Example 2.

Multi-Payer Payments, 2320 level CAS segments, no 2430 Line Adjudication Information

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 not the rendering provider.

ISA Interchange Header

```
ISA*00*          *00*          *ZZ*AHA863456789   *ZZ*AHCCCS866004791*031130*1215*U*00401*100010042*1*T|
```

GS Functional Group Header

```
GS*HC*AHA123456*AHCCCS866004791*20031130*1215*2*X*00401X096A1
```

ST Transaction Set Header

```
ST*837*0002
```

BHT Beginning of Hierarchical Transaction

```
BHT*0019*00*0002*20031130*1215*RP
```

REF Transmission Type Identification

```
REF*87*004010X096DA1
```

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.

```
NM1*85*2*ABC HOSPITAL CENTER*****24*999099998        24 = EIN
N3*2435 WEST HWY 54 STE B
N4*HUE*AZ*85014
REF*1D*11122333
```

Loop ID - 2000B Subscriber Information

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

Loop ID - 2010BA Subscriber Name

```
NM1*IL*1*DOE*JOHN****MI*A12345678
N3*PO BX 1584
N4*HUE*AZ*85014
DMG*D8*19470514*M
```

Loop ID - 2010BC Payer Name (destination payer)

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

Loop ID - 2300 Claim Information

```
CLM*TEST OTHER PAYER 1*10000***11:A:1*Y*A*Y*Y*********N     Total Charges Billed this claim
DTP*096*TM*1500
DTP*434*RD8*20020411-20020416                              Statement Dates
DTP*435*DT*200204111600                                    Admission Date/Hour
CL1*1*7*01
REF*EA*87323301                                            Medical Record Number
HI*BK:29633*BJ:29650                                       Primary Diagnosis
HI*BF:40391*BF:78039
HI*BH:42:D8:20030421
QTY*CA*7*DA
```

Loop ID - 2310A Attending Physician Name

```
NM1*71*1*MARS*JUPITER****24*034567899
REF*1D*123456
```

Loop ID - 2320 Other Subscriber Information (Loop 1)

Health Plan Other Payer Loop.

```
SBR*T*18*******MC                    Tertiary Other Payer Loop-for this example, the Health Plan
CAS*CO*42*2999.44**44*.5             CO = Contractual Obligation (regulatory requirement-tier
                                     payment)
                                     42 = Charges exceed fee schedule
                                     44 = Prompt-pay discount
CAS*OA*23*5000                       OA = Other Adjustments
                                     23 = Payment adjusted - charges paid by another payer
AMT*C4*200                           Health Plan Paid Amount
AMT*B6*7000                          Health Plan Allowed Amount
DMG*D8*19470514*M
OI***Y***A
```

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   Tertiary Other Payer, Health Plan
DTP*573*D8*20031103                                       Health Plan Claim Paid Date
REF*F8*20030412001B667755                                 Health Plan Claim Number
```

Loop ID - 2320 Other Subscriber Information (Loop 2)

```
SBR*S*18*******CI                    Secondary Other Payer Loop
CAS*CO*42*3000                       CO = Contractual Obligation (regulatory requirement - tier
                                     payment)
                                     42 = Charges exceed fee schedule
CAS*OA*23*2000                       OA = Other Adjustments
                                     23 = Payment adjusted - charges paid by another payer
CAS*PR*2*2000                        PR = Patient Responsibility
                                     2  = Coinsurance Amount
AMT*C4*3000                          Other Payer Paid Amount
AMT*B6*7000                          Other Payer Allowed Amount
DMG*D8*19470514*M
OI***Y***A
```

Loop ID - 2330A Other Subscriber Name

```
NM1*IL*1*JAMES*JESSE****MI*000000002
N3*PO BX 1584
N4*HUE*AZ*85014
```

Loop ID - 2330B Other Payer Name

```
NM1*PR*2*OTHER PAYER 2*****PI*OTHPAY2   Other Payer 2
DTP*573*D8*20031003                     Claim Paid Date
REF*F8*OTHER PAYER 1 REF                Claim Number
```

Loop ID - 2320 Other Subscriber Information (Loop 3)

SBR*P*18*******CI	Primary Other Payer Loop
CAS*CO*42*4000**44*2000	CO = Contractual Obligation (regulatory requirement – tier payment) 42 = Charges exceed fee schedule 44 = Prompt-pay discount
CAS*PR*1*2000**2*1000	PR = Patient Responsibility 1 = Deductible Amount 2 = Coinsurance Amount
AMT*C4*2000	Other Payer Paid Amount
AMT*B6*6000	Other Payer Allowed Amount
DMG*D8*19470514*M	
OI***Y***A	

Loop ID - 2330A Other Subscriber Name

NM1*IL*1*JAMES*JESSE****MI*111222333
N3*PO BX 1584
N4*HUE*AZ*85014

Loop ID - 2330B Other Payer Name

NM1*PR*2*OTHER PAYER 1*****PI*OTHPAY1	Other Payer 1
DTP*573*D8*20030903	Claim Paid Date
REF*F8*OTHER PAYER 2 REF	Claim Number

Loop ID - 2400 Service Line (Loop 1)

LX*1	
SV2*0124**7000*DA*7*1000	Daily Rate

Loop ID - 2400 Service Line (Loop 2)

LX*2
SV2*0230**1000*UN*1

Loop ID - 2400 Service Line (Loop 3)

LX*3
SV2*0250**500*UN*63

Loop ID - 2400 Service Line (Loop 4)

LX*4
SV2*0300**500*UN*7

End Claim 1

SE Transaction Set Trailer

SE*81*0002

GE Functional Group Trailer

GE*1*2

IEA Interchange Control Trailer

IEA*1*100010042