

INTERACTIVE CMS-1500

Electronic Submission of MSP Information

MSP claims must balance at the Claim Level. The formula is: the sum of the Primary Paid amounts (2430/SVD/02) at the line level MINUS any claim level 2320/CAS amounts must be equal to the claim level Primary Paid amount (2320/AMT/D/02)

2000B, SBR, 01	Payer Responsibility Code	S
2000B, SBR, 02	Relationship Code	18
2000B, SBR, 05	Insurance Type Code	12, 13, 14, 15, 16, 41, 42, 43, 47
2000B, SBR, 09	Claim Filing Indicator Code	MB
2010BA, NM1/IL, 09 (08 = MI)	Subscriber Primary Identifier	Medicare Health Insurance Claim Number (HIC)
2320, SBR, 01 (claim level)	Payer Responsibility Code	P
2320, SBR, 02	Relationship Code	Refer to IG for values.
2320, SBR, 03	Group or Policy Number	Free Format
2320, SBR, 09	Claim Filing Indicator Code	Refer to IG for values.
2320/AMT/EAF (claim level)	Remaining Patient Liability	
2430/AMT/EAF (line level)	Remaining Patient Liability: If provided at the line level, you must not provide at claim level.	
2320, CAS, 01 (claim level)	Claim Adjustment Group Code: The CAS segment is Situational and is used to provide adjustments made to the claim by the Primary Payer. See 'Rules for Usage of MSP Amount' For additional information.	CO, CR, OA, PI, PR
2320, CAS, 02, 05, 08, 11, 14 and 17	Claim Adjustment Reason Code: The CAS segment is Situational and is used to provide adjustments made to the claim by the Primary Payer. See 'Rules for Usage of MSP Amounts' For additional information.	See listing of valid codes at www.wpc-edi.com

INTERACTIVE CMS-1500

2320, CAS, 03	Monetary Amount: The CAS segment is Situational and is used to provide adjustments made to the claim by the Primary Payer. See 'Rules for Usage of MSP Amounts' For additional information.	Numeric
2320, AMT/D, 02 (claim level)	Payer Paid Amount (Primary Payer paid amount): (Required) This is the claim level paid amount. This element is always required at the claim level when billing MSP.	Numeric
2320, OI, 03	Assignment of Benefits Indicator	Y
2320, OI, 04	Patient Signature Source Code	P
2320, OI, 06	Release of Information Code	I, Y
2330A, NM1/IL, 01	Entity Identifier Code	IL
2330A, NM1/IL, 02	Entity Type Qualifier	1
2330A, NM1/IL, 03	Subscriber Last Name	Free Format
2330A, NM1/IL, 04	Subscriber First Name	Free Format
2330A, NM1/IL, 08	Identification Code Qualifier	MI
2330A, NM1/IL, 09	Other Subscriber Primary Identifier	Free Format
2330B, NM1/PR, 01	Entity Identifier Code	PR
2330B, NM1/PR, 02	Entity Type Qualifier	2
2330B, NM1/PR, 03	Other Payer Name	Free Format
2330B, NM1/PR, 08	Identification Code Qualifier	PI

INTERACTIVE CMS-1500

2330B, NM1/PR, 09	Other Payer Primary Identifier: Must match the Other Primary Payer Identification Code given in 2430/SVD/01.	Free Format NOTE: Must match value in any 2430/SVD/02 element.
2430, SVD, 01 (service line)	Paid Amount (Primary Payer paid amount): (Required) This is the service line level paid amount. The paid amount must be given at the claim level, and at the service line level. See 'Rules for usage of MSP amounts' for additional information.	Numeric
2430, SVD, 02 (service line)	Paid Amount (Primary Payer paid amount): (Required) This is the service line level paid amount. The paid amount must be given at the claim level, and at the service line level. See 'Rules for usage of MSP amounts' for additional information.	Numeric
2430, CAS, 01 (service line level)	Claim Adjustment Group Code: The CAS segment is Situational and is used to provide adjustments made to the claim by the Primary Payer. See 'Rules for Usage of MSP Amounts' for additional information.	CO, CR, OA, PI, PR
2430, CAS, 02	Claim Adjustment Reason Code: The CAS segment is Situational and is used to provide adjustments made to the claim by the Primary Payer. See 'Rules for Usage of MSP Amounts' for additional information.	See listing of valid codes at www.wpc-edi.com
2430, CAS, 03	Monetary Amount: The CAS segment is Situational and is used to provide adjustments made to the claim by the Primary Payer. See 'Rules for Usage of MSP Amounts' for additional information.	Numeric
2430, DTP/573, 01	This segment is required when billing MSP claims.	573
2430, DTP/573, 02	Line Check or Remittance Date: (Required) If Loop 2430 is being used, both the SVD and the DTP/573 segment must be included	D8
2430, DTP/573, 03		Enter the Adjudication or Payment Date.