

Mail Handlers Benefit Plan COB – Professional Claims



Mail Handlers Benefit Plan (MHBP) 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 Filing Indicator Code	2320	SBR09
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 Paid Amount	2320	AMT02
Approved Amount	2320	AMT02
Allowed Amount	2320	AMT02
Patient Responsibility Amount	2320	AMT02
Covered Amount	2320	AMT02
Patient Paid Amount	2320	AMT02
Subscriber Demographic Information		
Subscriber Birth Date	2320	DMG02
Other Subscriber Gender Code	2320	DMG03
Medicare Outpatient Adjudication Information		
Reimbursement Rate	2320	MOA01
HCPCS Payable Amount	2320	MOA02
Claim Payment Remark Code	2320	MOA03-07
End Stage Renal Disease Payment Amount	2320	MOA08
Nonpayable Professional Component Billed Amount	2320	MOA09
Other Subscriber Information		
Other Subscriber Last Name	2330A	NM103
Other Subscriber First Name	2330A	NM104

MHBP 837 COB – Professional Requirements

**Mail Handlers Benefit Plan
COB – Professional Claims**

Other Subscriber Middle Name	2330A	NM105
Other Insured Primary Identifier	2330A	NM109
Other Insured Address Line 1	2330A	N301
Other Insured City Name	2330A	N401
Other Insured State Code	2330A	N402
Other Insured Zip Code	2330A	N403
Other Payer Name		
Other Payer Last/Org Name	2330B	NM103
Other Payer Address 1	2330B	N301
Other Payer City	2330B	N401
Other Payer State Code	2330B	N402
Other Payer Zip Code	2330B	N403
Claim Adjudication Date DTP Qualifier	2330B	DTP01
Adjudication or Payment Date	2330B	DTP03

Line Level Information

Data	Loop	Segment
Approved Amount	2400	AMT/AAE qualifier
Payer Identifier	2430	SVD01
Service Line Paid Amount	2430	SVD02
Composite Medical Procedure	2430	SVD03
Product or Service ID Qualifier	2430	SVD03-1
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
Paid Service Unit Count	2430	SVD05
Bundled Line Number	2430	SVD06
Line Adjustment		
Claim Adjustment Group Code	2430	CAS01
Adjustment Reason Code	2430	CAS02
Adjustment Amount	2430	CAS03
Adjustment Quantity	2430	CAS04