



*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 #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.

Close  
Add Info Wizard

### Destination Payer

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

Payer Name	CIGNA	←
Address 1	P.O. BOX 123	←
Address 2		
City	MADISON	
State	WI	
Zip	12345	
Country		
Insurance Type	Choose...	←
Claim Filing Indicator	Commercial Insurance Co.	←
Responsibility	Primary	←
Payor ID	937N9	←

Delete

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.

**Close**      **Destination Payer**

**Add Info Wizard**

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

Payer Name	MEDICARE
Address 1	P.O. BOX 1787
Address 2	
City	MADISON
State	WI
Zip	53701
Country	
Insurance Type	12 Medicare Secondary Working Aged Bei ▼
Claim Filing Indicator	Medicare Part B ▼
Responsibility	Secondary ▼
Payor ID	117N9

**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. 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.

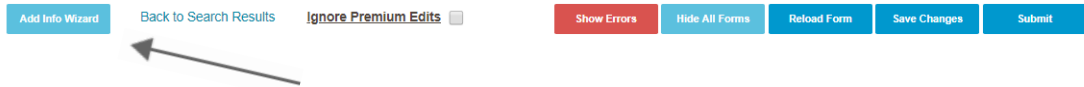
<div style="background-color: #e74c3c; color: white; padding: 5px; text-align: center;">Close</div> <div style="background-color: #2980b9; color: white; padding: 5px; text-align: center;">Add Info Wizard</div>	<h2 style="color: #2980b9;">Subscriber</h2>	<div style="background-color: #2980b9; color: white;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

Please change the Member ID.

NEXT, ADD THE PRIMARY SUBSCRIBER AND MATCHING PRIMARY PAYER INFORMATION. CLICK ON **ADD INFO WIZARD** BLUE BUTTON.



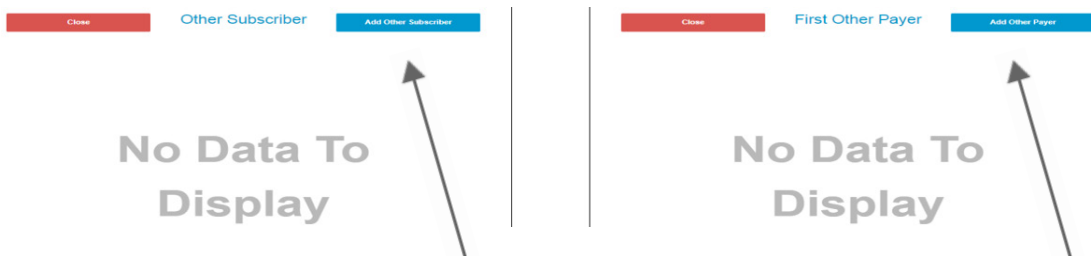
### SELECT 2320-SBR-OTHER SUBSCRIBER INFORMATION

- 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  
Delete

First Other Subscriber - P

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

First Other Payer - P

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

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  
Delete

First Other Subscriber - P

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

First Other Payer - P

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

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 Payor 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	CIGNA
Address 1	
Address 2	
City	
State	
Zip	
Country	
Insurance Type	Choose... ▼
Claim Filing Indicator	Commercial Insurance Co. ▼
Responsibility	Primary ▼
Payor ID	937N9


**Delete**

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).

<input type="button" value="Close"/>	<b>First Other Payer -</b>	<input type="button" value="Add Non Covered Charges"/>
<input type="button" value="Delete"/>	<b>P</b>	<input type="button" value="Add Amount Owed"/>

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"/>
Address 2	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip	<input type="text"/>
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="Primary"/>
<input type="button" value="Delete"/>	Payor ID <input type="text" value="937N9"/>
<input type="button" value="Delete"/>	Payor Amount Paid <input type="text" value="20.00"/>



**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.

The image shows two side-by-side panels. On the left, the 'Line Adjudication' panel has a red 'Close' button, a blue 'Add Adjudication' button, and a large grey text overlay that says 'No Data To Display'. An arrow points from the 'Add Adjudication' button towards the right panel. On the right, the 'Service Line Item 1' panel has a red 'Close' button, a blue 'Add Info Wizard' button, and a red 'Delete' button. Below these buttons is a warning message: 'If altering information in this field doesn't correct the error, please contact Infinedi C'. The form contains the following fields: 'Date Start' (05/19/2016), 'Date End', 'Place Of Service', 'EMG', 'Procedure Code Qualifier' (dropdown menu with 'HC' selected), and 'Procedure Code' (98941).

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

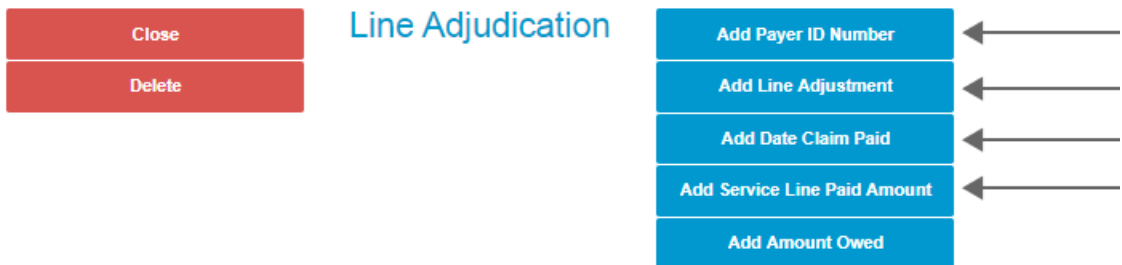
- Proc Code Qualifier, (The Proc Code Qualifier is usually **HC**.)
- Procedure Code
- Procedure Code Modifier.

The image shows two side-by-side panels with data populated. On the left, the 'Line Adjudication' panel has a red 'Close' button and a red 'Delete' button. The form contains the following fields: 'Line Number' (1), 'Proc Code Qualifier' (dropdown menu with 'HC' selected), 'Procedure Code' (98312), 'Procedure Code Modifier1' (25), 'Procedure Code Modifier2' (Proc Modifier 2), 'Procedure Code Modifier3' (Proc Modifier 3), 'Procedure Code Modifier4' (Proc Modifier 4), 'Proc Description', and 'Paid Service Unit Count' (1). On the right, the 'Service Line Item 1' panel has a red 'Close' button, a blue 'Add Info Wizard' button, and a red 'Delete' button. Below these buttons is a warning message: 'If altering information in this field doesn't correct the error, please contact Infinedi Customer Service'. The form contains the following fields: 'Date Start' (05/19/2016), 'Date End', 'Place Of Service', 'EMG', 'Procedure Code Qualifier' (dropdown menu with 'HC' selected), 'Procedure Code' (98213), 'Procedure Code Modifier 1' (25), 'Procedure Code Modifier 2' (Proc Modifier 2), 'Procedure Code Modifier 3' (Proc Modifier 3), 'Procedure Code Modifier 4' (Proc Modifier 4), and 'Diagnosis Code Pointer 1' (1).

**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	
<b>Delete</b>	Payer ID Number	12345	←
<b>Delete</b>	Adjustment Group Code	CO - Contractual Obligations	▼ ←
	Adjustment Reason Code	45	
	Adjustment Amount	10.00	
	Adjustment Quantity	1	←
<b>Delete</b>	Adjustment Group Code	PR - Patient Responsibility	▼ ←
	Adjustment Reason Code	3	
	Adjustment Amount	25.00	
	Adjustment Quantity	1	←
<b>Delete</b>	Date Claim Paid	08/01/2019	←
<b>Delete</b>	Service Line Paid Amount	20.00	

