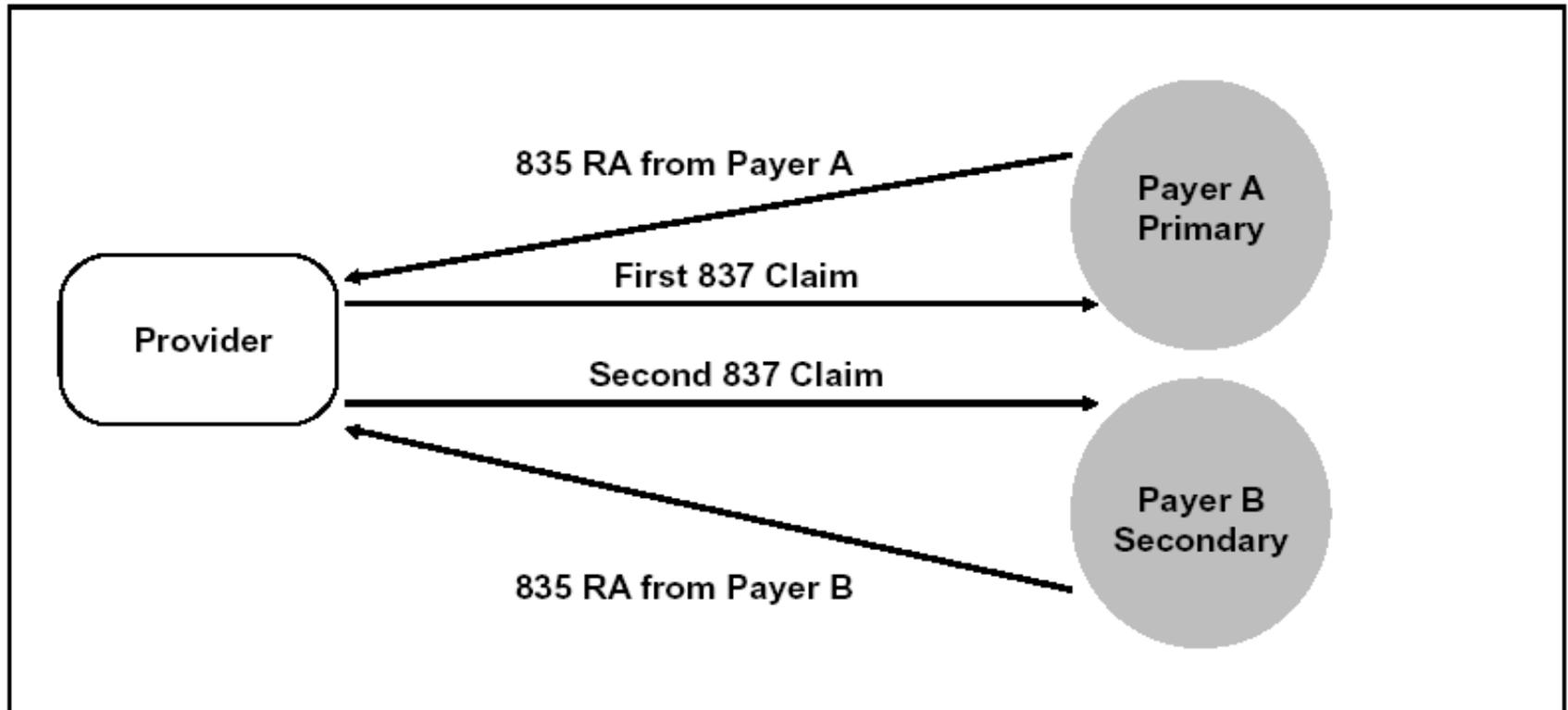


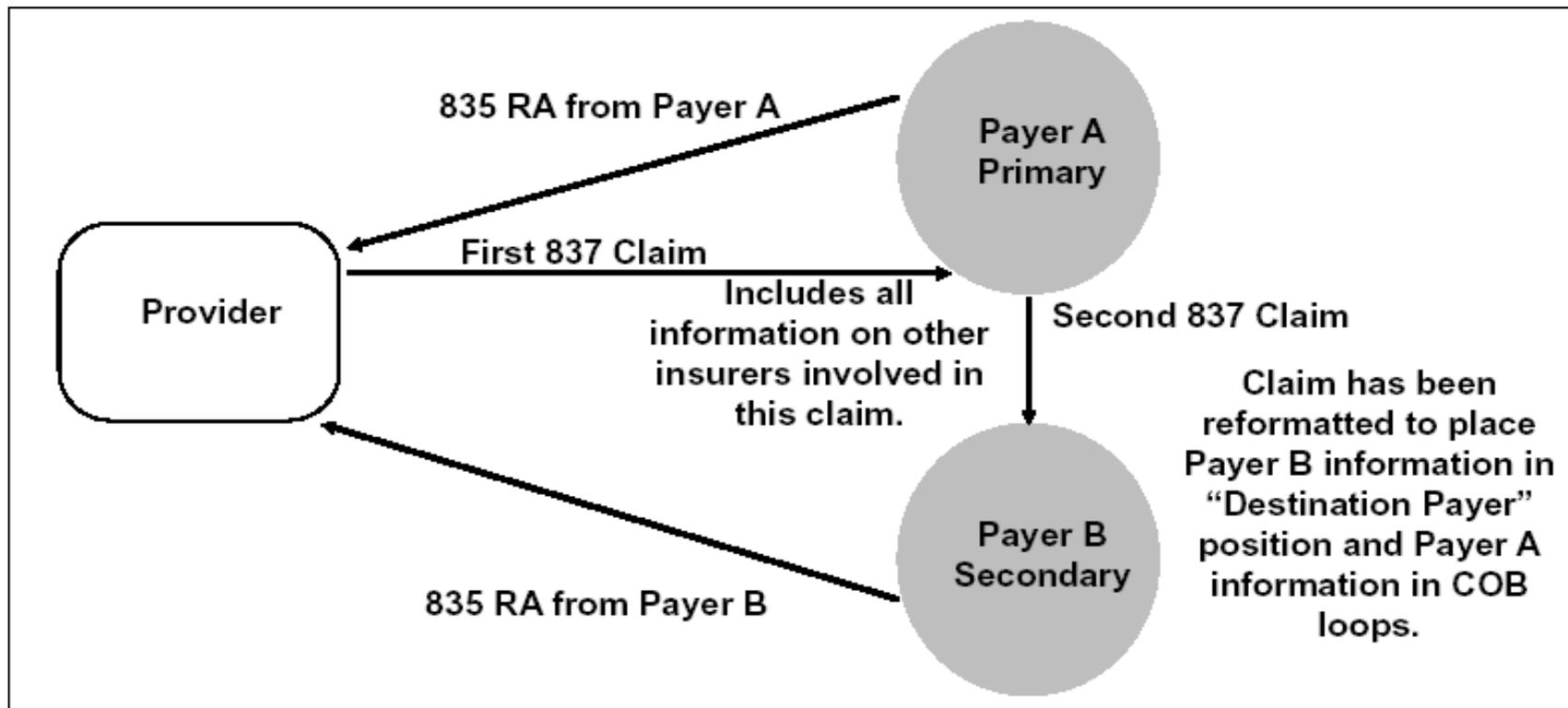
Coordination of Benefits

Model 1 - Provider to Payer to Provider to Payer



Coordination of Benefits

Model 2 — Provider-to-Payer-to-Payer



Coordination of Benefits

ASC X12 Standards

837 Institutional, Professional & Dental

Loop 2320 Other Subscriber Information

Loop 2330B Other Payer Name

Loop 2430 Line Adjudication Information

Loop 2320 Other Subscriber Information

Segments

SBR - To record information specific to the primary insured and the insurance carrier for that insured

CAS - To supply adjustment reason codes and amounts as needed for the entire claim or for a particular service within the claim being paid

AMT – Code Qualifiers indicate the Amount paid as Payer Paid, Patient Responsibility, and other Amounts

Loop 2330B Other Payer Name

Segments

NM1 - To supply the full name of an individual or organizational entity

PER -To supply the full name of an individual or organizational entity

DTP - This segment is required when the payer identified in this iteration of the 2330 loop has previously adjudicated the claim and Loop-ID 2430 (Line Adjudication Information) is not used.

Loop 2430 Line Adjudication Information

Segments

SVD - To convey service line adjudication information for coordination of benefits between the initial payers of a health care claim and all subsequent payers

CAS - To supply adjustment reason codes and amounts as needed for an entire claim or for a particular service within the claim being paid

DTP - To specify any or all of a date, a time, or a time period