



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid, Health Safety Net
100 Hancock Street, 6th Floor
Quincy, Massachusetts 02171



CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary

DANIEL TSAI
Assistant Secretary for
MassHealth

www.mass.gov/eohhs

December 2016

Health Safety Net (HSN) Claim *Reminder* **“Other” Identifier on Destination Payer’s Subscriber Level**

This HSN billing reminder is related to claims submitted on 837I; 837P; 837D and has been a requirement as posted in HSN Billing Guidelines.

REMINDER! HSN requires that providers code the Destination Payer’s Subscriber Level Claim Filing Indicator Code as Mutually Defined. This clarification allows for appropriate claim editing and payment consideration:

- Destination Payer’s Subscriber segment must contain the Claim Filing Indicator Code of ZZ.
- Claims submitted with any other Claim Filing Indicator Code will be denied by HSN and not eligible for payment consideration.
- Claims denied at HSN for Incorrect Claim Filing Indicator Code can be corrected. Providers should void the paid claim in MMIS, and resubmit a new original claim with all corrections.

