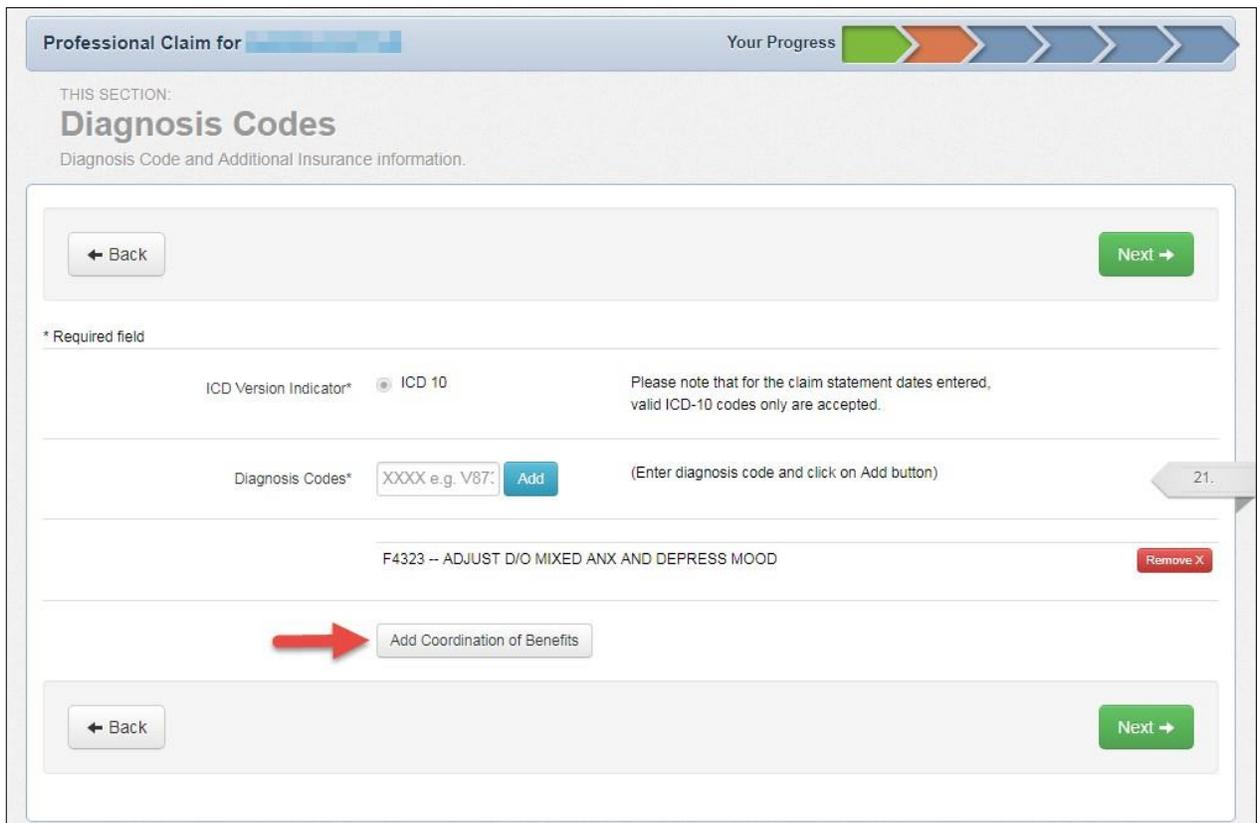


Coordination of Benefits Entry Walkthrough

This guide serves as a walkthrough for entering Coordination of Benefits (COB) information on professional claims submitted via the Secure Provider Portal

Step 1

On the Diagnosis Codes page, click **Add Coordination of Benefits**



Professional Claim for [REDACTED] Your Progress [Progress Bar]

THIS SECTION:
Diagnosis Codes
Diagnosis Code and Additional Insurance information.

← Back Next →

* Required field

ICD Version Indicator* ICD 10 Please note that for the claim statement dates entered, valid ICD-10 codes only are accepted.

Diagnosis Codes* (Enter diagnosis code and click on Add button) 21.

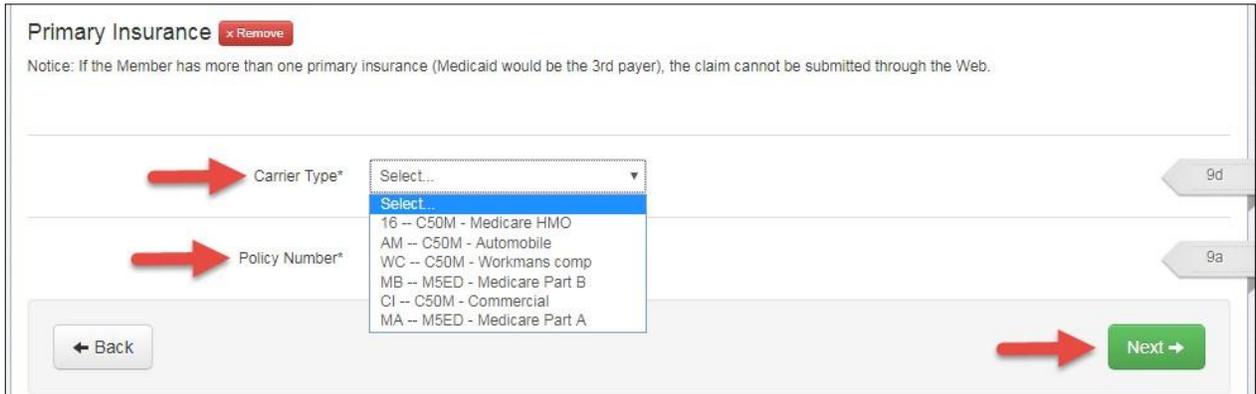
F4323 -- ADJUST D/O MIXED ANX AND DEPRESS MOOD



← Back Next →

Step 2

Click **Carrier Type** drop-down to select the applicable carrier type and then enter the policy number. Once completed, click **Next**.



Primary Insurance x Remove

Notice: If the Member has more than one primary insurance (Medicaid would be the 3rd payer), the claim cannot be submitted through the Web.

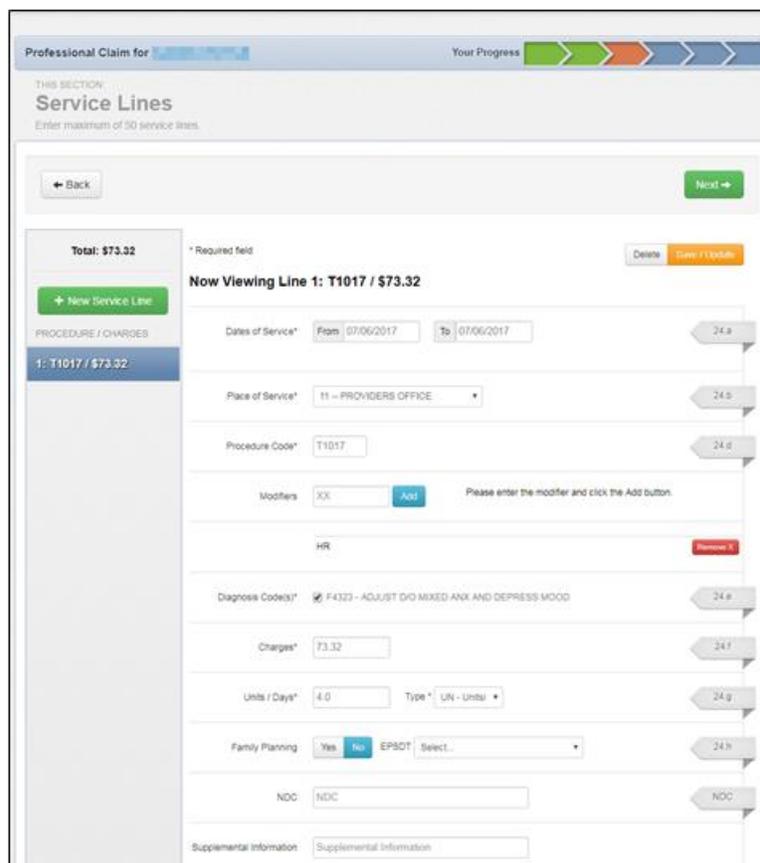
Carrier Type* 9d

Policy Number* 9a

Select...
 Select...
 16 -- C50M - Medicare HMO
 AM -- C50M - Automobile
 WC -- C50M - Workmans comp
 MB -- M5ED - Medicare Part B
 CJ -- C50M - Commercial
 MA -- M5ED - Medicare Part A

Step 3

Fill out Service Line information as per normal procedure. Then scroll down to complete the Primary Insurance fields.



Professional Claim for [Member Name] Your Progress

THIS SECTION:
Service Lines
Enter maximum of 30 service lines.

Total: \$73.32 * Required field

Now Viewing Line 1: T1017 / \$73.32

PROCEDURE / CHARGES

1: T1017 / \$73.32

Dates of Service* From: 07/06/2017 To: 07/06/2017 24.a

Place of Service* 11 -- PROVIDERS OFFICE 24.b

Procedure Code* T1017 24.c

Modifiers: XX Please enter the modifier and click the Add button.

HR

Diagnosis Code(s)* F4322 -- ADJUST DIS MIXED ANK AND DEPRESS MOOD 24.e

Charges* 73.32 24.f

Units / Days* 4.0 Type* UN - Units 24.g

Family Planning: Yes No EPSDT: Select... 24.h

NDC: NDC NDC

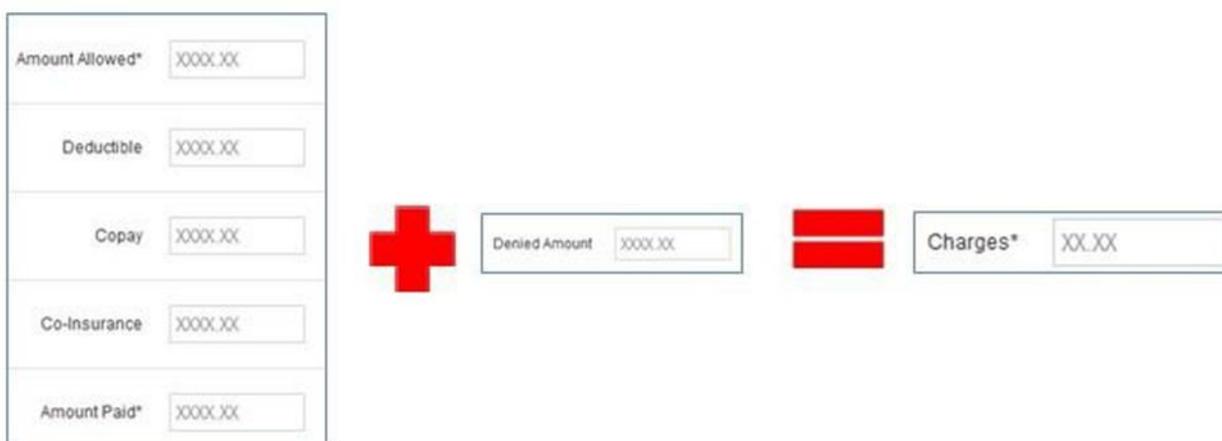
Supplemental Information: Supplemental Information

Step 4

Enter the line items on the primary insurance in accordance with the rules of the section.

COB entry rules: The amount charged for services (entered by provider on line 24f) must equal the total of the line items from the Primary Insurance fields and the Service Line Denial Reason section. So the following must be true before moving forward:

Total of the **Primary Insurance** fields + **Denied Amount** = **Total Charges**



Another way to display the equation is:

Charges - Total of **Primary Insurance** Fields = **Denied Amount**



There are a number of scenarios that may be encountered when entering this information. Please review the following examples for more information.

Example 1

Total Charges on line 24f =
\$100 Amount Allowed by
primary = \$60 Amount Paid
by primary = \$60

In this example, the provider is charging \$100 and the primary paid \$60. This leaves a remainder of \$40, which should be entered in the Denied Amount field and a Denied Category must be selected.

Primary Insurance	
<small>Notice: If the Member has more than one primary insurance (Medicaid would be th</small>	
Amount Allowed*	<input type="text" value="60"/>
Deductible	<input type="text" value="XXXX.XX"/>
Copay	<input type="text" value="XXXX.XX"/>
Co-Insurance	<input type="text" value="XXXX.XX"/>
Amount Paid*	<input type="text" value="60"/>
Service Line Denial Reasons	
Denied Category	<input type="text" value="Over Allowable"/> ▼
Denied Amount	<input type="text" value="40"/>

Example 2

Total charges on line 24f = \$100

Amount Allowed by primary = \$50

Member responsibility is a copay = \$20

Amount Paid by primary = \$30

In this example, the total charges are \$100. The primary Amount Allowed is \$50 and the member had a co-pay responsibility of \$20. Therefore, the primary paid the remaining \$30. (i.e. Amount Allowed (\$50) – Copay (\$20) = Amount Paid (\$30).

The amount received from the primary (\$30) and member (\$20) totals \$50. This leaves a remainder of \$50, which should be entered in the Denied Amount field and a Denied Category must be selected.

Primary Insurance	
<small>Notice: If the Member has more than one primary insurance (Medicaid would be th</small>	
Amount Allowed*	<input type="text" value="50"/>
Deductible	<input type="text" value="XXXX.XX"/>
Copay	<input type="text" value="20"/>
Co-Insurance	<input type="text" value="0"/>
Amount Paid*	<input type="text" value="30"/>
Service Line Denial Reasons	
Denied Category	<input type="text" value="Over Allowable"/> ▼
Denied Amount	<input type="text" value="50"/>

Step 5

Click **Add Denied Reason**, to add the EOB information entered to the Service Line. Once clicked, the denied amount and category will appear below the button.

Service Line Denial Reasons
Select denied category, enter amount and click "Add Denied Reason" to add a denied amount to your claim.

Denied Category

Denied Amount



\$ 50.00 Over Allowable

Step 6

Click the **Save/Update**.

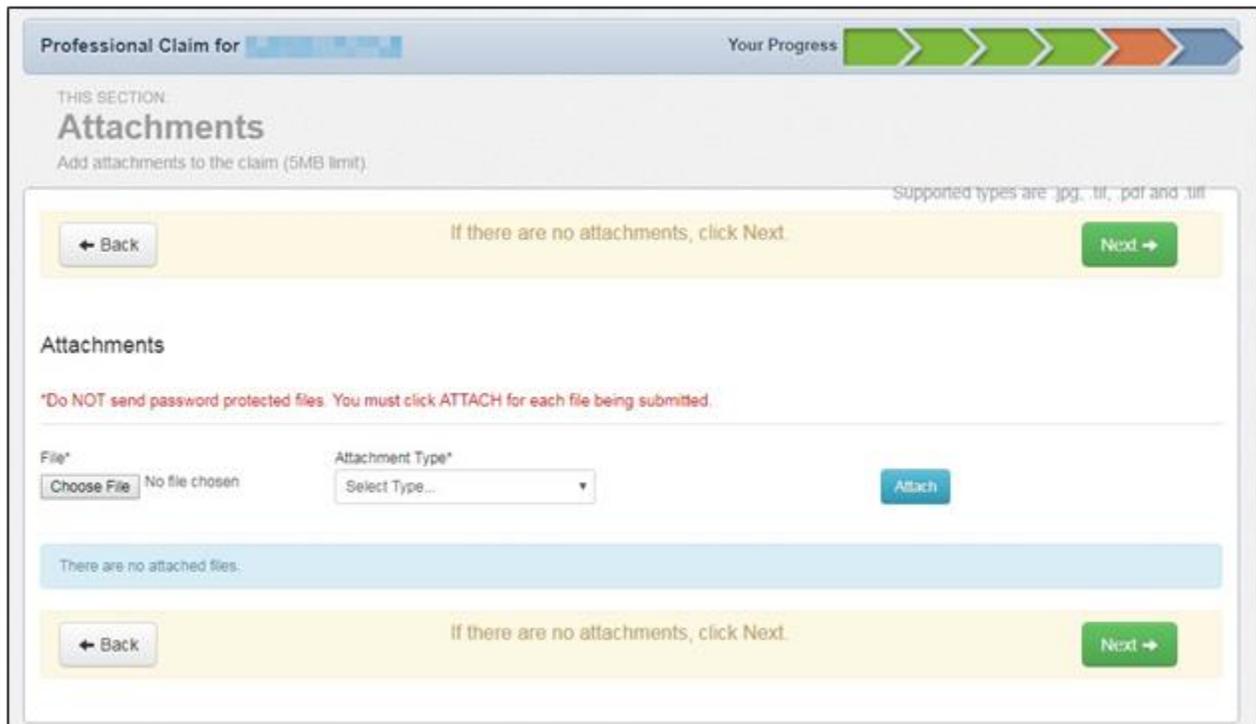
If everything was entered correctly, then there will be no error messages and you can continue to the next steps.

Please Note: Steps 4 – 6 must be completed for each Service Line on the web claim.

Step 7

After entering the Provider Details on step 3 of claim submission, proceed forward to step 4 - Attachments. You can submit the primary EOB as an attachment to the claim.

Note: If the EOB is from Medicare and includes the EOB information for several other claims, this does not present a problem. You can attach the entire image



The screenshot shows a web interface for submitting a professional claim. At the top, it says "Professional Claim for [redacted]" and "Your Progress" with a progress bar showing five steps, with the fifth step highlighted in orange. Below this, the section is titled "Attachments" with the instruction "Add attachments to the claim (5MB limit)". A note indicates "Supported types are .jpg, .tif, .pdf and .tiff". The interface includes a "Back" button and a "Next" button. A central area contains a "File*" field with a "Choose File" button and "No file chosen" text, an "Attachment Type*" dropdown menu with "Select Type..." text, and an "Attach" button. A light blue message box states "There are no attached files." At the bottom, there is another "Back" button and "Next" button with the instruction "If there are no attachments, click Next."