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North Carolina Medicaid Management
Information System (NCMMIS)

January 09, 2019

NC
Information Technology Division
HEALTH AND HUMAN SERVICES

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.

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Create Professional Claim

🖨 | A A | Help

✱ 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

Add Clear

2 **3** **4** **5**

« 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
1	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: [   ]

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OTHER PAYER INFORMATION

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

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.

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

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: • **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. • 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.

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.

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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 #: [ ]
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?
(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: $	
	[▾]	$ [ ]	[ ]	[ ][ ][ ]	[ ]	mm/dd/yyyy 📅	$ [ ]	[Add] [Clear]
	(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**.

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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 [1A]   ✱ Adjustment Reason Code [1B]   ✱ Adjustment Amount: [1C]

[2] Add Adjustment

$ mm/dd/yyyy $

Add Clear

[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.
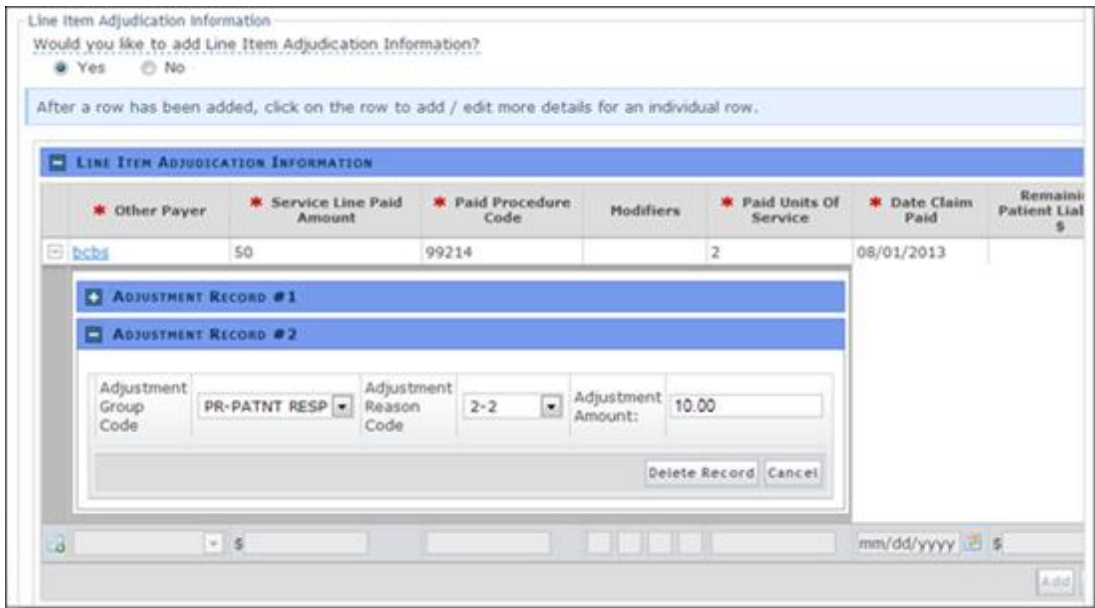
ADDING ATTACHMENTS

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

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SUBMITTING THE CLAIM

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