



PROVIDER BULLETIN #12-2017

TO: Participating hospitals that provide covered services to AmeriHealth Pennsylvania members

FROM: Provider Network Services

DATE: August 15, 2017

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

This bulletin is being sent to remind participating hospitals of the correct way to submit facility claims to AmeriHealth HMO, Inc. (AmeriHealth) that involve Other Party Liability (OPL) or Coordination of Benefits (COB).

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. In addition, the proper attachments should accompany the claim form to ensure proper assessment for remittance as applicable.

Follow these tips for completing the UB-04 claim form:

- **Field Locations 31, 32, 33, 34 (FL31, FL32, FL33, FL34).** FL31, FL32, FL33, and FL34 are required fields when benefits are exhausted for the primary payer (Payer A) or secondary payer (Payer B), as applicable.
- **Field Location 54 (FL54).** FL54 is a required field when the indicated payer (other insurance) has paid an amount to the provider towards the 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.

**AmeriHealth, as a secondary payer, continues to use the Centers for Medicare & Medicaid Services' (CMS) crossover process to receive Medicare supplemental claims. As part of this process, CMS sends claims directly to AmeriHealth for members who have a Medicare supplemental plan.*

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

Attachments should accompany the UB-04 claim forms as follows:

- **Primary payer (i.e., auto, Medicare benefits exhaustion).** Attach the primary payer(s) letter of exhaustion. FL54 should be populated with "0.00". FL31 – FL34 should be populated with the applicable occurrence code(s) and the date benefits were exhausted.
- **No payment by primary payer(s) because the entire allowance was applied to member cost-sharing (i.e., deductible, coinsurance).** Attach the Explanation of Benefits (EOB), Explanation of Medicare Benefits (EOMB), or statement of remittance (SOR) from the primary payer(s) showing the application of the allowance towards the member's cost-share. FL54 should be populated with "0.00". Value codes FL 39, 40, or 41 should be populated as appropriate (especially if Medicare is primary).
- **No payment by primary payer(s) (i.e., member terminated with primary carrier prior to the dates of service).** Attach the EOB, EOMB, or SOR from the primary payer(s) showing the rejection reasons. FL54 should be populated with "0.00".
- **Payment remitted by primary payer(s).** Attach the EOB, EOMB, or SOR from the primary payer(s) showing the amount paid to the provider towards the bill. FL54 should be populated with the payment remitted by the primary payer(s).

If the member disagrees with the primary payer information that AmeriHealth has on record, he or she can contact AmeriHealth directly to request the applicable update(s).

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 HIPAA Transaction Standard Companion Guide (Pennsylvania only)*, available at www.highmark.com/edi-amerihealth, in the Resources section, for more information about submitting claims electronically.

For additional information about submitting claims using the UB-04 claim form, please refer to the NUBC website at www.nubc.org.