



*STEP-by-STEP*

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# GUIDE

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*Secondary Claim Instructions*

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ELECTRONIC DATA INTERCHANGE

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# Requirements

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## SCENARIO #4

- The patient's primary insurance is Blue Cross and Cigna is secondary, through the spouse.
- The primary payment(s) and adjustment(s) itemization is posted to each service line(s).

For training purposes, these instructions start from the viewpoint that the claim is already opened 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 Blue Cross because that 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	OK BLUE CROSS & BLUE SHIELD	←
Address 1	1133 SW TULSA BLVD.	←
Address 2		
City	TULSA	
State	OK	
Zip	666010239	
Country		
Insurance Type	Choose... ▼	
Claim Filing Indicator	Blue Cross / Blue Shield ▼	←
Responsibility	Primary ▼	←
Payor ID	337N9	←

Delete

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

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

**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.

<div style="background-color: #e74c3c; color: white; padding: 5px; text-align: center;">Close</div> <div style="background-color: #2980b9; color: white; padding: 5px; text-align: center;">Add Info Wizard</div>	<h2 style="color: #2980b9;">Subscriber</h2>	<div style="background-color: #2980b9; color: white; padding: 5px; text-align: center;">Add Date</div> <div style="background-color: #2980b9; color: white; padding: 5px; text-align: center;">Add Contact</div>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

If altering information in this field doesn't correct the error, please contact Infnedi 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"/>	
	Plan Name	<input type="text"/>	
	Policy / Group	<input type="text"/>	
	Relationship	<input type="text" value="Self"/>	←
	Pregnant	<input type="checkbox"/>	
<div style="background-color: #e74c3c; color: white; padding: 5px; text-align: center;">Delete</div>	Member Id	<input type="text" value="1EG4TE5MK73"/>	←
<div style="background-color: #e74c3c; color: white; padding: 5px; text-align: center;">Delete</div>	Date Of Birth	<input type="text" value="02/14/1968"/> <input type="button" value="📅"/>	←

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.

<b>Close</b>	<h2>Subscriber</h2>	<b>Add Date</b>
<b>Add Info Wizard</b>		<b>Add Contact</b>

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"/>
Member Id	<input type="text" value="123456789XQ"/>
Date Of Birth	<input type="text" value="12/25/1960"/>

**Delete**

**Delete**

\*\*\* 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. Below these is a large grey box with the text 'No Data To Display' and an arrow pointing 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 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 central vertical pane contains various status indicators and checkboxes.

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

The screenshot shows the same two side-by-side panels. The 'Patient' box now contains a form with the following fields: 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 'Subscriber' box remains the same as in the previous screenshot. The central vertical pane is also visible.




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

Close      Patient      Add Date

Add Info Wizard

Delete

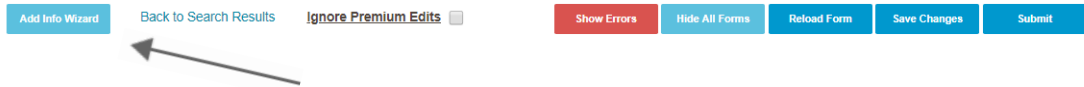
If altering information in this field doesn't correct the error, please contact InfinEDI Customer Service.

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

Delete

**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.



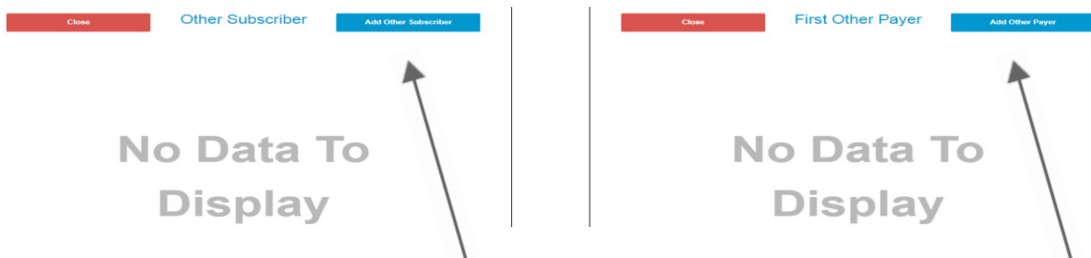
### SELECT 2320-SBR-OTHER SUBSCRIBER INFORMATION

- 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.

**Close** First Other Subscriber - P  
**Delete**

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

Suffix

First Name

Middle Initial

Last Name

Sex

Address

City

State

Zip Code

Plan Name

Policy / Group

Relationship

Pregnant

Member Id

**Delete**

**Close** First Other Payer - P  
**Delete**

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

Payer Name

Address 1

Address 2

City

State

Zip

Country

Insurance Type

Claim Filing Indicator

Responsibility

Payor ID

**Delete**

The following image has the finished original primary subscriber and original primary payer data.

**Close** First Other Subscriber - P  
**Delete**

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

Suffix

First Name

Middle Initial

Last Name

Sex

Address

City

State

Zip Code

Plan Name

Policy / Group

Relationship

Pregnant

Member Id

**Delete**

**Close** First Other Payer - P  
**Delete**

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

Payer Name

Address 1

Address 2

City

State

Zip

Country

Insurance Type

Claim Filing Indicator

Responsibility

Payor ID

**Delete**

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 Infinedi Customer Service.

Payer Name	BLUE CROSS
Address 1	
Address 2	
City	
State	
Zip	
Country	
Insurance Type	Choose... ▼
Claim Filing Indicator	Blue Cross / Blue Shield ▼
Responsibility	Primary ▼
<b>Delete</b>	Payor ID 333N9

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).

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	BLUE CROSS
Address 1	
Address 2	
City	
State	
Zip	
Country	
Insurance Type	Choose... ▼
Claim Filing Indicator	Blue Cross / Blue Shield ▼
Responsibility	Primary ▼
Payor ID	333N9
Payor Amount Paid	20.00 ←

Delete  
Delete

**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.



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

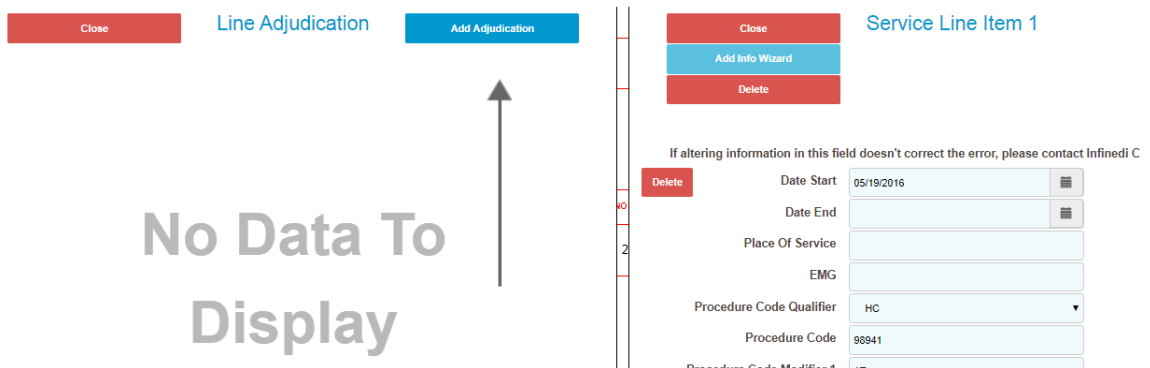
<b>Delete</b>	Date Start	05/19/2016	
	Date End		
	Place Of Service		
	EMG		
	Procedure Code Qualifier	HC	▼
	Procedure Code	98941	
	Procedure Code Modifier 1	AT	

**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

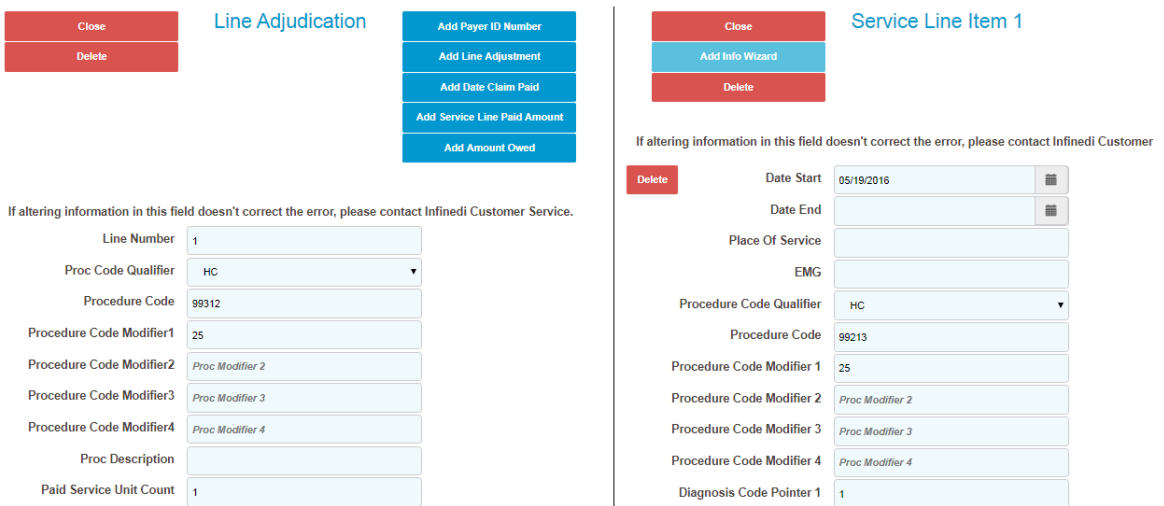
Initially, you see a blank box. Click on the **Add Adjudication** blue button.

**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.

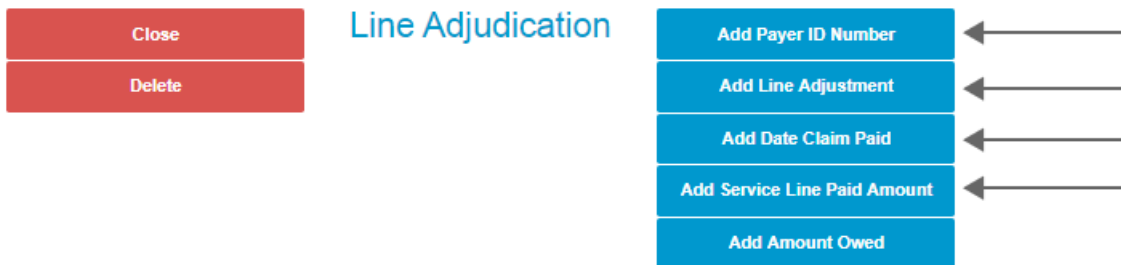
- Proc Code Qualifier, (The Proc Code Qualifier is usually **HC**.)
- Procedure Code
- Procedure Code Modifier.



**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.



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

Line Number	<input type="text" value="1"/>
Proc Code Qualifier	<input type="text" value="HC"/>
Procedure Code	<input type="text" value="99312"/>
Procedure Code Modifier1	<input type="text" value="25"/>
Procedure Code Modifier2	<input type="text" value="Proc Modifier 2"/>
Procedure Code Modifier3	<input type="text" value="Proc Modifier 3"/>
Procedure Code Modifier4	<input type="text" value="Proc Modifier 4"/>
Proc Description	<input type="text"/>
Paid Service Unit Count	<input type="text" value="1"/>

**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.



Close  
Delete

## Line Adjudication

Add Line Adjustment  
Add Amount Owed

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

	Line Number	1	
	Proc Code Qualifier	HC	
	Procedure Code	98941	
	Procedure Code Modifier1	AT	
	Procedure Code Modifier2	Proc Modifier 2	
	Procedure Code Modifier3	Proc Modifier 3	
	Procedure Code Modifier4	Proc Modifier 4	
	Proc Description		
	Paid Service Unit Count	1	
Delete	Payer ID Number	12345	
Delete	Adjustment Group Code	CO - Contractual Obligations	
	Adjustment Reason Code	45	
	Adjustment Amount	10.00	
	Adjustment Quantity	1	
Delete	Adjustment Group Code	PR - Patient Responsibility	
	Adjustment Reason Code	3	
	Adjustment Amount	25.00	
	Adjustment Quantity	1	
Delete	Date Claim Paid	08/01/2019	
Delete	Service Line Paid Amount	20.00	



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