

MMIS POSC Job Aid: Institutional Claim Submission to MassHealth with Coordination of Benefits Information

This job aid reviews the process of submitting an electronic Institutional claim in the Provider Online Service Center (POSC). For specific billing information, providers should reference the relevant billing guides, available at www.mass.gov/masshealthpubs (click the Provider Library to access a specific guide).

The instructions contained in this job aid describe the steps providers should follow to report Coordination of Benefits (COB) information on their Institutional direct data entry (DDE) claim submission to MassHealth when Medicare and/or a commercial insurer has adjudicated the claim. These instructions supplement the instructions found in the *Institutional Claim Submission with MassHealth* job aid. Providers should follow the instructions described in the *Institutional Claim Submission with MassHealth* job aid, and then refer to this job aid when reporting COB information on the claim. POSC job aids can be found on the web by clicking [here](#).

COB DATA ENTRY REQUIREMENTS FOR INSTITUTIONAL CLAIMS

For inpatient and nursing facility room and board claims, enter the COB information on the **Coordination of Benefits** tab on the following panels:

- **Coordination of Benefits (COB) Detail; and**
- **List of COB Reasons.**

Do not repeat this information on the **Procedure** tab.

For Institutional claims that are not inpatient or nursing facility room and board claims, enter the COB information on the **Coordination of Benefits tab** on the **Coordination of Benefits (COB) Detail panel**. Do not enter information on the **List of COB Reasons** panel. From the **Procedure tab**, enter detail cob information on the **COB Line Item Details** and **COB Reason Detail** panels.

COB BALANCING FOR INSTITUTIONAL CLAIMS

Claim Billed Amount Balancing - For inpatient and nursing facility room and board claims, for each payer reported in the claim, the sum of the payer paid amount and HIPAA-adjustment amounts entered on the **Coordination of Benefits** tab should balance to the **Total Charges** entered on the **Billing and Services** tab.

COB Payer Paid Amount Balancing - For Institutional claims that are not inpatient or nursing facility room and board, the total COB Payer Paid Amount entered on the **Coordination of Benefits** tab must balance to the sum of all the service line other insurance payer paid amounts entered on the **List of COB Line Items** panel in the **Procedure** tab minus the claim level HIPAA adjustment amounts entered on the **Coordination of Benefits** tab.

Service Line Billed Amount Balancing - For Institutional claims that are not inpatient or nursing facility room and board, for each payer occurrence of the service line adjudication information, the provider billed amount on the service line entered on the **Procedure** tab should balance to the sum of the service line other insurance payer paid amount and service line HIPAA-adjustment amounts entered on the **Procedure** tab.

For Institutional claims that are not inpatient or nursing facility room and board, the **same** HIPAA-adjustment reason codes and amounts cannot be entered on both the **Coordination of Benefits** tab and **Procedure** tab.

REMITTANCE DATE

The **Remittance Date** is critical for COB claims adjudication. The **Remittance Date** cannot be entered on both the **Coordination of Benefits** and **Procedure** tabs. For inpatient and nursing facility room and board claims enter the **Remittance Date** on the **Coordination of Benefits** tab and do not enter on the **Procedure** tab. For claims that are not inpatient or nursing facility room and board, enter the **Remittance Date** on the **Procedure** tab and do not enter on the **Coordination of Benefits** tab.

On the Coordination of Benefits Tab

On the **List of Coordination of Benefits (COB)** panel:

1. Click **New Item**. The **Coordination of Benefits (COB) Detail** panel displays.

On the **Coordination of Benefits (COB) Detail** panel:

2. In the **Carrier Code** field, enter the other insurance carrier code. For a Medicare claim submission, enter **0084000**.
 3. In the **Carrier Name** field, enter the other insurance carrier name.
 4. In the **Remittance Date** field, enter the remittance date for inpatient and nursing facility room and board claims only. Do not enter a remittance date for claims that are not inpatient or nursing facility room and board.
 5. In the **Payer Claim number** field, enter the other insurance claim number.
 6. In the **Payer Responsibility** field, select the appropriate code from the drop-down list.
 7. In the **COB Payer Paid Amount** field, enter the amount paid by the other insurance.
 8. Do not enter a value in the **Total Noncovered Amount** field. The total noncovered amount should only be entered for authorized TPL exception billing. Refer to supplemental instructions in your provider manual appendix for conditions for which this field may be used.
 9. Do not enter a value in the **Remaining Patient Liability** field. This is not a required field and is not necessary for claims adjudication.
 10. In the **Claims Filing Indicator** field, select the appropriate code from the drop-down list.
 11. In the **Release of Information** field, select the appropriate code from the drop-down list.
 12. In the **Assignment of Benefits** field, select the appropriate code from the drop-down list.
 13. In the **Relationship to Subscriber** field, select the appropriate code from the drop-down list.
 14. If you selected "**18 – SELF**" from the "**Relationship to Subscriber**" drop-down list, then click "**Populate Subscriber**." The following data fields that have been entered on the "**Billing and Service**" tab will be populated.
 - Subscriber Last Name
 - Subscriber First Name
 - Subscriber Address
 - Subscriber City
 - Subscriber State
 - Subscriber Zip Code
- If you select any other value from "**Relationship to Subscriber**" drop down list, you must enter the following required fields.
- Subscriber Last Name
 - Subscriber First Name
15. In the **Subscriber ID** field, enter the other insurance subscriber ID number.

COB Reasons Detail Panel

For inpatient and nursing facility room and board claims, complete this panel. Do not repeat this information on the **Procedure** tab.

For Institutional claims that are not inpatient or nursing facility room and board, data is entered only when there is a HIPAA-adjustment amount applied to the entire claim that cannot be distributed at the service lines. This amount cannot be entered on both the **Coordination of Benefits** tab and the **Procedure** tab.

On the **List of COB Reasons** panel:

16. Click **New Item**. The **COB Reasons Detail** panel displays.

On the **COB Reasons Detail** panel:

17. In the **Group Code** field, select the appropriate code identifying the category of payment adjustment from the drop down list.

18. In the **Amount** field, enter the adjustment amount associated with the group/reason code.

19. In the **Unit of Service** field, enter the units of service being adjusted.

20. In the **Reason** field, enter the reason code identifying the detailed reason the adjustment was made.

21. Click **Add** to save COB Reasons Detail.

Note: To report additional COB Reasons, repeat steps 16-21.

22. Click **Add** on the **Coordination of Benefits (COB) Detail Information** panel to save the COB information.

Note: To report multiple payers, click **New Item** on the **List of Coordination of Benefits** panel, then repeat steps 1-22.

On the Procedure Tab

On the **Procedure** tab:

23. Click **New Item**.

Enter Institutional Service Detail Panel

Providers should follow the instructions described in *Institutional Claim Submission with MassHealth* job aid to complete the **Institutional Service Detail** panel. Then continue with the following steps.

For Institutional claims that are not inpatient or nursing facility room and board, the detail COB information must be entered on the **COB Line Item Details** panel and the **COB Reasons Detail** panel.

On the **List of COB Line Items** panel:

24. Click **New Item**. The **COB Line Item Details** panel displays.

On the **COB Line Details** panel:

25. In the **Carrier Code** field, carrier code will populate with what has been entered on the **"Coordination of Benefits"** tab. If there are multiple carrier codes, select the appropriate code from the drop down list.

COB Line Details Panel (continued)

26. In the **Bundled into Line number** field, enter the line number only when the other insurance has bundled or unbundled payment for a set of services.
27. In the **Remittance Date** field, enter the other insurance remittance date for all claims that are not inpatient or nursing facility room and board.
28. In the **Paid Amount** field, enter the amount paid by the other insurance.
29. In the **Paid Units of Service** field, enter the number of paid units.
30. In the **Revenue Code** field, enter the appropriate revenue code.
31. Do not enter a value in the **Remaining Patient Liability** field. This is not a required field and is not necessary for claims adjudication.
32. In the **Procedure Code** field, enter the procedure code associated with the revenue code if applicable.
33. In the **Modifier** fields, enter the modifiers associated with the procedure code if applicable.

On the **List of COB Reasons** panel:

34. Click **New Item**. The **COB Reasons Detail** panel displays.

On the **COB Reasons Detail** panel:

35. In the **Group Code** field, select the appropriate code identifying the category of payment adjustment from the drop-down list.
36. In the **Amount** field, enter the adjustment amount associated with the group/reason code.
37. In the **Units of Service** field, enter the units of service being adjusted.
38. In the **Reason** field, enter the reason code identifying the detailed reason the adjustment was made.
39. Click **Add** to save **COB Reasons Detail**.
Note: To report additional COB Reasons, repeat Steps 34-39.
40. Click **Add** again to save the **COB Line Details**.
Note: To report multiple payers, repeat steps 24-41.
41. Click **Add** again to save the **Institutional Service Detail** panel information.
Note: Refer to the *Institutional Claim Submission with MassHealth* job aid to complete a claim submission.