May 8 2018

Effective for claims submitted on or after September 15, 2018 Partial claims missing information will be denied.

Clarification on Partial HSN requirements 837I and 837P

HSN 837P Partial Claims Inpatient and Outpatient (updates highlighted below):

Required with Plan Name of Partial Data Elements of:

- Patient Paid Amount Code (Loop 2300 AMT01) = F5, and
- Patient Paid Amount (Loop2300 AMT02) >=0, and
- Terms Discount (Loop 2300 K3) = MAHSN20$#####.## OR MAHSN100

For 837P claims, providers should report remaining HSN Deductible Amount that has yet to be paid by a patient on the Terms Discount (Loop 2300 K3) segment using the following:

If patient has not met their HSN deductible, please report MAHSN20$#####.##

OR

If a patient has met their HSN deductible, please report MAHSN100.

Denial and Warning Edit will indicate the following message:

Partial Claim missing required reporting data elements
HSN 837I Partial Claims:

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