

Ohio MACSIS 837 COB Information

Notes:

This article applies to the Ohio MACSIS 837 export format ONLY!

There are 4 pieces of information that must be entered for COB information to transfer correctly in the Ohio MACSIS ANSI 837 format.

1 - Other Insured Name and Address Information - In 5.0 release 21 and higher, if the Other Insured area is left blank, the program will use the Patient information. This will simply reduce the amount of data entry. If the Other Insured info is different than the patient's, enter into the left bottom of the Patient/Insured Info screen. This information is exported into ANSI 837 Loop 2330A.

2. Other Payer - On the Payers/Other screen, there must be a Secondary/Other Payer selected. Select Payer by clicking on the button "Click to select Secondary/Other Payer". You can enter payers into the Payer Library in the Tools > Payer Library menu. At a minimum, you will need a Payer Name, Payer ID and Insurance Type Code. MACSIS does not use this loop for adjudication purposes but you MUST put a fake number (99999) into the Payer ID field. Valid Insurance Type Codes are listed below. The field is required just for ANSI compatibility purposes. This information is exported into ANSI 837 Loop 2330B.

Also on the Payers/Other info screen, a ZZ must be entered into the Secondary Claim Filing Indicator field. This field is not required for MACSIS but needs to be entered for compatibility purposes. This information is exported in ANSI 837 Loop 2320 Segment SBR.

3 - Insurance Payments - On the charges screen that needs to include COB information, click on the Applied Amt column. This will open a Payments window. Enter the amounts paid (or leave zero). This data will be totaled and export into ANSI 837 Loop 2320 Segment AMT*D

4 - COB Codes (REF*IG) - On the Charges screen in the COB column (or EMG column in Advanced 7), enter the COB indicator code. These codes can be found in the MACSIS 837 Professional Claim Informational Guide at Loop 2330A REF*IG Field 02. This document can be found on the MACSIS web site or the link on the MACSIS page of the EZClaim web site at <http://www.ezclaim.com/ohio>. NOTE: If you need to show a zero amount in segment AMT*D then you will require 5.0 release 21 or higher.

Step 4 COB Codes

- 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.

Step 2 Insurance Type Code Reference

- AP Auto Insurance Policy
- C1 Commercial
- CP Medicare Conditionally Primary
- GP Group Policy
- HM Health Maintenance Organization (HMO)
- IP Individual Policy
- LD Long Term Policy
- LT Litigation

- MB Medicare Part B
- MC Medicaid
- MI Medigap Part B
- MP Medicare Primary
- OT Other
- PP Personal Payment (Cash - No Insurance)
- SP Supplemental Policy