

Coordination of benefits (COB)

Electronic claim filing tips for billing offices, vendors and clearinghouses



We created this guide to help providers submit their COB claims electronically.

Using it may prevent processing and verification delays, which means providers can get paid faster.

Claim filing indicator codes

Claim filing indicator codes are required for electronic claims. They identify the type of coverage being submitted to the payer. Provider offices need to identify when more than one coverage exists and use the appropriate indicator code for other payers.

Below are recognized claim filing indicator codes and their description.

<u>Claim filing indicator code</u>	<u>Description</u>
9	SELF PAY
11	OTHER NON-FEDERAL
12	PPO
13	POS
14	EPO
15	INDEMNITY
16	HMO MEDICARE
17	DENTAL DMO
AM	AUTOMOBILE
BL	BCBS
CH	CHAMPUS
CI	COMMERCIAL

DS	DISABILITY
FI	FEDERAL EMPLOYEES
HM	HMO
LM	LIABILITY
MA	MEDICARE PART A
MB	MEDICARE PART B
MC	MEDICAID
OF	OTHER FEDERAL
TV	TITLE V
VA	VETERANS
WC	WORK COMP
ZZ*	UNKNOWN*

*Claim filing indicator code “ZZ” should only be used when the carrier is unknown by the provider. For example, use code “CI” for commercial plans like Aetna®, or “MC” for Medicaid plans.

For vendors: secondary payer and validation

If the patient has secondary insurance coverage, and the primary payer doesn’t have that information on file, the primary payer will need to validate the secondary coverage. To help with validation, ask providers to send the correct secondary insurance information. They can use this table:

Loop ID	Field & name	Recommended	Not recommended
2320	SBR03 – Insured Group or Policy Number	Use the number on the member’s ID card, e.g., 0123456	“999999” “000000”
2320	SBR04 – Other Insured Group Name	Use the other policyholder’s employer name,	“None” “Unemployed”

		e.g., ABC company	
2320	SBR09 – Claim Filing Indicator Code	See “Claim filing indicator code” table above	“ZZ” is not recommended for use when other coverage is known
2330A	NM109 – Other Subscriber ID	Member ID for the secondary policy, e.g., W123456789	“999999” “000000”
2330B	NM103 – Other Payer Organization Name	Other health plan name, e.g., Cigna, United Healthcare, Medicare Part B, Medicaid	“No other coverage” “Credit card on file” “Internal use only” “Life insurance”
2330B	NM100 – Other Payer ID	Unique ID assigned to each insurance company; when Aetna® is secondary, use 60054	“999999” “000000”



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