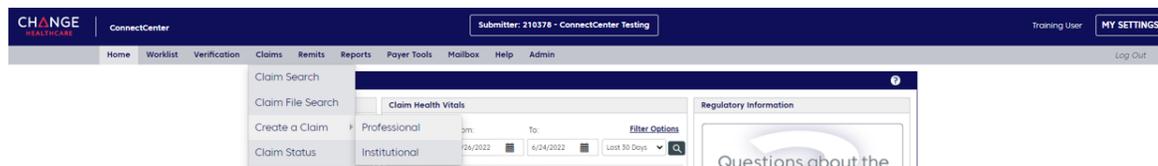


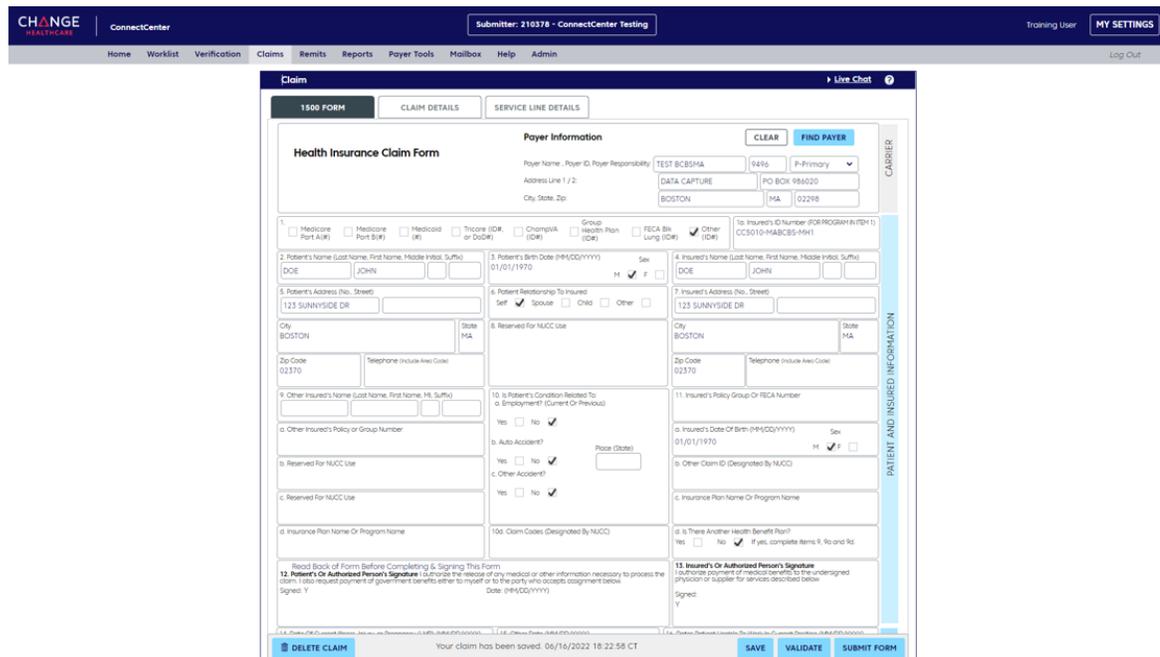
Summary

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.



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



- 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.

21. Diagnosis Or Nature Of Illness Or Injury, RELATE A-L To Service Line Below (24E)				ICD Ind.	22. Resubmission Code	Original Ref. No.				
A. Q219	B. _____	C. _____	D. _____	0	New Claim					
E. _____	F. _____	G. _____	H. _____							
I. _____	J. _____	K. _____	L. _____		23. (QC) Prior Authorization Number					
24. A. Date(s) of Service		B. Place of Service	C. EMG	D. Procedures, Services, or Supplies	E. Diagnosis Pointer	F. Charges	G. Days or Units	H. EPSDT Family Plan	I. ID Qual	J. Rendering Provider ID#
From: MM/DD/YYYY To: MM/DD/YYYY				CPT/HCPCS Modifier						
1										
01/01/2022		11		93024		A	\$400.00	1		NPI

- 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.

25. Federal Tax ID Number 222222223 SSN <input type="checkbox"/> EIN <input checked="" type="checkbox"/>	26. Patient's Account No. TEST	27. Accept Assignment? (For gov't claims, see back) Assigned	28. Total Charge C \$400.00	29. Amount Paid	30. Reserved For NUCC Use
31. Signature Of Physician Or Supplier Including Degrees Or Credentials (I certify that the statements on the reverse apply to this bill and are made a part thereof) Signed: Y Date: (MM/DD/YYYY)		32. Service Facility Location Information Name: _____ Address Line One: _____ Address Line Two: _____ City: _____ State: _____ Zip: _____ a.NPI b.QC Other ID		33. Billing Provider Info. First: _____ Middle: _____ Last/Organization: _____ Suffix: _____ Address Line One: _____ Address Line Two: _____ 2715 DAMON ST City: EAU CLAIRE State: WI Zip: 547012634 Telephone (Include Area Code) 7158348471 a.NPI b.QC Other ID 1306838487 PXC 152W00000X	

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

The screenshot shows the 'Claim' interface with the 'CLAIM DETAILS' tab selected. The 'Expand All' and 'Collapse All' options are visible. The 'Other Insurance/COB (2423 ALABAMA BLUE SHIELD Primary)' section is expanded to show the 'Payer' sub-section. The 'Payer Information' section includes fields for Payer Responsibility (set to 'P'), Insurance Type, Claim Filing Ind (set to 'CI'), and Benefits Assigned (Yes, No, N/A). There are 'CLEAR' and 'FIND PAYER' buttons. The 'ID's' section includes fields for Payer Primary ID (2423), Payer Secondary ID, and Other ID. The 'Insured/Subscriber' section is partially visible below. At the bottom, there are buttons for 'DELETE CLAIM', 'COPY', 'SAVE', 'VALIDATE', and 'SUBMIT FORM'. A status message indicates the claim was auto-saved on 04/10/2022 at 21:29:26 CT.

- 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.

▼ Payer

Payer Information				ID's	
Payer Responsibility <input type="text" value="P"/>	Insurance Type <input type="text"/>	Claim Filing Ind <input type="text" value="CI"/>	Benefits Assigned <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	ID Type <input type="text" value="PI"/>	Payer Primary ID <input type="text" value="2423"/>
<input type="button" value="CLEAR"/> <input type="button" value="FIND PAYER"/>				ID Type <input type="text"/>	Payer Secondary ID <input type="text"/>
Name <input type="text" value="ALABAMA BLUE SHIELD"/>				ID Type <input type="text"/>	Other ID <input type="text"/>
Address 1 <input type="text"/>		Address 2 <input type="text"/>			
City <input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>	Country Code <input type="text"/>		
Group or Policy # <input type="text"/>	Group Name <input type="text"/>	Original Reference # <input type="text"/>			
Prior Authorization # <input type="text"/>	Referral # <input type="text"/>				

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

The screenshot shows a web-based claim form titled "Claim" with a "Live Chat" icon. At the top, there are three tabs: "1500 FORM", "CLAIM DETAILS" (which is selected), and "SERVICE LINE DETAILS". The form is divided into several sections, each with a dropdown arrow on the left:

- Insured/Subscriber Information (Top Section):**
 - Last/Organization Name: TORRES
 - First Name: JOCELYN
 - Middle Name: [Empty]
 - Suffix: [Empty]
 - Sex: F
 - Date of Birth: 01/01/2000
 - Address 1: 516 MAIN STREET
 - Address 2: [Empty]
 - City: MEDFORD
 - State: MA
 - Zip Code: 021550000
 - Country Code: [Empty]
 - Insured's ID #: MTN981339082
 - Social Security #: [Empty]
- Other Insurance/COB (2423 ALABAMA BLUE SHIELD Primary)**
- Insured/Subscriber Information (Bottom Section):**
 - Last/Organization Name: TORRES
 - First Name: JOCELYN
 - Middle Name: [Empty]
 - Suffix: [Empty]
 - Patient Relationship to Insured: 18
 - Address 1: 516 MAIN STREET
 - Address 2: [Empty]
 - City: MEDFORD
 - State: MA
 - Zip Code: 021550000
 - Country Code: [Empty]
 - ID Type: MI
 - Insured's ID #: OTHERPAYERID
 - Social Security #: [Empty]
- Payment/Adjudication**
- Supplemental Provider Information**
- Other Insurance/COB**

At the bottom of the form, there is a status bar that says "Your claim has been auto-saved. 04/10/2022 21:31:26 CT". To the left is a "DELETE CLAIM" button, and to the right are "COPY", "SAVE", "VALIDATE", and "SUBMIT FORM" buttons.

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.

The screenshot shows the 'Claim' interface with the 'SERVICE LINE DETAILS' tab selected. The interface includes a table with 6 rows for service lines, a 'Line 1' section with expandable details, and a bottom bar with 'DELETE CLAIM', 'SAVE', 'VALIDATE', and 'SUBMIT FORM' buttons.

Date(s) of Service From: MM/DD/YYYY To: MM/DD/YYYY	Place of Service	EMG	Procedures, Services, or Supplies (Explain Unusual Circumstances) CPT/HCPCS Modifier	Diagnosis Pointer	Charges	Days or Units	EPSDT Family Plan	ID Qual	Rendering Provider ID#
1								NPI	
2								NPI	
3								NPI	
4								NPI	
5								NPI	
6								NPI	

Total Service Lines (0) +Add Service Line

Line 1 - To view details of a different line, click on the appropriate service line above

Expand All
 Collapse All

- ▶ Providers
- ▶ Service Line Information
- ▶ Other Insurance/COB
- ▶ Other Insurance/COB

Your claim has been saved. 06/17/2022 09:12:10 CT

11. Open Other Insurance/COB section.

Line 1 - To view details of a different line, click on the appropriate service line above

[Expand All](#) [Collapse All](#)

- ▶ Providers
- ▼ Service Line Information
- ▶ Service Line Supplemental Information
- ▶ Authorizations/Referrals
- ▶ Attachments
- ▶ Ambulance
- ▶ Drug Identification
- ▶ Test Results
- ▶ DME
- ▼ Other Insurance/COB (2423 ALABAMA BLUE SHIELD Primary)

Payment/Adjudication

Payer Primary ID	Adjudication Payment Date	Amount Paid	Patient Liability
2423	04/01/2022	\$100.00	\$300.00

Product/Service ID	Procedure Code	Modifier	Modifier	Modifier	Modifier
HC	93024				

Description	Paid Units	Bundled or Unbundled Line#
	1	

Adjustments			
Group Code	Reason	Amount	Quantity
▼			

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.

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

line 1 - To view details of a different line, click on the appropriate service line above

- ▶ Providers
- ▼ Service Line Information
- ▶ Service Line Supplemental Information
- ▶ Authorizations/Referrals
- ▶ Attachments
- ▶ Ambulance
- ▶ Drug Identification
- ▶ Test Results
- ▶ DME
- ▼ Other Insurance/COB (2423 ALABAMA BLUE SHIELD Primary)

Payment/Adjudication

Payer Primary ID 2423	Adjudication Payment Date 04/01/2022	Amount Paid \$100.00	Patient Liability \$300.00
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Product/Service ID HC	Procedure Code 93024	Modifier	Modifier	Modifier	Modifier
--------------------------	-------------------------	----------	----------	----------	----------

Description	Paid Units 1	Bundled or Unbundled Line#
-------------	-----------------	----------------------------

Adjustments			
Group Code	Reason	Amount	Quantity
▼			

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.

40 - CHARGES FOR OUTPATIENT SERVICES ARE NOT COVERED WHEN PERFORMED WITHIN A PERIOD OF TIME PRIOR TO OR AFTER INPATIENT SERVICES
 258 - CLAIM/SERVICE NOT COVERED WHEN PATIENT IS IN CUSTODY/INCARCERATED
 274 - FEE/SERVICE NOT PAYABLE FOR PATIENT CARE COORDINATION ARRANGEMENT
 227 - INFORMATION REQUESTED FROM THE PATIENT/INSURED/RESPONSIBLE PARTY WAS NOT PROVIDED OR WAS INSUFFICIENT/INCOMPLETE
 142 - MONTHLY MEDICAID PATIENT LIABILITY AMOUNT.
 B16 - NEW PATIENT QUALIFICATIONS WERE NOT MET.
 32 - OUR RECORDS INDICATE THE PATIENT IS NOT AN ELIGIBLE DEPENDENT.
 31 - PATIENT CANNOT BE IDENTIFIED AS OUR INSURED.
 177 - PATIENT HAS NOT MET THE REQUIRED ELIGIBILITY REQUIREMENTS.

Expand All Collapse All

Providers

Service Line Information

Other Insurance/COB (2423 ALABAMA BLUE SHIELD Primary)

Payment/Adjudication

Payer Primary ID: 2423 Adjudication Payment Date: 04/01/2022 Amount Paid: \$100.00 Patient Liability: \$100.00

Product/Service ID: HC Procedure Code: 93024 Modifier: Modifier: Modifier: Modifier:

Description: Paid Units: 1 Bundled or Unbundled Line#:

Group Code	Reason	Amount	Quantity
Contractual Obligation	109	\$200.00	1
Patient Responsibility	patient	\$100.00	1

DELETED CLAIM Your claim has been auto-saved: 04/10/2022 21:46:53 CT COPY SAVE VALIDATE SUBMIT FORM

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.