MMIS POSC Job Aid: Supplemental Instructions for Reporting Coordination-of-Benefits (COB) Information on Professional Direct Data Entry (DDE) Claim Submissions When Third-Party Insurance Has Adjudicated the Claim

This job aid describes the steps that providers should follow to report coordination of benefits (COB) information on their professional direct data entry (DDE) claim submission to MassHealth when Medicare or a commercial insurer has adjudicated the claim. These instructions supplement the instructions found in the ***Professional Claim Submission with MassHealth*** job aid. Providers should follow the instructions described in the ***Professional Claim Submission with MassHealth*** job aid, and then come back to this job aid when reporting COB information on the claim. Providers can find Provider Online Service Center (POSC) job aids on the web here.

For specific billing information, providers should reference the relevant billing guides available at www.mass.gov/eohhs/gov/laws-regs/masshealth/provider-library/ (click MassHealth Billing Guides for Paper Claim Submitters to access a specific guide).

COB DATA ENTRY REQUIREMENTS FOR PROFESSIONAL CLAIMS

Enter the COB information from the **Coordination of Benefits** tab on the **Coordination of Benefits (COB) Detail** panel. Do not enter information on the **List of COB Reasons** panel. On the **Procedure** tab, enter detail information on the **COB Line Item Details** and **COB Reason Detail** panels.

COB BALANCING

COB Payer Paid Amount Balancing—For each payer reported on the claim, the total COB Payer Paid Amount entered on the **Coordination of Benefits** tab must balance to the sum of all the service line other Payer Paid Amounts entered on the **List of COB Line Items** panel in the **Procedure** tab. (See Balancing Examples **1** and **2** on pages 5-10

If there is a HIPAA Adjustment Amount that a payer has applied to the entire claim that cannot be distributed at the service lines, the total COB Payer Paid Amount entered on the **Coordination of Benefits** tab must balance, for each payer reported on the claim, to the sum of all the service line other 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. (See Balancing Example **3** on pages 11-12

Service Line Billed Amount Balancing—For each payer reported on the claim, the sum of the service line other Payer Paid Amount and service line HIPAA Adjustment Amounts entered on the **Procedure** tab should balance to the Provider Billed Amount for the service line entered on the **Procedure** tab. (See Balancing Examples **1** and **2** on pages 5-10.)

You cannot enter the **same** HIPAA Adjustment Reason Codes and Amounts on both the **Coordination of Benefits** and **Procedure** tabs.

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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. Enter the **Remittance Date** on the **Procedure** tab and not 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.
3. In the **Carrier Name** field, enter the other insurance carrier name.
4. Do not enter a value in the **Remittance Date** field
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. Enter the total noncovered amount only 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.

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COB Reasons Detail Panel

Data is entered on this panel only when there is a HIPAA Adjustment Amount applied to the entire claim that cannot be distributed at the service lines. You cannot enter this amount on both the **Coordination of Benefits** and the **Procedure** tabs, or a COB balancing error may occur.
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 **Reason** field, enter the reason code identifying the detailed reason that the adjustment was made.
20. In the **Unit of Service** field, enter the units of service being adjusted.
21. Click **Add** to save the **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, and repeat steps 1–22.

On the Procedure Tab

On the **Procedure** tab:

23. Click **New Item**.

Enter Professional Services Detail Panel

Providers should follow the instructions described in ***Professional Claim Submission with MassHealth*** job aid to complete the **Professional Services Detail** panel. Then continue with the following steps. You must enter detailed COB information 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, the 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.

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Enter Professional Services Detail Panel (cont.)

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 payment date.
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. Do not enter a value in the **Remaining Patient Liability** field. This is not a required field and is not necessary for claims adjudication.
31. In the **Procedure Code** field, enter the appropriate procedure code.
32. In the **Modifier** fields, enter the modifiers associated with the procedure code if applicable.
33. In the **Prior Authorization number** field, enter the appropriate authorization number if applicable. This is not a required field and is not necessary for claims adjudication.
34. In the **Referral number** field, enter the appropriate referral number if applicable. This is not a required field and is not necessary for claims adjudication.

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

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

On the **COB Reasons Detail** panel:

36. In the **Group Code** field, select the appropriate code identifying the category of payment adjustment from the drop-down list.
37. In the **Amount** field, enter the adjustment amount associated with the group/reason code.
38. In the **Reason** field, enter the reason code identifying the detailed reason the adjustment was made.
39. In the **Units of Service** field, enter the units of service being adjusted.
40. Click **Add** to save **COB Reasons Detail**.
    Note: To report additional COB Reasons, repeat Steps 35–40.
41. Click **Add** again to save the **COB Line Details**.
    Note: To report multiple payers, repeat steps 24–42.
42. Click **Add** again to save the **Professional Services Detail** panel information.
    Note: Refer to the ***Submit a Professional Claim with MassHealth*** job aid to complete a claim submission.

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COB Balancing Examples (*for reference purposes only*)

Example 1: Professional Claims—Single Payer

COB Payer Paid Amount Balancing calculations for this example:

The sum of the other Payer Paid Amounts for detail line 1 ($22.00) and detail line 2 ($4.00) balance to the total other Payer Paid Amount on the COB tab ($26.00).

Service Line Billed Amount Balancing calculations for this example:

- Service line 1—The sum of the other Payer Paid Amount ($22.00) and the service line HIPAA Adjustment Amounts ($68.00 + $10.00=$78.00) equals the Provider Billed Amount for the service line ($100.00).
- Service line 2—The sum of the other Payer Paid Amount ($4.00) and the service line HIPAA Adjustment Amounts ($58.00 + $2.00=$60.00) equals the Provider Billed Amount for the service line ($64.00).

Coordination of Benefits Tab

- List of Coordination of Benefits (COB) panel

Data Field	Value	Reference
Carrier Code	0085000	Carrier code for primary payer from Appendix C of provider manual
Carrier Name	Medicare B	Name of primary payer
COB Payer Paid Amount	$26.00	Total of all other payer payments

Example 1 continued

Procedure Tab

- Service Detail Line #1—Billed amount $100.00
- List of COB Line Items Detail panel
- COB Line Details panel

Data Field	Value	Reference
Carrier Code	0085000	Carrier code for primary payer from Appendix C of provider manual
Remittance Date	MM/DD/YYYY	Date of primary payer's adjudication (EOB date)
Paid Amount	$22.00	Primary payer's paid amount associated with detail line

- List of COB Reasons Detail Panel

Data Field	Value	Reference
Group Code	CO	Group code "CO" represents contractual obligation
Reason	45	HIPAA CARC "45" represents charge exceeds fee schedule/maximum allowable
Amount	$68.00	Contractual obligation amount
Group Code	PR	Group code "PR" represents patient responsibility
Reason	2	HIPAA CARC "2" represents coinsurance amount
Amount	$10.00	Coinsurance amount from primary payer's EOB

Procedure Tab

- Service Detail Line #2—Billed amount $64.00
- List of COB Line Items Detail panel
- COB Line Details panel

Data Field	Value	Reference
Carrier Code	0085000	Carrier code for primary payer from Appendix C of provider manual
Remittance Date	MM/DD/YYYY	Date of primary payer's adjudication (EOB date)
Paid Amount	$4.00	Primary payer's paid amount associated with detail line

Example 1 continued

- List of COB Reasons Detail panel

Data Field	Value	Reference
Group Code	CO	Group code "CO" represents contractual obligation
Reason	45	HIPAA CARC "45" represents charge exceeds fee schedule/maximum allowable
Amount	$58.00	Contractual obligation amount
Group Code	PR	Group code "PR" represents patient responsibility
Reason	2	HIPAA CARC "2" represents coinsurance amount
Amount	$2.00	Coinsurance amount from primary payer's EOB

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Example 2: Professional Claims—Multiple Payers

COB Payer Paid Amount Balancing calculations for this example:
For each payer reported on the claim, the total other Payer Paid Amount on the COB tab must equal the sum of the other Payer Paid Amounts for all detail lines.

Primary Payer: The sum of the other Payer Paid Amounts for detail line 1 ($25.06) and detail line 2 ($17.00) balance to the total other Payer Paid Amount on the COB tab ($42.06).
Secondary Payer: The sum of the other Payer Paid Amounts for detail line 1 ($2.21) and detail line 2 ($2.00) balance to the total other Payer Paid Amount on the COB tab ($4.21).
Service Line Billed Amount Balancing calculations for this example:
For each payer reported on the claim, the sum of the other Payer Paid Amount and the service line HIPAA Adjustment Amounts must equal the Provider Billed Amount for the service line.

Primary Payer

- Service line 1—The sum of the other Payer Paid Amount ($25.06) and the service line HIPAA Adjustment Amounts ($108.52 + $12.42= $120.94) equals the Provider Billed Amount for the service line ($146.00).
- Service line 2—The sum of the other Payer Paid Amount ($17.00) and the service line HIPAA Adjustment Amounts ($45.00 + $2.00= $47.00) equals Provider Billed Amount for the service line ($64.00).

Secondary Payer

- Service line 1—The sum of the other Payer Paid Amount ($2.21) and the service line HIPAA Adjustment Amounts ($140.01 + $3.78= $143.79) equals the Provider Billed Amount for the service line ($146.00).
- Service line 2—The sum of the other Payer Paid Amount ($2.00) and the service line HIPAA Adjustment Amounts ($62.00= $62.00) equals Provider Billed Amount for the service line ($64.00).

Coordination of Benefits Tab

- List of Coordination of Benefits (COB) panel

Data Field	Value	Reference
Carrier Code	0085000	Carrier code for primary payer from Appendix C of provider manual
Carrier Name	Medicare A	Name of primary payer
COB Payer Paid Amount	$42.06	Total of all primary payer payments

Data Field	Value	Reference
Carrier Code	0101001	Carrier code for secondary payer from Appendix C of provider manual
Carrier Name	Tufts Health Plan	Name of secondary payer

COB Payer Paid Amount	$4.21	Total of all secondary payer payments

Example 2 continued

Coordination of Benefits Tab

- List of Coordination of Benefits (COB) panel

Data Field	Value	Reference
Carrier Code	0085000	Carrier code for primary payer from Appendix C of provider manual
Carrier Name	Medicare A	Name of primary payer
COB Payer Paid Amount	$42.06	Total of all primary payer payments

Data Field	Value	Reference
Carrier Code	0101001	Carrier code for secondary payer from Appendix C of provider manual
Carrier Name	Medicare A	Name of secondary payer
COB Payer Paid Amount	$4.21	Total of all secondary payer payments

PRIMARY PAYER

Procedure Tab

- Service Detail Line #1—Billed amount **$146.00**
- List of COB Line Items Detail panel
- COB Line Details panel

Data Field	Value	Reference
Carrier Code	0085000	Carrier code for primary payer from Appendix C of provider manual
Remittance Date	MM/DD/YYYY	Date of primary payer's adjudication (EOB date)
Paid Amount	$25.06	Primary payer's paid amount associated with detail line

- List of COB Reasons Detail panel

Data Field	Value	Reference
Group Code	CO	Group code "CO" represents contractual obligation
Reason	45	HIPAA CARC "45" represents charge exceeds fee schedule/maximum allowable
Amount	$108.52	Contractual obligation amount
Group Code	PR	Group code "PR" represents patient responsibility
Reason	2	HIPAA CARC "2" represents coinsurance amount
Amount	$12.42	Coinsurance amount from primary payer's EOB

Example 2 continued

Procedure Tab

- Service Detail Line #2—Billed amount **$64.00**
- List of COB Line Items Detail panel
- COB Line Details panel

Data Field	Value	Reference
Carrier Code	0085000	Carrier code for primary payer from Appendix C of provider manual
Remittance Date	MM/DD/YYYY	Date of primary payer's adjudication (EOB date)
Paid Amount	$17.00	Primary payer's paid amount associated with detail line

- List of COB Reasons Detail panel

Data Field	Value	Reference
Group Code	CO	Group code "CO" represents contractual obligation
Reason	45	HIPAA CARC "45" represents charge exceeds fee schedule/maximum allowable
Amount	$45.00	Contractual obligation amount
Group Code	PR	Group code "PR" represents patient responsibility
Reason	2	HIPAA CARC "2" represents coinsurance amount
Amount	$2.00	Coinsurance amount from primary payer's EOB

SECONDARY PAYER

Procedure Tab

- Service Detail Line #1—Billed amount **$146.00**
- List of COB Line Items Detail panel
- COB Line Details panel

Data Field	Value	Reference
Carrier Code	0101001	Carrier code for secondary payer from Appendix C of provider manual
Remittance Date	MM/DD/YYYY	Date of secondary payer's adjudication (EOB date)
Paid Amount	$2.21	Secondary Payer's paid amount associated with detail line

Example 2 continued

- List of COB Reasons Detail panel

Data Field	Value	Reference
Group Code	CO	Group code "CO" represents contractual obligation
Reason	45	HIPAA CARC "45" represents charge exceeds fee schedule/maximum allowable
Amount	$140.01	Contractual obligation amount
Group Code	PR	Group code "PR" represents patient responsibility
Reason	2	HIPAA CARC "2" represents coinsurance amount
Amount	$3.78	Coinsurance amount from secondary payer's EOB

Procedure Tab

- Service Detail Line #2—Billed amount **$64.00**
- List of COB Line Items Detail panel
- COB Line Details panel

Data Field	Value	Reference
0101001	0085000	Carrier code for primary payer from Appendix C of provider manual
Remittance Date	MM/DD/YYYY	Date of primary payer's adjudication (EOB date)
Paid Amount	$2.00	Primary Payer's paid amount associated with detail line

- List of COB Reasons Detail panel

Data Field	Value	Reference
Group Code	CO	Group code "CO" represents contractual obligation
Reason	45	HIPAA CARC "45" represents charge exceeds fee schedule/maximum allowable
Amount	$62.00	Contractual obligation amount

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Example 3: Professional Claims: Single Payer—if there is a HIPAA Adjustment Amount applied to the entire claim that cannot be distributed at the service lines.

COB Payer Paid Amount Balancing calculations for this example:
The sum of the other Payer Paid Amount for detail line 1 ($60.00) and detail line 2 ($10.00) minus the claim level HIPAA Adjustment Amount ($15.00) entered on the **COB** tab balance to the total Payer Paid Amount on the COB tab ($55.00)

Service Line Billed Amount Balancing calculations for this example:

- Service line 1—The sum of the other Payer Paid Amount ($60.00) and the service line HIPAA Adjustment Amounts ($80.00 + $10.00= $90.00) equals the Provider Billed Amount for the service line ($150.00).
- Service line 2—The sum of the other Payer Paid Amount ($10.00) and the service line HIPAA Adjustment Amounts ($35.00 + $5.00= $40.00) equals Provider Billed Amount for the service line ($50.00).

Coordination of Benefits Tab

- List of Coordination of Benefits (COB) panel
- Coordination of Benefits (COB) Detail panel

Data Field	Value	Reference
COB Payer Paid Amount	$55.00	Other payer's total paid amount for both service line details minus the header level HIPAA ARC amount
Group Code	PR	Group code "PR" represent patient responsibility
Reason	1	HIPAA CARC "1" represents deductible amount
Amount	$15.00	Deductible amount

Procedure Tab

- Service Detail Line #1—Billed amount $150.00
- List of COB Line Items panel
- COB Line Details panel

Example 3 continued

Data Field	Value	Reference
Paid Amount	$60.00	Other payer's paid amount associated with service detail line #1

- List of COB Reasons panel

Data Field	Value	Reference
Group Code	CO	Group code "CO" represents contractual obligation
Reason	45	HIPAA CARC "45" represents charge exceeds fee schedule/maximum allowable
Amount	$80.00	Contractual obligation amount
Group Code	PR	Group code "PR" represent patient responsibility
Reason	2	HIPAA CARC "2" represents coinsurance amount
Amount	$10.00	Coinsurance amount from other payer's EOB

- Service Detail Line #2—Billed amount $50.00
- List of COB Line Items panel
- COB Line Details panel

Data Field	Value	Reference
Paid Amount	$10.00	Other payer's paid amount associated with service detail line #2

- List of COB Reason panel

Data Field	Value	Reference
Group Code	CO	Group code "CO" represents contractual obligation
Reason	45	HIPAA CARC "45" represents charge exceeds fee schedule/maximum allowable
Amount	$35.00	Contractual obligation amount
Group Code	PR	Group code "PR" represents patient responsibility
Reason	2	HIPAA CARC "2" represents coinsurance amount
Amount	$5.00	Coinsurance amount from other payer's EOB