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Health Safety Net (HSN) Claim Update Zero (\$0) Charges and Total Charges

This HSN billing update is related to claims submitted on 837I, 837P and 837D

Effective February 1, 2017: HSN requires the following in terms of charges submitted on claims:

- Institutional (837I) claims must have a Monetary Amount greater than \$0 in the Claim Segment (Total Charges). All Revenue Code Lines with monetary amount populated must equal the Total Charge Amount in the Claim Segment when added together.
 - It is allowable for some lines to report \$0 when applicable, however if all lines are equal to \$0 and results in Total Charges equal to \$0, the claim will be denied by HSN and not eligible for payment consideration.
 - Claims denied for Total Charge Equal to \$0 can be corrected. Providers should void the paid claim in MMIS and submit a new original claim with all corrections.
- Professional (837P) and Dental (837D) claims must have a Monetary Amount greater than \$0 in the Claim Segment (Total Charges). All Service Lines with Monetary Amount populated must equal the Total Charge Amount in the Claim Segment when added together.
 - It is allowable for some lines to report \$0 when applicable, however if all lines are equal to \$0 and results in Total Charges equal to \$0, the claims will be denied by HSN and not eligible for payment consideration.
 - When a service line is reported with Monetary Amount equal to \$0, this line will not be priced as part of the per service payment.
 - Claims denied for Total Charges Equal to \$0 can be corrected. Providers should void the paid claim in MMIS and submit a new original claim with all corrections.



