

Special Instructions for Submitting Claims on the UB-04 for Members with Other Health Insurance

Providers submitting paper claims must refer to the MassHealth UB-04 Billing Guide for instructions on the completing the form.

Important: The following fields must be completed on the UB-04 for all MassHealth claims for members who have any additional insurance, including Medicare and/or commercial insurance. The TPL fields on the UB-04 allow for primary, secondary, and tertiary payers. MassHealth will always be the secondary or tertiary payer depending on the number of other insurance plans that the member has. In each case, unless otherwise noted, enter the information in the following order.

1. Primary Payer – Line A
2. Secondary Payer – Line B
3. Tertiary Payer Line – C

Scenario: MassHealth member Rhonda Rocket sees her provider for hospital services. Rhonda also has Blue Cross/Blue Shield coverage. The total charge for her claim is \$200.00. One hundred dollars of the claim has been paid by the other insurance.

Field #	Field Name	TPL Required Information	Example
50 A-C	Payer name	Name of health plan that may make payment toward services	1. BC/BS 2. MassHealth
51 A-C	Health Plan ID	7-digit MassHealth TPL carrier code	0027000
53 A-C	Asg. Ben.	Assignment of benefits – code indicating whether the provider has signed a form authorizing the third-party payer to pay the provider.	Line A - Y or N Line B- Y or N
54 A-C	Prior Payments	Other paid amount - amount paid by the other insurance	100.00
57 A-C	Other Prv	Provider number, provider identifier, NPI for health plan noted in Field 50	2025406651 123456789A
58 A-C	Insured's Name	Name of the individual in whose name the insurance benefit noted in Field 50 is carried (policyholder)	Rhonda Rocket
59	P. Rel	Relationship of the patient to the insured noted in Field 58	18 (self)
60 A-C	Insured's Unique ID	Unique number assigned to the patient by the health plan noted in Field 50	BC/BS member ID MassHealth member ID
61 A-C	Group Name	Name of the group or plan providing insurance to the insured	Raytheon
62 A-C	Group No.	Identification number assigned by the carrier to identify the group under which the individual is covered	R123456

Note: Must attach EOB as appropriate