



This Best Practice is intended for use with the corresponding MN Uniform Companion Guide(s), **Version 5010.**

1. Title of best practice:

Payer to Payer Coordination of Benefits (COB)

2. Who does the best practice apply to:

Providers and Group Purchasers

When there is a COB Agreement between applicable Group Purchasers

3. Narrative description as to what is being addressed by this best practice:

Although the AUC companion guides only cover provider to payer billing relationships, payer to payer coordination of benefits claims processing can be impacted. This best practice is to address how to populate these claims.

4. The loops, segments and elements, etc. that the best practice applies to:

Various within the transactions

5. Describe how to do the best practice:

In order to process the claim accurately at both payer locations, providers and their sponsors must submit claim information required for the primary payer as well as subsequent payers, if the primary payer is forwarding the claim to another payer.

If there is a COB Agreement between the two payers, it is the responsibility of the primary payer to forward all data received from the provider on to the secondary payer.

6. Examples to illustrate best practice:

Please note that these examples are not all inclusive.

Example 1:

Payer B requires a LIN segment if provider is billing for a drug HCPCS code. Payer A does not require this information. Provider should send the information to Payer A and Payer A will forward the information to Payer B as it received the information from the provider.

Visit our website at: <http://www.health.state.mn.us/auc/index.html>

Example 2:

Provider is an atypical provider type and has a unique identifier for each of the two payers that will adjudicate the claim. Provider should submit claim to the first payer with both applicable identifiers within the appropriate REF segments.

- 7. **AUC approval date:**
11-20-14
- 8. **Last reviewed date:**
08-06-14