

# EDI Support Services

## ***Billing Iowa Medicaid Secondary Payer (MSP) Claims***

For all Iowa Medicaid Trading Partners

### ***X12 837 MSP ANSI Requirements:***

In some situations, another payer or insurer may pay on a patient's claim prior to Medicaid. The first payer is determined by the patient's coverage. There are different conditions that are required when billing these types of claims.

The requirements listed below are **additional** elements required within the Standard HIPAA X12 837.

### **The X12 MSP requirements for X12 837 Claim file:**

#### ***2000B Subscriber Information***

**SBR01:** Has to be an "S" (indicating Secondary)

**SBR09:** Claim Filing Indicator Code

#### ***2320 Other Subscriber Information (Institutional and Professional)***

**SBR01:** Has to be "P" (indicating Primary)

**SBR02:** Individual relationship code

**SBR09:** Claim Filing Indicator Code

**Note:** If the primary insurance is related to Medicare, the SBR09 must indicate MA, MB or 16, in order for the claim to be accepted as a crossover claim.

**AMT:** Coordination of Benefits (COB) Payer Paid Amount (AMT\*D)

#### ***2330A Other Subscriber Name***

**NM1:** Other Subscriber Name

**N3:** Other Subscriber Address

**N4:** Other Subscriber City, State, Zip Code

#### ***2330B Other Payer Name***

**NM1:** Other Payer Name

## ***Frequently Asked Questions***

### ***2430 Line Adjudication Information (Professional Claims Only)***

**SVD:** Line Adjudication Information

**CAS:** Claim Level Adjustments

**CAS01:** Claim Adjustment Group Code

**Provider Discount (Contractual Obligation)**

**Deductible (Patient Responsibility)**

**Coinsurance (Patient Responsibility)**

**CAS02:** Claim Adjustment Reason Code

**Provider Discount (Contractual Obligation)**

**Deductible (Patient Responsibility) Reason Code: 1**

**Coinsurance (Patient Responsibility) Reason Code: 2  
or 3**

**CAS03:** Monetary Amount

**DTP:** Line Check or Remittance Date

DTP\*573