



The Commonwealth of Massachusetts
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October 2019 HSN Billing Reminders & Updates

****HSN 837I Partial Claims requirements effective January 1, 2020 ****

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



****Carrier Code Update for MassHealth Comprehensive****

Please be advised that as of 9/1/2019, claims submitted to the HSN in which HSN is not the Primary Payer. Must have the correct seven digit carrier code on the claim or lack thereof could impact reimbursement.

****Update – Effective April 1, 2020 Carrier code DMA7384 for MassHealth Comprehensive is being changed to 0007003. Facilities will begin to receive warnings on 01.01.20 and fatal errors on 04.01.20. ****

All seven characters or digits are necessary for the carrier code to pass.

Providers are directed to use any of the below three carrier codes for the respective MassHealth product:

Carrier Code 0007003: This carrier code should be used to report any MassHealth Comprehensive coverage (i.e. MassHealth Standard or other comprehensive plans) – **effective April 1, 2020.**

Carrier Code 0007001: This carrier code should be used to report any MassHealth Non-comprehensive coverage (i.e. MassHealth Limited or other non-comprehensive plans)

Carrier Code 0007002: This carrier code should be used to report CMSP (only) that has been processed by MMIS

Please contact Health Safety Net for any questions or concerns. 800-609-7232 or HSNHelpdesk@state.ma.us