

# Why is my claim rejected for “Service line COB” information?

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You can receive a rejection "Service line COB "when you submit a claim to secondary insurance when the primary insurance payment details posted are not correct or incomplete.

The screenshot shows a software interface for entering claim data. At the top, there are fields for 'From date', 'To date', and a numeric input '1.00' followed by four '0' digits in red boxes, and a total amount of '150.00'. Below this, there are two rows of data for line items. The first row shows a date of '03/04/2016', a 'Check #' field, a dropdown menu with '45: Charge excee', and two columns with '50.00' and '50.00'. The second row shows the same date, a 'Check #' field, a dropdown menu with '2: Coinsurance Av', and two columns with '20.00' and '0'. A red box highlights the '50.00' and '50.00' values in the first row. A callout box points to these values with the text: 'Check if the adjustment, payment and patient responsibility match the billed amount.' At the bottom left, there are buttons for 'Add Line Item' and 'Delete Selected'. At the bottom right, there is a 'Reparse ERA' button.

| Line Item         | Date       | Check # | Description | Amount 1 | Amount 2 | Insurance      | Status     |
|-------------------|------------|---------|-------------|----------|----------|----------------|------------|
| 45: Charge excee  | 03/04/2016 |         |             | 50.00    | 50.00    | [1] Medicare L | 0: Settled |
| 2: Coinsurance Av | 03/04/2016 |         |             | 20.00    | 0        | [1] Medicare L | 0: Settled |

In the screenshot here, the billed amount is \$150.00 but if you combine the adjustment, insurance payment, and the patient's responsibility the amount is only \$120.00.

Since the charge amount is not matching the primary insurance payment posting details of a \$150 total billed amount, the claim is rejected as “SERVICE LINE COB AMOUNTS FOR EACH PAYER MUST EQUAL LINE ITEM CHARGE AMOUNT”.

To fix this denial, please refer to the original Explanation of Benefits and ensure that your billed amount, the payer's payment/adjustment amounts, and the patient responsibility amount all match and all charges were considered and processed. If not all of the charges were processed, you can reach out to the specific payer to see if the charges were processed on a different remit advice.