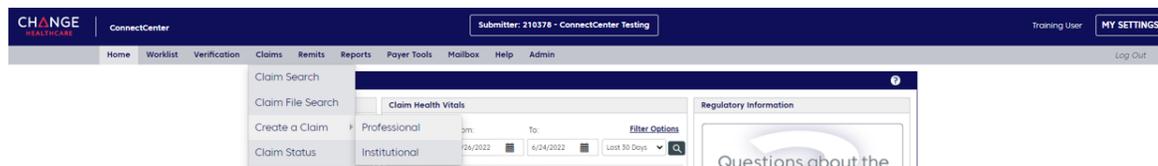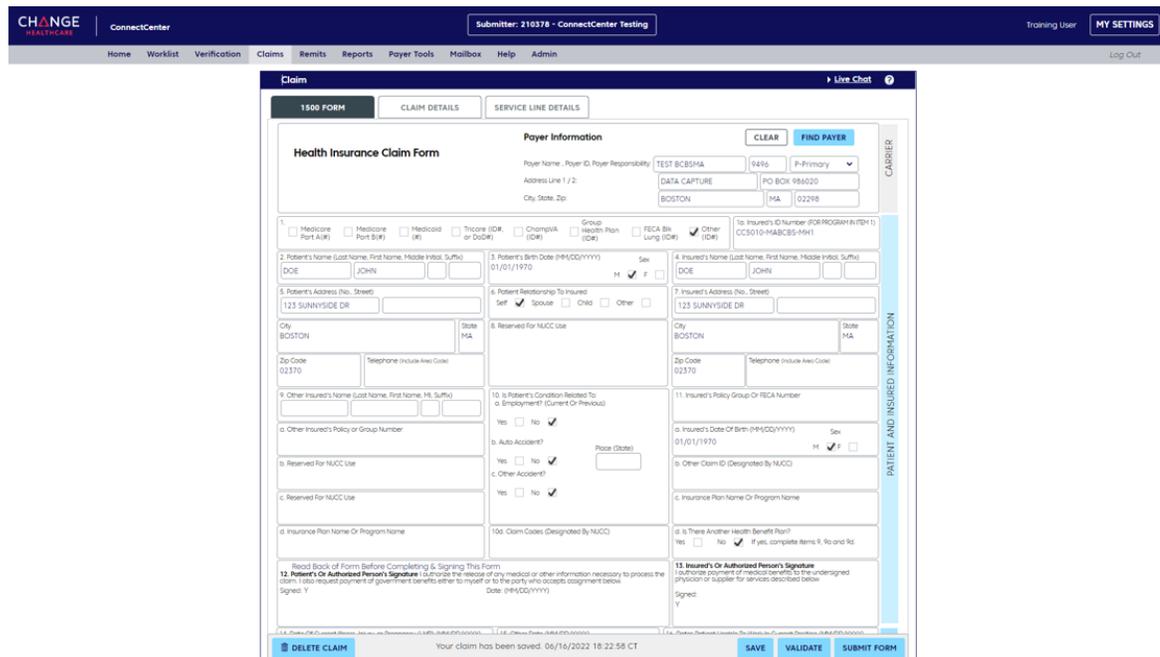Quick Reference Guide

Summary

Creating a secondary or tertiary claim on ConnectCenter follows same process as creating a primary claim.

1. Log in to Connect Center and select Create a Claim – Professional from Claims Menu.

2. Claim form opens.

3. In Payer Information section, change sequence indicator from Primary to Secondary or Tertiary.

4. Complete diagnosis and service line information, as normal. Charges entered on each line should be total charges for service without any reductions related to prior payments.

5. Add Patient Account No in Box 26 and click Total Charge refresh button in Box 28 to sum service line charges. If you don't have a default Billing Provider set, complete boxes 25 and 33.

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6. Select Claim Details tab and click Collapse All. Open section labeled Other Insurance / COB. Open Payer sub section.

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7. Set Payer Responsibility to Primary or Secondary. Add Claim Filing Indicator. Use Find Payer to search for payer name on primary claim OR key in Payer Name and Payer Primary ID field. If you are manually entering payer information, include PI as ID Type. Close Payer subsection.

8. Open Insured / Subscriber sub-sections at top and bottom of claim form.

9. Copy / paste subscriber name and address information between sections.

Note: Insured ID# should NOT be copied. Other Insurance Insured ID# is required and must be Subscriber ID assigned by the prior payer. Enter MI in ID Type field. Patient Relationship to Insured is required. If subscriber is patient, enter 18 in field. If not, value can be copied from Patient section of claim form.

10. Click Service Line Details tab. Line 1 will be selected by default.

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11. Open Other Insurance/COB section.

12. Prior Payer name and ID will appear on Other Insurance title bar. Copy Payer ID from there to Payer Primary ID field.

13. Copy Procedure Code from service line section to Procedure Code field in Other Insurance section. Enter HC in Product/Service ID field.

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14. Add adjudication payment date, prior amount paid for line item, patient liability amount, and quantity of units previously paid.

15. In adjudication section, select an appropriate group code from drop down list of provided codes. Enter one or more reason codes for each group code selected. For help finding a reason code, enter a word that you would expect to find in code description. A pick list of matching codes will be displayed at the top of screen. Enter the amount and quantity of adjustment for each service line.

Note: The following fields will be validated to ensure all numbers and amounts are balanced:

- Within each line: total of all adjustment amounts under group patient responsibility should match patient liability amount entered at top of the payment/adjudication section
- Within each line: total of all adjustment amounts (including the patient responsibility amounts) plus amount entered in Amount Paid field at top of the section, should equal line item charge amount entered at top of page.
- Across service lines: total of Amount Paid values for each service line should be entered in Amount Paid field on Claim Details tab.

16. Click **VALIDATE** button to confirm all required fields are entered and all numbers and amounts balance.
17. Click **SUBMIT FORM** button to create claim.

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