



Network Notification

Date: February 12, 2015

To: Ohio Health Partners

From: CareSource®

Subject: Electronic Submission of Coordination of Benefits (COB) Claims

Good News! Health partners can receive faster payment and save time and resources by submitting claims electronically for coordination of benefits (COB). We accept professional, dental and hospital/facility COB claims electronically. When submitting COB claims via EDI, please refer to your clearinghouse, trading partner, or billing administrator instructions and complete all required COB information.

For professional claims, COB information should be sent at the line level. Use EDI 837, version 005010X222A1 (CMS 1500 equivalent). For hospital/facility claims, COB information should be sent at the claim level. Use EDI 837, version 005010X223A2 (UB 04 equivalent).

In addition, please include the other carrier paid amount and all claim/line level adjustment group codes, reason codes, remark codes and payment amounts.

For secondary electronic (EDI) professional and Institutional claims, the following COB information must be submitted:

- **Primary Payer Paid Amount:** Primary/COB paid amount for each claim reported on the 835 payment or as identified on the explanation of payment (EOP).
- **Adjustment Group Code:** Other payer claim adjustment group codes as reported on the 835 payment or as identified on the EOP such as deductible, co-insurance, co-payment, contractual obligations, and/or non-covered service group codes.
- **Adjustment Reason Code:** Other payer claim adjustment reason codes as reported on the 835 payment or as identified on the EOP such as deductible, co-insurance, co-payment, contractual obligations, and/or non-covered services or HIPAA codes.

- **Adjustment Amount:** Other payer claim adjustment amounts as reported on the 835 payment or as identified on the EOP such as deductible, co-insurance, co-payment, contractual obligations and/or non-covered services payments.

Additionally, for secondary professional or institutional claims to be paid electronically, all COB information must be submitted in the applicable Loops and Segments. Loops include:

- Loop ID – 2320: Other Subscriber Information
- Loop ID – 2330A: Other Subscriber Name
- Loop ID – 2330B: Other Payer Name
- Loop ID – 2330: Other Provider Information
- Loop ID – 2430: Line Adjudication Information (for professional claims)

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