



# Infinedi

## ANSI Secondary Companion Guide

Loop	Segment Name	Details
2300	Claim Level - Total Submitted Charges	CLM02 must be equal to sum of all service line items.
2320	Claim Level - Deductible Amount	CAS Claim Level Total Deductible - Dollar Amount, with CAS01=PR and CAS <a href="#">Claim Adjustment Reason Code</a> = 1 <b>NOTE:</b> Report line item adjudication information if provided by primary payer
2320	Claim Level - Co-Insurance or Co-Payment Amount	CAS Claim Level Total Co-Ins or Co-Pay - Dollar Amount, CAS01=PR and CAS <a href="#">Claim Adjustment Reason Code</a> = 2 or 3
2320	Claim Level Primary Payer Paid Amount	AMT02, where AMT01=D. (D is paid amount)
2320	Claim Level Primary Payer Allowed Amount	AMT02, where AMT01=B6. (B6 is approved amount)
2320	Claim Level Primary Payer Discount Amount	CAS Service Line Reduced - Dollar Amount CAS01=CO+ <a href="#">Claim Adjustment Reason Code</a>
2400	Line Level Submitted Charge	SV102, Service Line Charge - Dollar Amount
2400	Line Level Primary Payer Allowed Amount	Service Line Allowed - Dollar Amount AMT02, where AMT01=AAE. <b>NOTE:</b> Report line adjudication information if provided by primary payer.
2430	Line Level Primary Payer Paid Amount	SVD02. Service Line Paid - Dollar Amount <b>NOTE:</b> Report line adjudication information if provided by primary payer.
2430	Line Level Deductible Amount	CAS Service Line Deductible - Dollar Amount CAS01=PR and CAS <a href="#">Claim Adjustment Reason Code</a> = 1 <b>NOTE:</b> Report line adjudication information if provided by primary payer.

Loop	Segment Name	Details
2430	Line Level Co-Insurance or Co-Payment Amount	CAS Service Line - Dollar Amount, CAS01=PR and CAS <a href="#">Claim Adjustment Reason Code</a> = 2 or 3 <b>NOTE:</b> Report line item adjudication information if provided by primary payer
2430	Line Level Primary Payer Discount Amount	CAS Service Line Reduced- Dollar Amount, CAS01 = CO + <a href="#">Claim Adjustment Reason Code</a> = 2 or 3 <b>NOTE:</b> Report line item adjudication information if provided by primary payer

Claim Level Example	Line Level Example
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#### Claim Information

2300 CLM CLM\*27456-1-6\*275\*\*\*11>>1\*Y\*A\*Y\*Y\*B~  
 2300 DTP DTP\*454\*D8\*20091119~  
 2300 DTP DTP\*431\*D8\*20091116~  
 2300 REF REF\*9F\*734694  
 2300 HI HI\*BK>7242\*BF>71946~

#### Other Subscriber Information

D= Paid amount (Sum of all SVD-02's on Service Lines - see Loop 2430)  
 B6= Approved Amount (Sum of all AAE's on Service Lines- See Loop 2430)

2320 SBR SBR\*P\*18\*NONE\*PHP\*OT\*\*\*\*BL~  
 2320 AMT AMT\*D\*101.64~  
 2320 AMT AMT\*B6\*127.05~  
 2320 DMG DMG\*D8\*19370206\*F~  
 2320 OI OI\*\*\*\*Y\*B\*\*A~

#### Service Lines

**For claims to balance and pass payer edits:**  
 PT Resp CAS PR + Paid Amount SVD -02 + Contractual Obligation CAS CO = Service Line Charge SV 1

Approved Amount AAE + Contractual Obligation CAS CO = Service Line Charge SV1

2400 LX LX\*1~  
 2400 SV1 SV1\*HC>97110>GP\*240\*UN\*4\*\*\*1?2~  
 2400 DTP DTP\*472\*D8\*20091210~  
 2400 REF REF\*6R\*27456-1-6-1~  
 2400 AMT AMT\*AAE\*122.12~  
 2430 SVD SVD\*31478\*97.70\*HC>97110>GP\*\*4\*1~  
 2430 CAS CAS\*CO\*45\*117.88~  
 2430 CAS CAS\*PR\*2\*24.42~  
 2430 DTP DTP\*573\*D8\*20100304~  
 2400 LX LX\*2~  
 2400 SV1 SV1\*HC>97010>GP\*35\*UN\*1\*\*\*1>2~  
 2400 DTP DTP\*472\*D8\*20091210~  
 2400 REF REF\*6R\*27456-1-6-2~  
 2400 AMT AMT\*AAE\*4.93~  
 2430 SVD SVD\*31478\*3.94\*HC>97010>GP\*\*1\*2~  
 2430 CAS CAS\*CO\*45\*30.07~  
 2430 CAS CAS\*PR\*2\*0.99~  
 2430 DTP DTP\*573\*D8\*20100304~