



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services



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**UPDATE**

August 29, 2018

HSN ALL-BU-2 V2

**~~Effective for claims submitted on or after September 15, 2018 Partial claims missing information will be denied.~~**

**UPDATE: Effective for claims submitted on or after January 1, 2019 Partial claims missing information will be denied.**

**As a result of input from Providers, please note that the effective fatal edit for the below requirements has been postponed until January 1, 2019.**

Partial HSN requirements 837I and 837P

**HSN 837P Partial Claims Inpatient and Outpatient (updates highlighted below):**

Required with Plan Name of Partial Data Elements of:

- Patient Paid Amount Code (Loop 2300 AMT01) = F5, and
- Patient Paid Amount (Loop2300 AMT02) >=0, and
- Terms Discount (Loop 2300 K3) = MAHSN20\$####.## OR MAHSN100

For 837P claims, providers should report remaining HSN Deductible Amount **that has yet to be paid** by a patient on the Terms Discount (Loop 2300 K3) segment using the following:

If patient has not met their HSN deductible, please report **MAHSN20\$####.##**

**OR**

If a patient has met their HSN deductible, please report **MAHSN100**.

**Denial and Warning Edit will indicate the following message:**

Partial Claim missing required reporting data elements

### **HSN 837I Partial Claims:**

Required with Plan Name of Partial Data Elements of:

- Value Code Information Qualifier Code (Loop 2300 HI##-01) = BE and
- Value Code Information Code (Loop 2300 HI##-02) = FC and <-Patient Prior payments
- Value Code Information Amount (Loop 2300 HI##-05)>=0, and
- Value Code Information Qualifier Code (Loop 2300 HI##-01) = BE and
- Value Code Information Qualifier Code (Loop 2300 HI##-02) = D3 and <-Estimated Responsibility Patient
- Value Code Information Amount (Loop 2300 HI##-05)>=0

For 837I claims, providers should report remaining HSN Deductible Amount that has yet to be paid by a patient using Value Code D3. If a patient has met their HSN deductible, Value Code D3 should be reported as 0.

Any Patient Paid Amount should be reported using Value Code FC.

**Denial and Warning Edit will indicate the following message:**

Partial Claim missing required reporting data elements

NOTE: This Billing Update is a clarification on Partial Elements that have been posted on the HSN Billing Guide Dated June 25, 2012