

JOB AID

How to Indicate Other Payer Details or an Override on a Claim

OVERVIEW

This Job Aid provides step-by-step instructions to indicate Other Payer details on a claim in NCTracks. Medicaid is the payer of last resort, and “Other Payer” refers to any other primary payer, including but not limited to private/commercial insurance, HMOs, and Medicare including Medicare Part C Advantage Plans.

It is very important that the primary payer details be submitted to NC Medicaid exactly as they appear on the primary payer’s Explanation of Benefits (EOB)/Remittance Advice (RA). This includes accurately documenting and submitting the Claim Adjustment Reason Codes (CARCs) and Claim Adjustment Group Codes (CAGCs) in either the **Claim Level Adjustments** or **Line Level Adjustments** section. Not indicating the CARCs and CAGCs as they were displayed from the primary payer can result in a claim denial or an inappropriate/fraudulent payment.

The example provided in this Job Aid is for a professional claim, but all claim types (professional, institutional, and dental) use the same approach. The data submitted in the **Other Payer** sections on the NCTracks portal is formatted the same as the Coordination of Benefits (COB) and Claims Adjustment Segment (CAS) segments of the 837 transactions.

Note: Delay Reason Code 7-3PPDELAY (7 – Third Party Processing Delay) can be selected from the **Claim Information** tab’s **Additional Claim Information** section if a time limit override is needed. See the Job Aid *Provider Adjustment, Time Limit & Medicare Override* for further details about the appropriate use of this delay reason code. When this delay reason code is used, a third-party insurance carrier’s EOB/RA must be attached to the claim.

ADDING OTHER PAYERS

After entering the claim information on the **Patient/Insured**, **Claim Information**, and **Provider Information** tabs, navigate to the **Other Payers** tab.

Step	Action
1	On the Other Payers tab, select Yes for the question, “ Would you like to add All Other Payers? ”. The All Other Payers section expands.

Create Professional Claim

* indicates a required field

Legend

Patient / Insured * Claim Information * Provider Information * **Other Payers** Service(s) Attachments

Last Name: First Name: Recipient ID:

ALL OTHER PAYERS
Would you like to add All Other Payers?
 Yes No

Removing an Other Payer in this section will remove all its instances.
After a row has been added, click on the row to add / edit more details for an individual row.

ALL OTHER PAYERS	* Other Payer Name	Other Subscriber Name	* Date Paid	Paid Amount
	Medicare		08/22/2013	\$0.00

2 3 4 5 Add Clear

« Previous Next » Submit Save Draft Copy Cancel

Step	Action
2	Enter the Other Payer Name (e.g., Medicare, Cigna, BCBS, etc.).
3	In the Date Paid field, enter the other payer's EOB/Remittance claim processed date.
4	In the Paid Amount field, enter the total claim amount covered or paid by the other payer. If no payment was made by the other payer, it is not necessary to enter \$0.00; leave this field blank, as \$0.00 is the default. Individual detail line item amounts should be entered in a later section of the Other Payers tab.
5	Select the Add button to add the Payer. The Editing Row displays.

ALL OTHER PAYERS
Would you like to add All Other Payers?
 Yes No

Removing an Other Payer in this section will remove all its instances.
After a row has been added, click on the row to add / edit more details for an individual row.

ALL OTHER PAYERS	* Other Payer Name	Other Subscriber Name	* Date Paid	Paid Amount
	Medicare		08/22/2013	\$0.00

Editing Row #1

Other Payer Information

* Other Payer Primary ID: Payer Claim Id Number:

* Date Paid: 08/22/2013 Other Payer Name: Medicare Other Payer Secondary ID:

Paid Amount: \$ 0.00

Other Subscriber

* Last Name: First Name: Middle Initial:

* Other Insured Identifier: Other Insured Additional Identifier: Insurance Type Code:

* Payer Sequence #:

Address Information

Would you like to add Address Information?
 Yes No

* Relationship: Claim Filing Ind:

Group Name: Group Number:

OTHER PAYER INFORMATION

ALL OTHER PAYERS	* Other Payer Name	Other Subscriber Name	* Date Paid	Paid Amount
1. Medicare			08/22/2013	0.00

Editing Row #1

Other Payer Information

* Other Payer Primary ID: **1** Payer Claim Id Number:

* Date Paid: 08/22/2013 **2** Other Payer Name: Medicare Other Payer Secondary ID:

Paid Amount: \$ 0.00 **3**

In the **Editing Row**, complete the following required fields.

Step	Action
1	In the Other Payer Primary ID field, enter the other payer identification or policy number.
2	In the Date Paid field, enter the claim processed date, as shown on the other payer's EOB.
3	In the Paid Amount field, enter the total amount covered or paid by the other payer. If no payment was made by the other payer, it is not necessary to enter \$0.00; leave this field blank, as \$0.00 is the default. Individual detail line amounts will be explained in later sections.

OTHER SUBSCRIBER

Other Subscriber

* Last Name: **1** First Name: Middle Initial:

* Other Insured Identifier: **2** Other Insured Additional Identifier: Insurance Type Code:

* Payer Sequence #: **3**

Address Information

Would you like to add Address Information?
 Yes No

* Relationship: **4** Claim Filing Ind: **5**

Group Name: **6** Group Number: **7**

Under the **Other Subscriber** section, complete the following fields.

Note: Hover over the drop-down menu options to view a detailed description of each option.

Step	Action
1	Enter the Last Name , First Name , and Middle Initial of the primary policyholder. This is typically the recipient, but could be a parent, spouse, etc. (reference the options on the Relationship drop-down menu). Last Name is the only required field.
2	In the Other Insured Identifier field, enter the appropriate other payer identifier. This can match the name entered in the Other Payer Name field. Note: Use the Other Insured Additional Identifier when you are using a secondary or alternate number used to describe the member such as the Social Security Number. Note: Use the Insurance Type Code field to select a code identifying the type of insurance within a specific insurance program.
3	In the Payer Sequence # field, select the other payer(s) sequence order. For example, if a recipient has Medicare as primary and commercial insurance as secondary, then select primary for Medicare and secondary when entering the commercial insurance details.
4	In the Relationship field, select the primary policyholder's relationship to the recipient (Self, Spouse, Child, etc.).

Step	Action
5	In the Claim Filing Ind field, select the appropriate option. Hover over each menu option for a description. Note: The Claim Filing Ind field is a required field and MUST be populated to prevent the claim from being denied. For Medicare Advantage Plan (HMO), select 16-MEDICARE-C.
6	In the optional Group Name field, enter the group policy name.
7	In the optional Group Number field, enter the group policy number.

The screenshot shows the 'Editing Row #1' form with several sections: 'Other Payer Information', 'Other Subscriber', and 'Address Information'. A dropdown menu for 'Claim Filing Ind' is open, showing options like 11-OTH-NONFED, 12-PPO, 13-POS, 14-EPO, 15-INDEM-INS, 16-MEDICARE-C, 17-DNTLMNTORG, AM-AUTO-MED, BL-BC-BS, CH-CHAMPUS, CI-COMM-INS, DS-DISABILITY, FI-FEDEMPGM, HM-HM, LM-LIAB-MED, MA-MEDICARE-A, MB-MEDICARE-B, MC-MEDICAID, OF-OTH-FEDPRG, TV-TITLE-V, YA-YA-PLAN, YWC-WORK-COMP, and ZZ-MUT-DEFIND. A red circle with the number '5' is placed over the '16-MEDICARE-C' option. The 'Date Paid' field is set to 08/29/2013 and 'Paid Amount' is \$0.00. The 'Payer Sequence #' is set to P-PRIMARY.

Note: If you select **Yes** for the question, “**Would you like to add Address Information?**”, the section expands to allow you to add address information of the insured.

OTHER INSURANCE COVERAGE INFORMATION

The screenshot shows the 'Other Insurance Coverage Information' section of the form. It includes fields for 'Assignment of Benefits' (marked with a red circle '1') and 'Release of Information' (marked with a red circle '2'). Below these are 'Other Amounts' fields for 'Remaining Patient Liability' and 'COB Total Non-Covered Charge Amount', both set to \$0.00. There is also a 'Claim Level Adjustments' section with a question 'Would you like to add Claim Level Adjustments?' and radio buttons for 'Yes' and 'No'. At the bottom right of the section are buttons for 'Save Other Payer', 'Cancel Changes', and 'Clear'. Navigation buttons 'Previous' and 'Next' are visible at the bottom of the page.

Under the **Other Insurance Coverage Information** section, complete the following fields.

Note: Hover over the drop-down menu options to view a detailed description of each option.

Step	Action
1	In the Assignment of Benefits drop-down menu, if the above sections were completed, select Yes and complete the following sections.
2	In the Release of Information field, select the appropriate option: <ul style="list-style-type: none"> • Informed C: Informed Consent to Release Medical Information for conditions or diagnosis regulated by federal statutes. • Signed: Yes, provider has a signed statement permitting the release of medical billing data related to a claim.

OTHER AMOUNTS

The **Other Amounts** section allows entry of third-party payer payment amount information for a professional claim.

Step	Action
1	In the Remaining Patient Liability field, enter the amount deemed to be paid by the patient according to the other payer’s adjudication.
2	In the COB Total Non-Covered Charge Amount field, enter the total amount of the non-covered charges.

CLAIM LEVEL ADJUSTMENTS

This section provides instruction on entering data provided on the third-party insurance carrier’s EOB/RA/835, such as the deductible, co-pay, co-insurance codes and their corresponding amounts. The **Claim Level Adjustments** section is used for entering the data at the claim header level.

Step	Action
1	For the question, “ Would you like to add Claim Level Adjustments? ”, select Yes .
2	The Adjustment Group Code identifies the general category of payment adjustment. Select the appropriate CAGC from the following drop-down menu options. Note: Hover over the drop-down menu options to view a detailed description of each option. <ul style="list-style-type: none"> • CO: Contractual Obligations • CR: Corrections and Reversals • OA: Other Adjustments • PI: Payer Initiated Reductions • PR: Patient Responsibility
3	In the Adjustment Reason Code field, select the appropriate CARC. CARCs communicate why a claim or service line was paid differently than it was billed. If there is no adjustment to a claim/line, then there is no CARC. Detailed descriptions of CARCs can be found at: http://www.wpc-edi.com/reference/ > Health Care Code Lists > Claim Adjustment Reason Codes (CARC).

The CARCs and CAGCs determine how NCTracks reacts to Third Party Liability (TPL) editing. For example, if a prior payer’s EOB posts CARC 97 at the claim header or claim line, then NCTracks posts the denial EOB 01843 – MEDICAID DENIED BASED ON CLAIM ADJUSTMENT REASON ASSIGNED BY PRIOR PAYER.

Important: Enter the CARCs and CAGCs **exactly** as they appear on the prior payer’s EOB/RA/835. DO NOT enter the codes at the header if they only apply to a single line on the claim; doing this could cause the entire claim to deny.

Step	Action
4	In the Adjustment Amount field, enter the applicable adjustment amount for the specific CAGC/CARC combination applied.
5	Select the Add button. Note: A separate line should be entered for each different type of CAGC/CARC combination. For example, if the recipient has a deductible, co-pay, or co-insurance with the other payer, add a separate line for each.
6	Select the Save Other Payer button.
7	Select Next when this section is complete.

CLAIM SERVICE LINE LEVEL ADJUSTMENTS

This section provides instruction on entering data provided on the third-party insurance carrier's EOB/RA/835, such as the deductible, co-pay, co-insurance codes and their corresponding amount at the claim service line level. This data is entered on the **Service(s)** tab.

Step	Action
1	Select the Service(s) tab.
2	To access the COB information on the service line, you must first enter the appropriate Diagnosis code in the provided Code field.
3	Select the Add button to add the code, and repeat as needed for multiple diagnoses.

DIAGNOSIS INFORMATION

Choose Favorite:

	* Code	Description
1.	2500	DIABETES MELLITUS UNCOMP

After a row has been added, click on the row to add / edit more details for an individual row.

SERVICE LINES

	* Date(s) of Service	* Procedure	Modifiers	* Pointers	* Amount	* Quantity	* Quantity Type	Line Item Control Number
	08/29/2013 to 08/29/2013	99214		1	\$100.00	5.00	UN-UNITS	

1A
1B
1C
1D
1E
1F
2

Step	Action
1	In the Service Lines section, enter the following required information: A. From and To Dates of Service B. Procedure Code and Modifiers, if applicable C. Pointers D. Amount E. Quantity F. Quantity Type
2	Select the Add button. The Editing Row displays.

If the third-party insurance carrier's EOB/RA/835 displays processing information at the service line level, then it should be entered in this service line level section. If the information is not entered at all or not entered as it was displayed by the prior payer, then the Medicaid claim may deny or pay improperly.

After a row has been added, click on the row to add / edit more details for an individual row.

SERVICE LINES								
	* Date(s) of Service	* Procedure	Modifiers	* Pointers	* Amount	* Quantity	* Quantity Type	Line Item Control Number
1.	08/29/2013-08/29/2013	99214		1	100.00	5.00	UN-UNITS	

Editing Row #1

Service Line

* Procedure Code: 99214 * Quantity: 5.00

* Quantity Type: UN-UNITS

Description: ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT
TYPICALLY 25 MINUTES

* Service Date: 08/29/2013 to 08/29/2013

Modifiers: * Pointers: 1

* Amount: \$ 100.00 Line Item Control Number:

General Information

Place of Service: Prior Approval #: Mammography Cert. #: Sales Tax Amount: \$

Referral #: Immunization Batch #: CLIA: Emergency EPSDT Indicator Family Planning Indicator Copay Exempt

Additional Line Item Information

Would you like to add Additional Line Item Information?

1 Yes ←

Save Service Line Cancel Changes Clear

Step	Action
1	At the bottom of the Editing Row , for the question, “ Would you like to add Additional Line Item Information? ”, select Yes .

Line Item Adjudication Information

Would you like to add Line Item Adjudication Information?

Yes No

After a row has been added, click on the row to add / edit more details for an individual row.

LINE ITEM ADJUDICATION INFORMATION						
* Other Payer	* Service Line Paid Amount	* Paid Procedure Code	Modifiers	* Paid Units Of Service	* Date Claim Paid	Remaining Patient Liability: \$
1	2	3		4	5	6

7 Save Service Line Cancel Changes Clear

Step	Action
1	Enter the Other Payer name (e.g., Medicare, Cigna, BCBS, etc.).
2	Enter the Service Line Paid Amount (the detail line amount).
3	Enter the Paid Procedure Code .
4	Enter the Paid Units of Service .

Step	Action
5	Enter the Date Claim Paid .
6	Select the Add button if you need to add additional detail lines.
7	Select the Save Service Line button.

Line Item Adjudication Information

Would you like to add Line Item Adjudication Information?

Yes No

After a row has been added, click on the row to add / edit more details for an individual row.

LINE ITEM ADJUDICATION INFORMATION						
* Other Payer	* Service Line Paid Amount	* Paid Procedure Code	Modifiers	* Paid Units Of Service	* Date Claim Paid	Remaining Patient Liability: \$
bcbs	50	99214		2	08/01/2013	
	\$				mm/dd/yyyy	\$

Add Clear

Save Service Line Cancel Changes Clear

Step	Action
1	The line item displays. To expand the Line Level Adjustments section and add the CARC and CAGC details, select the + (plus) sign next to the Other Payer hyperlink.
	The expanded Line Level Adjustments section displays.

LINE ITEM ADJUDICATION INFORMATION						
* Other Payer	* Service Line Paid Amount	* Paid Procedure Code	Modifiers	* Paid Units Of Service	* Date Claim Paid	Remaining Patient Liability: \$
bcbs	50	99214		2	08/01/2013	

Line Level Adjustments

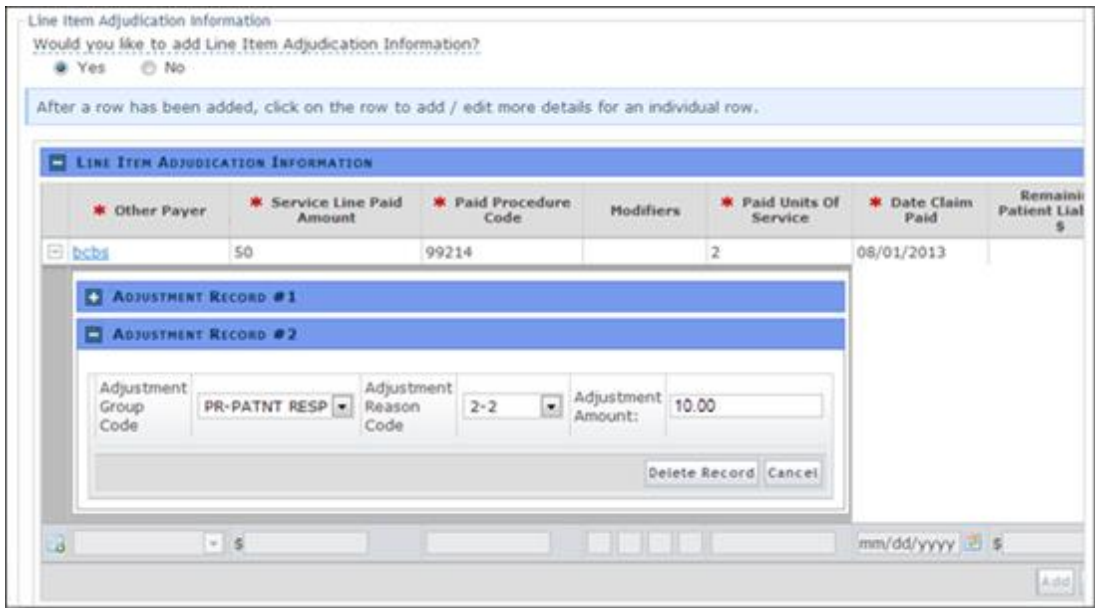
* Adjustment Group Code	<input type="text"/>	* Adjustment Reason Code	<input type="text"/>	* Adjustment Amount:	<input type="text"/>
	1A		1B		1C

2 Add Adjustment

3 Save Service Line Cancel Changes Clear

Step	Action
1	Populate the following required fields as appropriate, and repeat these steps as needed for each individual detail line. A. Select the Adjustment Group Code (CAGC) . B. Select the Adjustment Reason Code (CARC) . C. Enter the Adjustment Amount .
2	Select the Add Adjustment button.
3	Select the Save Service Line button.

The following displays an example of two adjustment record service lines. Select the + (plus) or – (minus) signs to expand or collapse the view.



ADDING ATTACHMENTS

For additional information on adding attachments to a claim, see the Job Aid *How to Add an Attachment to a Claim*.

SUBMITTING THE CLAIM

Provider Portal | Eligibility | Prior Approval | **Claims** | Referral | Code Search | Enrollment | Administration | Payment | Consent Forms

Home > Create Professional Claim

Create Professional Claim

* indicates a required field

Patient / Insured | Claim Information | Provider Information | Other Payers | Service(s) | **Attachments**

PROFESSIONAL ATTACHMENT

* Would you like to attach files
 Yes No

Please enter up to 9 file attachments below not to exceed 25Mb total.

* Attachment Type	* Transmission Code	Attachment Supplement
OZ-SUPP-DATAC	ON-REQ	

Buttons: Previous, Save Draft (1), Submit (2), Copy, Cancel

Step	Action
1	Prior to submitting the claim, you can optionally select Save Draft to save the claim in draft form.
2	To submit the claim, select Submit .

837P BATCH SUBMISSION

Note: Use of the following segment indicates that the provider maintains the necessary supporting data for the claims at the provider location and is able to provide the information upon request.

Attachment Type Code: OZ – Support Data for Claim

Attachment Transmission Code: AA – Available on Request at Provider Site

Including the **PWK*OZ*AA~** segment on the 837P claim allows for a Medicare override.

Further information regarding 837P submission can be found in the *837P Professional Health Care Claim Companion Guide*, located at:

<https://www.nctracks.nc.gov/content/public/providers/provider-trading-partners.html>