

STEP-by-STEP

GUIDE

Secondary Claim Instructions

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ELECTRONIC DATA INTERCHANGE

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Requirements

SCENARIO #3

- The patient's primary insurance is Medicare and Cigna is secondary, through the spouse.
- The secondary allows for claim level primary payment information, thus no itemization is required.

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 Medicare because Medicare is the primary payer. The data needs to be changed to the secondary payer information. In this case Cigna.

Close
Add Info Wizard

Destination Payer

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

Payer Name	MEDICARE	←
Address 1	P.O. BOX 1787	←
Address 2		
City	MADISON	
State	WI	
Zip	53701	
Country		
Insurance Type	Choose... ▼	
Claim Filing Indicator	Medicare Part B ▼	←
Responsibility	Primary ▼	←
Payor ID	117N9	←

Delete

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

The following image has the finished secondary payer data.

Close

Add Info Wizard

Destination Payer

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

Payer Name	<input type="text" value="CIGNA"/>
Address 1	<input type="text" value="P.O. BOX 123"/>
Address 2	<input type="text"/>
City	<input type="text" value="MERRY"/>
State	<input type="text" value="CA"/>
Zip	<input type="text" value="12345"/>
Country	<input type="text"/>
Insurance Type	<input type="text" value="Choose..."/>
Claim Filing Indicator	<input type="text" value="Commercial Insurance Co."/>
Responsibility	<input type="text" value="Secondary"/>
Payor ID	<input type="text" value="937N9"/>

Delete

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. This subscriber is the person who owns the secondary policy.

Close	Subscriber	Add Date
Add Info Wizard		Add Contact

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

Suffix	<input type="text"/>	
First Name	JAN	←
Middle Initial	<input type="text"/>	
Last Name	BRADY	
Sex	F	←
Address	803 NARRILY	
City	TULSA	
State	OK	
Zip Code	74119	
Plan Name	<input type="text"/>	
Policy / Group	<input type="text"/>	
Relationship	Self	←
Pregnant	<input type="checkbox"/>	
Member Id	1EG4TE5MK73	←
Date Of Birth	02/14/1968	←

Delete **Delete**

Please change the Name, Sex, Relationship, Member Id, Date of Birth, and the Address if applicable.

The following image has the finished secondary subscriber data, and it is enlarged for clarification.

Close	<h2 style="margin: 0;">Subscriber</h2>	Add Date
Add Info Wizard		Add Contact

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

	Suffix	<input type="text"/>
	First Name	<input type="text" value="SAM"/>
	Middle Initial	<input type="text"/>
	Last Name	<input type="text" value="BRADY"/>
	Sex	<input type="text" value="M"/> ▼
	Address	<input type="text" value="803 NARRILY"/>
	City	<input type="text" value="TULSA"/>
	State	<input type="text" value="OK"/>
	Zip Code	<input type="text" value="74119"/>
	Plan Name	<input type="text"/>
	Policy / Group	<input type="text"/>
	Relationship	<input type="text" value="Choose..."/> ▼
	Pregnant	<input type="checkbox"/>
Delete	Member Id	<input type="text" value="123456789XQ"/>
Delete	Date Of Birth	<input type="text" value="12/25/1960"/> <input type="button" value="📅"/>

*** Either the Patient or the Subscriber must have a relationship. ***

NEXT, ADD THE ORIGINAL SUBSCRIBER TO THE PATIENT FIELD. THE ORIGINAL SUBSCRIBER IS NOW THE PATIENT. CLICK IN BOX 2.

Initially, you see a blank Patient box. Click on the **Add Patient** blue button and add the original subscriber's data completing the patient fields.

Hint: You can leave the subscriber box 4 open as you enter the data in the patient box 2. The open side-by-side view of the boxes help aide in clarification as you create the secondary claim.

The screenshot shows two side-by-side panels. The left panel is titled "Patient" and contains a "Close" button, an "Add Info Wizard" button, and an "Add Patient" button. The main area of the Patient panel is empty, with the text "No Data To Display" overlaid in a large, light grey font. An arrow points from this text to the "Add Patient" button. The right panel is titled "Subscriber" and contains a "Close" button, an "Add Info Wizard" button, an "Add Date" button, and an "Add Contact" button. Below these buttons is a form with the following fields: Suffix, First Name (SAM), Middle Initial, Last Name (BRADY), Sex (M), Address (123 MAIN), City (TULSA), State (OK), Zip Code (74119), Plan Name, Policy / Group, Relationship (Self), Pregnant (checkbox), and Member Id (123456789). A "Delete" button is located at the bottom of the Subscriber panel. A vertical separator between the panels shows a list of items with checkboxes and labels: FECA BKLUKUN, 3. PATIENT'S S, 12/2, 6. PATIENT'S R, Self, Spou, 8. RESERVED, 10. IS PATIENT, a. EMPLOYME, b. AUTO ACCI, c. OTHER ACCI, and 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other in this claim. I also request payment of government benefits either to myself or to the party who accepts assignm. There are "Delete" buttons next to the last two items.


Please add the Name, Sex, Relationship, and the Address if applicable.

The screenshot shows the same two side-by-side panels. The left panel, titled "Patient", now has a "Close" button, an "Add Info Wizard" button, a "Delete" button, and an "Add Date" button. The main area is populated with the following data: Suffix, First Name (JAN), Middle Initial, Last Name (BRADY), Sex (F), Address (803 NARRILY), City (TULSA), State (OK), Zip Code (74119), Relationship (Spouse), Pregnant (checkbox), and Date Of Birth (02/23/1968). The right panel, titled "Subscriber", remains the same as in the previous screenshot, with the same data: Suffix, First Name (SAM), Middle Initial, Last Name (BRADY), Sex (M), Address (803 NARRILY), City (TULSA), State (OK), Zip Code (74119), Plan Name, Policy / Group, Relationship (Self), Pregnant (checkbox), Member Id (123456789XX), and Date Of Birth (02/01/1968). The vertical separator between the panels shows the same list of items as before, with "Delete" buttons next to the last two items.

The following image has the finished patient data, and it is enlarged for clarification.

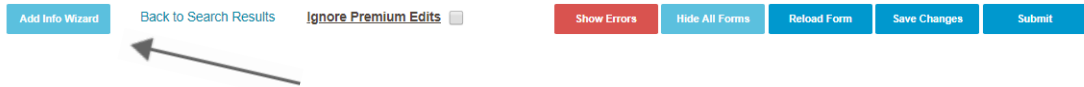
Close	Patient	Add Date
Add Info Wizard		
Delete		

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

Suffix	<input type="text"/>
First Name	<input type="text" value="JAN"/>
Middle Initial	<input type="text"/>
Last Name	<input type="text" value="BRADY"/>
Sex	<input type="text" value="F"/>
Address	<input type="text" value="803 NARRILY"/>
City	<input type="text" value="TULSA"/>
State	<input type="text" value="OK"/>
Zip Code	<input type="text" value="74119"/>
Relationship	<input type="text" value="Spouse"/>
Pregnant	<input type="checkbox"/>
Delete	Date Of Birth <input type="text" value="02/23/1968"/> 

Hint: You can close all of your opened boxes at one time, if you click on **HideAll Forms** button.

NEXT, ADD THE PRIMARY SUBSCRIBER AND MATCHING PRIMARY PAYER INFORMATION. CLICK ON [ADD INFO WIZARD](#) BLUE BUTTON.



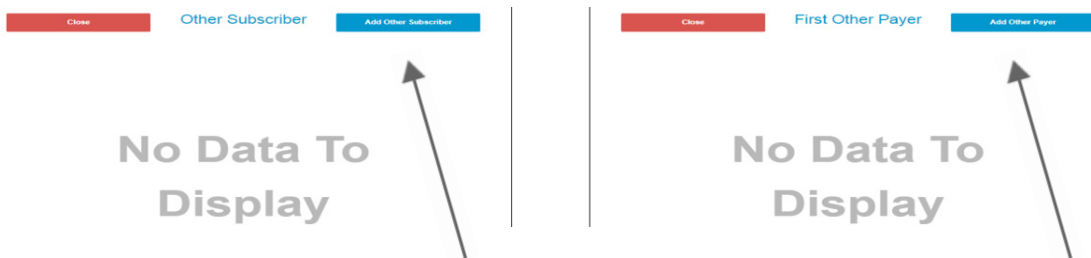
SELECT [2320-SBR-OTHER SUBSCRIBER INFORMATION](#)

- [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 Payer Identifiers](#)

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 Payer Identifiers

Your primary payer information will display. Click on the **Add Payer Amount Paid** blue button, and enter the primary paid amount in the field provided.



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

Payer Name	MEDICARE
Address 1	
Address 2	
City	
State	
Zip	
Country	
Insurance Type	Choose... ▼
Claim Filing Indicator	Medicare Part B ▼
Responsibility	Primary ▼
Payor ID	12345

Delete

This paid amount is the **total payment from the primary payer.** .

Close
Delete

First Other Payer -
P

Add Non Covered Charges
Add Amount Owed

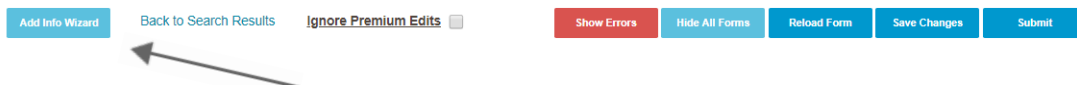
If altering information in this field doesn't correct the error, please contact Infinedi Customer Service.

Payer Name	MEDICARE
Address 1	
Address 2	
City	
State	
Zip	
Country	
Insurance Type	Choose... ▼
Claim Filing Indicator	Medicare Part B ▼
Responsibility	Primary ▼
Payor ID	12345
Payor Amount Paid	20.00

←

Delete
Delete

NEXT, ADD THE PRIMARY PAYER ADJUSTMENT AMOUNTS ON THE CLAIM LEVEL. CLICK ON **ADD INFO WIZARD** BLUE BUTTON AGAIN.



SELECT 2320 CAS- CLAIM LEVEL ADJUSTMENTS

- 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 Payer Identifiers

Your primary payer information will display. Click on the **Add Adjustment** blue button, and enter the primary contractual obligation, (write-off), and the patient responsibility amount(s) in the fields provided.



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

Payer Name	Medicare
Address 1	
Address 2	
City	
State	
Zip	
Country	
Insurance Type	Choose... ▼
Claim Filing Indicator	Medicare Part B ▼
Responsibility	Primary ▼
Payor ID	12345

Delete

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.

Each time the **Add Adjustment** blue button is clicked, this pop-up box appears. The data is entered here, and then click the **Add** blue button, and we will place the data into the larger **Claim Level Adjustments** box.

Add Adjustment

Adjustment Type	Choose... ▼
Adjust. Reason Code	<input type="text"/>
Amount Value	<input type="text"/>
Adjust. Quantity	<input type="text"/>

The drop down menu displays all of the choices for your adjustments.

Add Adjustment

Adjustment Type	Choose... ▼	
Adjust. Reason Code	Choose... CO - Contractual Obligations CR - Correction and Reversals OA - Other Adjustments PI - Payor Initiated Reductions PR - Patient Responsibility	←
Amount Value	<input type="text"/>	
Adjust. Quantity	<input type="text"/>	

→

As multiple adjustments are added, the **Claim Level Adjustments** box will extend in length, if needed a scroll bar will appear. The claim can have as many adjustments as are needed. The example does have a scroll bar; therefore the image is in two sections.

Close
Delete

First Other Payer - P


Add Adjustment

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

Payer Name	Medicare
Address 1	
Address 2	
City	
State	
Zip	
Country	
Insurance Type	Choose... ▼
Claim Filing Indicator	Medicare Part B ▼
Responsibility	Primary ▼
Payor ID	12345
Adjustment Type	CO - Contractual Obligations ▼
Adjust. Reason Code	45
Amount Value	10.00
Adjust. Quantity	1

Delete

Delete



After the **Add Adjustments** blue button was clicked the second time, the box extended in length. This is when the scroll bar displayed. See the following image.

Payer Name	Medicare
Address 1	
Address 2	
City	
State	
Zip	
Country	
Insurance Type	Choose... ▼
Claim Filing Indicator	Medicare Part B ▼
Responsibility	Primary ▼
Payor ID	12345

Delete

Adjustment Type	CO - Contractual Obligations ▼
Adjust. Reason Code	45
Amount Value	10.00
Adjust. Quantity	1

Delete

Adjustment Type	PI - Payor Initiated Reductions ▼
Adjust. Reason Code	2
Amount Value	25.00
Adjust. Quantity	1

Delete



It is important to note, the previous entry of the primary paid amount **will not display** in this box. This box is only for the adjustment data.



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