December 2016

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.
Claims that are paid by the HSN but determined to be underpaid due to missing charges should be resubmitted as a Replacement Claim with the appropriate amount reported for pricing and payment reconsideration.