

ND Health Enterprise Web Portal
Professional 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

Edit Line Item[Save](#) | [Save & Add Other Svc Info/TPL](#) | [Reset](#) | [Delete](#) | [Cancel](#)

*Service Date Begin 03/23/2020	Service Date End 03/23/2020	Place of Service Office
*Procedure Code 99213	Procedure Description 	Modifiers 1. <input type="text"/> 2. <input type="text"/> 3. <input type="text"/> 4. <input type="text"/>
*Line Item Charge Amount \$ 200.00	Diagnosis Pointers * 1. <input type="text"/> First Diagnosis	2. <input type="text"/> 3. <input type="text"/> 4. <input type="text"/>
*Unit Code Units	*Units 1.00000	

[+ Service Authorization](#)

[+ Additional Service Line Information](#)

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

Yes No

New Line Item

- Service Date Begin and Service Date End - Use format: MM/DD/YYYY
- Place of Service
- Procedure Code
- Modifiers – if applicable
- Line Item Charge Amount
- Diagnosis Pointers – Primary, secondary ect.
- Unit Code and Units
- Save & Add Other Svc Info/TPL

***Required Field**

System successfully saved the Information.

[Service Line Info](#) [Service Line Provider](#) [Specialized Line Info](#) [Other Payer Service Line Provider](#)

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 \$ <input type="text"/>	*Adjudicated or Pay Date <input type="text"/>	*Paid Service Unit Count <input type="text"/>
*Procedure Qualifier ▾	*Procedure Code <input type="text"/>	Procedure Code Description <input type="text"/>	Bundled Line Number <input type="text"/>	Procedure Code Modifiers 1. <input type="text"/> 2. <input type="text"/> 3. <input type="text"/> 4. <input type="text"/>
*Revenue Code <input type="text"/>	Remaining Patient Liability \$ <input type="text"/>			

○ 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:
*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

Basic Line Item Information

Total Claim Charge Amount: \$200.00

Add Service Line Item

Service Dates	Modifiers	Diag Pointers		
---------------	-----------	---------------	--	--

Edit Line Item Save | Save & Add Other Svc Info/TPL | Reset | Delete | Cancel

*Service Date Begin
03/20/2020

Service Date End
03/20/2020

Place of Service
Office

*Procedure Code
99213

Procedure Description

Modifiers
1. 2. 3. 4.

*Line Item Charge Amount
\$ 200.00

Diagnosis Pointers
*
1. First Diagnosis 2. 3. 4.

*Unit Code
Units

*Units
1.00000

+ Service Authorization

+ 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, Specialized Line Information, and Other Payer Service Line Information

Save

Basic Line Item Information

Total Claim Charge Amount: \$200.00

Add Service Line Item

Ln #	Service Dates		Procedure Code	Modifiers				Diag Pointers				Line Item Charge Amount	Unit Code	Unit
	Begin	End		1	2	3	4	1	2	3	4			
1	03/20/2020	03/20/2020	99213					1				\$200.00	Units	1.00000

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.

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Remark Codes

Line #	Remark Code	Description
No Data		

- Print and Save for your records