Example 1.

FFS. CN1 not present
Other Payer = Health Plan

For Purposes of this example:

Health Plan	Arizona Medicaid Health Plan	
Heath Plan ID	123456	
Health Plan TSN	123	
Input Mode	2	(New Day Submission)

Billing provider is the rendering provider.

ISA Interchange Header

```
ISA*00*          *00*          *ZZ*AHA863456789  *ZZ*AHCCCS866004791*040122*1215*U*00401*000000001*1*T|
```

GS Functional Group Header

```
GS*HC*AHA123456*AHCCCS866004791*20040122*1215*123456789*X*00401X097A1
```

ST Transaction Set Header

```
ST*837*0001
```

BHT Beginning of Hierarchical Transaction

```
BHT*0019*00*0001*20040215*1215*RP
```

REF Transmission Type Identification

```
REF*87*004010X097DA1
```

Loop ID - 1000A Submitter Name

```
NM1*41*2*ARIZONA MEDICAID HEALTH PLAN*****46*1234561232
PER*IC*STORMY APPIH*TE*7012776836*TE*7012821532*FX*7012821002
```

Loop ID - 1000B Receiver Name

```
NM1*40*2*AHCCCS*****46*866004791
```

Begin Claim 1

Loop ID - 2000A Billing Pay-To Provider Hierarchical Level

```
HL*1**20*1
```

Loop ID - 2010AA Billing Provider Name

This is the name/information of who was paid for the service and also provided the service.

```
NM1*85*1*HANDS*MANNY*DELONG***24*997326099          24 = EIN
N3*3-1120 HWY 54 STE D
N4*HUE*AZ*86766
REF*1D*23456701                                     AHCCCS Provider ID
```

Loop ID - 2000B Subscriber Information

```
HL*2*1*22*0
SBR*S*18****1***MC
```

Loop ID - 2010BA Subscriber Name

```
NM1*IL*1*JAMES*JESSE****MI*A12345678
N3*PO BX 1584
N4*HUE*AZ*85014
DMG*D8*19600803*M
```

Loop ID - 2010BB Payer Name (destination payer)

```
NM1*PR*2*AHCCCS*****PI*866004791
```

Loop ID - 2300 Claim Information

```
CLM*33120532*48***11::1*Y*A*N*Y        Total Charges Billed this claim: $48.00
DTP*472*D8*20030202
DN2*11*M
DN2*2*M
AMT*F5*1
```

Loop ID - 2320 Other Subscriber Information

In this example, the Other Payer will be the Health Plan.

```
SBR*P*18*******MC                    Primary Other Payer Loop – for this example, the Health Plan
AMT*D*48                             COB Payer Paid Amount
AMT*B6*48                            COB Allowed Amount
AMT*F2*1
DMG*D8*19600803*M
OI***Y***Y
```

Loop ID - 2330A Other Subscriber Name

```
NM1*IL*1*JAMES*JESSE****MI*012345678
N3*PO BX 1584
N4*HUE*AZ*85014
```

Loop ID - 2330B Other Payer Name

```
NM1*PR*2*ARIZONA MEDICAID HEALTH PLAN*****PI*1234561232   Primary Other Payer, Health Plan
REF*F8*20030412001B667755                                 Health Plan Claim Number
```

Loop ID - 2400 Service Line

```
LX*1
SV3*AD:D1110*48**10**1          Provider billed amount
TOO*JP*27*B:D
DTP*472*D8*20030202             DOS
REF*6R*1
AMT*AAE*48                      Health Plan Approved Amount
```

Loop ID - 2430 Line Adjudication Information

```
SVD*1234561232*48*AD:D1110**1                Payments made by the Health Plan
DTP*573*D8*20030602                          Health Plan Claim Adjudication Date
```

End Claim 1

SE Transaction Set Trailer

```
SE*43*0001
```

GE Functional Group Trailer

```
GE*1*123456789
```

IEA Interchange Control Trailer

```
IEA*1*000000001
```