



How to Indicate Other Payer Details or an Override on a Claim in NCTracks and Batch Submissions

Overview

This job aid provides step-by-step instructions for indicating “Other Payer” details on a professional claim in NCTracks. “Other Payer” refers to any other payer including, but not limited to private/commercial insurance, HMO's, Medicare, Medicare HMO's.

To trigger an override, the provider must choose the reason for non-payment by the other payer using the Coordination of Benefits (COB) segments within the **Other Payers** tab and the **Claim Level Adjustments** or **Line Level Adjustments** sections.

This approach is applicable to all claim types, not just professional claims. Institutional claims allow for the Condition Code = D7 and D9 to bypass Medicare editing. The data collected for the Other Payer sections on the provider portal is formatted in the same manner as the COB and Claims Adjustment Segment (CAS) segments of the 837 transactions.

- Billing error codes have special indicators in NCTracks. These codes will not allow bypass of other payer editing.
- The Adjustment Reason Codes are industry standards from X12 and can be located at <http://www.wpc-edi.com/reference/>, and click on “Claim Adjustment Reason Codes (CARC)”. An example of a CARC billing error is 110 (**Billing date predates service date**).

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Adding Other Payers

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

1. On the **Other Payers** tab, select the **Yes** radio button for the question “*Would you like to add All Other Payers?*”

The screenshot shows the 'Create Professional Claim' interface. The 'Other Payers' tab is selected and highlighted with an orange arrow. Below the navigation tabs, there are input fields for 'Last Name:', 'First Name:', and 'Recipient ID:'. A section titled 'ALL OTHER PAYERS' contains the question 'Would you like to add All Other Payers?' with two radio buttons: 'Yes' (circled in orange with a '1') and 'No'. At the bottom, there are buttons for 'Previous', 'Next', 'Submit', 'Save Draft', 'Copy', and 'Cancel'.

2. The **ALL OTHER PAYERS** section will display.

- 2.1. Enter the **Other Payer Name** (For example, Medicare or other private insurance).

- 2.2. In the **Date Paid** field, select the appropriate date. This is typically the date listed on the other payers Explanation of Benefits (EOB).

- 2.3. 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, do not enter \$0.00 because \$0.00 is the default. Individual detail line item amounts should be entered on a later section of the other payer tab.

- 2.4. Click the **Add** button to add the Payer.

The screenshot shows the 'ALL OTHER PAYERS' section of the form. It features a table with the following columns: 'Other Payer Name', 'Other Subscriber Name', 'Date Paid', and 'Paid Amount'. The first row contains 'Medicare' (circled in orange with a '1'), an empty field, '08/22/2013' (circled in orange with a '2'), and '\$0.00' (circled in orange with a '3'). An 'Add' button (circled in orange with a '4') is located to the right of the table. Above the table, there is a message: '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.' The bottom navigation buttons are also visible.

The following **Editing Row #1** window will display.

Other Payer Information

3. In the **Editing Row #1** area, complete the following required fields:

- 3.1. In the **Other Payer Primary ID** field, enter the other payer identification or policy number.
- 3.2. In the **Date Paid** field, select the pay date. This is typically the date listed on the other payers Explanation of Benefits (EOB).
- 3.3. 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 Insurance Coverage Information

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

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

5.1. In the **Assignment of Benefits** drop down menu, If the above sections were completed, select Yes and complete the following sections.

5.2. In the **Release of Information** field, select the appropriate option.

- **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

Claim Level Adjustments

This section is for documenting deductibles, co-pays, co-insurance and other amounts which need to be documented.

6. For the question **“Would you like to add Claim Level Adjustments?”** select the **Yes** radio button. The following window will display.

6.1. In the Adjustment Group Code, select from the following options:

- CO: Contractual Obligations
- CR: Corrections and Reversals
- OA: Other Adjustments

- PI: Payer Initiated Reductions
- PR: Patient Responsibility

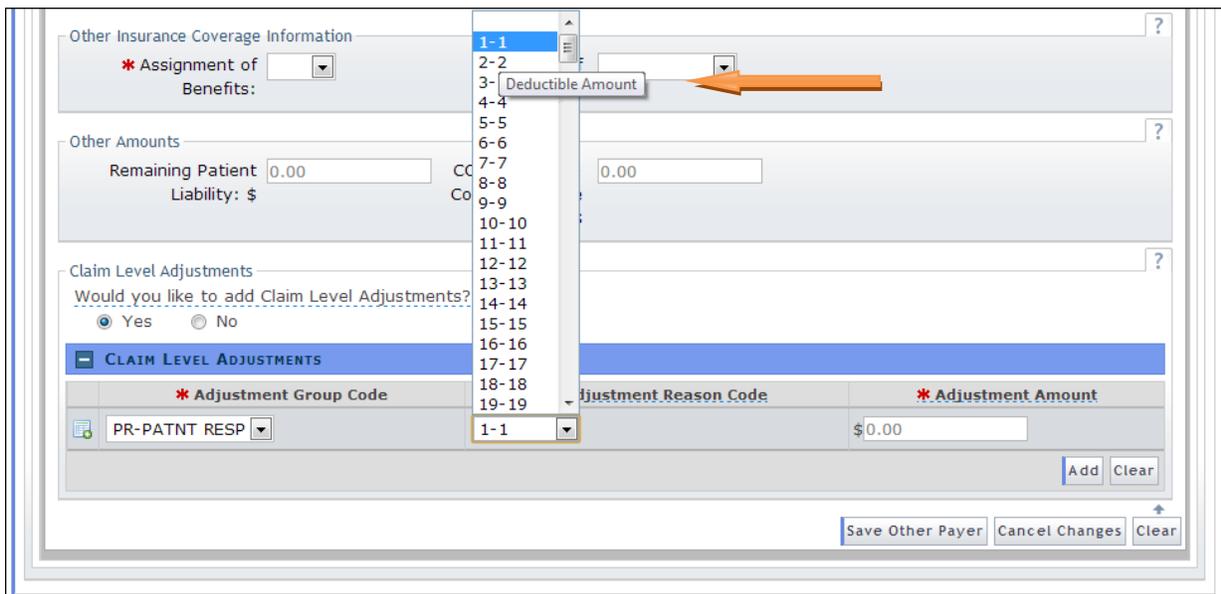
6.2. In the Adjustment Reason Code field, select the appropriate reason code.

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

Claim adjustment reason codes 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 adjustment reason code.

Detailed descriptions of claim adjustment reason codes can be found at the following web address:

<http://www.wpc-edi.com/reference/> (Click on “Claim Adjustment Reason Codes” (CARC)).



6.3. In the Adjustment Amount field, enter the applicable adjustment amount for the specific adjustment reason code chosen.

6.4. Click the **Add** button

IMPORTANT NOTE: A separate line should be entered for each different type of adjustment. For example, if the recipient has a deductible, co-pay or co-insurance with the other payer, add a separate line for each.

6.5. At the bottom of the window, click the **Save Other Payer** button.

6.6. Select the **Next** button when this section is complete.

Entering Coordination of Benefits (COB)

- Click the **Services** tab. To access the Coordination of Benefits (COB) information on the service line, you must first enter the appropriate Diagnosis code in the provided field. Click the **Add** button to add the code and repeat as needed for multiple diagnoses.

- In the **Service Lines** section, enter the following required information

- From and To Dates of Service
- Procedure Code
- Modifiers, if applicable
- Pointers
- Amount
- Quantity
- Quantity Type
- Click the **Add** button

9. The following **Editing Row** screen will display. At the bottom of the page, for the question **“Would You Like to Add Additional Line Item Information?”** click the **Yes** radio button.

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: * Quantity:

* Quantity Type:

Description:

* Service Date: to

Modifiers: * Pointers:

* Amount: \$ Line Item Control Number:

General Information

Place of Service: Prior Approval #:

Referral #: Mammography Cert. #:

Immunization Batch #: Sales Tax Amount: \$

CLIA:

Emergency EPSDT Indicator Family Planning Indicator Copay Exempt

Additional Line Item Information

Would you like to add Additional Line Item Information?

Yes

Line Item Adjudication Information

10. The **Line Item Adjudication Information** section will display. Adjudication Information is required in order to process a claim with other payer.

The screenshot shows the 'Line Item Adjudication Information' form. At the top, there is a question 'Would you like to add Line Item Adjudication Information?' with 'Yes' selected. Below this is a table with the following columns: Other Payer, Service Line Paid Amount, Paid Procedure Code, Modifiers, Paid Units Of Service, Date Claim Paid, and Remaining Patient Liability: \$. The form includes an 'Add' button and a 'Clear' button. At the bottom right, there are buttons for 'Save Service Line', 'Cancel Changes', and 'Clear'. Numbered callouts (1-7) point to the following fields: 1. Other Payer dropdown, 2. Service Line Paid Amount input, 3. Paid Procedure Code input, 4. Paid Units Of Service input, 5. Date Claim Paid input, 6. Add button, and 7. Save Service Line button.

- 10.1. Enter Other Payer (same as entered in earlier field with same title)
- 10.2. Enter the Service Line Paid Amount (not claim total as entered earlier, the detail line amount)
- 10.3. Enter the Paid Procedure Code
- 10.4. Enter the Paid Units of Service
- 10.5. Enter the Date Claim Paid
- 10.6. Click Add if you need to add additional detail lines
- 10.7. Click the **Save Service Line** button

11. The line item will display. To expand the line level adjustment section, click the + (plus) sign next to the **Other Payer** hyperlink

The screenshot shows the 'Line Item Adjudication Information' form with a populated row. The 'Other Payer' field contains 'bcbs' and has a plus sign (+) next to it. The 'Service Line Paid Amount' is 50, 'Paid Procedure Code' is 99214, 'Paid Units Of Service' is 2, and 'Date Claim Paid' is 08/01/2013. An orange arrow points to the plus sign next to 'bcbs'. The form includes an 'Add' button and a 'Clear' button. At the bottom right, there are buttons for 'Save Service Line', 'Cancel Changes', and 'Clear'.

| * 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 | \$ |

12. The Line Level Adjustments section will display. Enter the required fields for each individual line item below. Again, this is detail line specific but related to process and codes as entered in the claim level adjustment area, completed earlier. Repeat these steps for each individual detail line.

- 12.1. Select the Adjustment Group Code
- 12.2. Select the Adjustment Reason Code
- 12.3. Enter the Adjustment Amount
- 12.4. Click the **Add Adjustment** button
- 12.5. Click the **Save Service Line** button

13. The following figure displays an example of two adjustment record service lines. Click the + or - signs to expand or minimize the view.

Adding Attachments

14. To attach files for the claim, click the **Attachments** tab. Answer **“Would you like to attach files?”**, by clicking the **Yes** radio button.

15. The **Attachments** section will display. Select the attachment type.

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

| * Attachment Type | * Transmission Code | Attachment Supplement |
|-------------------|---------------------|-----------------------|
| EB-EOB | | |
| HC-HLTH-RF | | |
| HR-HLTHCLM | | |
| IF-IMMUN-RPT | | |

From the Transmission Code drop down menu, select **ON-REQ** to indicate that the information is available upon request at the provider site. Select **ELECTRONIC** to attach a soft copy file to the claim. Select **MAIL** if you choose to mail in the attachment.

- 15.1. To upload/attach a file to the claim, click the **Upload File** button.
- 15.2. Click the **Add** button to add the attachment.

Submitting the Claim

Tip: Prior to submitting the claim, click the **Save Draft** button at the bottom of the page, to save the claim in draft form.

16. To submit the claim, click the **Submit** button.

837P Batch Submission

Adding the attachment segment with the following values will allow the professional claims to bypass the Medicare Suspect Edit 256.

| | |
|---|--|
|  | <p>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.</p> |
|---|--|

Attachment Type Code: OZ - Support Data for Claim

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

Including the following segment on the 837P claim will submit the override as described above:
 PWK*OZ*AA~

Further information regarding 837P submission can be found in the companion guide.

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