



L.A. Care
HEALTH PLAN

**837 Institutional Inbound Claims (005010X223A2)
5010 COB Companion Guide Version 1.0 Draft**

Effective February 24, 2017

Prepared for LA Care Health Plan and Trading Partners



Document Revision/Version Control

Version	Date	Description
1.0	February 22, 2017	Initial Version

Disclaimer:

“Please note that this guide may be updated based on business necessity which could stem from both internal and external business requirement changes. L.A. Care will promptly notify its providers and trading partners of such changes and update this guide accordingly.”



837 Inbound COB Claims Transaction Specifications

Companion Guide Objective

This Companion Guide provides information about the X12 837 Inbound COB Claims that is specific to L.A. Care, its Providers and its Trading Partners. *Please note, this document provides requirements for COB data that need to be reported on an X12 837 in addition to claim information currently being sent to L.A. Care Health Plan*

Purpose

The purpose of the transaction specifications in this document is to identify L.A. Care specific requirements as they relate to the data segments and elements used in 837 transactions for COB information. The transaction specifications allow for Providers and Trading Partners to understand and populate the data necessary for L.A. Care to most efficiently process inbound claim transactions that have a Co-ordination of Benefit.

This is not intended to replace, duplicate, countermand or contradict any requirement of the associated 005010 HIPAA Implementation Guides.

This Companion Guide is to be used in conjunction with the 5010 Implementation Guide ASC X12N/005010X223A2 – Health Care Claim: X12 837

Implementation Guides are available electronically via the Washington Publishing Co. web site, www.wpc-edi.com.



837 Inbound COB Claims Transaction Specifications

Transaction Specifications for individual data elements are shown in the tables starting on page 4.

Definitions of table columns are as follows:

5010 Loop

This column provides the Implementation Guide's identifier for a data loop within a transaction.

Reference ID

This column carries the Implementation Guide's identifier for a segment or data element within a segment.

Name/Definition

This column further clarifies the 1st two columns by providing the Implementation Guide's Loop, Segment, or Element name.

Codes/Values

Lists L.A. Care preferred/processed codes and values.

L.A. Care Notes/Comments

This column provides additional information specific to L.A. Care and L.A. Care requirements.

Interchange Control Specifications

5010 Loop /Segment	5010 Element	Valid Values	Definition/Format
ISA	ISA01	00	No Authorization Information Present
ISA	ISA03	00	No Security Information present



ISA	ISA05	30	U.S. Federal Tax Identification Number
ISA	ISA06		Trading Partner's Federal Tax ID
ISA	ISA07	30	U.S. Federal Tax Identification Number
ISA	ISA08	954518790	L.A. Care Federal Tax ID
ISA	ISA11	^	
ISA	ISA16	:	The following separator or delimiter values should be used by Trading Partners: Segment Delimiter - "~" Element Delimiter - "*" Composite Component Delimiter (ISA16) - ":"

Functional Group Specifications

5010 Loop /Segment	5010 Element	Valid Values	Definition/Format
GS	GS02		Trading Partner Federal Tax ID
GS	GS03	954518790	L.A. Care Federal Tax ID
GS	GS08	005010X223A2	



REQUIRED COB FIELDS

DESCRIPTION	5010 LOOP	REFERENCE ID	NAME/ DEFINITION	CODES/ VALUES	COMMENTS
Is LA Care Secondary or Tertiary Payer?	2000B	SBR01	S/T		If LA Care is the Secondary Payer use qualifier S ; If LA Care is the Tertiary Payer use qualifier T
Subscriber Group Name	2000B	SBR04		L A CARE HEALTH PLAN	
Payer Name Identification Code Qualifier	2010BB	NM108	PI		LA Care Health Plan Unique Identifier
Payer Name Identification Code	2010BB	NM109		954518790	LA Care Health Plan Federal Tax ID
Claim Charges	2300	CLM02	Total Claim Charge Amount		Total Claim Charge Amount
Other Insurance Subscriber Information	2320	SBR01	P/S		
Claim Adjustment Group Code	2320	CAS01	Claim Adjustment Group Code		
Adjustment	2320	CAS02	Appropriate Adjustment Reason Code		
		CAS03	Monetary Amount		
Deductible	2320	CAS02	1		Dollar value of what the Payers Primary to LA Care Health Plan has considered as deductible
		CAS03	Deductible Amount		



DESCRIPTION	5010 LOOP	REFERENCE ID	NAME/ DEFINITION	CODES/ VALUES	COMMENTS
Co-Insurance	2320	CAS02	2		Dollar value of what the Payers Primary to LA Care Health Plan has considered as Co-Insurance
		CAS03	Co-Insurance		
Co-pay	2320	CAS02	3		Dollar value of what the Payers Primary to LA Care Health Plan has considered as Co-Pay
		CAS03	Co-Pay Amount		
COB Payer Paid Amount	2320	AMT01	D		Dollar value of what the Payers Primary to LA Care Health has paid at the Claim Level
		AMT02	Payer Paid Amount		
COB Total Non-Covered Amount	2320	AMT01	A8		
		AMT02	Non-covered Amount		
Remaining Patient Liability	2320	AMT01	EAF		Dollar value of the remaining patient's responsibility
		AMT02	Other Payer Patient Responsibility Amount		
Claim Adjudication Date	2330B	DTP01	573		Date the Claim was adjudicated by the Payers Primary Insurance
		DTP03	Adjudication or Payment Date		
Service Line Paid Amount	2430	SVD02	Paid Amount by the Primary		Dollar value of what the Payers Primary Insurance has paid at the Service Line Level
		SVD03-1	Product/Service Id Qualifier		
		SVD03-3	Procedure Modifier		
		SVD05	Units of Service		



DESCRIPTION	5010 LOOP	REFERENCE ID	NAME/ DEFINITION	CODES/ VALUES	COMMENTS
Service Line Adjustment Amount	2430	CAS02	Appropriate Adjustment Reason Code		Dollar value of what the Payers Primary to LA Care Health Plan has adjusted at the Service Line Level
		CAS03	Monetary Amount		
Service Line Adjudication Date	2430	DTP01	573		Date the Service Line was adjudicated by the Payers Primary to LA Care Health Plan
		DTP03	Adjudication or Payment Date		

IMPORTANT CONSIDERATIONS WHILE CREATING X12 837

1. Please provide the data under the table [REQUIRED COB FIELDS](#) as applicable on the X12 837
2. Please provide the following mandatory data fields in the X12 837:
 - a. Primary Payer COB Paid date at either Header or Service Line Level for 837P and 837I
 - b. Line Level COB \$ values for 837P and 837I
3. Please do not provide information of Other Payers who are yet to pay for the service lines
 - a. If the Other Payer is primary to LA Care Health Plan, kindly route the claim to the Primary Payer prior to routing the claim to LA Care Health Plan. It is required that every Other Payer mentioned in the X12 837 sent to LA Care contains a valid AMT*D or AMT*EAF segment associated with it.
4. Please report LA Care Health Plan in the 2000B, SBR04 segment as ****L A CARE HEALTH PLAN****