

Primary Insurance

Entering Primary Payer
Information at the Line
Level through the Web
Portal

Primary Insurance – Web Portal

When manually entering a new claim via web portal and Commercial Insurance is the primary payer, in addition to the usual information required on a claim a provider should:

Step 1: Navigate to the Basic Claim Info tab. Notice the default selection for Void/Replacement is No. Keep the default selection

The screenshot shows a web portal window titled "New Institutional Claim" with a "Print | Help" button in the top right. Below the title bar is a "* Required Field" indicator. The main content area has two tabs: "Basic Claim Info" (active) and "Other Claim Info". Under the "Basic Claim Info" tab, there are four sub-sections: "Provider", "Member", "Basic Claim", and "Service Line Items". Below these is a question: "Is this a void/replacement?" with a help icon (question mark) to its left. Two radio buttons are provided: "Yes" (unselected) and "No" (selected).

Primary Insurance – Web Portal

- Step 2:** Scroll down to the Member Information section
- Under **Other Insurance Information**, select Yes.

IMPORTANT NOTE: A link to help you complete Step 4 appears immediately under the button after you select Yes. Click on the hyperlink or navigate to the Other Claim Info tab

The screenshot shows a web portal form for Primary Insurance. The form is yellow and contains several sections. The 'Other Insurance Information' section is highlighted in blue and contains a question: "Does the member have other insurance?" with radio buttons for "Yes" and "No". The "Yes" button is selected and highlighted with a red box. Below the question is a note: "Note: Please go to the Other Claim Info Tab in the Coordination of Benefits section." The "Claim Information" section is below and contains a question: "Is this claim accident related?" with radio buttons for "Yes" and "No". The "No" button is selected.

Primary Insurance – Web Portal

Step 3: Navigate to the Other Claim Info tab

***Required Field**

Basic Claim Info **Other Claim Info**

Provider Member Basic Claim Service Line Items

Is this a void/replacement?
 Yes No

Submitter Information

Submitter ID
FIRSTLAST

Provider Information

Go to [Other Claim Info](#) to enter information for other providers.

Billing Provider

Note: Healthcare Providers are required to submit National Provider ID.

Medicaid Provider ID 0000000	National Provider ID 00000000	Taxonomy Code 315P00000X	Tax ID 00000000	SSN	Location Number
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Additional Billing Provider Information

*Pzthz Qualifier Currency Code

Primary Insurance – Web Portal

Step 4: Scroll down to the Coordination of Benefits section

- Under “Other Insurance” click the button labeled **Add Other Insurance** (that expands a subsection labeled **New Other Insurance**)

IMPORTANT NOTE: If Steps 1-3 were not performed, the system reminds you to go back and perform Steps 1-3 before continuing.

The screenshot displays a web portal interface for managing insurance claims. It is divided into several sections:

- Patient Condition - Vision**: A dropdown menu.
- Claim Provider Information**: A blue header section with a note: "Go to [Basic Claim Info](#) to enter information about the Billing, Pay-To, Referring and Rendering providers." Below this are four dropdown menus: [Service Facility](#), [Primary Care Provider](#), and [Supervising Provider](#).
- Coordination of Benefits**: A blue header section with a note: "Go to [Basic Claim Info](#) to enter basic claim information." Below this is an **Other Insurance** dropdown menu.
- Other Insurance**: A table with columns: **Sequence Number**, **Subscriber ID**, **Payer/Carrier ID**, **Payer/Insurance Org Name**, and **Payer Paid Amount**. The table currently shows "No Data".
- Add Other Insurance**: A button located at the bottom right of the table area, highlighted with a red box.
- Submit Claim**, **Save Claim**, **Reset**, and **Cancel**: Buttons located at the bottom right of the page.

Primary Insurance – Web Portal

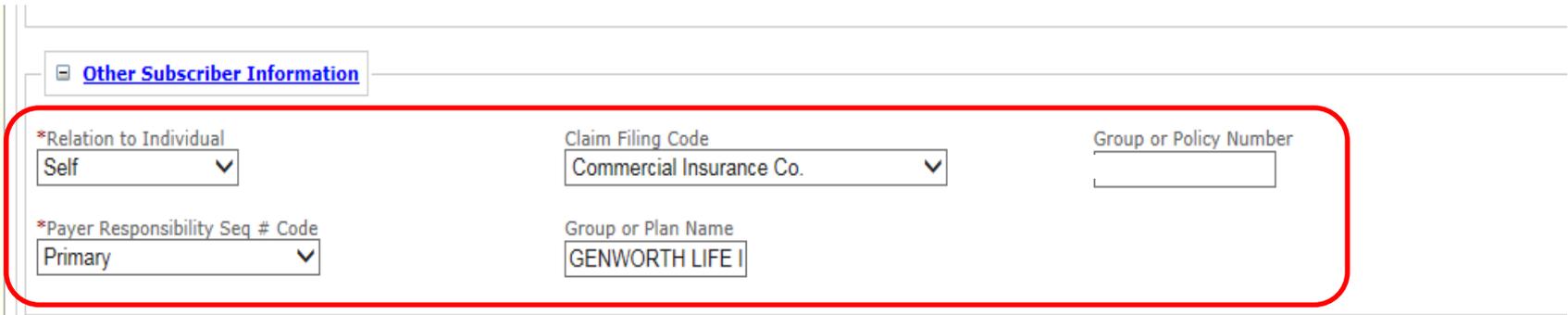
- Step 5:** In the subsection labeled New Other Insurance, notice the panel for Other Subscriber is already expanded
- In the field for **Entity Qualifier** select Person or Non – person entity from the dropdown menu
 - In the field for **Subscriber ID** enter the member's ID number
 - In the field for **Last Name** enter the member's last name

The screenshot displays the 'Coordination of Benefits' web portal interface. At the top, there is a header 'Coordination of Benefits' and a link to 'Basic Claim Info'. Below this is the 'Other Insurance' section, which includes a table with columns for 'Sequence Number', 'Subscriber ID', 'Payer/Carrier ID', 'Payer/Insurance Org Name', and 'Payer Paid Amount'. The table currently shows 'No Data'. Below the table is the 'New Other Insurance' section, which has a 'Save | Reset | Cancel' button. The 'Other Subscriber' panel is expanded, showing several input fields. A red box highlights the 'Entity Qualifier' dropdown menu (set to 'Person'), the 'Subscriber ID' text box (containing 'ND000000'), and the 'Last Name' text box (containing 'LASTNAME'). Other visible fields include 'First Name', 'MI', 'Suffix', 'Relation to Individual', 'Claim Filing Code', 'Group or Policy #', 'Insurance Type Code', and 'Payer Responsibility Seq # Code'.

Primary Insurance – Web Portal

Scroll down and expand the panel for Other Subscriber Information

- In the field for **Relation to Individual** select Self from the dropdown menu if the insurance holder is the member
- In the field for **Claim Filing Code**, for a nursing home policy select Commercial Insurance Co from the dropdown menu
- In the field for **Payer Responsibility Seq # Code** select Primary if Commercial Insurance is the primary payer
- Fill in any other fields in this panel which are relevant to the claim



Other Subscriber Information

*Relation to Individual Self ▼	Claim Filing Code Commercial Insurance Co. ▼	Group or Policy Number <input type="text"/>
*Payer Responsibility Seq # Code Primary ▼	Group or Plan Name GENWORTH LIFE I	

Primary Insurance – Web Portal

- Step 6:** Scroll down and notice the panel for Other Insurance Coverage is already expanded
- In the field for **Release of Information Code**, select the appropriate value from the dropdown menu

The screenshot shows a web portal interface for Primary Insurance. The 'Other Insurance Coverage' section is expanded, and the 'Release of Information Code' dropdown menu is highlighted with a red box. The dropdown shows 'Informed Consent to Release Information' and 'Yes, Provider has signed statement'. Below this, there are fields for 'Medicare Outpatient Adjudication Information', 'Other Payer Information - Including Medicare A and B', and 'Additional Other Payer Information'.

Other Insurance Coverage

*Release of Information Code

Informed Consent to Release Information
Yes, Provider has signed statement

Medicare Outpatient Adjudication Information

Other Payer Information - Including Medicare A and B

*Payer/Carrier ID Qualifier *Payer/Carrier ID *Payer / Insurance Organization Name

Additional Other Payer Information

Primary Insurance – Web Portal

- Step 7:** Scroll down and notice the panel for Other Payer Information - including Medicare Part A or Part B is already expanded
- In the field for **Payer/Carrier ID Qualifier**, select Payer Identification from the dropdown menu
 - In the field for **Payer/Carrier ID**, enter the Payer/Carrier ID for the commercial insurance company
 - In the field for **Payer/Insurance Organization Name**, enter the name of the commercial insurance company

Other Payer - Including Medicare A and B

*Payer/Carrier ID Qualifier

Payor Identification ▼

*Payer/Carrier ID

xxxxxxxxxx

*Payer/Insurance Organization Name

GENWORTH LIFE I

Primary Insurance – Web Portal

Step 8: Scroll up to the top of the New Other Insurance subsection and click the **Save** link in the upper right corner

The screenshot shows the 'New Other Insurance' web portal interface. At the top right, there are three buttons: 'Save', 'Reset', and 'Cancel'. The 'Save' button is highlighted with a red box, and a red arrow points to it from the text above. Below the header, there are three expandable sections: 'Other Subscriber', 'Other Subscriber Address', and 'Other Subscriber Information'. The 'Other Subscriber' section is expanded and contains the following fields:

*Entity Qualifier	*Subscriber ID	*Last Name	First Name	MI	Suffix
Person	XXXXXXXXXX	XXXXXXXXXX			
SSN					

The 'Other Subscriber Address' and 'Other Subscriber Information' sections are currently collapsed.

Primary Insurance – Web Portal

- Look for the Success message in red text, and notice the new line in the table of Other Insurance

[Other Insurance](#)

Other Insurance Add Other Insurance

System successfully saved the Information.

Sequence Number	Subscriber ID	Payer/Carrier ID	Payer/Insurance Org Name	Payer Paid Amount
<u>1</u>	XXXXXXXXXX	XXXXXXXXXXXX	GENWORTH LIFE INSURANCE	

1 - 1 of 1

Submit Claim Save Claim Reset Cancel

Primary Insurance – Web Portal

Step 9: Click the **Save Claim** button to determine if exceptions will be found for the claim in its current condition

Other Insurance
System successfully saved the Information.

Add Other Insurance

Sequence Number	Subscriber ID	Payer/Carrier ID	Payer/Insurance Org Name	Payer Paid Amount
1	xxxxxxxxxx	xxxxxxxxxx	GENWORTH LIFE INSURANCE	

1 - 1 of 1

Submit Claim **Save Claim** Reset Cancel

Primary Insurance – Web Portal

- Step 10:** Navigate to the Basic Claim Info tab and then scroll to the table of Basic Line Item Information at the bottom of the web page
- Notice the panel for New Line Item is already expanded below the table

Basic Line Item Information

Total Claim Charge Amount: \$0.00 [Add Service Line Item](#)

Line #	Rev Code	Proc Code	Modifiers				Service Dates		Unit Qualifier	Units	Line Item Charge Amount \$	Non-covered Charges \$
			1	2	3	4	Begin	End				
No Data												

New Line Item [Save](#) | [Save & Add Other SvcInfo/TPL](#) | [Reset](#) | [Cancel](#)

Service Date Begin: Service Date End:

*Revenue Code: Procedure Code:

Modifiers: 1. 2. 3. 4.

*Unit Qualifier: *Service Units: *Line Item Charge Amount: \$

Non-Covered Line Charges: \$ Procedure Description:

[Additional Service Line Information](#)

? Is there additional line-specific information/TPL to be entered?
 Yes No

Primary Insurance – Web Portal

- Key in appropriate claim information for required fields
- For the question **Is there additional line-specific information/TPL to be entered?** click the Yes radio button
- Click the **Save & Add Other Svc Info/TPL** link in the upper right corner of the panel; that navigates to a page for supplying Other Service Information

Edit Line Item Save | **Save & Add Other Svc Info/TPL** | Reset | Delete | Cancel

Service Date Begin 07/01/2016	Service Date End 07/01/2016	*Revenue Code 0110	Procedure Code	Modifiers 1. 2. 3. 4.
*Unit Qualifier Units	*Service Units 31.00000	*Line Item Charge Amount \$ 9,811.81	Non-Covered Line Charges \$	Procedure Description

[Additional Service Line Information](#)

? Is there additional line-specific information/TPL to be entered?
 Yes No

NOTE: Click the Save & Add Other Svc Info/TPL link to enter line-level TPL amounts, and to include the following line-level information: Service Line Information, Service Line Provider Information, and Other Payer Service Line Information.

- Look for the Success message in red text, and notice line # 1

New Institutional Claim Other Service Information Print | Help

* Required Field

System successfully saved the Information.

Ln #:1

Submit Claim | Save & Return to Basic Service Line Item | Save Claim | Reset | Cancel

Primary Insurance – Web Portal

Step 11: Scroll down to the bottom of the page and click the button labeled **Add Other Payer Service Information**; the panel for Service Line Adjudication automatically expands

Other Payer Service Line Information

Other Payer Service Information

Other Payer Service Information

Add Other Payer Service Information

Sequence Number ▾	Other Payer Primary ID ▾	Procedure Code ▾	Paid Service Unit Count ▾	Service Line Paid Amount ▾	Adjudicated or Pay Date ▾
No Data					

Submit Claim Save & Return to Basic Service Line Item Save Claim Reset Cancel

- The **Sequence Number** field is automatically populated with “1”
- If there are multiple other insurances identified in the claim’s header, select the appropriate **Other Payer Primary ID** from the dropdown menu in this field (for this line level)
- In the **Service Amount Paid Amount** field enter the amount the other payer paid at line level
- In the **Adjudication or Pay Date** field enter the other payer’s paid date

Primary Insurance – Web Portal

- In the **Paid Service Unit Count** field enter how many units the other Payer paid for
- In the **Procedure Qualifier** field select an appropriate value from the dropdown menu
- In the **Procedure Code** field enter an appropriate code if required
- Add a Procedure Code Description, Bundled Line Number, and Procedure Code Modifiers if appropriate
- In the **Revenue Code** field enter the appropriate revenue code

New Other Payer Service Information Save | Reset | Cancel

Service Line Adjudication

Sequence Number 1	Other Payer Primary ID XXXXXXXX	*Service Line Paid Amount \$ 2,170.00	*Adjudicated or Pay Date 08152016	*Paid Service Unit Count 31.00000
*Procedure Qualifier ABC Code	*Procedure Code 99309	Procedure Code Description	Bundled Line Number	Procedure Code Modifiers 1. 2. 3. 4.
*Revenue Code 0110	Remaining Patient Liability \$			

Service Adjustment

Other Payer Rendering Provider

Primary Insurance – Web Portal

- Step 12:** If the claim needs to include any deductible and coinsurance information, expand the **Service Adjustment** panel
- Click the button labeled **Add Line Level Adjustments** to display the panel for New Line Level Adjustments

New Other Payer Service Information Save | Reset | Cancel

Service Line Adjudication

Sequence Number: 1
Other Payer Primary ID: XXXXXXXX
*Service Line Paid Amount: \$ 2,170.00
*Adjudicated or Pay Date: 08152016
*Paid Service Unit Count: 31.00000

*Procedure Qualifier: ABC Code
*Procedure Code: 99309
Procedure Code Description:
Bundled Line Number:
Procedure Code Modifiers: 1. 2. 3. 4.

*Revenue Code: 0110
Remaining Patient Liability: \$

Service Adjustment

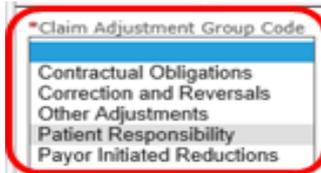
Line Level Adjustments

Add Line Level Adjustments

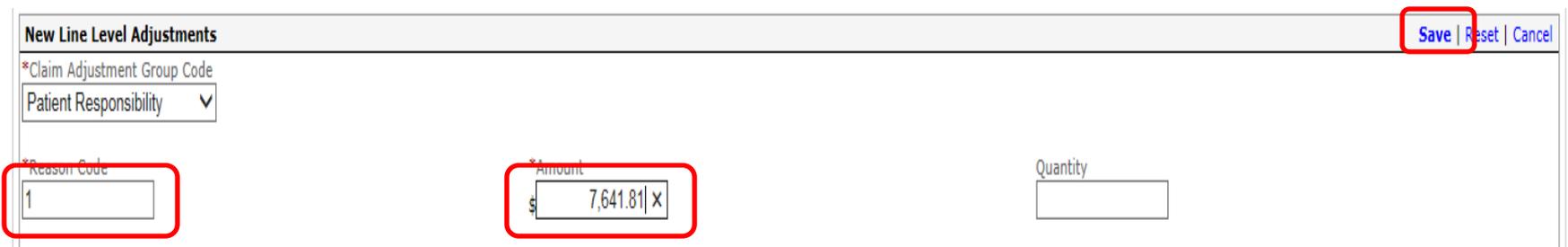
Claim Adjustment Group Code	Reason Code	Amount	Quantity
No Data			

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- In the field **Claim Adjustment Group Code**, select the appropriate value from the dropdown menu, for example, “Patient Responsibility”



- Enter **Reason Code** = 1
- Enter **Amount** = billed amount less the other payer payment
- Enter **Quantity** = number of units the other payer paid
- Click the **Save** link in the upper right corner of the panel

A screenshot of a web form titled "New Line Level Adjustments". The form has a header bar with "Save | Reset | Cancel" links on the right, which are enclosed in a red box. Below the header, there are three main input fields: 1. "*Claim Adjustment Group Code" with a dropdown menu showing "Patient Responsibility" selected. 2. "*Reason Code" with a text input field containing the number "1", enclosed in a red box. 3. "*Amount" with a text input field containing "\$ 7,641.81 | x", enclosed in a red box. To the right of the amount field is a "Quantity" label and an empty text input field. The form is enclosed in a light grey border.

Primary Insurance – Web Portal

- Notice the new line in the table of Line level Adjustments

Service Line Adjudication

Sequence Number: 1
Other Payer Primary ID: xxxxxxxx
*Service Line Paid Amount: \$ 2,170.00
*Adjudicated or Pay Date: 08152016
*Paid Service Unit Count: 31.00000

*Procedure Qualifier: ABC Code
*Procedure Code: 99309
Procedure Code Description:
Bundled Line Number:
Procedure Code Modifiers: 1. 2. 3. 4.

*Revenue Code: 0110
Remaining Patient Liability: \$

Service Adjustment

Line Level Adjustments
System successfully saved the Information.

Add Line Level Adjustments

Claim Adjustment Group Code	Reason Code	Amount	Quantity
Patient Responsibility	1	\$7,641.81	

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Primary Insurance – Web Portal

Step 13: Scroll up and click the **Save** link in the upper right corner of the New Other Payer Service Information section

New Other Payer Service Information Save | Reset | Cancel

Service Line Adjudication

Sequence Number Other Payer Primary ID *Service Line Paid Amount *Adjudicated or Pay Date *Paid Service Unit Count

- Notice the new line in the table of Other Payer Service Information and Success message
- Repeat Steps 3 & 4 as needed to add more Line Level items

Other Payer Service Line Information

Other Payer Service Information Add Other Payer Service Information

Other Payer Service Information
System successfully saved the Information.

Sequence Number	Other Payer Primary ID	Procedure Code	Paid Service Unit Count	Service Line Paid Amount	Adjudicated or Pay Date
1	-XXXXXXXXXXXX	99309	31.00000	\$2,170.00	08/15/2016

1 - 1 of 1

Submit Claim Save & Return to Basic Service Line Item Save Claim Reset Cancel

Primary Insurance – Web Portal

Step 14: Click the **Save & Return to Basic Service Line Item** button to save the detail line

Other Payer Service Information

Other Payer Service Information
System successfully saved the Information.

Add Other Payer Service Information

Sequence Number	Other Payer Primary ID	Procedure Code	Paid Service Unit Count	Service Line Paid Amount	Adjudicated or Pay Date
1	CXXXXXXXXXX	99309	31.00000	\$2,170.00	08/15/2016

1 - 1 of 1

Submit Claim **Save & Return to Basic Service Line Item** Save Claim Reset Cancel

Step 15: Click the **Save** on the detail line

Step 16: Click the **Save Claim** button to determine if exceptions will be found for the claim in its current condition. Fix any exceptions.

Edit Line Item

[Save](#) | [Save & Add Other SvcInfo/TPL](#) | [Reset](#) | [Delete](#) | [Cancel](#)

Service Date Begin: 07/01/2016
Service Date End: 07/01/2016
*Revenue Code: 0110
Procedure Code:
Modifiers: 1. 2. 3. 4.

*Unit Qualifier: Units
*Service Units: 31.00000
*Line Item Charge Amount: \$ 9,811.81
Non-Covered Line Charges: \$
Procedure Description:

Additional Service Line Information

Is there additional line-specific information/TPL to be entered?
 Yes No

NOTE: Click the Save & Add Other Svc Info/TPL link to enter line-level TPL amounts, and to include the following line-level information: Service Line Information, Service Line Provider Information, and Other Payer Service Line Information.

Submit Claim **Save Claim** Reset Cancel

Primary Insurance – Web Portal

Step 17: Click **Submit Claim**; the claim begins the adjudication process immediately

Basic Line Item Information

Total Claim Charge Amount: \$9,811.81 [Add Service Line Item](#)

Line #	Rev Code	Proc Code	Modifiers				Service Dates		Unit Qualifier	Units	Line Item Charge Amount \$	Non-covered Charges \$
			1	2	3	4	Begin	End				
1	0110						07/01/2016	07/01/2016	Units	31.00000	\$9,811.81	

1 - 1 of 1

[Submit Claim](#) [Save Claim](#) [Reset](#) [Cancel](#)

Miscellaneous Line Information

Claims Pricing/Repricing

Third Party Organization Notes

Service Line Attachments

Please wait while your Institutional 837 Claim is processing...

Please do not click on Refresh or Back button...



Primary Insurance – Web Portal

- Note the success message and the claim's TCN number
- Print the confirmation page for your records

IMPORTANT NOTE: This may not be the actual amount. Refer to the Remittance Advice (RA) for detailed payment information.

TCN: 16261100070000010

Your claim has been successfully submitted. Please print and attach this sheet to the front of any additional documentation required.

Claim Information

TCN: 16261100070000010
Date of Service: 07/01/2016 - 07/31/2016
Provider #:
Member ID:

Claim Status: 0 - To Be Paid
Total Charge: \$9,811.81
*To Be Paid Amount: \$6,686.38
*Co-Payment: \$0.00
*Total Recipient Liability: \$0.00

Submission Date/Time: 09/17/2016 9:38:28 AM CDT

*This may not be the actual amount. Please refer to your remittance advice for detailed payment information.

Adjustment Reason Codes

Line #	Adjustment Reason Code	Description
No Data		

Remark Codes

Line #	Remark Code	Description
No Data		

Mailing Address

Please send additional documentation to the following address.

ND Department of Human Services
600 E Boulevard Avenue
Department 325
Bismarck, ND 58505-0250

[Void or Replace this Claim](#) | [Create Claim from Processed Claim](#) | [Print Submission Page](#) | [Submit Another Claim](#) | [Claim Main Page](#)

