

Administrative Simplification
Statement of Clarification

Simplification Area: Claims Processing

Topic: Splitting of Claims

Objective: Clarify reasons that health plans split claims

Expected Impact: *Hospitals & Medical Practices:* By creating claims that won't be split by health plans, providers can expedite the timeframe for billing any secondary payer(s) and/or the patient.

Synopsis:

There are situations when claims need to be split, either by the provider or by the health plan. If the health plan splits the claim, each of the split claims is processed separately. Providers' systems vary in their ability to reconcile claims that are split by the health plan. To assist providers whose systems present such problems, health plans have outlined the most common conditions under which claims are split. This information will allow providers (if they prefer) to generate claims that may not need to be split by the health plans.

These guidelines do not, in any way, imply that providers are required to change their practices for producing claims.

Background:

There are situations when claims need to be split, either by the provider or by the health plan. If the health plan splits the claim, each of the split claims will be processed as separate and distinct claims and they will be reported on the remittance advice as different claims.

Reconciling split claims may create extra work for providers. Providers may need to track and account for all splits before they can bill the patient for the patient responsibility portion, bill any secondary coverage, close out the account.

Providers would like to know the conditions under which a claim will be split by the health plan, so that providers can consider these conditions as part of their logic for producing claims. With this information, providers may be able to create claims that do not need to be split by the health plan.