## 4010

The table should be used to help your internal EDI staff and your EDI vendor understand what Centene requires to allow you to submit your secondary claims electronically. If the field segment and loop are not listed below, our system can accept the field but the field is not required for processing of your secondary claims. . If you have any questions, please contact our EDI Help Desk at EDIBA@Centene.com or by calling 1-800-225-2573, extension 25525.

| COB Field Name <br> The below sould come from the primary payer's <br> Explanation of Payment | 837I - Institutional <br> EDI Segment and Loop | 837P - Professional <br> EDI Segment and Loop |
| :--- | :--- | :--- |
| COB Paid Amount | 2400/SVD02 | 2400/SVD02 |
| COB Allowed Amount | If 2320/AMT01 = B6, map AMT02 | If 2320/AMT01 = B6, map AMT02 |
| COB Patient Liability Amount | If 2300/CAS01 = PR, map CAS02 <br> Note: this segment can have <br> occurences. $\quad$ Tibco will valdiate all <br> occurences. | If 2320/AMT01 = F2, map AMT02 |
| COB Discount Amount | CAS02 = 44 (Prompt Pay discount) | If 2320/AMT01 = D8, map AMT02 |
| COB Patient Paid Amount | If 2320/AMT01 = C4, map AMT02 | If 2320/AMT01 = F5, map AMT02 |
| Total Claim Before Taxes Amount | If 2320/AMT01 = T3, map AMT02 | If 2320/AMT01 = T2, map AMT02 |
| COB Claim Adjudication Date | IF 2330B/DTP01 = 573, map DTP03 | IF 2330B/DTP01 = 573, map |
| COB Claim Adjustment Indicator | IF 2330B/REF01 = T4, map REF02 | IF 2330B/REF01 = T4, map REF02 |

## 5010

| COB Field Name <br> The below should come from the primary payer's Explanation of Payment | 8371 - Institutional EDI Segment and Loop | 837P - Professional EDI Segment and Loop | SBR01 = S, then Loop 2320 is used to generate COB |
| :---: | :---: | :---: | :---: |
| COB Paid Amount | If 2320/AMT01=D, MAP AMT02 or 2430/SVD02 | If 2320/AMT01=D, MAP AMT02 or 2430/SVD02 |  |
| COB Total Non Covered Amount | If 2320/AMT01=A8, map AMT02 | If 2320/AMT01=A8, map AMT02 |  |
| COB Remaining Patient Liability | If 2300/CAS01 = PR, map CAS03 Note: Segment can have 6 occurences. Loop2320/AMT01=EAF, map AMT02 which is the sum of all of CASO3 with CAS01 seaments presented with a PR | If 2320/AMT01=EAF, map AMT02 |  |
| COB Patient Paid Amount |  | If 2320/AMT01 = F5, map AMT02 |  |
| COB Patient Paid Amount Estimated | If 2300/AMT01=F3, map AMT02 |  |  |
| Total Claim Before Taxes Amount | If 2400/AMT01 = N8, map AMT02 | If 2320/AMT01 $=$ T, map AMT02 |  |
| COB Claim Adjudication Date | IF 2330B/DTP01 = 573, map DTP03 | IF 2330B/DTP01 = 573, map |  |
| COB Claim Adjustment Indicator | IF 2330B/REF01 = T4, map REF02 | $\begin{aligned} & \text { IF 2330B/REF01 = T4, map REF02 } \\ & \text { with a Y } \end{aligned}$ |  |

Calculations can be required depending on how the Primary Payer paid the services, i.e. either individual service lines or rolled up to a clair Example of that is listed below:
The sum of all line level payment amounts (Loop ID-2430 SVD02) less any claim level adjustment amounts (Loop ID-2320 CAS adjustments) must balance to the claim level payment amount (Loop ID-2320 AMT02).
Expressed as a calculation for given payer: \{Loop ID-2320 AMT02 payer payment $\}=$ \{sum of Loop ID-2430 SVD02 payment amounts\} minus \{sum of Loop ID-2320 CAS adjustment amounts\}.

