

ND Health Enterprise Web Portal Institutional Claim Form Submission Instructions with Primary Payor

Manually entering a new claim via Web Portal and Commercial Insurance is the primary payer, in addition to the usual information required on a claim a provider should complete:

The screenshot shows a web form titled "New Institutional Claim" with a "Print | Help" link in the top right. Below the title is a grey bar with the text "* Required Field". The form has two tabs: "Basic Claim Info" and "Other Claim Info", with the latter highlighted by a red border. Below the tabs is a light orange bar containing the text "Provider Member Basic Claim Service Line Items".

- Other Claim Info

+ [Subscriber Information](#)

Other Insurance Information

? *Does the member have other insurance?

Yes No

+ [Subscriber Information](#)

Other Insurance Information

? *Does the member have other insurance?

Yes No

Note: Please go to the [Other Claim Info Tab](#) in the Coordination of Benefits Section.

- Other Insurance Information
 - REQUIRED
 - Does the member have other insurance?
 - Select “Yes”
 - If you select “Yes” you must complete the Other Claim Info tab with the Other Insurance information

Coordination of Benefits

Go to [Basic Claim Info](#) to enter basic claim information.

Other Insurance

Other Insurance

[Add Other Insurance](#)

Sequence Number ▾	Subscriber ID ⇅	Payer/Carrier ID ⇅	Payer/Insurance Org Name ⇅	Payer Paid Amount ⇅
No Data				

[Submit Claim](#)

[Save Claim](#)

[Reset](#)

[Cancel](#)

- Coordination of Benefits
 - REQUIRED
 - Add Other Insurance

Other Subscriber

*Entity Qualifier

*Subscriber ID

*Last Name

First Name

MI

Suffix

SSN

- Other Subscriber
 - REQUIRED
 - Entity Qualifier – Person or Non-person
 - Subscriber ID – member's ND Medicaid ID number
 - Last Name – member's last name

Other Subscriber Information

*Relation to Individual <input type="text"/>	Claim Filing Code <input type="text"/>	Group or Policy Number <input type="text"/>
*Payer Responsibility Seq # Code <input type="text"/>	Group or Plan Name <input type="text"/>	

○ Other Subscriber Information

- Relation to Individual - Select Self
- Claim Filing Code – Select Commercial Insurance Co
- Group or Policy Number – Enter Policy Number
- Payer Responsibility Seq # = Code – Primary
 - If more than one insurance policy – another sequence # will need to be completed as secondary
- Group or Plan Name – Name of Commercial Insurance Co

[-] [Other Insurance Coverage](#)

*Release of Information Code

Informed Consent to Release Information
Yes, Provider has signed statement

[+] [Medicare Outpatient Adjudication Information](#)

[-] [Other Payer Information - Including Medicare A and B](#)

*Payer/Carrier ID Qualifier

*Payer/Carrier ID

*Payer / Insurance Organization Name

[+] [Additional Other Payer Information](#)

- Other Insurance Coverage
 - REQUIRED
 - Select appropriate value

 Other Payer - Including Medicare A and B

*Payer/Carrier ID Qualifier

*Payer/Carrier ID

*Payer/Insurance Organization Name

- Other Payer – Including Medicare A and B
 - Payer/Carrier ID Qualifier – Select Payer Identification
 - Payer/Carrier ID – Commercial Insurance Payer/Carrier ID number
 - Payer/Insurance Organization Name – Commercial Insurance name

New Other Insurance

Save | Reset | Cancel

Other Subscriber

*Entity Qualifier

*Subscriber ID

*Last Name

First Name

MI

Suffix

SSN

- New Other Insurance
 - REQUIRED
 - SAVE

Other Insurance

Other Insurance

System successfully saved the Information.

Add Other Insurance

Sequence Number	Subscriber ID	Payer/Carrier ID	Payer/Insurance Org Name	Payer Paid Amount
1	XXXXXXXX	XXXXXXXX	XXXXXXXXXX	

1 - 1 of 1

Submit Claim

Save Claim

Reset

Cancel

- System successfully saved the Information
 - Commercial Insurance
 - Sequence Number
 - Subscriber ID
 - Payer/Carrier ID
 - Payer/Insurance Org Name

Other Insurance

Other Insurance

System successfully saved the Information.

Add Other Insurance

Sequence Number	Subscriber ID	Payer/Carrier ID	Payer/Insurance Org Name	Payer Paid Amount
1	XXXXXXXX	XXXXXXXX	XXXXXXXXXX	

1 - 1 of 1

Submit Claim

Save Claim

Reset

Cancel

- Save Claim

Basic Claim Info

Other Claim Info

- Navigate to the Basic Claim Info

Service Date Begin 03202020	Service Date End 03202020	*Revenue Code 0512	Procedure Code 	Modifiers 1. <input type="text"/> 2. <input type="text"/> 3. <input type="text"/> 4. <input type="text"/>
*Unit Qualifier Units	*Service Units 1.00000	*Line Item Charge Amount \$ 200.00	Non-Covered Line Charges \$ <input type="text"/>	Procedure Description

[+ Additional Service Line Information](#)

? Is there additional line-specific information/TPL to be entered?
 Yes No

NOTE: Click the [Save & Add Other Svc Info/TPL](#) link to enter line-level TPL amounts, and to include the following line-level information: Service Line Information, Service Line Provider Information, and Other Payer Service Line Information.

REQUIRED

- New Line Item
- Service Date Begin and Service Date End
- Use format: MM/DD/YYYY
- Revenue Code
- Procedure Code –if applicable
- Unit Qualifier
- Service Units
- Line Item Charge Amount
- Non-Covered Line Charges –if applicable
- Save & Add Other SvcInfo/TPL

System successfully saved the Information.

Ln #:1

Submit Claim

Save & Return to Basic Service Line Item

Save Claim

Reset

Cancel

- System successfully saved the Information
 - Line # 1

Other Payer Service Line Information

Other Payer Service Information

Other Payer Service Information

Add Other Payer Service Information

Sequence Number ▼

Other Payer Primary ID ▲▼

Procedure Code ▲▼

Paid Service Unit Count ▲▼

Service Line Paid Amount ▲▼

Adjudicated or Pay Date ▲▼

No Data

- Other Payer Service Line Information
 - Add Other Payer Service Information

Service Line Adjudication

Sequence Number

1 ▾

Other Payer Primary ID

*Service Line Paid Amount

\$

*Adjudicated or Pay Date

*Paid Service Unit Count

*Procedure Qualifier

*Procedure Code

Procedure Code Description

Bundled Line Number

Procedure Code Modifiers

1. 2. 3. 4.

*Revenue Code

Remaining Patient Liability

\$

- New Other Payer Service Information
 - Service Line Adjudication
 - REQUIRED
 - Other Payer Primary ID
 - Service Line Paid Amount
 - Adjudicated or Pay Date
 - Paid Service unit Count
 - Procedure Qualifier
 - Procedure Code
 - Revenue Code

Line Level Adjustments

[Add Line Level Adjustments](#)

Claim Adjustment Group Code ▾	Reason Code ▲ ▾	Amount ▲ ▾	Quantity ▲ ▾
No Data			

- Service Adjustment
 - Add line Level Adjustments

New Line Level Adjustments

*Claim Adjustment Group Code

- Contractual Obligations
- Correction and Reversals
- Other Adjustments
- Patient Responsibility
- Payor Initiated Reductions

New Line Level Adjustments

*Claim Adjustment Group Code

Patient Responsibility

Save | Reset | Cancel

*Reason Code

Reason Code 2

Reason Code 3

Reason Code 4

*Amount

\$

Amount 2

\$

Amount 3

\$

Amount 4

\$

Quantity

Quantity 2

Quantity 3

Quantity 4

○ New Line Level Adjustments

- Claim Adjustment Group Code – Appropriate Value
- Reason Code and Amount – Appropriate Reason Code and Amount
- Save

New Other Payer Service Information

Save | Reset | Cancel

Service Line Adjudication

Sequence Number: 1

Other Payer Primary ID: 0000000330

*Service Line Paid Amount: \$

*Adjudicated or Pay Date: [Calendar Icon]

*Paid Service Unit Count:

*Procedure Qualifier:

*Procedure Code:

Procedure Code Description:

Bundled Line Number:

Procedure Code Modifiers: 1. 2. 3. 4.

*Revenue Code:

Remaining Patient Liability: \$

Service Adjustment

Line Level Adjustments

Add Line Level Adjustments

Claim Adjustment Group Code	Reason Code	Amount	Quantity
Patient Responsibility	1	\$50.00	

1 - 1 of 1

- New Other Payer Service Information
 - Save

Other Payer Service Information

Other Payer Service Information

System successfully saved the Information.

Add Other Payer Service Information

Sequence Number ▾	Other Payer Primary ID ⇅	Procedure Code ⇅	Paid Service Unit Count ⇅	Service Line Paid Amount ⇅	Adjudicated or Pay Date ⇅
1	0000000330	99204	1.00000	\$100.00	03/23/2020

1 - 1 of 1

Submit Claim

Save & Return to Basic Service Line Item

Save Claim

Reset

Cancel

- Save & Return to Basic Service Line Item

Edit Line Item

Save | [Save & Add Other SvcInfo/TPL](#) | [Reset](#) | [Delete](#) | [Cancel](#)

Service Date Begin 03/20/2020	Service Date End 03/20/2020	*Revenue Code 0512	Procedure Code 	Modifiers 1. <input type="text"/> 2. <input type="text"/> 3. <input type="text"/> 4. <input type="text"/>
*Unit Qualifier Units	*Service Units 1.00000	*Line Item Charge Amount \$ 200.00	Non-Covered Line Charges \$ <input type="text"/>	Procedure Description <input type="text"/>

[+ Additional Service Line Information](#)

? Is there additional line-specific information/TPL to be entered?

Yes No

NOTE: Click the [Save & Add Other Svc Info/TPL](#) link to enter line-level TPL amounts, and to include the following line-level information: Service Line Information, Service Line Provider Information, and Other Payer Service Line Information.

Save

Basic Line Item Information

Total Claim Charge Amount: \$200.00

Add Service Line Item

Line #	Rev Code	Proc Code	Modifiers				Service Dates		Unit Qualifier	Units	Line Item Charge Amount \$	Non-covered Charges \$
			1	2	3	4	Begin	End				
<u>1</u>	0512						03/20/2020	03/20/2020	Units	1.00000	\$200.00	

1 - 1 of 1

Submit Claim Save Claim Reset Cancel

- Save Claim
- Submit Claim

TCN: [REDACTED]

Your claim has been successfully submitted. Please print and attach this sheet to the front of any additional documentation required.

Claim Information

TCN: [REDACTED]

Date of Service: 03/20/2020 - 03/20/2020

Provider #: [REDACTED]

Member ID: [REDACTED]

Claim Status: C - To Be Dnd

Total Charge: \$200.00

*To Be Paid Amount: \$0.00

*Co-Payment: \$0.00

*Total Recipient Liability: \$0.00

Submission Date/Time: Tue Mar 24 11:28:05 CDT 2020

*This may not be the actual amount. Please refer to your remittance advice for detailed payment information.

Adjustment Reason Codes

Line #	Adjustment Reason Code	Description
0	204	This service/equipment/drug is not covered under the patient?s current benefit plan
1	A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
1	26	Expenses incurred prior to coverage.
1	27	Expenses incurred after coverage terminated.

1 - 4 of 4

Remark Codes

Line #	Remark Code	Description
No Data		

- Print and Save for your records