

MN-ITS Help Text –837I COB TPL/Medicare

The table below describes fields on the Coordination of Benefit (COB) screens for completing a claim with Medicare information. * The Field Name column identifies X12 loops and elements only for fields that display in the MN-ITS screens. Refer to the X12 HIPAA Companion Guides available through the [WPC X12 Registry](#) for additional instruction when submitting batch claims.

Select [MN-ITS User Guides](#) to obtain additional instruction for submitting claims for specific services using MN-ITS Direct Data Entry (DDE).

[MN-ITS Interactive COB Tab, Field Completion Guide](#) is a supplemental guide that will help you complete the MN-ITS interactive Coordination of Benefits tab.

Field Name <i>(X12 Loop & Element)</i>	Valid Values	Character Length	Field Description
Other Payer Name <i>(Loop: 2330B, NM103)</i>		60 (alphanumeric)	Full name of the insurance carrier
Other Payer Primary ID <i>(Loop: 2330B, NM109)</i>		80 (alphanumeric)	Identifier of the insurance carrier or the Medicare contractor NPI
Claim Filing Indicator <i>(Loop: 2320, SBR09)</i>	Refer to the MN-ITS screen for values available		Code identifying type of insurance
Payer Responsibility <i>(Loop: 2320, SBR01)</i>	Refer to the MN-ITS screen for values available		Code identifying the insurance carrier's level of responsibility for a payment of a claim
Insured ID <i>(Loop: 2330A, NM109)</i>		80 (alphanumeric)	The insured's ID (Member Identification) is intended to be the subscriber's identification number as assigned by the payer.
Relationship Code <i>(Loop: 2320, SBR02)</i>	Refer to the MN-ITS screen for values available		Code indicating the relationship between two individuals or entities
Other Payers Claim Control Number <i>(Loop: 2330B, REF02)</i>	Refer to Medicare EOMB	50 (alphanumeric)	The claim number reported on the Medicare EOMB

Payer Paid Amount (Loop: 2320, AMT02)		10 (numeric)	The total dollar amount paid by Medicare
Non-Covered Charge Amount (Loop: 2320, AMT02)		10 (numeric)	The total dollar amount Medicare did not pay
Other Insurance Information			
Benefits Assignment (Loop: 2320, O103)	Yes - Benefits assigned to the provider No - Benefits not assigned to the provider Not Applicable - Patient refuses to assign benefits		The determination of the policy holder or person authorized to act on their behalf, to give the other payer permission to pay the provider directly. Default is Yes
Release of Information (Loop: 2320, O106)	Yes - Signature collected or required Informed Consent - Signature not collected and not required		The determination of whether the provider has on file a signed statement by the recipient authorizing the release of medical data to other organizations Default is Yes
Inpatient Adjudication Information (MIA)			
MIA Count Type			
MIA Count			
Claim Payment Remark Codes			
MIA Amount Type			
MIA Amount			
Outpatient Adjudication Information (MOA)			
Reimbursement Rate (Loop: 2320, MOA01)	Refer to Medicare EOMB	10 (numeric)	Reimbursement rate from the EOMB Report only if on the Medicare EOMB
Payment Remark Code (Loop: 2320, MOA03-MOA07)	Refer to Medicare EOMB	50 (alphanumeric)	The remittance advice remark codes reported on the Medicare EOMB Report only if on the Medicare EOMB
HCPC Payable Amount (Loop: 2320,	Refer to Medicare EOMB	10 (numeric)	The claim Health Care Financing Administration Common Procedural Coding System (HCPCS) payable amount

<i>MOA02)</i>			from the EOMB Report only if on the Medicare EOMB
End Stage Renal Disease Payment Amount <i>(Loop: 2320, MOA08)</i>	Refer to Medicare EOMB	10 (numeric)	End Stage Renal Disease (ESRD) payment amount from the EOMB Report only if on the Medicare EOMB
Non-Payable Professional Component Amount <i>(Loop: 2320, MOA09)</i>	Refer to Medicare EOMB	18 (numeric)	The professional component amount billed but not payable