

Mail Handlers Benefit Plan COB Information – Institutional Claims



Mail Handlers Benefit Plan can accept and adjudicate electronic Coordination of Benefit (COB) claims. Listed below are some of the standard fields that should be included on these claims, when applicable. Submitters should include all data returned to them from the primary payer in order for Mail Handlers to properly interpret the adjudication. Fields required by the 837 Implementation Guide are not necessarily reflected in this list. Please refer to the IG for additional information on required data elements, such as qualifiers, primary identifiers, etc.

Claim Level Information

Data	Loop	Segment
Subscriber Information		
Payer Responsibility Sequence Number Code	2320	SBR01
Individual Relationship Code	2320	SBR02
Group or Plan Name	2320	SBR04
Claim Level Adjustments		
Claim Adjustment Group Code	2320	CAS01
Adjustment Reason Code	2320	CAS02
Adjustment Amount	2320	CAS03
Adjustment Quantity	2320	CAS04
Coordination of Benefits (COB) Amount Fields		
Payer Prior Payment Amount	2320	AMT02
Allowed Amount	2320	AMT02
Total Submitted Charges	2320	AMT02
DRG Outlier Amount	2320	AMT02
Total Medicare Paid Amount	2320	AMT02
Amount Medicare Paid at 100%	2320	AMT02
Amount Medicare Paid at 80%	2320	AMT02
Medicare A Trust Fund Paid Amount	2320	AMT02
Medicare B Trust Fund Paid Amount	2320	AMT02
Non Covered Amount	2320	AMT02
Total Denied Amount	2320	AMT02
Subscriber Demographic Information		
Other Insured Birth Date	2320	DMG02
Other Insured Gender Code	2320	DMG03
Medicare OutPatient Adjudication		
Reimbursement Rate	2320	MOA01
HCPCS Payable Amount	2320	MOA02
Claim Payment Remark Code	2320	MOA03-MOA07

MHBP 837 COB – Institutional Requirements

**Mail Handlers Benefit Plan
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End Stage Renal Disease Payment Amount	2320	MOA08
Nonpayable Professional Component Billed Amount	2320	MOA09
Other Subscriber Name		
Other Insured Last Name	2330A	NM103
Other Insured First Name	2330A	NM104
Other Payer Last/Org Name	2330B	NM103
Other Payer Primary Identifier	2330B	NM109
Claim Adjudication Date		
Adjudication or Payment Date	2330B	DTP03

Line Level Information

Data	Loop	Segment
Service Line Adjudication Information		
Payer Identifier	2430	SVD01
Service Line Paid Amount	2430	SVD02
Composite Medical Procedure	2430	SVD03
Procedure Code	2430	SVD03-2
Procedure Modifier 1	2430	SVD03-3
Procedure Modifier 2	2430	SVD03-4
Procedure Modifier 3	2430	SVD03-5
Procedure Modifier 4	2430	SVD03-6
Procedure Code Description	2430	SVD03-7
Revenue Code	2430	SVD04
Paid Service Unit Count	2430	SVD05
Bundled Line Number	2430	SVD06
Line Adjustment		
Claim Adjustment Group Code	2430	CAS01
Adjustment Reason Code	2430	CAS02, 05, 08, 11, 14, 17
Adjustment Amount	2430	CAS03, 06, 09, 12, 15, 18
Adjustment Quantity	2430	CAS04, 07, 10, 13, 16, 19
Line Adjudication Date		
Date Time Period	2430	DTP03

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