STEP-by-STEP GUIDE
Secondary Claim Instructions

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2019-09
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Requirements

SCENARIO #2

- The patient’s primary insurance is Cigna and Medicare is secondary. The patient is the subscriber for both policies.
- The primary payment(s) and adjustments(s) itemization is posted to each service line(s).

For training purposes, the instructions start from the viewpoint that the client has already opened the claim in our editor 2.0.

THE NECESSARY INFORMATION NEEDED IN ADDITION TO THE PROFESSIONAL MEDICAL CLAIM:

- The name of each of the insurance payers,
- The payer ID for each insurance payer,
- The member ID numbers for each subscriber for each insurance payer.
- The primary insurance EOB, as it will supply the payment and adjustment data.
  - The primary insurance payment amount of zero is valid.
  - The payment amount(s).
  - The adjustment amount(s).
  - The adjudication date.
  - The adjustment group codes and reason codes.

_Disclaimer:_ All claim information is fictitious. Please note no association of actual patients or events is intended.
START BY CHANGING THE DESTINATION PAYER TO THE SECONDARY PAYER. CLICK IN BOX 1.

This box will open up to display the Destination Payer as Cigna because that is the primary payer. The data needs to be changed to the secondary payer information. In this case Medicare.

Please change the Payer Name, Address, Insurance Type, Claim Filing Indicator, Responsibility, and Payer ID.

*Please note:* Medicare is unique in that an additional requirement is mandatory on every Medicare secondary claim: the **Insurance Type.** To know which code to use correctly for the patient’s case, use the drop down choices.
The following image has the finished secondary payer data, and it is enlarged for clarification.

### Destination Payer

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payer Name</td>
<td>MEDICARE</td>
</tr>
<tr>
<td>Address 1</td>
<td>P.O. BOX 1787</td>
</tr>
<tr>
<td>Address 2</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>MADISON</td>
</tr>
<tr>
<td>State</td>
<td>WI</td>
</tr>
<tr>
<td>Zip</td>
<td>53701</td>
</tr>
<tr>
<td>Country</td>
<td></td>
</tr>
<tr>
<td>Insurance Type</td>
<td>12 Medicare Secondary Working Aged Ber</td>
</tr>
<tr>
<td>Claim Filing Indicator</td>
<td>Medicare Part B</td>
</tr>
<tr>
<td>Responsibility</td>
<td>Secondary</td>
</tr>
<tr>
<td>Payer ID</td>
<td>117N9</td>
</tr>
</tbody>
</table>

If altering information in this field doesn’t correct the error, please contact Infinedi Customer Service.
NEXT CHANGE THE **SUBSCRIBER** TO THE SECONDARY SUBSCRIBER. CLICK IN BOX 4.

This box displays the primary subscriber information that matches the original primary claim. Change the data to the secondary subscriber, to match the secondary payer. Since the subscriber is the same person for both insurance policies, you only have to change the Member ID number to match the Medicare card.

Please change the Member ID.
NEXT, ADD THE PRIMARY SUBSCRIBER AND MATCHING PRIMARY PAYER INFORMATION. CLICK ON ADD INFO WIZARD BLUE BUTTON.

SELECT 2320-SBR-OTHER SUBSCRIBER INFORMATION

This selection from the above list displays both the subscriber and the corresponding insurance payer in a side-by-side view. By aligning the boxes side-by-side it is easy to match the correct subscriber to correct insurance payer.

In this case it will be the original primary subscriber and the original primary payer data that must be entered.

Initially, you see two blank boxes. To add the original primary subscriber, click on the Add Other Subscriber blue button. To add the original primary payer, click on the Add Other Payer blue button.

It is a requirement to complete both sets of information.
For the subscriber add the Name, Relationship, and the Member ID.

For the payer, please add the Name, Claim Filing Indicator, Responsibility, and the Payer ID.

The following image has the finished original primary subscriber and original primary payer data.
NEXT, ADD THE PRIMARY PAYER PAID AMOUNT ON THE CLAIM LEVEL. CLICK ON ADD INFO WIZARD BLUE BUTTON AGAIN.

SELECT 2320 AMT* OTHER CLAIM AMOUNTS

- 2320-SBR-Other Subscriber Information
- 2320-OI-Other Insurance Coverage Information
- 2320-CAS-Claim Level Adjustments
- 2320-AMT*Other Claim Amounts
- 2330A-REF*SY-Other Subscriber Secondary Identification
- 2330B-REF-Other Payor Identifiers

Your primary payer information will display. Click on the Add Payor Amount Paid blue button, and enter the primary paid amount in the field provided.
This paid amount is the **total payment from the primary payer**. This is the claim level payment that must balance with the itemized payment information on the service line(s).

**Hint:** Each primary paid amount, on each service line, must equal this total payment amount.
THE FINAL STEP(S) IS TO ADD THE ITEMIZED PRIMARY PAYER INFORMATION ON EACH OF THE SERVICE LINES. CLICK ON YOUR SERVICE LINE.

The primary payment and adjustment amount(s) is added to each service line(s). The following steps must be repeated for each service line. Zero amounts are valid, if that is what the primary payer paid.

Once the Service Line is opened, click on the Add Info Wizard blue button, within the line data. See the image below.

SELECT 2400-2430 LINE ADJUDICATION INFORMATION

- 2400-2420F-NM1-Referring Provider Name
- 2400-2420F-REF-Referring Provider Secondary Identification
- 2400-2420G-NM1-Ambulance Pick-Up Location
- 2400-2420G-N3/N4-Ambulance Pick-Up Address
- 2400-2420-NM1-Ambulance Drop-Off Location
- 2400-2420-N3/N4-Ambulance Drop-Off Address
- 2400-2430-Line Adjudication Information
- 2400-2440-LQ-Form Identification Code
- 2400-2440-FRM-Supporting Documentation
Initially, you see a blank box. Click on the Add Adjudication blue button.

**Hint:** You can leave the service line box open as you enter data in the Add Adjudication box. The open side-by-side view of the boxes help aide in clarification as you enter your data.

Three fields are already populated for you. This data corresponds to your opened up service line.

- Proc Code Qualifier, (The Proc Code Qualifier is usually HC.)
- Procedure Code
- Procedure Code Modifier.
STAYING WITHIN THE **LINE ADJUDICATION BOX**, NEXT, CLICK ON THESE **FOUR BLUE BUTTONS:**

- Add Payer ID Number,
- Add Line Adjustment,
- Add Date Claim Paid,
- Add Service Line Paid Amount.

The following image is enlarged for clarification.

Please note: the **Add Line Adjustment** is used for **each entry** of the contractual obligation, (write-off), and patient responsibility. Every time you click this blue button you will be given another section of fields to complete. To add the contractual obligation and the patient responsibility data, this button was **clicked twice**. That allowed two sections to display and both sets of data were added. See the following image.
### Scenario 2: Step-by-Step Guide

#### Line Adjudication

If altering information in this field doesn't correct the error, please contact Infinedi Customer Service.

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Line Number</td>
<td>1</td>
</tr>
<tr>
<td>Proc Code Qualifier</td>
<td>HC</td>
</tr>
<tr>
<td>Procedure Code</td>
<td>99941</td>
</tr>
<tr>
<td>Procedure Code Modifier 1</td>
<td>AT</td>
</tr>
<tr>
<td>Procedure Code Modifier 2</td>
<td>Proc Modifier 2</td>
</tr>
<tr>
<td>Procedure Code Modifier 3</td>
<td>Proc Modifier 3</td>
</tr>
<tr>
<td>Procedure Code Modifier 4</td>
<td>Proc Modifier 4</td>
</tr>
<tr>
<td>Proc Description</td>
<td></td>
</tr>
<tr>
<td>Paid Service Unit Count</td>
<td>1</td>
</tr>
<tr>
<td>Payer ID Number</td>
<td>12345</td>
</tr>
<tr>
<td>Adjustment Group Code</td>
<td>CO - Contractual Obligations</td>
</tr>
<tr>
<td>Adjustment Reason Code</td>
<td>45</td>
</tr>
<tr>
<td>Adjustment Amount</td>
<td>10.00</td>
</tr>
<tr>
<td>Adjustment Quantity</td>
<td>1</td>
</tr>
<tr>
<td>Adjustment Group Code</td>
<td>PR - Patient Responsibility</td>
</tr>
<tr>
<td>Adjustment Reason Code</td>
<td>3</td>
</tr>
<tr>
<td>Adjustment Amount</td>
<td>25.00</td>
</tr>
<tr>
<td>Adjustment Quantity</td>
<td>1</td>
</tr>
<tr>
<td>Date Claim Paid</td>
<td>08/01/2019</td>
</tr>
<tr>
<td>Service Line Paid Amount</td>
<td>20.00</td>
</tr>
</tbody>
</table>