



PROVIDER BULLETIN #11-2014

TO: Participating hospitals and ambulatory surgical centers in New Jersey

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SUBJECT: Correctly Submitting UB-04 Claim Forms with OPL and COB

This bulletin is being sent to reinforce the correct way to submit a UB-04 claim form when Other Party Liability (OPL) or Coordination of Benefits (COB) is involved. If you have *not* been submitting claims based on industry standards, as has been communicated to you in the past, please be advised that you will see an increase in rejections and/or claim denials.

When a paper claim is submitted and OPL or COB is involved, it is imperative that all applicable fields are completed correctly on the UB-04 claim form, including the following:

- **Field Location 54 (FL54).** FL54 is a required field when the indicated payer (other insurance) has paid an amount to the provider towards this bill. Report "0.00" if there is no payment made by the health plan or payment was applied to the member's coinsurance or deductible.
- **Field Locations 39, 40, 41 (FL39, FL40, FL41).** FL39, FL40, and FL41 are required fields when there is a value code and amount that applies to the claim, specifically where 1) Medicare is primary and 2) coinsurance or a deductible applies.
- **Multi-page claims.** Per the National Uniform Billing Committee (NUBC), all claim-level data must be reported on each page of the UB-04 claim form. Line-level data will be unique on each page of the claim, and total charges for the claim (FL47 of line 23) should be reported only on the last page.

For information about submitting claims using the UB-04 claim form, please refer to the NUBC website at www.nubc.org. If you have any questions, email us at providercommunications@amerihealth.com.

We encourage you to submit claims electronically

We encourage all providers to submit claims electronically, as most providers do.

Submitting claims electronically can result in increased accuracy of claims, better tracking ability, and greater office efficiency and productivity. In addition, you'll also benefit from error reporting, which allows you to easily correct claims before submission. You will experience fewer payer rejections and administrative concerns, resulting in faster claim payments.

Refer to the *AmeriHealth New Jersey Transaction Standard Companion Guide*, available at www.highmark.com/edi-amerihealth, for more information about submitting claims electronically.

We encourage you to share this information with appropriate members of your staff.
