

Appendix 45 – Reporting Third Party Insurance on the 837P

Procedures for Reporting Third Party Insurance Information on the 837P

This document is intended to clarify the reporting of third-party insurance and coordination of benefits (COB) on the 837P electronic claim files for MACSIS. These procedures apply to all claims regardless of whether a client is Medicaid eligible or not.

All claims submitted to MACSIS where the client has a third-party insurer are required to contain **Loop 2320** “Other Subscriber Information”, **2330A** “Other Subscriber Name” and **2330B** “Other Payer Name”.

All required data elements noted in the [MACSIS 837 Professional Claim Informational Guide v4010](#) or [MACSIS 837 Professional Claim Informational Guide v5010](#) must be valued. For **Loop 2320**, the amount paid by a third-party insurer is reported in **AMT02**. If a third-party insurer denies a claim, does not respond within 90 days or adjudicates the claim payment as zero, then value **AMT02** at zero. No first party (patient) payments should be included in this amount per HIPAA guidelines. If more than one other payer made a payment on the claim, then the amounts should be summed and placed in the first occurrence of **Loop 2320**. Report the most appropriate COB indicator for the summed third-party insurers. Ex., client has a payment of \$10.00 with a COB indicator of “2” and a payment of \$15.00 with a COB indicator of “3” – sum the amounts (\$25.00) and then choose either 2 or 3 as the COB indicator (Loop 2330A). Ex. Client has a payment of \$10.00 with a COB indicator of “2” and a \$0.00 payment with a COB indicator of “S” – sum the amounts (\$10.00) with a COB indicator of “2”.

For **Loop 2330A**, the “Other Insured Additional Identifier” (**REF02**) is required if an amount is reported in **Loop 2320**, **AMT02** and vice versa. This identifier equates to the ODJFS third party COB indicators used prior to HIPAA.

Valid values for the third party COB indicator are:

- 2 – Blue Cross/Blue Shield
- 3 – A Private Carrier
- 4 – Employer or Union
- 5 – Public Agency (Medicare, Worker’s Comp)
- 6 – Other Carrier
- R – No Response from Carrier
- P – No Coverage for this Recipient Number
- F – No Coverage for all Recipient Numbers
- L – Disputed or Contest Liability
- S – Non-Covered Service
- E – Insurance Benefits Exhausted
- X – Non-Cooperative Member.

For COB Indicators 2, 3, 4, 5, or 6 Loop 2320, AMT02 must be greater than zero. For COB Indicators R, P, F, L, S, E, or X Loop 2320, AMT02 must equal zero.

EXAMPLES OF THIRD-PARTY INSURER INFORMATION REPORTING USING THE ELECTRONIC 837P

The following segments are required when the member has insurance and a payment has been received.