 The Commonwealth of Massachusetts

Executive Office of Health and Human Services

## Office of Medicaid, Health Safety Net

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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](mailto:HSNHelpdesk@state.ma.us)