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# Program Memorandum

## Carriers

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Department of Health and  
Human Services (DHHS)  
HEALTH CARE FINANCING  
ADMINISTRATION (HCFA)

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Transmittal B-00-57

Date: OCTOBER 26, 2000

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### CHANGE REQUEST 1327

#### **SUBJECT: Part B Outbound X12N 837 Coordination of Benefits (COB) Mapping**

Attached are replacement pages to the HCFA Implementation Guide for Medicare B COB 837 Version 3051 dated July 1, 1996. The changes include two values for two data elements in the National Standard Format (NSF) COB that map to the Part B X12N 837 COB transaction.

The NSF DA0.05 (Source of Pay) maps to OI01 in the X12N 837 COB transaction. The X12N 837 COB specification includes a crosswalk of the NSF values. Two additional values in the NSF need to be crosswalked to the X12N 837. The value "C" (Medicare) crosswalks to the value "MB" in OI01 when building the outbound X12N 837 COB. The NSF value "Z" (Other) crosswalks to "ZZ".

The NSF DA0.15 (Assignment of Benefits) maps to OI03 and CLM08. The NSF value "O" (Pay Other) crosswalks to the value "N" when building the outbound X12N 837 COB.

**The *effective date* for this Program Memorandum (PM) is January 1, 2001.**

**The *implementation date* for this PM is January 1, 2001.**

**These instructions should be implemented within your current operating budget.**

**This PM may be discarded after January 1, 2002.**

**If you have any questions, contact Joy Glass, (410) 786-6125 or E-mail: [jglass@hcfa.gov](mailto:jglass@hcfa.gov).**

Attachment

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SEGMENT: OI Other Health Insurance Information

POSITION: 310

LEVEL: Detail

LOOP: 2320 - Other Insurance

USAGE: Optional Note: Conditional

This is required in the first iteration of 2320 for each payer.

Do not enter when repeating the SBR to report additional CAS

Segments for that payer.

MAX USE: 1

PURPOSE: To specify information associated with other health insurance coverage

SEMANTIC: 1. OI03 is assignment of benefits indicator. A ``Y" value

indicates insured or authorized person authorizes benefits

to be assigned to the provider. An ``N" value indicates

benefits have not been assigned to the provider.

Example: OI\*CI\*\*Y~

DATA ELEMENT SUMMARY

OI01 1032 CLAIM FILING INDICATOR CODE O ID 1/2

Required

Code identifying type of claim

DA0 - 05. PIC X(1). Codes:

837:	NSF:
BL Blue Cross/Blue Shield	G
CH Champus	H
CI Commercial Insurance	F
HM Health Maintenance Organization	I
MB Medicare	C
MC Medicaid	D
MH Managed Care Non-HMO	N
OF Other Federal Program	E
SA Self-administered Group	L
TV Title V	T
VA Veteran Administration Plan	V
ZZ Other	Z

OI02 1383 CLAIM SUBMISSION REASON CODE O ID 2/2

Code identifying reason for claim submission

Not Used

- OI03 1073 YES/NO CONDITION OR RESPONSE CODE O ID 1/1  
 Code indicating a Yes or No condition or response.  
 DA0 -15. PIC X(1). Assignment of Benefits to provider indicator. Y yes, N  
 no. NSF value 'O' = 'N'.
- OI04 1351 PATIENT SIGNATURE SOURCE CODE O ID 1/1  
 Code indicating how the patient or subscriber authorization  
 signatures were obtained and how they are being retained by the  
 provider  
 > Not Used
- OI05 1360 PROVIDER AGREEMENT CODE O ID 1/1  
 Code indicating the type of agreement under which the provider  
 is submitting this claim  
 > Not Used
- OI06 1363 RELEASE OF INFORMATION CODE O ID 1/1  
 Code indicating whether the provider has on file a signed  
 statement by the patient authorizing the release of medical  
 data to other organizations  
 > Not Used