

PROVIDER QUICK POINTS

PROVIDER INFORMATION



October 27, 2014

Missing Information on Secondary Claims

When completing the coordination of benefits (COB) information on the HIPAA 837 claims transaction, use the information that is provided on the prior payer(s) HIPAA 835 Remittance Advice.

Never change or alter any of the prior payers' payment information, including the Claim Adjustment Reason Codes (CARC), Claim Adjustment Group Codes, and Remittance Advice Remark Codes.

Sequestration CARC 253 should be included as a separate value along with other COB values when submitting the secondary claim.

Per the HIPAA 837 Implementation Guide, codes and associated amounts should come from the Remittance Advice (835) received from processing the primary claim. Payers utilize these codes to adjudicate claims and changing these codes could result in payment errors, processing delays or the claims may be denied for missing information.

Questions?

If you have questions, please contact provider services at **(651) 662-5200** or **1-800-262-0820**.