA SUBSCRIBER NM1 SUBSCRIBER NAME NM1*IL*1*DOE*JANE***MI*040006666~ N3 SUBSCRIBER ADDRESS N3*125 CITY AVENUE~ N4 SUBSCRIBER CITY/STATE/ZIP N4*CENTERVILLE*PA*17111~ DMG SUBSCRIBER DEMOGRAPHIC INFORMATION DMG*D8*19261023*F~ 10 2010BC PAYER NM1 PAYER NAME NM1*PR*2*VALUE INSURANCE COMPANY****PI*987321234~ N3 PAYER ADDRESS N3*4444 SEASHORE ST~ N4 PAYER CITY/STATE/ZIP N4*SOUTH MIAMI*FL*33033~ 11 2000C PATIENT HL LOOP HL - PATIENT HL*3*2*23*0~ PAT PATIENT INFORMATION PAT*02~ 12 2010CA PATIENT NM1 PATIENT NAME NM1*QC*1*DOE*JOHN**** 34*030005074~ N3 PATIENT ADDRESS N3*125 CITY AVENUE~ N4 PATIENT CITY/STATE/ZIP</p>	<p>Subscriber is payer-specific and usually changes from primary to secondary claim.</p> <p>Payer changes from primary to secondary claim.</p>
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<p>11 2300 CLAIM CLM CLAIM LEVEL INFORMATION CLM*756048Q*89.93***14:A:1** Y*Y*Y~ DTP STATEMENT DATES DTP*434*D8*19960911~ CL1 INSTITUTIONAL CLAIM CODE CL1*3*1~ HI PRINCIPAL DIAGNOSIS CODE HI*BK:366.9~ HI OTHER DIAGNOSIS INFORMATION HI*BF:401.9*BF:794.31~ HI OTHER PROCEDURE INFORMATION HI*BQ:15.3:D8:19960911~ OCCURRENCE INFORMATION HI*BH:A1:D8:19261111*BH:A2:D 8:19911101* VALUE INFORMATION HI*BE:A2:::15.31~ CONDITION INFORMATION HI*BG:09~</p> <p>12 2310A ATTENDING PHYSICIAN NM1 ATTENDING PHYSICIAN NAME NM1*71*1*JONES*JOHN*J***XX*9 876543210~ PRV ATTENDING PHYSICIAN SPECIALTY INFORMATION PRV ATTENDING PHYSICIAN</p>	<p>N4*CENTERVILLE*PA*17111~ DMG PATIENT DEMOGRAPHIC INFORMATION DMG*D8*19730501*F~</p> <p>13 2300 CLAIM CLM CLAIM LEVEL INFORMATION CLM*756048Q*89.93***14:A:1** *Y*Y~ DTP STATEMENT DATES DTP*434*D8*19960911~ CL1 INSTITUTIONAL CLAIM CODE CL1*3*1~ HI PRINCIPAL DIAGNOSIS CODE HI*BK:366.9~ HI OTHER DIAGNOSIS INFORMATION HI*BF:401.9*BF:794.31~ HI OTHER PROCEDURE INFORMATION HI*BQ:15.3:D8:19960911~ OCCURRENCE INFORMATION HI*BH:A1:D8:19261111*BH:A2:D8 :19911101* VALUE INFORMATION HI*BE:A2:::15.31~ CONDITION INFORMATION HI*BG:09~</p> <p>14 2310A ATTENDING PHYSICIAN NM1 ATTENDING PHYSICIAN NAME NM1*71*1*JONES*JOHN*J***XX*98 76543210~ PRV ATTENDING PHYSICIAN SPECIALTY INFORMATION</p>	
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<p>SPECIALTY PRV*AT*ZZ*363LP0200N~</p>	<p>PRV ATTENDING PHYSICIAN SPECIALTY PRV*AT*ZZ*363LP0200N~</p> <p>15 2320 OTHER SUBSCRIBER INFORMATION SBR OTHER SUBSCRIBER INFORMATION SBR*P*01*351630*STATE TEACHERS*GP****CI~ CAS CLAIM LEVEL ADJUSTMENT CAS*PR*1*40.78*3*10~ AMT PAYER PRIOR PAYMENT AMT*C4*39.15~ DMG OTHER SUBSCRIBER DEMOGRAPHIC INFORMATION DMG*D8*19261111*M~ OI OTHER INSURANCE COVERAGE INFORMATION OI***Y***Y~</p> <p>16 2330A OTHER SUBSCRIBER NAME NM1 OTHER SUBSCRIBER NAME NM1*IL*1*DOE*JOHN*** MI*030005074~ N3 OTHER SUBSCRIBER ADDRESS N3*125 CITY AVENUE~ N4 OTHER SUBSCRIBER CITY/STATE/ZIP CODE N4*CENTERVILLE*PA*17111~</p> <p>17 2330B OTHER PAYER NAME NM1 OTHER PAYER NAME NM1*PR*2*KEY INSURANCE*****PI*999996666~</p>	<p>Information on primary payer's subscriber is sent to secondary payer.</p> <p>Information on primary payer's claims-level adjustments is sent to secondary payer. In this example, a \$40.78 deductible and a \$10.00 co-pay are due from patient under primary plan.</p> <p>Primary payer paid \$39.15.</p> <p>Other (primary) payer name</p> <p>There was no line-level payment or adjustment information sent by the primary payer for this claim.</p>
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<p>13 2400 SERVICE LINE LX SERVICE LINE COUNTER LX*1~ SV2 PROFESSIONAL SERVICE SV2*305*HC:85025*13.39*UN*1~ DTP DATE - SERVICE DTP*472*D8*19960911~</p> <p>14 2400 SERVICE LINE LX SERVICE LINE COUNTER LX*2~ SV2 PROFESSIONAL SERVICE SV2*730*HC:93005*76.54*UN*3~ DTP DATE - SERVICE DTP*472*D8*19960911~</p>	<p>18 2400 SERVICE LINE LX SERVICE LINE COUNTER LX*1~ SV2 PROFESSIONAL SERVICE SV2*305*HC:85025*13.39*UN*1~ DTP DATE - SERVICE DTP*472*D8*19960911~</p> <p>19 2400 SERVICE LINE LX SERVICE LINE COUNTER LX*2~ SV2 PROFESSIONAL SERVICE SV2*730*HC:93005*76.54*UN*3~ DTP DATE - SERVICE DTP*472*D8*19960911~</p>	
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COB Example #2 - Institutional Format - Commercial Payers Hospital Inpatient Services

Example is based on **Example 1 from the HIPAA Institutional Implementation Guide.**

Scenario:

Coordination of benefits; patient is not the subscriber; payers are commercial health insurance companies, provider-to-payer COB model. Hospital submits claims electronically and receives ERA from primary payer.

CASE: Patient has overnight hospital confinement. Charges include: a private room charge and the necessary ancillary services.

DOS=09/15/05 - 09/16/05

POS=Inpatient Hospital

SERVICES RENDERED and CHARGES:

Rev Code	Service Description	# of Units	Charges
0110	Private Room	1	\$ 750.00
0250	Pharmacy	4	\$ 50.00
0270	Medical/Surgical Supplies	8	\$ 150.00
0300	Laboratory/General	1	\$ 113.39
0730	EKG	1	\$ 76.54
		Total	\$1139.93

There is a notation on the bill that most common semi-private room rate is \$550.00.

Payer A returned an electronic remittance advice (835) to the billing provider with the following amounts and Claim Adjustment Reason Codes:

SUBMITTED CHARGES (CLP03): \$1,139.93

AMOUNT PAID (CLP04): \$620.94 ((Total charge (\$1139.93) - semi-private room excess of \$200.00 = \$939.93 – deductible applied (\$250.00) = \$689.93) x 90 percent coinsurance rate= \$620.94)

PATIENT RESPONSIBILITY (CLP05): \$518.99

The primary payer's 835 ERA CAS at the Claims level was:

CAS*PR*2*68.99*1*250*50*200~

CAS indicates the patient is responsible for:

PR 2 = \$68.99 coinsurance amount

PR 1 = \$250.00 deductible

PR 50 = \$200.00 of the private room cost was denied because the primary plan only allows benefits for semi-private rooms in cases where the patient does not have a contagious disease. Semi-private room rate is \$550.00 for Jones Hospital. Private room charge was \$750.00.



On the following pages, you will find comparisons of 837 data for this claims example.

Column 1 is provider's 837 claims data sent to Payer A.

Column 2 is provider's 837 claims data sent to Payer B, which includes the primary carrier's adjustments, payments, etc.

Column 3 has notes on the differences between the claims and (highlighted) comments on entries that would result in Aetna COB data capture screens.

Comparison of original claim and secondary claim, differences highlighted

Claim to Payer A	Claim to Payer B	Notes
<p>11 2300 CLAIM CLM CLAIM LEVEL INFORMATION CLM*756048Q*1139.93***14:A:1* *Y*Y*Y~ DTP STATEMENT DATES DTP*434*RD8*20050915- 20050916~ CL1 INSTITUTIONAL CLAIM CODE CL1*3*1~ HI PRINCIPAL DIAGNOSIS CODE HI*BK:786.50~ HI PRINCIPAL PROCEDURE CODE HI*BP:89.52:D8:20050915~</p> <p>12 2310A ATTENDING PHYSICIAN NM1 ATTENDING PHYSICIAN NAME NM1*71*1*JONES*JOHN*J***XX*99 97770001~ PRV ATTENDING PHYSICIAN SPECIALTY INFORMATION PRV ATTENDING PHYSICIAN SPECIALTY PRV*AT*ZZ*363LP0200N~</p>	<p>13 2300 CLAIM CLM CLAIM LEVEL INFORMATION CLM*756048Q*1139.93***14:A:1**Y *Y*Y~ DTP STATEMENT DATES DTP*434*RD8*20050915-20050916~ CL1 INSTITUTIONAL CLAIM CODE CL1*3*1~ HI PRINCIPAL DIAGNOSIS CODE HI*BK:786.50~ HI PRINCIPAL PROCEDURE CODE HI*BP:89.52:D8:20050915~</p> <p>14 2310A ATTENDING PHYSICIAN NM1 ATTENDING PHYSICIAN NAME NM1*71*1*JONES*JOHN*J***XX*9997 770001~ PRV ATTENDING PHYSICIAN SPECIALTY INFORMATION PRV ATTENDING PHYSICIAN SPECIALTY PRV*AT*ZZ*363LP0200N~</p> <p>15 2320 OTHER SUBSCRIBER INFORMATION SBR OTHER SUBSCRIBER INFORMATION SBR*P*01*351630*STATE TEACHERS*GP***CI~ CAS CLAIM LEVEL ADJUSTMENT CAS*PR*2*68.99*1*250*50*200~</p>	<p>Information on primary payer's claims-level adjustments is sent to secondary payer. In this example, a \$68.99 coinsurance amount, \$250.00 deductible and \$200.00 private room denial were applied. The total amount due from patient under primary plan is \$518.99.</p>

<p>18 2400 SERVICE LINE LX SERVICE LINE COUNTER LX*1~ SV2 PROFESSIONAL SERVICE SV2*110**750*DA*1~ DTP DATE - SERVICE DTP*472*RD8*20050915- 20050916~</p> <p>19 2400 SERVICE LINE LX SERVICE LINE COUNTER</p>	<p>AMT PAYER PRIOR PAYMENT AMT*C4*620.94~ DMG OTHER SUBSCRIBER DEMOGRAPHIC INFORMATION DMG*D8*19261111*M~ OI OTHER INSURANCE COVERAGE INFORMATION OI***Y***Y~</p> <p>16 2330A OTHER SUBSCRIBER NAME NM1 OTHER SUBSCRIBER NAME NM1*IL*1*DOE*JOHN**** MI*030005074~ N3 OTHER SUBSCRIBER ADDRESS N3*125 CITY AVENUE~ N4 OTHER SUBSCRIBER CITY/STATE/ZIP CODE N4*CENTERVILLE*PA*17111~</p> <p>17 2330B OTHER PAYER NAME NM1 OTHER PAYER NAME NM1*PR*2*KEY INSURANCE****PI*999996666~</p> <p>18 2400 SERVICE LINE LX SERVICE LINE COUNTER LX*1~ SV2 PROFESSIONAL SERVICE SV2*110**750*DA*1~ DTP DATE - SERVICE DTP*472*RD8*20050915-20050916~</p> <p>19 2400 SERVICE LINE LX SERVICE LINE COUNTER</p>	<p>Primary payer adjusted the payment to \$620.94, due to the patient being responsible for the coinsurance (\$68.99), deductible (\$250.00) and private room denial (\$200.00).</p> <p>Other (primary) payer name</p> <p>There was no line-level payment or adjustment information sent by the primary payer for this claim.</p>
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<p>LX*2~ SV2 PROFESSIONAL SERVICE SV2*250**50*UN*1~ DTP DATE - SERVICE DTP*472*D8*20050915~</p> <p>20 2400 SERVICE LINE LX SERVICE LINE COUNTER LX*3~ SV2 PROFESSIONAL SERVICE SV2*270**150*UN*1~ DTP DATE - SERVICE DTP*472*RD8*20050915- 20050916~</p> <p>20 2400 SERVICE LINE LX SERVICE LINE COUNTER LX*4~ SV2 PROFESSIONAL SERVICE SV2*300**113.39*UN*2~ DTP DATE - SERVICE DTP*472*D8*20050915~</p> <p>20 2400 SERVICE LINE LX SERVICE LINE COUNTER LX*5~ SV2 PROFESSIONAL SERVICE SV2*730**76.64*UN*1~ DTP DATE - SERVICE DTP*472*D8*20050915~</p>	<p>LX*2~ SV2 PROFESSIONAL SERVICE SV2*250**50*UN*1~ DTP DATE - SERVICE DTP*472*D8*20050915~</p> <p>20 2400 SERVICE LINE LX SERVICE LINE COUNTER LX*3~ SV2 PROFESSIONAL SERVICE SV2*270**150*UN*1~ DTP DATE - SERVICE DTP*472*RD8*20050915-20050916~</p> <p>20 2400 SERVICE LINE LX SERVICE LINE COUNTER LX*4~ SV2 PROFESSIONAL SERVICE SV2*300**113.39*UN*2~ DTP DATE - SERVICE DTP*472*D8*20050915~</p> <p>20 2400 SERVICE LINE LX SERVICE LINE COUNTER LX*5~ SV2 PROFESSIONAL SERVICE SV2*730**76.64*UN*1~ DTP DATE - SERVICE DTP*472*D8*20050915~</p>	
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COB Example #3 - Institutional Format Medicare Part A Primary – Inpatient Hospital Services

Example is based on **Example 1** from the **HIPAA Institutional Implementation Guide**.

Scenario:

Coordination of benefits; patient is not the subscriber; payers are Medicare and commercial health insurance companies, provider-to-payer COB model. Hospital submits claims electronically and receives ERA from primary payer, Medicare.

CASE: Patient has overnight hospital confinement. Charges include: a semi-private room charge and the necessary ancillary services.

DOS=09/15/05 - 09/18/05

POS=Inpatient Hospital

SERVICES RENDERED and CHARGES

Rev Code	Service Description	# of Units	Charges
0120	Semi-Private Room	3	\$1551.00
0250	Pharmacy	60	\$1104.25
0270	Medical/Surgical Supplies	70	\$1392.20
0301	Laboratory/Chemistry	39	\$1147.70
0320	Diagnostic X-Ray	5	\$1160.70
		Total:	\$6355.85

Payer A returned an electronic remittance advice (835) to the billing provider with the following amounts and Claim Adjustment Reason Codes:

SUBMITTED CHARGES (CLP03): \$6,355.85

AMOUNT PAID (CLP04): \$1623.40 (Total charge (\$6,355.85) - write-off amount for Medicare (\$3,820.45) - deductible applied (\$912.00))

PATIENT RESPONSIBILITY (CLP05): \$912.00

MEDICARE APPROVED (ALLOWED) AMOUNT: (AMT=B6) \$2,535.40

The primary payer's 835 ERA CAS at the Claims level was:

CAS*CO*42*3820.45~

CAS*PR*1*912~

CAS indicates:

\$3,820.45 = Medicare write-off amount

\$912.00 = deductible (patient's responsibility)



On the following pages, you will find comparisons of 837 data for this claims example.

Column 1 is provider's 837 claims data sent to Payer A.

Column 2 is provider's 837 claims data sent to Payer B, which includes the primary carrier's adjustments, payments, etc.

Column 3 has notes on the differences between the claims and (highlighted) comments on entries that would result in Aetna COB data capture screens.

Comparison of original claim and secondary claim, differences highlighted

Claim to Payer A	Claim to Payer B	Notes
<p>11 2300 CLAIM CLM CLAIM LEVEL INFORMATION CLM*756048Q*1139.93***14:A:1**Y*Y*Y~ DTP STATEMENT DATES DTP*434*RD8*20050915-20050916~ CL1 INSTITUTIONAL CLAIM CODE CL1*3*1~ HI PRINCIPAL DIAGNOSIS CODE HI*BK:786.50~</p> <p>12 2310A ATTENDING PHYSICIAN NM1 ATTENDING PHYSICIAN NAME NM1*71*1*JONES*JOHN*J***XX*9997776661~ PRV ATTENDING PHYSICIAN SPECIALTY INFORMATION PRV ATTENDING PHYSICIAN SPECIALTY PRV*AT*ZZ*363LP0200N~</p>	<p>13 2300 CLAIM CLM CLAIM LEVEL INFORMATION CLM*756048Q*6355.85***14:A:1**Y*Y*Y~ DTP STATEMENT DATES DTP*434*RD8*20050915-20050918~ CL1 INSTITUTIONAL CLAIM CODE CL1*3*1~ HI PRINCIPAL DIAGNOSIS CODE HI*BK:786.50~</p> <p>14 2310A ATTENDING PHYSICIAN NM1 ATTENDING PHYSICIAN NAME NM1*71*1*JONES*JOHN*J***XX*9997776661~ PRV ATTENDING PHYSICIAN SPECIALTY INFORMATION PRV ATTENDING PHYSICIAN SPECIALTY PRV*AT*ZZ*363LP0200N~</p> <p>17 2320 OTHER SUBSCRIBER INFORMATION SBR OTHER SUBSCRIBER INFORMATION SBR*P*01*351630*STATE TEACHERS*GP***CI~ CAS CLAIM LEVEL ADJUSTMENT CAS*CO*42*3820.45~ CAS*PR*1*912~</p>	<p>Information on primary payer's subscriber is sent to secondary payer.</p> <p>There is a \$3,820.45 contractual write-off because the Medicare contracted approved amount for the services is \$2,535.40. A \$912.00 deductible was applied. The total amount due from patient under primary plan is \$912.00.</p>

<p>18 2400 SERVICE LINE LX SERVICE LINE COUNTER LX*1~ SV2 PROFESSIONAL SERVICE SV2*110**750*DA*1~ DTP DATE - SERVICE DTP*472*RD8*20050915-20050916~</p> <p>19 2400 SERVICE LINE LX SERVICE LINE COUNTER</p>	<p>18 AMT PAYER PRIOR PAYMENT AMT*C4*1623.40~</p> <p>19 AMT COORDINATION OF BENEFITS TOTAL ALLOWED AMOUNT AMT*B6*2535.40~</p> <p>20 DMG OTHER SUBSCRIBER DEMOGRAPHIC INFORMATION DMG*D8*19261111*M~</p> <p>21 OI OTHER INSURANCE COVERAGE INFORMATION OI***Y***Y~</p> <p>22 2330A OTHER SUBSCRIBER NAME NM1 OTHER SUBSCRIBER NAME NM1*IL*1*DOE*JOHN**** MI*030005074~</p> <p>23 N3 OTHER SUBSCRIBER ADDRESS N3*125 CITY AVENUE~</p> <p>24 N4 OTHER SUBSCRIBER CITY/STATE/ZIP CODE N4*CENTERVILLE*PA*17111~</p> <p>25 2330B OTHER PAYER NAME NM1 OTHER PAYER NAME NM1*PR*2*MEDICARE PART A*****PI*99999666~</p> <p>26 2400 SERVICE LINE LX SERVICE LINE COUNTER LX*1~ SV2 PROFESSIONAL SERVICE SV2*110**1551*DA*3~ DTP DATE - SERVICE DTP*472*RD8*20050915-20050918~</p> <p>27 2400 SERVICE LINE LX SERVICE LINE COUNTER</p>	<p>Medicare adjusted the payment to \$1,623.40, due to the Medicare contract write-off amount for the services (\$3,820.45) and the patient being responsible for the deductible (\$912.00).</p> <p>Indicates the Medicare-allowed amount of \$2,535.40.</p> <p>Other (primary) payer name</p>
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<p>LX*2~ SV2 PROFESSIONAL SERVICE SV2*250**50*UN*1~ DTP DATE - SERVICE DTP*472*D8*20050915~</p> <p>20 2400 SERVICE LINE LX SERVICE LINE COUNTER LX*3~ SV2 PROFESSIONAL SERVICE SV2*270**150*UN*1~ DTP DATE - SERVICE DTP*472*RD8*20050915-20050916~</p> <p>20 2400 SERVICE LINE LX SERVICE LINE COUNTER LX*4~ SV2 PROFESSIONAL SERVICE SV2*300**113.39*UN*2~ DTP DATE - SERVICE DTP*472*D8*20050915~</p> <p>20 2400 SERVICE LINE LX SERVICE LINE COUNTER LX*5~ SV2 PROFESSIONAL SERVICE SV2*730**76.64*UN*1~ DTP DATE - SERVICE DTP*472*D8*20050915~</p>	<p>LX*2~ SV2 PROFESSIONAL SERVICE SV2*250**1104.25*UN*60~ DTP DATE - SERVICE DTP*472*RD8*20050915-20050918~</p> <p>28 2400 SERVICE LINE LX SERVICE LINE COUNTER LX*3~ SV2 PROFESSIONAL SERVICE SV2*270**1392.20*UN*70~ DTP DATE - SERVICE DTP*472*RD8*20050915-20050918~</p> <p>29 2400 SERVICE LINE LX SERVICE LINE COUNTER LX*4~ SV2 PROFESSIONAL SERVICE SV2*301**1147.70*UN*39~ DTP DATE - SERVICE DTP*472*RD8*20050915-20050918~</p> <p>30 2400 SERVICE LINE LX SERVICE LINE COUNTER LX*5~ SV2 PROFESSIONAL SERVICE SV2*320**1160.70*UN*5~ DTP DATE - SERVICE DTP*472*RD8*20050915-20050918~</p>	<p>There was no line-level payment or adjustment information sent by the primary payer for this claim.</p>
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COB Example #4 - Institutional Format Medicare Part A Primary – Inpatient Hospital Services with Inpatient Adjudication Information

Example is based on **Example 1** from the **HIPAA Institutional Implementation Guide**.

Scenario:

Coordination of benefits; patient is not the subscriber; payers are Medicare and commercial health insurance companies, provider-to-payer COB model. Hospital submits claims electronically and receives ERA from primary payer, Medicare.

CASE: Patient has overnight hospital confinement. Charges include: a semi-private room charge and the necessary ancillary services.

DOS=09/15/05 - 09/18/05

POS=Inpatient Hospital

SERVICES RENDERED and CHARGES

Rev Code	Service Description	# of Units	Charges
0120	Semi-Private Room	3	\$1551.00
0250	Pharmacy	60	\$1104.25
0270	Medical/Surgical Supplies	70	\$1392.20
0301	Laboratory/Chemistry	39	\$1147.70
0320	Diagnostic X-Ray	5	\$1160.70
		Total:	\$6355.85

Payer A returned an electronic remittance advice (835) to the billing provider with the following amounts and Claim Adjustment Reason Codes:

SUBMITTED CHARGES (CLP03): \$6,355.85

AMOUNT PAID (CLP04): Total charge (\$6,355.85) - write-off amount for Medicare (\$3,820.45) – coinsurance days *91-150 (\$1368.00) = \$1,167.40

MEDICARE INPATIENT ADJUDICATION (MIA01): 3

PATIENT RESPONSIBILITY (CLP05): \$1,368.00

MEDICARE APPROVED (ALLOWED) AMOUNT: (AMT=B6) \$2,535.40

* In 2005, the Medicare Part A deductible for days 1-60 was \$912.00; from days 61-90, Medicare will reimburse allowable/approved amount at \$228.00 per day. Patients who remain in the hospital after 90 days use their Lifetime Reserve Days (days 91-150), and no deductible will be applied because it would have been satisfied with a previous inpatient stay cycle bill. For days 91-150, Medicare will deduct \$456.00 as a patient coinsurance responsibility for each day of confinement.

The primary payer's 835 ERA CAS at the Claims level was:

CAS*CO*42*3820.45~

CAS*PR*2*1368~

CAS indicates:

\$3,820.45 = Medicare write-off amount

\$1,368.00 = Daily coinsurance amount applied (Day 91-150 rule, as applied to this claim, results in three room and board days X daily coinsurance rate of \$456.00)



On the following pages, you will find comparisons of 837 data for this claims example.

Column 1 is provider's 837 claims data sent to Payer A.

Column 2 is provider's 837 claims data sent to Payer B, which includes the primary carrier's adjustments, payments, etc.

Column 3 has notes on the differences between the claims and (highlighted) comments on entries that would result in Aetna COB data capture screens.

Comparison of original claim and secondary claim, differences highlighted

Claim to Payer A	Claim to Payer B	Notes
<p>11 2300 CLAIM CLM CLAIM LEVEL INFORMATION CLM*756048Q*1139.93***14:A:1**Y*Y*Y~ DTP STATEMENT DATES DTP*434*RD8*20050915-20050916~ CL1 INSTITUTIONAL CLAIM CODE CL1*3*1~ HI PRINCIPAL DIAGNOSIS CODE HI*BK:786.50~</p> <p>12 2310A ATTENDING PHYSICIAN NM1 ATTENDING PHYSICIAN NAME NM1*71*1*JONES*JOHN*J***XX*9998887771~ PRV ATTENDING PHYSICIAN SPECIALTY INFORMATION PRV ATTENDING PHYSICIAN SPECIALTY PRV*AT*ZZ*363LP0200N~</p>	<p>13 2300 CLAIM CLM CLAIM LEVEL INFORMATION CLM*756048Q*6355.85***14:A:1**Y*Y*Y~ DTP STATEMENT DATES DTP*434*RD8*20050915-20050918~ CL1 INSTITUTIONAL CLAIM CODE CL1*3*1~ HI PRINCIPAL DIAGNOSIS CODE HI*BK:786.50~</p> <p>14 2310A ATTENDING PHYSICIAN NM1 ATTENDING PHYSICIAN NAME NM1*71*1*JONES*JOHN*J***XX*9998887771~ PRV ATTENDING PHYSICIAN SPECIALTY INFORMATION PRV ATTENDING PHYSICIAN SPECIALTY PRV*AT*ZZ*363LP0200N~</p> <p>17 2320 OTHER SUBSCRIBER INFORMATION SBR OTHER SUBSCRIBER INFORMATION SBR*P*01*351630*STATE TEACHERS*GP***CI~ CAS CLAIM LEVEL ADJUSTMENT CAS*CO*42*3820.45~ CAS*PR*2*1368~ 18 AMT PAYER PRIOR PAYMENT AMT*C4*1167.40~</p> <p>19 AMT COORDINATION OF BENEFITS TOTAL ALLOWED AMOUNT AMT*B6*2535.40~</p>	<p>Information on primary payer's subscriber is sent to secondary payer.</p> <p>In this example, there is a \$3,820.45 contractual write-off because the Medicare-approved amount for the services is \$2,535.40. The \$1,368.00 daily coinsurance amount was applied. The total amount due from patient under primary plan is \$1,368.00. Primary payment is reflected as \$1,167.40, due to the Medicare write-off amount for the services (\$3,820.45) and the patient's responsibility for the daily coinsurance amount (\$1,368.00).</p> <p>Indicates Medicare-allowed amount of \$2,535.40.</p>

<p>13 2400 SERVICE LINE LX SERVICE LINE COUNTER LX*1~ SV2 PROFESSIONAL SERVICE SV2*110**1551*DA*3~ DTP DATE - SERVICE DTP*472*RD8*20050915-20050918~</p> <p>14 2400 SERVICE LINE LX SERVICE LINE COUNTER LX*2~ SV2 PROFESSIONAL SERVICE SV2*250**1104.25*UN*60~ DTP DATE - SERVICE DTP*472*RD8*20050915-20050918~</p>	<p>20 DMG OTHER SUBSCRIBER DEMOGRAPHIC INFORMATION DMG*D8*19261111*M~ 21 OI OTHER INSURANCE COVERAGE INFORMATION OI***Y***Y~</p> <p>MIA*3*3~</p> <p>22 2330A OTHER SUBSCRIBER NAME NM1 OTHER SUBSCRIBER NAME NM1*IL*1*DOE*JOHN**** MI*030005074~ 23 N3 OTHER SUBSCRIBER ADDRESS N3*125 CITY AVENUE~ 24 N4 OTHER SUBSCRIBER CITY/STATE/ZIP CODE N4*CENTERVILLE*PA*17111~</p> <p>25 2330B OTHER PAYER NAME NM1 OTHER PAYER NAME NM1*PR*2*MEDICARE PART A*****PI*999996666~</p> <p>26 2400 SERVICE LINE LX SERVICE LINE COUNTER LX*1~ SV2 PROFESSIONAL SERVICE SV2*110**1551*DA*3~ DTP DATE - SERVICE DTP*472*RD8*20050915-20050918~</p> <p>27 2400 SERVICE LINE LX SERVICE LINE COUNTER LX*2~ SV2 PROFESSIONAL SERVICE SV2*250**1104.25*UN*60~ DTP DATE - SERVICE DTP*472*RD8*20050915-20050918~</p>	<p>Other (primary) payer name</p> <p>There was no line-level payment or adjustment information sent by the primary payer for this claim.</p>
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15 2400 SERVICE LINE
LX SERVICE LINE COUNTER
LX*3~
SV2 PROFESSIONAL SERVICE
SV2*270**1392.20*UN*70~
DTP DATE - SERVICE
DTP*472*RD8*20050915-20050918~

16 2400 SERVICE LINE
LX SERVICE LINE COUNTER
LX*4~
SV2 PROFESSIONAL SERVICE
SV2*301**1147.70*UN*39~
DTP DATE - SERVICE
DTP*472*RD8*20050915-20050918~

17 2400 SERVICE LINE
LX SERVICE LINE COUNTER
LX*5~
SV2 PROFESSIONAL SERVICE
SV2*320**1160.70*UN*5~
DTP DATE - SERVICE
DTP*472*RD8*20050915-20050918~

28 2400 SERVICE LINE
LX SERVICE LINE COUNTER
LX*3~
SV2 PROFESSIONAL SERVICE
SV2*270**1392.20*UN*70~
DTP DATE - SERVICE
DTP*472*RD8*20050915-20050918~

29 2400 SERVICE LINE
LX SERVICE LINE COUNTER
LX*4~
SV2 PROFESSIONAL SERVICE
SV2*301**1147.70*UN*39~
DTP DATE - SERVICE
DTP*472*RD8*20050915-20050918~

30 2400 SERVICE LINE
LX SERVICE LINE COUNTER
LX*5~
SV2 PROFESSIONAL SERVICE
SV2*320**1160.70*UN*5~
DTP DATE - SERVICE
DTP*472*RD8*20050915-20050918~

COB Example #5 - Institutional Format Medicare Part A Primary – Inpatient Hospital Services

Example is based on a live paper claims example received by Aetna.

Scenario:

Coordination of benefits; patient is not the subscriber; payers are Medicare and commercial health insurance companies, provider-to-payer COB model. Hospital submits claims electronically and receives a paper remit from the primary payer, Medicare.

CASE: Patient has a seven-night hospital confinement. Charges include a post-critical care unit room charge and the associated ancillary services.

DOS=06/02/05-06/09/05

POS=Inpatient Hospital

SERVICES RENDERED and CHARGES

Rev Code	Service Description	# of Units	Charges
0214	Semi-Private Room	7	\$16970.80
0250	Pharmacy	1	\$ 2019.34
0258	IV Solutions	1	\$ 268.96
0260	IV Therapy	1	\$ 259.92
0270	Medical/Surgical Supplies	1	\$ 753.97
0271	Non-Sterile Supply	1	\$ 45.17
0272	Sterile Supply	1	\$ 54.66
0300	Laboratory	1	\$ 6884.73
0320	Diagnostic X-Ray	1	\$ 548.43
0351	CT Scan/Head	1	\$ 1166.36
0390	Blood/Storage-Processing	1	\$ 724.73
0450	Emergency Room	1	\$ 632.40
0490	Ambulatory Surgical Care	1	\$ 224.07
0636	Drugs/Detailed	1	\$ 1036.46
0761	Treatment Room	1	\$ 125.96
0940	Therapeutic Services - General	1	\$ 388.44
		Total	\$32104.40

The billing provider printed the claim and the ERA and submitted them on paper to Aetna for secondary claim consideration. Claim as received by Aetna:

HOSPITAL
 225 MAIN STREET
 ANYWHERE PA 171110000 48165528 3 111
 (800) 688-4954 XX-XXXXXXX 060205 060905 7 225

XXXXXXX XXXX C O M XXXXXXXX FAMILY XXXXXXXX XX XXXX

06091910 F W 060205 11 1 7 00 20 472353
 20516600168301

11 060205 A1 060910 B1 060910

XXXXXXXX, XXXX
 C O M XXXXXXXX FAMILY 9 01 43250 97 8900 A1 91200
 ZZ 8900

XXXXXXXX XX XXXX

0214	POST CCU	242440	7	16970 80
0250	PHARMACY		1	2019 34
0258	IV SOLUTIONS		1	268 96
0260	IV THERAPY		1	259 92
0270	MED-SUR SUPPLIES		1	753 97
0271	NON STERILE SUPPLY		1	45 17
0272	STERILE SUPPLY		1	54 66
0300	LAB		1	6884 73
0320	DX X-RAY		1	548 43
0351	CT SCAN/HEAD		1	1166 36
0390	BLOOD/STOR-PROC		1	724 73
0450	EMERGENCY ROOM		1	632 40
0490	AMBUL SURG		1	224 07
0636	DRUGS/DETAILED CODING		1	1036 46
0761	TREATMENT ROOM		1	125 96
0940	THER RX SVS		1	388 44
001	TOTAL CHARGES			3210440

MEDICARE 070010 Y Y 712670
 AETNA TRADITIONAL 0782150 Y Y 91200

XXXXXXXX, XXXX 18 111111111A
 XXXXXXXX, XXXX 18 111111111 701320

486 51881 5990 5849 2765 2767 5180 0417 2859 2767 89
 1259027

9 9390 060605 OTH000 JONES, DR
 1259027
 OTH000 JONES, DR
 1259027

DRG: 089 MDC: 4 LOS: 4.8 OTL: 999 OTH000 JONES, DR

Reminder:

A paper copy of the previous payer's explanation of benefits (EOB) is not needed if you submit your COB claim data electronically. If COB claims data is sent electronically, sending a paper EOB will only result in Aetna rejecting the claim as a duplicate.

Helpful Hint:

Primary payer payment information should be sent using industry standard code values. When working with paper EOBs, please refer to our "Adjustment Reason and Adjustment Group Code Categorization Table". This table can assist you in converting payment information found on an EOB into industry standard coding.

It is possible your paper remittance may already contain standard code values. If so, please use the codes furnished by the primary payer.

Primary payer's printed ERA (attached to the CMS1500 claim form) as received by Aetna:

REMITTANCE ADVICE
Electronically Reproduced from ERA

YNHHS
HOSPITAL 225 MAIN STREET
ANYWHERE PA 171110000
RA Date: 06/28/05
Provider: 987654321 RA Number: 062926280 Claim Type: INPATIENT Page: 1
EMPIRE MEDICARE SERVICES
P.O. BOX 4846
SYRACUSE NY 132214846

PATIENT NAME	PATIENT CNTRL NUMBER	COST	NCV L	DRG TOT AMT	REPTD CHGS	MSP LIAB M	PROF COMP	ESRD NET ADJ	CONTRACT ADJ		
HIC NUMBER	MEDICAL REC NUMBER	COVDY	OUTCD	DRG OPR AMT	NCOV CHGS	MSP PAYMT	PAT RESP	REIMB RATE	PER DIEM AMT		
FROM DT	THRU DT	ICN NUMBER	NCVDY	PAT ST	DRG OUT AMT	DENIED CHGS	DEDUCTIBLES	PAT REFUND	ALLOWED AMT	HCPCS AMOUNT	
CLAIM#	CLM STATUS	TOB NACHG	HICHG	CV LN	DRG #	DRG CAP AMT	COVD CHGS	COINSURANCE	INTEREST	G/R AMOUNT	NET REIMB
REM RC	REM	RC	REM	RC	REM RC	RC	RC	OUT CAP AMT	DSH AMOUNT	PRE PAY ADJ	
XXXXXX	M	481655281	7	0	8038.70	32104.40	0.00	0.00	0.00	24065.70	
111111111A		472353	0	0	7407.79	0.00	0.00	912.00	0.000	0.00	
06/02/05	06/09/05	20516600168301	0		0.00	0.00	912.00	0.00	32104.40	0.00	
	1 1	111 QC HN	0	089	630.91	32104.40	0.00	0.00	630.91	7126.70	
MA 02 94	1							0.00	490.50	0.00	
CLAIM LEVEL ADJS: CO 94 24065.70 PR1 912.00											

REASON CODES DESCRIPTION

- 94 Processed in excess of charges.
- 1 Deductible Amount
- MA02 (Initial Part A determination)--If you do not agree with this determination, you have the right to appeal. You must file a written request for a reconsideration within 60 days of receipt of this notification. Decisions made by a PRO must be appealed to that PRO. (An institutional provider, e.g., hospital, SNF, HHA, may appeal only if the claim involves a medical necessity denial, a SNF noncertified bed denial, or a home health denial because the patient was not homebound or was as not in need of intermittent skilled nursing services, and either the patient or the provider is liable under §1879 of the Social Security Act, and the patient chooses not to appeal.)

Payer A returned an electronic remittance advice (835) to the billing provider with the following amounts and Claim Adjustment Reason Codes:

SUBMITTED CHARGES (CLP03): \$32,104.40

AMOUNT PAID (CLP04): \$7,126.70

PATIENT RESPONSIBILITY (CLP05): \$912.00

MEDICARE APPROVED (ALLOWED) AMOUNT: (AMT=B6) \$8,038.70

The primary payer's 835 ERA CAS at the Claims level was:

CAS*CO*94*24065.70~

CAS*PR*1*912~

CAS indicates:

\$24,065.70 = Medicare contractual adjustment

\$912.00 = deductible (patient's responsibility)



On the following pages, you will find comparisons of 837 data for this claims example.

Column 1 is provider's 837 claims data sent to Payer A.

Column 2 is provider's 837 claims data sent to Payer B, which includes the primary carrier's adjustments, payments, etc.

Column 3 has notes on the differences between the claims and (highlighted) comments on entries that would result in Aetna COB data capture screens.

Comparison of original claim and secondary claim, differences highlighted

Claim to Payer A	Claim to Payer B	Notes
<p>11 2300 CLAIM CLM CLAIM LEVEL INFORMATION CLM*756048Q*32104.40***14:A:1**Y*Y*Y~ DTP STATEMENT DATES DTP*434*RD8*20050602-20050609~ CL1 INSTITUTIONAL CLAIM CODE CL1*3*1~ HI PRINCIPAL DIAGNOSIS CODE HI*BK:486~ HI OTHER DIAGNOSIS INFORMATION HI*BF:518.81*BF:599.0*BF:584.9*BF:276.5*BF:276.7*BF:518.0*BF:041.7*BF:285.9*BF:276.7~ 12 2310A ATTENDING PHYSICIAN NM1 ATTENDING PHYSICIAN NAME NM1*71*1*JONES*JOHN*J***XX*9998887771~ PRV ATTENDING PHYSICIAN SPECIALTY INFORMATION PRV ATTENDING PHYSICIAN SPECIALTY PRV*AT*ZZ*363LP0200N~</p>	<p>13 2300 CLAIM CLM CLAIM LEVEL INFORMATION CLM*756048Q*32104.40***14:A:1**Y*Y*Y~ DTP STATEMENT DATES DTP*434*RD8*20050602-20050609~ CL1 INSTITUTIONAL CLAIM CODE CL1*3*1~ HI PRINCIPAL DIAGNOSIS CODE HI*BK:486~ HI OTHER DIAGNOSIS INFORMATION HI*BF:518.81*BF:599.0*BF:584.9*BF:276.5*BF:276.7*BF:518.0*BF:041.7*BF:285.9*BF:276.7~ 14 2310A ATTENDING PHYSICIAN NM1 ATTENDING PHYSICIAN NAME NM1*71*1*JONES*JOHN*J***XX*9998887771~ PRV ATTENDING PHYSICIAN SPECIALTY INFORMATION PRV ATTENDING PHYSICIAN SPECIALTY PRV*AT*ZZ*363LP0200N~ 17 2320 OTHER SUBSCRIBER INFORMATION SBR OTHER SUBSCRIBER INFORMATION SBR*P*01*351630*STATE TEACHERS*GP***CI~ CAS CLAIM LEVEL ADJUSTMENT CAS*CO*94*24065.70~ CAS*PR*1*912~ 18 AMT PAYER PRIOR PAYMENT AMT*C4*7126.70 ~ 19 AMT COORDINATION OF BENEFITS</p>	<p>Information on primary payer's subscriber is sent to secondary payer.</p> <p>There is a \$24,065.70 contractual write-off amount because the Medicare-approved amount for the services is \$8,038.70. A \$912.00 deductible was applied. Medicare adjusted the payment to</p>

<p>18 2400 SERVICE LINE LX SERVICE LINE COUNTER LX*1~ SV2 PROFESSIONAL SERVICE SV2*214**DA*7~ DTP DATE - SERVICE DTP*472*RD8*20050602-20050609~</p> <p>19 2400 SERVICE LINE LX SERVICE LINE COUNTER LX*2~ SV2 PROFESSIONAL SERVICE SV2*250**2019.34*UN*1~ DTP DATE - SERVICE DTP*472*RD8*20050602-20050609~</p>	<p>TOTAL ALLOWED AMOUNT AMT*B6*8038.70~ 20 DMG OTHER SUBSCRIBER DEMOGRAPHIC INFORMATION DMG*D8*19261111*M~ 21 OI OTHER INSURANCE COVERAGE INFORMATION OI***Y***Y~ 22 2330A OTHER SUBSCRIBER NAME NM1 OTHER SUBSCRIBER NAME NM1*IL*1*DOE*JOHN**** MI*030005074~ 23 N3 OTHER SUBSCRIBER ADDRESS N3*125 CITY AVENUE~ 24 N4 OTHER SUBSCRIBER CITY/STATE/ZIP CODE N4*CENTERVILLE*PA*17111~</p> <p>25 2330B OTHER PAYER NAME NM1 OTHER PAYER NAME NM1*PR*2*MEDICARE PART A*****PI*999996666~</p> <p>26 2400 SERVICE LINE LX SERVICE LINE COUNTER LX*1~ SV2 PROFESSIONAL SERVICE SV2*214**DA*7~ DTP DATE - SERVICE DTP*472*RD8*20050602-20050609~</p> <p>27 2400 SERVICE LINE LX SERVICE LINE COUNTER LX*2~ SV2 PROFESSIONAL SERVICE SV2*250**2019.34*UN*1~ DTP DATE - SERVICE</p>	<p>\$7,126.70, due to the contractual write-off amount for the services (\$24,065.70) and the patient being responsible for the deductible (\$912.00).</p> <p>The AMT segment indicates the Medicare-allowed amount of \$8,038.70.</p> <p>Other (primary) payer name</p> <p>There was no line-level payment or adjustment information sent by the primary payer for this claim.</p>
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<p>20 2400 SERVICE LINE LX SERVICE LINE COUNTER LX*3~ SV2 PROFESSIONAL SERVICE SV2*258**268.96*UN*1~ DTP DATE - SERVICE DTP*472*RD8*20050602-20050609~</p> <p>20 2400 SERVICE LINE LX SERVICE LINE COUNTER LX*4~ SV2 PROFESSIONAL SERVICE SV2*260**259.92*UN*1~ DTP DATE - SERVICE DTP*472*RD8*20050602-20050609~</p> <p>21 2400 SERVICE LINE LX SERVICE LINE COUNTER LX*5~ SV2 PROFESSIONAL SERVICE SV2*270**753.97*UN*1~ DTP DATE - SERVICE DTP*472*RD8*20050602-20050609~</p> <p>22 2400 SERVICE LINE LX SERVICE LINE COUNTER LX*6~ SV2 PROFESSIONAL SERVICE SV2*271**45.17*UN*1~ DTP DATE - SERVICE DTP*472*RD8*20050602-20050609~</p> <p>23 2400 SERVICE LINE LX SERVICE LINE COUNTER LX*7~ SV2 PROFESSIONAL SERVICE</p>	<p>DTP*472*RD8*20050602-20050609~</p> <p>28 2400 SERVICE LINE LX SERVICE LINE COUNTER LX*3~ SV2 PROFESSIONAL SERVICE SV2*258**268.96*UN*1~ DTP DATE - SERVICE DTP*472*RD8*20050602-20050609~</p> <p>29 2400 SERVICE LINE LX SERVICE LINE COUNTER LX*4~ SV2 PROFESSIONAL SERVICE SV2*260**259.92*UN*1~ DTP DATE - SERVICE DTP*472*RD8*20050602-20050609~</p> <p>30 2400 SERVICE LINE LX SERVICE LINE COUNTER LX*5~ SV2 PROFESSIONAL SERVICE SV2*270**753.97*UN*1~ DTP DATE - SERVICE DTP*472*RD8*20050602-20050609~</p> <p>31 2400 SERVICE LINE LX SERVICE LINE COUNTER LX*6~ SV2 PROFESSIONAL SERVICE SV2*271**45.17*UN*1~ DTP DATE - SERVICE DTP*472*RD8*20050602-20050609~</p> <p>32 2400 SERVICE LINE LX SERVICE LINE COUNTER LX*7~</p>	
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SV2*272**54.66*UN*1~
DTP DATE - SERVICE
DTP*472*RD8*20050602-20050609~
24 2400 SERVICE LINE
LX SERVICE LINE COUNTER
LX*8~
SV2 PROFESSIONAL SERVICE
SV2*300**6884.73*UN*1~
DTP DATE - SERVICE
DTP*472*RD8*20050602-20050609~

25 2400 SERVICE LINE
LX SERVICE LINE COUNTER
LX*9~
SV2 PROFESSIONAL SERVICE
SV2*320**548.43*UN*1~
DTP DATE - SERVICE
DTP*472*RD8*20050602-20050609~

26 2400 SERVICE LINE
LX SERVICE LINE COUNTER
LX*10~
SV2 PROFESSIONAL SERVICE
SV2*351**1166.36*UN*1~
DTP DATE - SERVICE
DTP*472*D8*20050602~

27 2400 SERVICE LINE
LX SERVICE LINE COUNTER
LX*11~
SV2 PROFESSIONAL SERVICE
SV2*390**724.73*UN*1~
DTP DATE - SERVICE
DTP*472*D8*20050602~
28 2400 SERVICE LINE
LX SERVICE LINE COUNTER
LX*11~

SV2 PROFESSIONAL SERVICE
SV2*272**54.66*UN*1~
DTP DATE - SERVICE
DTP*472*RD8*20050602-20050609~
33 2400 SERVICE LINE
LX SERVICE LINE COUNTER
LX*8~
SV2 PROFESSIONAL SERVICE
SV2*300**6884.73*UN*1~
DTP DATE - SERVICE
DTP*472*RD8*20050602-20050609~

34 2400 SERVICE LINE
LX SERVICE LINE COUNTER
LX*9~
SV2 PROFESSIONAL SERVICE
SV2*320**548.43*UN*1~
DTP DATE - SERVICE
DTP*472*RD8*20050602-20050609~

35 2400 SERVICE LINE
LX SERVICE LINE COUNTER
LX*10~
SV2 PROFESSIONAL SERVICE
SV2*351**1166.36*UN*1~
DTP DATE - SERVICE
DTP*472*D8*20050602~

36 2400 SERVICE LINE
LX SERVICE LINE COUNTER
LX*11~
SV2 PROFESSIONAL SERVICE
SV2*390**724.73*UN*1~
DTP DATE - SERVICE
DTP*472*D8*20050602~
37 2400 SERVICE LINE
LX SERVICE LINE COUNTER

<p>SV2 PROFESSIONAL SERVICE SV2*450**632.40*UN*1~ DTP DATE - SERVICE DTP*472*D8*20050602~</p> <p>29 2400 SERVICE LINE LX SERVICE LINE COUNTER LX*12~ SV2 PROFESSIONAL SERVICE SV2*490**224.07*UN*1~ DTP DATE - SERVICE DTP*472*D8*20050602~</p> <p>30 2400 SERVICE LINE LX SERVICE LINE COUNTER LX*13~ SV2 PROFESSIONAL SERVICE SV2*636**1036.46*UN*1~ DTP DATE - SERVICE DTP*472*D8*20050602~</p> <p>31 2400 SERVICE LINE LX SERVICE LINE COUNTER LX*14~ SV2 PROFESSIONAL SERVICE SV2*761**125.96*UN*1~ DTP DATE - SERVICE DTP*472*D8*20050602~</p> <p>32 2400 SERVICE LINE LX SERVICE LINE COUNTER LX*15~ SV2 PROFESSIONAL SERVICE SV2*940**388.44*UN*1~ DTP DATE - SERVICE DTP*472*D8*20050602~</p>	<p>LX*11~ SV2 PROFESSIONAL SERVICE SV2*450**632.40*UN*1~ DTP DATE - SERVICE DTP*472*D8*20050602~</p> <p>38 2400 SERVICE LINE LX SERVICE LINE COUNTER LX*12~ SV2 PROFESSIONAL SERVICE SV2*490**224.07*UN*1~ DTP DATE - SERVICE DTP*472*D8*20050602~</p> <p>39 2400 SERVICE LINE LX SERVICE LINE COUNTER LX*13~ SV2 PROFESSIONAL SERVICE SV2*636**1036.46*UN*1~ DTP DATE - SERVICE DTP*472*D8*20050602~</p> <p>40 2400 SERVICE LINE LX SERVICE LINE COUNTER LX*14~ SV2 PROFESSIONAL SERVICE SV2*761**125.96*UN*1~ DTP DATE - SERVICE DTP*472*D8*20050602~</p> <p>41 2400 SERVICE LINE LX SERVICE LINE COUNTER LX*15~ SV2 PROFESSIONAL SERVICE SV2*940**388.44*UN*1~ DTP DATE - SERVICE DTP*472*D8*20050602~</p>	
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