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 The below should come from the primary payer's Explanation of Payment	837I - Institutional EDI Segment and Loop	837P - Professional 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 Note: this segment can have 6 occurences. Tibco will valdiate all 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 The below should come from the primary payer's Explanation of Payment	837I - Institutional EDI Segment and Loop	837P - Professional EDI Segment and Loop	
COB Paid Amount	If 2320/AMT01=**D**, MAP AMT02 or 2430/SVD02	If 2320/AMT01=**D**, MAP AMT02 or 2430/SVD02	SBR01 = S, then Loop 2320 is used to generate COB
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 CAS03 with CAS01 segments 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	IF 2330B/REF01 = T4, map REF02 with a Y	

Calculations can be required depending on how the Primary Payer paid the services, i.e. either individual service lines or rolled up to a claim level. 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}.