



Filing Secondary Claims on Provider Express

October 2013

Agenda

- Introductions
- Overview of accessing the “long form”
- Overview of filing secondary (COB) claims on Provider Express
- Overview of other long form attributes that might be of use to your practice
- Overview of filing Corrected (or Void) Claims
- Overview on when to file Corrected Claim vs an Adjustment
- Questions?

Introductions

- Today's presentation will be Hosted by Karen Faith, Senior Communications Specialist, Provider Express
- Also available on today's call is Monica Mikkelson from Network Resources

OVERVIEW: ACCESSING THE “LONG FORM”

Claim Entry > Long Form – Step 1

- The Long Form is presented when a user identifies in Step 1 that any of the following elements are needed:
 - More than 5 dates of service
 - COB Details
 - Claim notes
 - Paperwork attachments
- If the claim includes any of those elements, the User would click “Yes” (default is “No”).
- User would also fill out the other fields as required to get to any of the claim forms, then clicks the “Proceed to Step 2” button.

Claim Entry - Step 1 of 4

Federal tax ID

Please select the type of claim Mental Health/Substance Abuse
 EAP

Will the claim include any of the below? Yes No

- More than 5 dates of service
- COB details
- Claim notes
- Paperwork attachments

Please enter an Authorization Number OR use the Member Search below

Please enter an Authorization Number

— OR —

Member ID Search Name/DOB Search

Please complete the form below and click "Proceed To Step 2"

* - indicates a required field

Member ID

Group #

First Name

Date of Birth / / MM/DD/YYYY

Date to Check Eligibility / / MM/DD/YYYY

Provider Express recommends using the minimum search criteria of Member ID and First Name only. Do not enter a group number or a date of birth unless the systems prompts you via a specific message.

Long Form – Step 2

- The Long Form brings up a claim similar to the Short Form, with the addition of several sections:
 - “Is there another health benefit plan?” If ‘yes’ is marked, then several more fields will display
 - Notes Claim Level
 - Paperwork Attachment Claim Level
 - 10 Lines of Service

Claim Entry - Step 2 of 4

Back to Step 1 Asterisk(*) or colon(:) is not allowed in any field.

Patient Info		Insured Info	
Name		Is there another health benefit plan? Yes <input type="radio"/> No <input checked="" type="radio"/>	
DOB			
Address			
Relationship to insured			
City			
State		ZIP	
ZIP		Telephone	
Telephone		Group number	
Is there another health benefit plan?	Yes <input type="radio"/> No <input checked="" type="radio"/>	Employer group name	
		Insurance plan name	

Notes Claim Level		Supervising Provider	
Reference code	Please Select		
Reference text			
Paperwork Attachment Claim Level			
Report Type Code	Please Select	Federal tax ID *	
Report Transmission Code	Please Select	Accept assignment?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Report control number		Service address *	<input type="text"/> Add
Patient		Signature of rendering provider	
Patient control number		Pay to provider name, address, zip code and phone number	
I authorize the release of any medical or other claim. I also request payment of government to who accepts assignment below. *			
Signature	On File		
Insured or Authorized Person's signature to undersigned provider of services on this claim.		NPI	
Signature	On File		

Service info	
Related hospitalization dates	From: <input type="text"/> To: <input type="text"/>
Diagnosis or nature of illness or injury *	1. <input type="text"/> 2. <input type="text"/> 3. <input type="text"/> 4. <input type="text"/> 5. <input type="text"/> 6. <input type="text"/> more than 6?
Lookup	
Claim frequency	Original
Outside lab?	<input type="radio"/> Yes <input checked="" type="radio"/> No Charges <input type="text"/>
Authorization number	<input type="text"/>
Date of Service mm/dd/yyyy *	Place of Service * CPT Code Modifier <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 Charges * Unit * NPI ID * PWK NTE COB
	Please Select <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0.00 1 <input type="text"/>
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	Please Select <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0.00 1 <input type="text"/>
	Please Select <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0.00 1 <input type="text"/>
	Please Select <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0.00 1 <input type="text"/>

Total charge \$ 0.00 Total adjustment \$ 0.00 Patient paid amount \$ 0.00

OVERVIEW: FILING A COB CLAIM (AT A CLAIM LEVEL)

Long Form – Step 2 > COB Details

- If “Yes” is chosen as the answer to “Is there another health benefit plan?” it will result in additional fields being displayed: Other Insured, Coordination of Benefits, Medicare Outpatient adjudication, and COB Claim Adjustments.

Is there another health benefit plan? Yes No




Is there another health benefit plan? Yes <input checked="" type="radio"/> No <input type="radio"/>		Employer group name	<input type="text"/>
		Insurance plan name	<input type="text"/>
Other Insured	Other Insured	Coordination of Benefits ^(?)	
	First name <input type="text"/>	Claim adjudication date <input type="text"/>	
	Middle initial <input type="text"/>	COB payer paid amount <input type="text"/>	
Coordination of Benefits ^(?)	Last name* <input type="text"/>	COB not covered amount (total non covered amount) <input type="text"/>	
	Member ID number* <input type="text"/>	Remaining patient liability <input type="text"/>	
	Group number <input type="text"/>	Medicare Outpatient adjudication ^(?)	
	Date of birth <input type="text"/>	Payable percent <input type="text"/>	
	Gender <input type="radio"/> Male <input checked="" type="radio"/> Female	Payable amount <input type="text"/>	
Medicare Outpatient adjudication ^(?)	Relationship to other Insured* <input type="text"/>	Non-payable amount <input type="text"/>	
	Payer ID* <input type="text"/>	Remark code <input type="text"/> <input type="button" value="Lookup"/>	
	Payer Name* <input type="text"/>	Remark code <input type="text"/>	
	Insurance Type* <input type="text"/>	Remark code <input type="text"/>	
	Reason Medicare is Secondary <input type="text"/>	Remark code <input type="text"/>	
		Remark code <input type="text"/>	
COB Claim Adjustments ^(?)	COB Claim Adjustments ^(?)		
If you have more than one Claim Adjustment click the 'Add' button to the right. <input type="button" value="Add"/>			
	Group code <input type="text"/>	Reason code <input type="text"/>	Adjustment amount <input type="text"/>
			Quantity <input type="text"/>
		<input type="button" value="Lookup"/>	

Please note: By filling in these sections, the primary EOB/statement does NOT need to be submitted separately.





Long Form – Step 2 > COB Details > Other Insured

- For all COB claims, the Other Insured section must be filled out. The orange highlighted sections are required fields.
- Payer ID is typically a 5-digit # used for electronic claim submission, but can be any other identifying number specific to that insurance.
- Insurance Type has a dropdown of many options including:
 - Preferred Provider Org
 - BCBS
 - Medicare

Other Insured	
First name	<input type="text"/>
Middle initial	<input type="text"/>
Last name*	<input type="text" value="Last"/>
Member ID number *	<input type="text" value="123456789"/>
Group number	<input type="text"/>
Date of birth	<input type="text"/> 
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
Relationship to other Insured *	<input type="text" value="01-Spouse"/> 
Payer ID *	<input type="text" value="12345"/>
Payer Name *	<input type="text" value="Blue Cross"/>
Insurance Type*	<input type="text" value="BL-Blue Cross/Blue Shield"/> 



Long Form – Step 2 > COB Details > Coord of Benefits

- The Coordination of Benefits section details payment info from the primary insured and would be found on the primary EOB/PRA:
 - Claim adjudication date (date claim was paid)
 - COB payer paid amount (amount paid by primary – if nothing paid, then this should be left blank)
 - COB not covered amount (this box is **only** to be used if the entire claim was denied)
 - Remaining patient liability (*auto-populates from amount(s) entered in COB Claim Adjustments section*)

Coordination of Benefits 	
Claim adjudication date	<input type="text" value="09/09/2013"/> 
COB payer paid amount	<input type="text" value="51.59"/>
COB not covered amount (total non covered amount)	<input type="text"/>
Remaining patient liability	<input type="text" value="25.00"/>

Long Form – Step 2 > COB Details > MOA


- Primary claims that have been processed through Medicare need to have additional information provided, all of which can be retrieved from the Medicare EOB:
 - Payable percent (if one is indicated)
 - Payable amount
 - Non-payable amount
 - Remark code(s)


Medicare Outpatient adjudication 	
Payable percent	<input type="text" value="80"/>
Payable amount	<input type="text" value="80.00"/>
Non-payable amount	<input type="text" value="20.00"/>
Remark code	<input type="text" value="N539"/> 
Remark code	<input type="text" value="M32"/>
Remark code	<input type="text"/>
Remark code	<input type="text"/>
Remark code	<input type="text"/>

Please note: Required fields vary depending on information submitted in other areas. If a required field is not completed, Provider Express messaging will inform you prior to submitting the claim.


Long Form – Step 2 > COB Details > COB Claim Adjs

- Finally, COB Claim Adjustments would be added to the mix, if needed.
 - This section would be used to identify the unpaid portions of the claim, including patient responsibility, all requested info coming from the primary EOB. (The only exception to this is if the entire claim was written off/denied by the primary.)
 - Group code would be chosen:
 - CO-Contractual Obligation
 - CR-Correction and Reversals
 - OA-Other Adjustments
 - PI-Payer Initiated Reductions (e.g. non-allowed)
 - PR-Patient Responsibility (e.g. copay, coinsurance, deductible)
 - Reason code (reason amount was not paid – lookup field would give those codes if the actual code isn't listed on the EOB)
 - Adjustment amount (the amount not covered)
 - Clicking “Add” will allow multiple adjustments to be entered, if necessary. The only “True” adjustment amount that needs to be entered is anything specific to what the patient owes.

COB Claim Adjustments 

If you have more than one Claim Adjustment click the 'Add' button to the right. 

Group code Reason code Adjustment amount Quantity



Long Form – Step 3

- As with any claim submitted online, once the necessary fields are filled out, user would click the preview button in the lower right of the claim form.
 - Any errors found will be noted and must be corrected before the claim can be submitted.
- If there are no errors found, user can then click the “Submit this Claim” button to submit the claim.

Claim Entry - Step 3 of 4

Provider Name:	XXXX XXXXX	Provider Tax Id:	XXXXXX	NPI:	XXXXXXXX
Patient Name:	XXXXXXXX	Patient Relationship:	Self		
Insured Name:	XXXXXXXX	Patient ID:	XXXXXXXX		
Date(s) of Service:	09/03/2013				
Date Submitted:	10/10/2013				
Total Claim Charge:	\$ 76.59				

If this data is incorrect, click on the back button to correct your entry.
If this data is correct, continue below. To review statements appearing on the reverse side of a CMS-1500 Form, refer to a [copy of the reverse side](#) 
Your claim has **not** yet been submitted. To submit, click **Submit This Claim:**

[Submit this Claim](#) [Back To Details](#)

Please note: Required fields vary depending on information submitted in other areas. If a required field is not completed, Provider Express messaging will inform you prior to submitting the claim.



Long Form – Step 4

- Once the claim is submitted, user will receive a Confirmation Number, which can be used to reference the status of the claim online via My Provider Express > My Submitted Claims.

Claim Entry - Step 4 of 4

▪ The claim was successfully submitted with Confirmation Number 200046926

Provider Name:	██████████	Provider Tax Id:	██████████	NPI:	██████████
Patient Name:	██████████	Patient Relationship:	Self		
Insured Name:	██████████	Patient ID:	██████████		
Date(s) of Service:	09/03/2013				
Date Submitted:	10/10/2013				
Total Claim Charge:	\$ 76.59				

Enter Another Claim



The Most Common Error Messages for COB Claims

- Total charges must equal the sum of COB payer paid amount and all Claim adjustment amounts.
 - This means that the total charge for the date(s) of service entered should ONLY equal what the COB payer paid amount and Remaining patient liability amounts total.
 - In other words, do not enter any amounts that were disallowed/written off by the primary payer.

Date of Service mm/dd/yyyy *	Place of Service *	Procedure * CPT Code	Modifier	Diagnosis Code * 1 2 3 4 5 6	Charges *	Unit *	NPI ID *	PWK	NTE	COB
09/03/2013	11-Office	90834		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	76.59	1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Please Select			<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	0.00	1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Please Select			<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	0.00	1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total charge \$ 76.59 Total adjustment \$ 76.59 Patient paid amount \$ 0.00

If the entire primary payer denied all payment, then the Total charge should be the entire amount of the claim, with "Total adjustment" amount" showing \$0.00, since no adjustments would be entered in this scenario.

The Most Common Error Messages for COB Claims

- When COB not covered amount in the Coordination of Benefits section is entered, all COB header and detail section data must be blank.
- When COB not covered amount in the Coordination of Benefits section is entered, no Patient Responsibility Claim adjustments can be entered.
- COB not covered amount in the Coordination of Benefits section must equal Total Charges.
- When COB not covered amount in the Coordination of Benefits section is entered, COB payer paid amount in the same section must be blank.
 - All of the above are essentially stating that there was an amount entered in all three areas of the Coordination of Benefits section, which cannot happen.
 - If the primary payer paid anything, then the COB not covered amount section should not have anything entered in it. This is ONLY to be used when the primary payer did not pay anything on the claim (in other words, they denied it or applied it to a deductible, etc).

(see screenshots on next slide)

The Most Common Error Messages for COB Claims

INCORRECT

Coordination of Benefits ?	
Claim adjudication date	<input type="text" value="09/10/2013"/>
COB payer paid amount	<input type="text" value="51.59"/>
COB not covered amount (total non covered amount)	<input type="text" value="23.41"/>
Remaining patient liability	<input type="text" value="25.00"/>

CORRECT

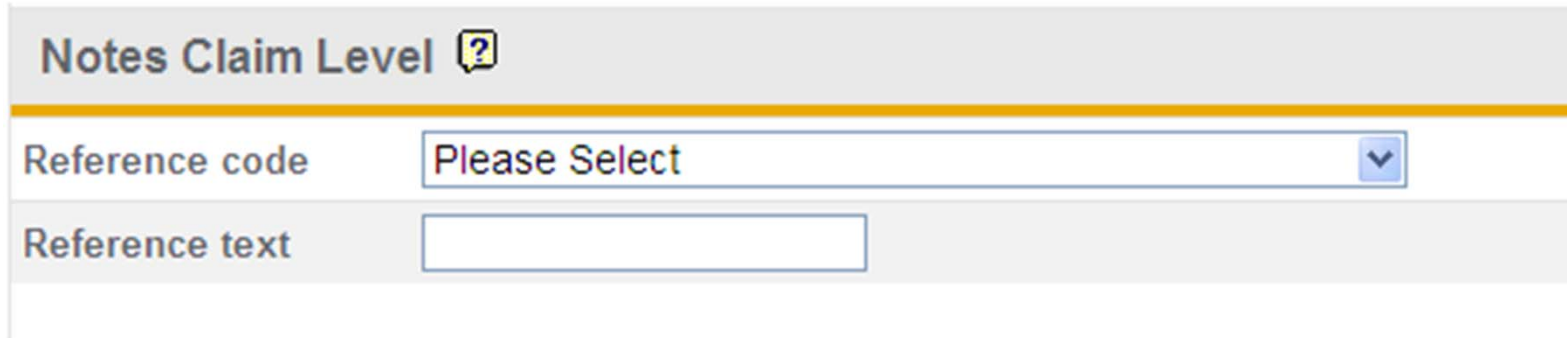
Coordination of Benefits ?	
Claim adjudication date	<input type="text" value="09/10/2013"/>
COB payer paid amount	<input type="text" value="51.59"/>
COB not covered amount (total non covered amount)	<input type="text"/>
Remaining patient liability	<input type="text" value="25.00"/>


Coordination of Benefits ?	
Claim adjudication date	<input type="text" value="09/10/2013"/>
COB payer paid amount	<input type="text"/>
COB not covered amount (total non covered amount)	<input type="text" value="100.00"/>
Remaining patient liability	<input type="text"/>

OVERVIEW: OTHER LONG FORM ATTRIBUTES

Long Form – Step 2 > Notes Claim Level

- Additional information, descriptive types of detail that need to be added to a claim can now be done using the “Notes Claim Level” field.



Notes Claim Level 

Reference code

Reference text

- User would choose one of the four Reference Codes:
 - Additional Information
 - Certification Narrative
 - Goals, Rehab Potential, or Discharge Plans
 - Diagnosis Description
- Then add text in the Reference Text field with the necessary information.

Long Form – Step 2 > Paperwork Attachment

- Sometimes paperwork needs to be included for a claim to be processed correctly.
- Choose the Report Type Code from the dropdown list
 - Examples: Progress Notes, Drug/ Lab Reports, Admit Summary

Paperwork Attachment Claim Level [?]	
Report Type Code	Please Select <input type="button" value="v"/>
Report Transmission Code	Please Select <input type="button" value="v"/>
Report control number	<input type="text"/>

- Choose the Report Transmission Code from the dropdown list
 - Examples: By mail, E-mail, By Fax
- User would enter the Report control number found on the actual report (this is so claims can reference the report and match it up to the correct claim)

Please note: paperwork attachments cannot be attached to the claim itself via Provider Express – this section is used to note to Claims that paperwork is available and/or forthcoming via the transmission method noted.

Long Form – Step 2 > Entering info at a line level

- The previous pages showed how to enter Paperwork, Notes and COB info at a full claim level.
- The same info can be entered for one or more specific dates of service instead, indicating a “line level” entry.
- To the right of each line of service are three options:
 - PWK = paperwork
 - NTE = notes
 - COB = coordination of benefits (adjustment info only)
- When any of these options are checked, fields will drop down below that will need to be completed.
- It is not necessary to enter any of these sections at both the full claim AND line levels.

Please note: for COB, the upper portions of the form, including the “Other Insured” and the “Coordination of Benefits” sections, will still need to be completed. The COB section at this “line level” only indicates the “COB Claim Adjustments” info.

OVERVIEW: SUBMITTING CORRECTED (OR VOID) CLAIMS

Submitting Corrected (or Void) Claims

- Regardless of the claim form (short or long), you do have the ability to submit a corrected or void claim request as well.
- In the Service info section, the “Claim frequency” code is what is used to determine the type of claim you are filing. Provider Express defaults to ‘Original’ but you can change it to ‘Corrected’ or ‘Void’.

Service info

Related hospitalization dates From: To:

Diagnosis or nature of illness or injury * ? 1. 2. 3. 4. 5. 6. [more than 6?](#)

Lookup

Claim frequency ?

Original

- Original
- Corrected
- Void

Outside lab? No Charges

Authorization number

Date of Service mm/dd/yyyy *	Place of Service *	Procedure * CPT Code	Modifier ?	Diagnosis Code * 1 2 3 4 5 6	Charges *	Unit *	NPI ID *	? PWK NTE COB
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Submitting Corrected (or Void) Claims

- As the help icon next to this section indicates:
 - Claim frequency** - To submit a Corrected or Void claim, you will need to enter the Claim Number found on the claim record in our system. The claim number will also be reported on the paper remittance advice or electronic 835 file. You can not submit a Corrected or Void claim until a claim number has been assigned.

The screenshot shows a web form for submitting claims. The 'Service info' section includes fields for 'Related hospitalization dates' (From: [] To: []), 'Diagnosis or nature of illness or injury *' (with a help icon and a 'Lookup' button), 'Claim frequency' (set to 'Corrected'), and 'Payer control number' (a yellow input field). Below this is the 'Outside lab?' section with 'Yes' and 'No' radio buttons and a 'Charges' field set to '0.00'. The 'Authorization number' field is empty. At the bottom, a table header for 'Date of Service' includes columns for 'mm/dd/yyyy *', 'Place of Service *', 'Procedure *' (with 'CPT Code' and 'Modifier' sub-columns), 'Diagnosis Code *' (with columns 1-6), 'Charges *', 'Unit *', 'NPI ID *', and 'PWK NTE COB' (with a help icon).

“Payer control number” = Claim number

Submitting Corrected Claim vs Claim Adjustment

Q: When should I submit a corrected claim via Claim Entry, and/or an adjustment via Claim Inquiry?

A: Use the following guidelines to help in your decision:

- If the issue with the claim was because of a problem in how it was originally filed by the provider/group that now needs to be corrected, submit a corrected claim via Claim Entry

e.g. filing an incorrect CPT code; forgetting a modifier

- If the issue with the claim was because of an alleged problem in how Optum processed it, submit an adjustment request via Claim Inquiry

e.g. processing against member's deductible when the ded was already met; noting an auth was required when there is an auth on file



QUESTIONS?



Optum looks forward to building our relationship with you and serving Idahoans through the Idaho Behavioral Health Plan.

Thank You!

