



Network Notification

Date: April 13, 2015

To: Kentucky Health Partners

From: Humana – CareSource®

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

Humana – CareSource-contracted 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 electronic data interchange (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. Please use EDI 837, version 005010X222A1 (CMS-1500 equivalent).
- For hospital/facility claims, COB information should be sent at the claim level. Please 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 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, coinsurance, copayment, 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, coinsurance, copayment, contractual obligations, non-covered services and/or Health Insurance Portability and Accountability Act (HIPAA) codes.
- **Adjustment Amount:** Other payer claim adjustment amounts as reported on the 835 payment or as identified on the EOP, such as deductible, coinsurance, copayment, 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)

KY-P-333

Approved 4-8-2015