MN–ITS Interactive COB Tab, Field Completion Guide

This supplemental guide will help you complete the MN–ITS Interactive Coordination of Benefits tab (and a pop-up screen on the Services tab). Complete the fields noted and any blank field when you have the information.

A = minimum required for MEDICARE A B = minimum required for MEDICARE B T = minimum required for TPL/Other Insurance	837P Prof	837D Dental	837I Long Term Care	837I Outpatient	837I Inpatient
COB TAB					
Payer Name	B, T	T	A, T	A, B, T	A, T
Primary ID	B, T	T	A, T	A, B, T	A, T
Adjudication Date			A		
Prior Payment - Payer and Patient			T	A, T	A, T
Authorization Number					
Referral Number					
Address					
City					
State					
Zip Code					
Country Code					
Other Payer ICN	B		A	A, B	A
Paid Amounts Box					
Type	T	T			
Amount	T	T			
Claim Adjustment Amounts Box					
Group Code	T	T	A, T	A, T	A, T
Reason Code	T	T	A, T	A, T	A, T
Amount	T	T	A, T	A, T	A, T
Quantity					
Medicare Box/Medicare Outpatient Adjudication Box					
Reimbursement Percent					
HCPCS Payable					
ERSD Paid Amount					
Remarks	B			B	
Non-payable Component					
Medicare Inpatient Adjudication Box					
MIA Counts					
MIA Amounts					
Remarks			A	A	A
Other Payer Subscriber Box					
Insured ID	B, T	T	A, T	A, B, T	A, T
Insured Birth Date	B, T	T	A, T	A, B, T	A, T
Last Name	B, T	T	A, T	A, B, T	A, T
Insurance Type	B, T				
Insured Gender	B, T	T	A, T	A, B, T	A, T
Relationship	B, T	T	A, T	A, B, T	A, T
Benefits Assignment	B, T	T	A, T	A, B, T	A, T
Release of Information	B, T	T	A, T	A, B, T	A, T
Payer Responsibility	B, T	T	A, T	A, B, T	A, T
Claim Filing Indicator	B, T	T	A, T	A, B, T	A, T
First Name					
Middle Name					

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Other Payer Subscriber Box (cont.)					
Name Suffix					
Signature Source					
Group or Policy Number					
Group or Policy Name					
Address					
City					
State					
Country Code					
Zip Code					
Other Payer Patient Box					
Primary ID					
Last Name					

SERVICES TAB					
Other Payer Box					
Other Payer Primary ID	B			B	
Procedure Code	B			B	
Line Paid Amount	B			B	
Paid Units	B			B	
Revenue Code				B	
Procedure Description					
Modifiers					
Line Adjudication Date	B			B	
Bundled Line Number					
Authorization Number					
Referral Number					
Line Adjustment Amounts Box					
Group Code	B			B	
Reason Code	B			B	
Amount	B			B	
Quantity					