



# Release Notes

## Version 1.2.95

### IntelliClaim

IntelliClaim Version 1.2.95 brings forth an exciting new feature. Clients we've already shown it to had this to say about it, "Mind blown."

# COB Snippets User Guide

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## Release Notes (What Changed)

### Compatibility Changes

Some menu items in the Snippets section have been replaced by new options. The details of which are in the Features and Enhancements section below.

### Features and Enhancements

Claims can now have more than one “Other Payers” with other payer, other subscriber, and other adjudication information. To support this there have been two main changes to the snippets section when editing a claim.

- 1) Claim level information about multiple Other Payers can be added from the “Other Payers” menu option
- 2) Service Line level information about multiple Other Payers can be added from the “Line Adjudication Payers” option

With this addition it is now possible to send tertiary claims with both the primary and secondary payer’s adjudications, remove Other Payer's adjudications from a claim to resend it, and to add or edit adjudication details when they are missing or incorrect.

### Known Issues (Outstanding Bugs)

Not all the “Go to Snippet” and “Error” buttons currently direct you to the appropriate snippet.

# Other Payer Walkthrough

This guide will cover many of the common use cases for editing information about the Other Payers on a claim.

## Changing the Destination Payer Responsibility Level

**Path:** Snippets > Subscriber/Patient Information > Subscriber > Payer Responsibility

This drop-down menu allows you to change the payer level for the destination payer of this claim. Editing the information of the Other Payers is not done in this location. (See the “Editing/Removing Other Payers” section)

Claim Information - Test dkreuzman/Mathew Cantor

000007	HUDSON, STANLEY	APPLE UHC UNITED HEALTHCARE	Clearinghouse Rejected
Policy No	Service Date	Charge Amount	Payer ID
00000000001	11/07/2019	\$78.75	87726
			File ID
			7066017
			Claim Key
			86232941
			Change Status

**Snippets**

**Other Payer**

- Adjustment (Old)
- Other Payers (New)
- Other Payer (Old)
- Other Subscriber (Old)

**Claim Information**

- Amounts
- Anesthesia
- Authorization
- Claim Information
- Condition
- Condition Information
- Dates
- Diagnosis
- Paperwork
- Place of Service
- Pricing Repricing
- Reference
- Spinal Manipulation

**Providers/Facilities**

- Billing
- Pay To Address
- Pay To Plan
- Primary Care
- Referring
- Rendering
- Service Facility
- Supervising

**Edit Procedure**

- Edit Procedure
- Order Procedure

**Specialty**

- Ambulance Drop Off
- Ambulance Pick Up

**Subscriber/Patient Information**

- Patient
- Payer
- Subscriber**

- Payer Responsibility - Four
- Payer Responsibility - Five
- Payer Responsibility - Six
- Payer Responsibility - Seven
- Payer Responsibility - Eight
- Payer Responsibility - Nine
- Payer Responsibility - Ten
- Payer Responsibility - Eleven
- Primary
- Secondary
- Tertiary
- Unknown
- Primary

First Name	Middle	Suffix
<input type="text" value="STANLEY"/>	<input type="text" value="M"/>	<input type="text"/>
Primary ID		
<input type="text" value="00000000001"/>		
Address Line 2		
<input type="text"/>		
State	ZIP	Country
<input type="text" value="OH"/>	<input type="text" value="44221"/>	<input type="text"/>
Relationship		
<input checked="" type="checkbox"/> 18 - Self		
Claim Number		
<input type="text"/>		
Group Name		Group Number
<input type="text"/>		<input type="text"/>
Insurance Type Code		
<input type="text"/>		
Claim Filing Indicator		
<input type="text" value="CI - Commercial Insurance Company"/>		

Save Close

## Adding Other Payers

**Path:** Snippets > Other Payer > Other Payers

It is possible to add multiple Other Payers (in addition to the destination payer) to a claim. Select “Other Payers” from the Snippets section of the claim details.

Claim Information - Test

---

**Claim**

View Claim
Timely Filing
Copy Claim
Claim Status

Account No	Name	Payer Name		
000007	HUDSON, STANLEY	APPLE UHC UNITED HEALTH		
Policy No	Service Date	Charge Amount	Payer ID	File ID
000000000001	11/07/2019	\$78.75	87726	706601

---

**Snippets**

 **Other Payer**

- [Adjustment \(Old\)](#)
- [Other Payers \(New\)](#)
- [Other Payer \(Old\)](#)
- [Other Subscriber \(Old\)](#)

 **Claim Information**

- [Amounts](#)
- [Anesthesia](#)
- [Authorization](#)
- [Claim Information](#)
- [Condition](#)
- [Condition Information](#)
- [Dates](#)
- [Diagnosis](#)
- [Paperwork](#)
- [Place of Service](#)
- [Pricing Repricing](#)
- [Reference](#)
- [Spinal Manipulation](#)

 **Providers/Facilities**

- [Billing](#)
- [Pay To Address](#)
- [Pay To Plan](#)
- [Primary Care](#)
- [Referring](#)
- [Rendering](#)
- [Service Facility](#)
- [Supervising](#)

This will list all of the Other Payers on the claim. Each payer line will list that payer’s responsibility, name, Payer ID, and the subscribers name. To add a new payer select the “Add Payer” button.

**Claim Information - Test**

---

**Claim**

<b>Account No</b>	<b>Name</b>	<b>Payer Name</b>	<b>Status</b>
000007	HUDSON, STANLEY	APPLE UHC UNITED HEALTHCARE	Clearinghouse Rejected
<b>Policy No</b>	<b>Service Date</b>	<b>Charge Amount</b>	<b>Payer ID</b>
00000000001	11/07/2019	\$78.75	87726
			<b>File ID</b>
			7066017
			<b>Claim Key</b>
			86232941
			<b>Change Status</b>
			<input type="button" value="Change St"/>

---

**Snippets**

<b>Other Payer</b>	<b>Claim Information</b>	<b>Providers/Facilities</b>	<b>Edit Procedure</b>	<b>Specialty</b>
<a href="#">Adjustment (Old)</a> <a href="#">Other Payers (New)</a> <a href="#">Other Payor (Old)</a> <a href="#">Other Subscriber (Old)</a>	<a href="#">Amounts</a> <a href="#">Anesthesia</a> <a href="#">Authorization</a> <a href="#">Claim Information</a> <a href="#">Condition</a> <a href="#">Condition Information</a> <a href="#">Dates</a> <a href="#">Diagnosis</a> <a href="#">Paperwork</a> <a href="#">Place of Service</a> <a href="#">Pricing Repricing</a> <a href="#">Reference</a> <a href="#">Spinal Manipulation</a>	<a href="#">Billing</a> <a href="#">Pay To Address</a> <a href="#">Pay To Plan</a> <a href="#">Primary Care</a> <a href="#">Referring</a> <a href="#">Rendering</a> <a href="#">Service Facility</a> <a href="#">Supervising</a>	<a href="#">Edit Procedure</a> <a href="#">Order Procedure</a>	<a href="#">Ambulance Drop Off</a> <a href="#">Ambulance Pick Up</a>

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**Other Payers**

<input type="button" value="Edit Payer/Subscriber"/>	<input type="button" value="Edit Adjudication"/>	<b>Payer Responsibility</b>	<b>Other Payer Name</b>	<b>Other Payer ID</b>	<b>Sub</b>
		Secondary	MEDICARE	MCRWA	S

From here you have access to the payer's information in the "Other Payer Details" section.

Claim Information - Test

[Other Subscriber \(Payer\)](#)

[Claim Information](#)

[Primary Care](#)

[Condition](#)

[Referring](#)

[Condition Information](#)

[Rendering](#)

[Dates](#)

[Service Facility](#)

[Diagnosis](#)

[Supervising](#)

[Paperwork](#)

[Place of Service](#)

[Pricing Repricing](#)

[Reference](#)

[Spinal Manipulation](#)

**Other Payer Details**

Payer Responsibility

Claim Filing Indicator

Other Payer Organization Name  Other Payer Primary Identifier

Insurance Type Code

Other Insured Group Name  Insured Group or Policy Number

Other Payer Address Line 1  Other Payer Address Line 2

City  State or Province Code  ZIP Code

Country Code  Country Sub Code

**Other Subscriber Details**

Last Name  First Name  Middle Name  Suffix

Identification Code Qualifier  Other Insured Identifier

Individual Relationship Code  SSN

Other Subscriber Address Line 1  Other Insured Address Line 2

City  State or Province Code  ZIP Code

Country Code  Country Sub Code

Benefit Assignment  Patient Signature  Release of Information Code



You also have access to the subscriber details in the “Other Subscriber Details” section. It is important to note that this section only contains the subscriber’s information for the Other Payer that was selected and not for the destination payer.

dkreuzman
**Claim Information - Test**

<a href="#">Other Subscriber (1/1)</a> <a href="#">Condition</a> <a href="#">Condition Information</a> <a href="#">Dates</a> <a href="#">Diagnosis</a> <a href="#">Paperwork</a> <a href="#">Place of Service</a> <a href="#">Pricing Repricing</a> <a href="#">Reference</a> <a href="#">Spinal Manipulation</a>	<a href="#">Primary Care</a> <a href="#">Referring</a> <a href="#">Rendering</a> <a href="#">Service Facility</a> <a href="#">Supervising</a>	
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**Other Payer Details**

Payer Responsibility

Claim Filing Indicator

Other Payer Organization Name  Other Payer Primary Identifier

Insurance Type Code

Other Insured Group Name  Insured Group or Policy Number

Other Payer Address Line 1  Other Payer Address Line 2

City  State or Province Code  ZIP Code

Country Code  Country Sub Code

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**Other Subscriber Details**

Last Name  First Name  Middle Name  Suffix

Identification Code Qualifier  
 Other Insured Identifier

Individual Relationship Code  
 SSN

Other Subscriber Address Line 1  Other Insured Address Line 2

City  State or Province Code  ZIP Code

Country Code  Country Sub Code

Benefit Assignment  Patient Signature  Release of Information Code



## Editing/Removing Other Payers

**Path:** Snippets > Other Payers > Other Payers > Edit Payer/Subscriber

Editing an Other Payer’s details are very similar to adding a new payer. Select “Other Payers” from the Snippets section.

**Claim Information - Test**

---

**Claim**

View Claim
Timely Filing
Copy Claim
Claim Status

Account No	Name	Payer Name	Status		
000007	HUDSON, STANLEY	APPLE UHC UNITED HEALTHCARE	Clearinghouse Re		
Policy No	Service Date	Charge Amount	Payer ID	File ID	Claim Key
00000000001	11/07/2019	\$78.75	87726	7066017	86232941

---

**Snippets**

Other Payer	Claim Information	Providers/Facilities	Edit Procedure	Special
<a href="#">Adjustment (Old)</a>	<a href="#">Amounts</a>	<a href="#">Billing</a>	<a href="#">Edit Procedure</a>	<a href="#">Ambula</a>
<a href="#">Other Payers (New)</a>	<a href="#">Anesthesia</a>	<a href="#">Pay To Address</a>	<a href="#">Order Procedure</a>	<a href="#">Ambula</a>
<a href="#">Other Payer (Old)</a>	<a href="#">Authorization</a>	<a href="#">Pay To Plan</a>		
<a href="#">Other Subscriber (Old)</a>	<a href="#">Claim Information</a>	<a href="#">Primary Care</a>		
	<a href="#">Condition</a>	<a href="#">Referring</a>		
	<a href="#">Condition Information</a>	<a href="#">Rendering</a>		
	<a href="#">Dates</a>	<a href="#">Service Facility</a>		
	<a href="#">Diagnosis</a>	<a href="#">Supervising</a>		
	<a href="#">Paperwork</a>			
	<a href="#">Place of Service</a>			
	<a href="#">Pricing Repricing</a>			
	<a href="#">Reference</a>			
	<a href="#">Spinal Manipulation</a>			

Select the "Edit Payer/Subscriber" button next to the desired payer.

Claim Information - Test

**Claim**

Account No	Name	Payer Name	Status		
000006	HALPERT, JIM	APPLE UHC UNITED HEALTHCARE	Clearinghouse Rejecte		
Policy No	Service Date	Charge Amount	Payer ID	File ID	Claim Key
000000000001	03/16/2020	\$157.50	87726	7066022	86232950

**Snippets**

Other Payer	Claim Information	Providers/Facilities	Edit Procedure	Specialty
Adjustment (Old)	Amounts	Billing	Edit Procedure	Ambulance I
Other Payers (New)	Anesthesia	Pay To Address	Order Procedure	Ambulance I
Other Payor (Old)	Authorization	Pay To Plan		
Other Subscriber (Old)	Claim Information	Primary Care		
	Condition	Referring		
	Condition Information	Rendering		
	Dates	Service Facility		
	Diagnosis	Supervising		
	Paperwork			
	Place of Service			
	Pricing Repricing			
	Reference			
	Spinal Manipulation			

**Other Payers**

	Payer Responsibility	Other Payer Name	Other Payer ID
<input type="button" value="Edit Payer/Subscriber"/> <input type="button" value="Edit Adjudication"/>	Primary	COMMUNITY HEALTH MED ...	CHPWA

This will bring up the payers and subscriber details. Both of which can be changed. The subscriber information here pertains to the payer directly above it and may be different than the subscriber information for the destination payer.

Claim Information - Test

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**Other Payer & Subscriber Summary**

Payer Responsibility Secondary	Other Payer Name MEDICARE	Other Payer ID MCRWA	Subscriber Name STANLEY HUDSON
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**Other Payer Details**

Payer Responsibility: Secondary

Claim Filing Indicator: MB - Medicare Part B

Other Payer Organization Name: MEDICARE      Other Payer Primary Identifier: MCRWA

Insurance Type Code: 12 - Medicare Secondary Working Aged Beneficiary

Other Insured Group Name: Medicare      Insured Group or Policy Number:

Other Payer Address Line 1:      Other Payer Address Line 2:

City:      State or Province Code:      ZIP Code:

Country Code:      Country Sub Code:

---

**Other Subscriber Details**

Last Name: HUDSON      First Name: STANLEY      Middle Name: M      Suffix:

Identification Code Qualifier: MI - Member Identification Number      Other Insured Identifier: 0000000000

Individual Relationship Code: 18 - Self      SSN:

Other Subscriber Address Line 1: 1234 TREE ST      Other Insured Address Line 2:

City: CITYVILLE      State or Province Code: OH      ZIP Code: 44221

Country Code:      Country Sub Code:

Benefit Assignment: Y - Yes      Patient Signature: P - Generated by Provider      Release of Information Code: Y - Provider Has a Signed Statement

Save    Close    Remove

To delete the selected payer from the claim, use the “Remove” button located at the bottom of the payer/subscriber details.

MI - Member Identification Number		00000000000
Individual Relationship Code	SSN	
18 - Self		
Other Subscriber Address Line 1	Other Insured Address Line 2	
1234 TREE ST		
City	State or Province Code	ZIP Code
CITYVILLE	OH	44221
Country Code	Country Sub Code	
Benefit Assignment	Patient Signature	Release of Information Code
Y - Yes	P - Generated by Provider	Y - Provider Has a Signed S
Save	Close	Remove

## Adding/Editing Other Payer's Adjudication Information

**Path:** Snippets > Other Payers > Other Payers > Edit Adjudication

If information about one of the Other Payer's adjudications of the claim needs to be edited or added it is done by going to "Other Payers" in the Snippets section. It is important to note that this will edit the adjudication details on a claim level and it may also be necessary to make changes to individual service lines. (See the "Editing Service Lines" section)

**Claim Information - Test**

---






**Claim**

View Claim
Timely Filing
Copy Claim
Claim Status

Account No	Name	Payer Name	Status		
000007	HUDSON, STANLEY	APPLE UHC UNITED HEALTHCARE	Clearinghouse R		
Policy No	Service Date	Charge Amount	Payer ID	File ID	Claim Key
000000000001	11/07/2019	\$78.75	87726	7066017	86232941

---

**Snippets**

 Other Payer
 Claim Information
 Providers/Facilities
 Edit Procedure
 Special

<a href="#">Adjustment (Old)</a>	<a href="#">Amounts</a>	<a href="#">Billing</a>	<a href="#">Edit Procedure</a>	<a href="#">Ambul</a>
<a href="#">Other Payers (New)</a>	<a href="#">Anesthesia</a>	<a href="#">Pay To Address</a>	<a href="#">Order Procedure</a>	<a href="#">Ambul</a>
<a href="#">Other Payer (Old)</a>	<a href="#">Authorization</a>	<a href="#">Pay To Plan</a>		
<a href="#">Other Subscriber (Old)</a>	<a href="#">Claim Information</a>	<a href="#">Primary Care</a>		
	<a href="#">Condition</a>	<a href="#">Referring</a>		
	<a href="#">Condition Information</a>	<a href="#">Rendering</a>		
	<a href="#">Dates</a>	<a href="#">Service Facility</a>		
	<a href="#">Diagnosis</a>	<a href="#">Supervising</a>		
	<a href="#">Paperwork</a>			
	<a href="#">Place of Service</a>			
	<a href="#">Pricing Repricing</a>			
	<a href="#">Reference</a>			
	<a href="#">Spinal Manipulation</a>			

Then select the "Edit Adjudication" button for the desired payer.

**Claim Information - Test**

---

**Claim**

Account No	Name	Payer Name	Status
000006	HALPERT, JIM	APPLE UHC UNITED HEALTHCARE	Clearinghouse
Policy No	Service Date	Charge Amount	Payer ID
000000000001	03/16/2020	\$157.50	87726
			File ID
			7066022
			Claim Key
			86232950

---

**Snippets**

<b>Other Payer</b>	<b>Claim Information</b>	<b>Providers/Facilities</b>	<b>Edit Procedure</b>	<b>Sp</b>
Adjustment (Old)	Amounts	Billing	Edit Procedure	Ar
Other Payers (New)	Anesthesia	Pay To Address	Order Procedure	Ar
Other Payor (Old)	Authorization	Pay To Plan		
Other Subscriber (Old)	Claim Information	Primary Care		
	Condition	Referring		
	Condition Information	Rendering		
	Dates	Service Facility		
	Diagnosis	Supervising		
	Paperwork			
	Place of Service			
	Pricing Repricing			
	Reference			
	Spinal Manipulation			

---

**Other Payers**

<input type="button" value="Edit Payer/Subscriber"/>	<input type="button" value="Edit Adjudication"/>	Payer Responsibility	Other Payer Name
	Primary	COMMUNITY HEALTH MED ...	Other Payer ID
			CHPWA





General adjudication information is located at the top, this includes adjudication date, claim number, paid amount, non-covered amount, and patient liability.

**Claim Information - Test**

---

**Claim**

View Claim
Timely Filing
Copy Claim
Claim Status

Account No	Name	Payer Name	Status			
000007	HUDSON, STANLEY	APPLE UHC UNITED HEALTHCARE	Clearinghouse Rejected			
Policy No	Service Date	Charge Amount	Payer ID	File ID	Claim Key	Chan
00000000001	11/07/2019	\$78.75	87726	7066017	86232941	Ch

---

**Snippets**

Claim Level
Other Adjudication
Other Payer/Subscriber

---

**Other Payer & Subscriber Summary**

Payer Responsibility	Other Payer Name	Other Payer ID	Subscriber Name
Secondary	MEDICARE	MCRWA	STANLEY HUDSON

---

**Other Adjudication Details**

Adjudication Date	Claim Control Number	Payer Paid Amount	Non-Covered Amount	Patient Liability
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

---

**Patient Responsibility (PR)**

Reason Code	Amount	Quantity	Reason Code	Amount	Quantity	Reason Code	Amount	Quantity
Deductible	50	1	Coinsurance	<input type="text"/>	<input type="text"/>	Copay	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

---

**Contractual Obligations (CO)**

Reason Code	Amount	Quantity	Reason Code	Amount	Quantity	Reason Code	Amount	Quantity
CO-45	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

---

**Other Adjustments (OA)**

Reason Code	Amount	Quantity	Reason Code	Amount	Quantity	Reason Code	Amount	Quantity
23	150	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

---

**Payor Initiated Reductions (PI)**

Reason Code	Amount	Quantity	Reason Code	Amount	Quantity	Reason Code	Amount	Quantity
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

---

**Correction and Reversals (CR)**

Reason Code	Amount	Quantity	Reason Code	Amount	Quantity	Reason Code	Amount	Quantity
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

---

Save
Close





Below the general adjudication details The reasons for adjudication are broken down into their 5 categories. Patient responsibility (PR), Contractual Obligations (CO), Other Adjustments (OA), Payer Initiated Reductions (PI) and Corrections and Reversals (CR).

Snippets

- Claim Level
- Drug Identification
- Purchased Service
- Supervising
- Line Level
- Line Adjudication Payers (New)
- Reference
- Adjudication (Old)
- Note
- Referring
- Ambulance Drop Off
- Ordering
- Remove Line
- Ambulance Pick Up
- Paperwork
- Rendering
- Amounts
- Pricing Rep
- Service

Service Line: 1    Service Date: 03/16/2020    Place of Service:    Procedure: HC>99348>    Diagnosis Pointer: 1>    Charge Amount: \$157.50    Units: 1    Rendering ID:

Payer Information

Other Payer Responsibility: Primary

Other Payer Name: COMMUNITY HEALTH MED ADV    Other Payer Id: CHPWA

Service Line Information

Amount Paid: 0    Adjudication Date: 12/23/2019    Bundled/Unbundled Line Number:    Remaining Patient Liability:

Procedure Code: 99348    Revenue Code:    Mod 1:    Mod 2:    Mod 3:    Mod 4:    Paid Units of Service: 1    Description:

Adjudication Information

Patient Responsibility (PR)

Reason Code	Amount	Quantity	Reason Code	Amount	Quantity	Reason Code	Amount	Quantity
Deductible			Coinsurance			Copay		
B7	157.5							

Contractual Obligations (CO)

Reason Code	Amount	Quantity	Reason Code	Amount	Quantity	Reason Code	Amount	Quantity
CO-45								

Other Adjustments (OA)

Reason Code	Amount	Quantity	Reason Code	Amount	Quantity	Reason Code	Amount	Quantity

Payor Initiated Reductions (PI)

Reason Code	Amount	Quantity	Reason Code	Amount	Quantity	Reason Code	Amount	Quantity

Correction and Reversals (CR)

Reason Code	Amount	Quantity	Reason Code	Amount	Quantity	Reason Code	Amount	Quantity

Save    Close    Remove

Each category has space for six different adjustments. Some of the more common adjustment reasons (like the Deductible in the PR section) are already entered into these spaces.

**Adjudication Information**

**Patient Responsibility (PR)**

Reason Code	Amount	Quantity	Reason Code	Amount	Quantity
Deductible			Coinsurance		
B7	157.5				

Any needed adjustments that do not have a designated spot can be entered manually.

**Adjudication Information**

**Patient Responsibility (PR)**

Reason Code	Amount	Quantity	Reason Code	Amount	Quantity
Deductible			Coinsurance		
B7	157.5				

**Note:** after editing Other Payer's claim level adjudication information it may be necessary to also edit that Other Payer's adjudication information on the individual service line level. To do this see the "edit service lines" section of the guide.

## Adding A Service Line

**Path:** Snippets > Edit Procedure > Edit Procedure > Add Service

To add a new service line to a claim, select “Edit Procedure” from the Snippets section.

**Claim Information - Test**

---


**Claim**

[View Claim](#)
[Timely Filing](#)
[Copy Claim](#)
[Claim Status](#)

<b>Account No</b>	<b>Name</b>	<b>Payer Name</b>	<b>Status</b>
000006	HALPERT, JIM	APPLE UHC UNITED HEALTHCARE	Clearinghouse R
<b>Policy No</b>	<b>Service Date</b>	<b>Charge Amount</b>	<b>Payer ID</b>
00000000001	03/16/2020	\$157.50	87726
			<b>File ID</b>
			7066022
			<b>Claim Key</b>
			86232950

---

**Snippets**

 **Other Payer**


- [Adjustment \(Old\)](#)
- [Other Payers \(New\)](#)
- [Other Payor \(Old\)](#)
- [Other Subscriber \(Old\)](#)

 **Claim Information**


- [Amounts](#)
- [Anesthesia](#)
- [Authorization](#)
- [Claim Information](#)
- [Condition](#)
- [Condition Information](#)
- [Dates](#)
- [Diagnosis](#)
- [Paperwork](#)
- [Place of Service](#)
- [Pricing Repricing](#)
- [Reference](#)
- [Spinal Manipulation](#)

 **Providers/Facilities**

- [Billing](#)
- [Pay To Address](#)
- [Pay To Plan](#)
- [Primary Care](#)
- [Referring](#)
- [Rendering](#)
- [Service Facility](#)
- [Supervising](#)

 **Edit Procedure**

- [Edit Procedure](#)
- [Order Procedure](#)

 **Speci**

- [Ambu](#)
- [Ambu](#)

Then select the “add service” button below the list of existing service lines.

Claim Information - Test

**Claim**

Account No	Name	Payer Name	Status
000006	HALPERT, JIM	APPLE UHC UNITED HEALTHCARE	Clearinghouse Rejected

Policy No	Service Date	Charge Amount	Payer ID	File ID	Claim Key	Ch
00000000001	03/16/2020	\$157.50	87726	7066022	86232950	C

**Snippets**

<b>Other Payer</b>	<b>Claim Information</b>	<b>Providers/Facilities</b>	<b>Edit Procedure</b>	<b>Specialty</b>
<a href="#">Adjustment (Old)</a> <a href="#">Other Payers (New)</a> <a href="#">Other Payor (Old)</a> <a href="#">Other Subscriber (Old)</a>	<a href="#">Amounts</a> <a href="#">Anesthesia</a> <a href="#">Authorization</a> <a href="#">Claim Information</a> <a href="#">Condition</a> <a href="#">Condition Information</a> <a href="#">Dates</a> <a href="#">Diagnosis</a> <a href="#">Paperwork</a> <a href="#">Place of Service</a> <a href="#">Pricing Repricing</a> <a href="#">Reference</a> <a href="#">Spinal Manipulation</a>	<a href="#">Billing</a> <a href="#">Pay To Address</a> <a href="#">Pay To Plan</a> <a href="#">Primary Care</a> <a href="#">Referring</a> <a href="#">Rendering</a> <a href="#">Service Facility</a> <a href="#">Supervising</a>	<a href="#">Edit Procedure</a> <a href="#">Order Procedure</a>	<a href="#">Ambulance D</a> <a href="#">Ambulance P</a>

**Procedures**

Edit	Service Line	Service Date	Facility	Procedure	Diagnosis Pointer	Charge Amount
<input type="button" value="Edit"/>	1	03/16/2020		HC>99348>	1>	\$157.50

From here you can enter all service specific data. If a newly created service line needs to have adjudication information from Other Payers, it can be done via editing once the line is created. (see the below section for details)

**Claim Information - Test**

**Claim**

Account No	Name	Payer Name	Status
000007	HUDSON, STANLEY	APPLE UHC UNITED HEALTHCARE	Clearinghouse Rejected
Policy No	Service Date	Charge Amount	Payer ID
000000000001	11/07/2019	\$78.75	87726
			File ID
			7066017
			Claim Key
			86232941
			<input type="button" value="Change Status"/>

**Snippets**

<b>Other Payer</b>	<b>Claim Information</b>	<b>Providers/Facilities</b>	<b>Edit Procedure</b>	<b>Specialty</b>
<a href="#">Adjustment (Old)</a> <a href="#">Other Payers (New)</a> <a href="#">Other Payor (Old)</a> <a href="#">Other Subscriber (Old)</a>	<a href="#">Amounts</a> <a href="#">Anesthesia</a> <a href="#">Authorization</a> <a href="#">Claim Information</a> <a href="#">Condition</a> <a href="#">Condition Information</a> <a href="#">Dates</a> <a href="#">Diagnosis</a> <a href="#">Paperwork</a> <a href="#">Place of Service</a> <a href="#">Pricing Repricing</a> <a href="#">Reference</a> <a href="#">Spinal Manipulation</a>	<a href="#">Billing</a> <a href="#">Pay To Address</a> <a href="#">Pay To Plan</a> <a href="#">Primary Care</a> <a href="#">Referring</a> <a href="#">Rendering</a> <a href="#">Service Facility</a> <a href="#">Supervising</a>	<a href="#">Edit Procedure</a> <a href="#">Order Procedure</a>	<a href="#">Ambulance Drop Off</a> <a href="#">Ambulance Pick Up</a>

**Add New Service**

Procedure Code	Mod 1	Mod 2	Mod 3	Mod 4	NOC Description
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Charge Amount</b>					
<input type="text"/>					
<b>Units</b>					
Units	Unit Count				
<input type="text"/>	<input type="text"/>				
<b>Facility</b>					
<input type="text"/>					
<b>Diagnosis Code Pointers:</b>					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Emergency Indicator</b>					
<input type="text"/>	<b>EPSDT Indicator</b>	<b>Family Planning Indicator</b>	<b>Co-Pay Status Code</b>		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
<b>Service Dates</b>					
<b>Date From</b>		<b>Date To</b>			
<input type="text"/>		<input type="text"/>			

## Editing Service Lines

**Path:** Snippets > Edit Procedure > Edit Procedure > Edit > Line Adjudication Payers






In order to edit a service line and add or update Other Payer adjudication details navigate to the service line section by selecting “Edit Procedure”

Claim Information - Test

**Claim**

Account No	Name	Payer Name	Status
000006	HALPERT, JIM	APPLE UHC UNITED HEALTHCARE	Clearinghouse Rejected
Policy No	Service Date	Charge Amount	Payer ID
000000000001	03/16/2020	\$157.50	87726
			File ID
			7066022
			Claim Key
			86232950
			Char
			Ch

**Snippets**

<p> <b>Other Payer</b></p> <ul style="list-style-type: none"> <li>Adjustment (Old)</li> <li>Other Payers (New)</li> <li>Other Payor (Old)</li> <li>Other Subscriber (Old)</li> </ul>	<p> <b>Claim Information</b></p> <ul style="list-style-type: none"> <li>Amounts</li> <li>Anesthesia</li> <li>Authorization</li> <li>Claim Information</li> <li>Condition</li> <li>Condition Information</li> <li>Dates</li> <li>Diagnosis</li> <li>Paperwork</li> <li>Place of Service</li> <li>Pricing Repricing</li> <li>Reference</li> <li>Spinal Manipulation</li> </ul>	<p> <b>Providers/Facilities</b></p> <ul style="list-style-type: none"> <li>Billing</li> <li>Pay To Address</li> <li>Pay To Plan</li> <li>Primary Care</li> <li>Referring</li> <li>Rendering</li> <li>Service Facility</li> <li>Supervising</li> </ul>	<p> <b>Edit Procedure</b></p> <ul style="list-style-type: none"> <li><span style="border: 2px solid red; border-radius: 50%; padding: 2px;">Edit Procedure</span></li> <li>Order Procedure</li> </ul>	<p> <b>Specialty</b></p> <ul style="list-style-type: none"> <li>Ambulance Dr</li> <li>Ambulance Pic</li> </ul>
---	---	--	--	---



To change information about a particular service line, select the “edit” button next to the line in question. Each line must be edited separately

Claim Information - Test

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**Claim**

View Claim
Timely Filing
Copy Claim
Claim Status

Account No	Name	Payer Name		
000006	HALPERT, JIM	APPLE UHC UNITED HEALTHCARE		C
Policy No	Service Date	Charge Amount	Payer ID	File ID
00000000001	03/16/2020	\$157.50	87726	7066022

---

**Snippets**

Other Payer
 Claim Information
 Providers/Facilities
 Edit Procedure

Adjustment (Old)	Amounts	Billing	Edit Procedure
Other Payers (New)	Anesthesia	Pay To Address	Order Procedure
Other Payor (Old)	Authorization	Pay To Plan	
Other Subscriber (Old)	Claim Information	Primary Care	
	Condition	Referring	
	Condition Information	Rendering	
	Dates	Service Facility	
	Diagnosis	Supervising	
	Paperwork		
	Place of Service		
	Pricing Repricing		
	Reference		
	Spinal Manipulation		

---

**Procedures**

	Service Line	Service Date	Facility	Procedure	Diagnosis Pointer
<b>Edit</b>	1	03/16/2020		HC>99348>	1>

Save
Close
Add Service





From here basic information about the service line is shown and there are several options to edit. To change information about an Other Payer's adjudication of this line select "Line adjudication Payers"

This will list all the Other Payers with adjudication information on this claim. Adding or editing a new Other Payer is done at the claim level (rather than service line level) and details can be found in the "Adding Other Payers" and "Editing/Removing Other Payers" sections of this guide.

**Claim Information - Test**

---

**Claim**

[View Claim](#) [Timely Filing](#) [Copy Claim](#) [Claim Status](#)

Account No	Name	Payer Name	Status
000006	HALPERT, JIM	APPLE UHC UNITED HEALTHCARE	Clearinghouse Re

Policy No	Service Date	Charge Amount	Payer ID	File ID	Claim Key
00000000001	03/16/2020	\$157.50	87726	7066022	86232950

---

**Snippets**

<a href="#">Claim Level</a>	<a href="#">Line Level</a>	<a href="#">Adjudication (Old)</a>	<a href="#">Ambulance Drop Off</a>
<a href="#">Drug Identification</a>	<a href="#">Line Adjudication Payers (New)</a>	<a href="#">Note</a>	<a href="#">Ordering</a>
<a href="#">Purchased Service</a>	<a href="#">Reference</a>	<a href="#">Referring</a>	<a href="#">Remove Line</a>
<a href="#">Supervising</a>			

Service Line	Service Date	Place of Service	Procedure	Diagnosis Pointer	Charge Amount
1	03/16/2020		HC>99348>	1>	\$157.50



To edit one of the payers adjudications of this service line select the “edit” or “add” button next to that payers details.

**Claim Information - Test** dkreuzman/Mathew Cantor

---

**Claim**

Account No	Name	Payer Name	Status
000006	HALPERT, JIM	APPLE UHC UNITED HEALTHCARE	Clearinghouse Rejected
Policy No	Service Date	Charge Amount	Payer ID
00000000001	03/16/2020	\$157.50	87726
File ID	Claim Key	Change Status	
7066022	86232950		

---

**Snippets**

<a href="#">Claim Level</a>	<a href="#">Line Level</a>	<a href="#">Adjudication (Old)</a>	<a href="#">Ambulance Drop Off</a>	<a href="#">Ambulance Pick Up</a>	<a href="#">Amounts</a>
<a href="#">Drug Identification</a>	<a href="#">Line Adjudication Payers (New)</a>	<a href="#">Note</a>	<a href="#">Ordering</a>	<a href="#">Paperwork</a>	<a href="#">Pricing Repr</a>
<a href="#">Purchased Service</a>	<a href="#">Reference</a>	<a href="#">Referring</a>	<a href="#">Remove Line</a>	<a href="#">Rendering</a>	<a href="#">Service</a>
<a href="#">Supervising</a>					

---

Service Line	Service Date	Place of Service	Procedure	Diagnosis Pointer	Charge Amount	Units	Rendering ID
1	03/16/2020		HC>9934B>	1>	\$157.50	1	

---

Line Adjudication Payers					
Edit	Other Payer Sequence	Other Payer Name	Other Payer ID	Adjudication Date	Paid Amount
<input type="button" value="Edit"/>	Primary	COMMUNITY HEALTH MED ADV	CHPWA	12/23/2019	0



From here you have access to the basic service line information including procedure code, modifiers, adjudication date (the Other Payer's checkdate), paid amount, etc. Editing information like the procedure code from this screen will not change it on the service line level for the destination payer and will just edit it for the selected payer's adjudication. Additionally, the DOS and charged amount of a service line cannot be edited for individual payers and must be changed for the entire service line

Snippets

- Claim Level
- Drug Identification
- Purchased Service
- Supervising
- Line Level
- Line Adjudication Payers (New)
- Reference
- Adjudication (Old)
- Note
- Referring
- Ambulance Drop Off
- Ordering
- Remove Line
- Ambulance Pick Up
- Paperwork
- Rendering

Service Line: 1    Service Date: 03/16/2020    Place of Service:    Procedure: HC>99348>    Diagnosis Pointer: 1>    Charge Amount: \$157.50    Units: 1    Rendering ID:

Payer Information

Other Payer Responsibility

Primary

Other Payer Name

COMMUNITY HEALTH MED ADV

Other Payer Id

CHPWA

Service Line Information

Amount Paid	Adjudication Date	Bundled/Unbundled Line Number	Remaining Patient Liability				
0	12/23/2019						
Procedure Code	Revenue Code	Mod 1	Mod 2	Mod 3	Mod 4	Paid Units of Service	Description
99348						1	

Adjudication Information

Patient Responsibility (PR)

Reason Code	Amount	Quantity	Reason Code	Amount	Quantity	Reason Code	Amount	Quantity
Deductible			Coinsurance			Copay		
B7	157.5							

Contractual Obligations (CO)

Reason Code	Amount	Quantity	Reason Code	Amount	Quantity	Reason Code	Amount	Quantity
CO-45								

Other Adjustments (OA)

Reason Code	Amount	Quantity	Reason Code	Amount	Quantity	Reason Code	Amount	Quantity

Payor Initiated Reductions (PI)

Reason Code	Amount	Quantity	Reason Code	Amount	Quantity	Reason Code	Amount	Quantity

Correction and Reversals (CR)

Reason Code	Amount	Quantity	Reason Code	Amount	Quantity	Reason Code	Amount	Quantity

Save Close Remove



Below this are the individual adjudication reasons, they are broken down into 5 categories. Patient Responsibility (PR), Contractual Obligations (CO), Other Adjustments (OA), Payer Initiated Reductions (PI) and Corrections and Reversals (CR).

Snippets

- Claim Level
- Drug Identification
- Purchased Service
- Supervising
- Line Level
- Line Adjudication Payers (New)
- Reference
- Adjudication (Old)
- Note
- Referring
- Ambulance Drop Off
- Ordering
- Remove Line
- Ambulance Pick Up
- Paperwork
- Rendering
- Amounts
- Pricing Rep
- Service

Service Line: 1    Service Date: 03/16/2020    Place of Service:    Procedure: HC>99348>    Diagnosis Pointer: 1>    Charge Amount: \$157.50    Units: 1    Rendering ID:

Payer Information

Other Payer Responsibility: Primary

Other Payer Name: COMMUNITY HEALTH MED ADV    Other Payer Id: CHPWA

Service Line Information

Amount Paid: 0    Adjudication Date: 12/23/2019    Bundled/Unbundled Line Number:    Remaining Patient Liability:    Procedure Code: 99348    Revenue Code:    Mod 1:    Mod 2:    Mod 3:    Mod 4:    Paid Units of Service: 1    Description:

Adjudication Information

Patient Responsibility (PR)

Reason Code	Amount	Quantity	Reason Code	Amount	Quantity	Reason Code	Amount	Quantity
Deductible			Coinsurance			Copay		
B7	157.5							

Contractual Obligations (CO)

Reason Code	Amount	Quantity	Reason Code	Amount	Quantity	Reason Code	Amount	Quantity
CO-45								

Other Adjustments (OA)

Reason Code	Amount	Quantity	Reason Code	Amount	Quantity	Reason Code	Amount	Quantity

Payor Initiated Reductions (PI)

Reason Code	Amount	Quantity	Reason Code	Amount	Quantity	Reason Code	Amount	Quantity

Correction and Reversals (CR)

Reason Code	Amount	Quantity	Reason Code	Amount	Quantity	Reason Code	Amount	Quantity

Save    Close    Remove



Each category has space for six different adjustments. Some of the more common adjustment reasons (like the deductible in the PR section) are already entered into these spaces.

**Adjudication Information**

**Patient Responsibility (PR)**

Reason Code	Amount	Quantity	Reason Code	Amount	Quantity
Deductible			Coinsurance		
B7	157.5				

Any needed adjustments that do not have a designated spot can be entered manually.

**Adjudication Information**

**Patient Responsibility (PR)**

Reason Code	Amount	Quantity	Reason Code	Amount	Quantity
Deductible			Coinsurance		
B7	157.5				

**Note:** after editing Other Payer service line adjudication information it may be necessary to also edit that payer's adjudication information on the claim level. To do this see the "Adding/Editing Other Payer's Adjudication Information" section of the guide.

## Add/Edit Subscriber Information

**Destination Payer Path:** Snippets > Subscriber/Patient Information > Subscriber

**Other Payer Path:** Snippets > Other Payers > Other Payers > Edit Payer/Subscriber

To edit the subscriber information for the destination payer of a claim, select “subscriber” from the “Subscriber/Patient Information” section.

dkreuzman/Mathew Cant

### Claim Information - Test

**Claim**

Account No	Name	Payer Name	Status
000006	HALPERT, JIM	APPLE UHC UNITED HEALTHCARE	Clearinghouse Rejected
Policy No	Service Date	Charge Amount	Payer ID
00000000001	03/16/2020	\$157.50	87726
File ID	Claim Key	Change Status	
7066022	86232950	<input type="button" value="Change Status"/>	

**Snippets**

Other Payer	Claim Information	Providers/Facilities	Edit Procedure	Specialty	Subscriber/Patient Information
<a href="#">Adjustment (Old)</a> <a href="#">Other Payers (New)</a> <a href="#">Other Payor (Old)</a> <a href="#">Other Subscriber (Old)</a>	<a href="#">Amounts</a> <a href="#">Anesthesia</a> <a href="#">Authorization</a> <a href="#">Claim Information</a> <a href="#">Condition</a> <a href="#">Condition Information</a> <a href="#">Dates</a> <a href="#">Diagnosis</a> <a href="#">Paperwork</a> <a href="#">Place of Service</a> <a href="#">Pricing Repricing</a> <a href="#">Reference</a> <a href="#">Spinal Manipulation</a>	<a href="#">Billing</a> <a href="#">Pay To Address</a> <a href="#">Pay To Plan</a> <a href="#">Primary Care</a> <a href="#">Referring</a> <a href="#">Rendering</a> <a href="#">Service Facility</a> <a href="#">Supervising</a>	<a href="#">Edit Procedure</a> <a href="#">Order Procedure</a>	<a href="#">Ambulance Drop Off</a> <a href="#">Ambulance Pick Up</a>	<a href="#">Patient Payor</a> <a href="#">Subscriber</a>

**Subscriber**

Last Name or Organization Name	First Name	Middle	Suffix
HALPERT	JIM	M	
Identification Code Qualifier	Primary ID		
MI - Member Identification Number	00000000001		
Address Line 1	Address Line 2		
1234 TREE ST			
City	State	ZIP	Country
CITYVILLE	OH	44221	
Date of Birth	Gender	Relationship	
01/01/1985	F - Female	18 - Self	
SSN	Property Casualty Claim Number		
Payer Responsibility			
Secondary			
Group Name	Group Number		
Insurance Type Code			
Claim Filing Indicator			
CI - Commercial Insurance Company			



In order to edit the subscriber for any Other Payers on a claim select “Other Payers” from the Snippets section of the claim.






**Claim Information - Test**

**Claim**

Account No	Name	Payer Name	Status
000007	HUDSON, STANLEY	APPLE UHC UNITED HEALTHCARE	Clearinghouse Reje

Policy No	Service Date	Charge Amount	Payer ID	File ID	Claim Key
000000000001	11/07/2019	\$78.75	87726	7066017	86232941

**Snippets**

<ul style="list-style-type: none"> <li> <b>Other Payer</b></li> <li><a href="#">Adjustment (Old)</a></li> <li><a href="#">Other Payers (New)</a></li> <li><a href="#">Other Payer (Old)</a></li> <li><a href="#">Other Subscriber (Old)</a></li> </ul>	<ul style="list-style-type: none"> <li> <b>Claim Information</b></li> <li><a href="#">Amounts</a></li> <li><a href="#">Anesthesia</a></li> <li><a href="#">Authorization</a></li> <li><a href="#">Claim Information</a></li> <li><a href="#">Condition</a></li> <li><a href="#">Condition Information</a></li> <li><a href="#">Dates</a></li> <li><a href="#">Diagnosis</a></li> <li><a href="#">Paperwork</a></li> <li><a href="#">Place of Service</a></li> <li><a href="#">Pricing Repricing</a></li> <li><a href="#">Reference</a></li> <li><a href="#">Spinal Manipulation</a></li> </ul>	<ul style="list-style-type: none"> <li> <b>Providers/Facilities</b></li> <li><a href="#">Billing</a></li> <li><a href="#">Pay To Address</a></li> <li><a href="#">Pay To Plan</a></li> <li><a href="#">Primary Care</a></li> <li><a href="#">Referring</a></li> <li><a href="#">Rendering</a></li> <li><a href="#">Service Facility</a></li> <li><a href="#">Supervising</a></li> </ul>	<ul style="list-style-type: none"> <li> <b>Edit Procedure</b></li> <li><a href="#">Edit Procedure</a></li> <li><a href="#">Order Procedure</a></li> </ul>	<ul style="list-style-type: none"> <li> <b>Specialt</b></li> <li><a href="#">Ambular</a></li> <li><a href="#">Ambular</a></li> </ul>
---	---	--	--	---







Then use the “Edit Payer/Subscriber” button next to the payer whose subscriber details need to be added/edited.

**Claim Information - Test**

**Claim**

Account No	Name	Payer Name	Status
000006	HALPERT, JIM	APPLE UHC UNITED HEALTHCARE	Clearingh...
Policy No	Service Date	Charge Amount	Payer ID
000000000001	03/16/2020	\$157.50	87726
			File ID
			7066022
			Claim Key
			86232950

**Snippets**

<p> <b>Other Payer</b></p> <ul style="list-style-type: none"> <li><a href="#">Adjustment (Old)</a></li> <li><a href="#">Other Payers (New)</a></li> <li><a href="#">Other Payor (Old)</a></li> <li><a href="#">Other Subscriber (Old)</a></li> </ul>	<p> <b>Claim Information</b></p> <ul style="list-style-type: none"> <li><a href="#">Amounts</a></li> <li><a href="#">Anesthesia</a></li> <li><a href="#">Authorization</a></li> <li><a href="#">Claim Information</a></li> <li><a href="#">Condition</a></li> <li><a href="#">Condition Information</a></li> <li><a href="#">Dates</a></li> <li><a href="#">Diagnosis</a></li> <li><a href="#">Paperwork</a></li> <li><a href="#">Place of Service</a></li> <li><a href="#">Pricing Repricing</a></li> <li><a href="#">Reference</a></li> <li><a href="#">Spinal Manipulation</a></li> </ul>	<p> <b>Providers/Facilities</b></p> <ul style="list-style-type: none"> <li><a href="#">Billing</a></li> <li><a href="#">Pay To Address</a></li> <li><a href="#">Pay To Plan</a></li> <li><a href="#">Primary Care</a></li> <li><a href="#">Referring</a></li> <li><a href="#">Rendering</a></li> <li><a href="#">Service Facility</a></li> <li><a href="#">Supervising</a></li> </ul>	<p> <b>Edit Procedure</b></p> <ul style="list-style-type: none"> <li><a href="#">Edit Procedure</a></li> <li><a href="#">Order Procedure</a></li> </ul>
---	---	--	--

**Other Payers**

	Payer Responsibility	Other Payer Name	Other Payer ID
<input type="button" value="Edit Payer/Subscriber"/> <input type="button" value="Edit Adjudication"/>	Primary	COMMUNITY HEALTH MED ...	CHPWA

The resulting screen will contain payer information but also mirror the subscriber information options seen when editing the destination payer's subscriber details.

Claim Information - Test dkreuzman/Mati

Other Subscriber (Only)
Claim Information
Primary Care

Condition
Referring

Condition Information
Rendering

Dates
Service Facility

Diagnosis
Supervising

Paperwork

Place of Service

Pricing Repricing

Reference

Spinal Manipulation

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**Other Payer Details**

Payer Responsibility

Claim Filing Indicator

Other Payer Organization Name  Other Payer Primary Identifier

Insurance Type Code

Other Insured Group Name  Insured Group or Policy Number

Other Payer Address Line 1  Other Payer Address Line 2

City  State or Province Code  ZIP Code

Country Code  Country Sub Code

**Other Subscriber Details**

Last Name  First Name  Middle Name  Suffix

Identification Code Qualifier  
 Other Insured Identifier

Individual Relationship Code  
 SSN

Other Subscriber Address Line 1  Other Insured Address Line 2

City  State or Province Code  ZIP Code

Country Code  Country Sub Code

Benefit Assignment  Patient Signature  Release of Information Code