

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Some menu items in the Snippets section have been replaced by new options.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
- 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)

		Clain	n Informa	tion - Test						dkreuzman/Mathe	w Canto
000007	HUDSON, S	TANLEY		APPLE UHC U	INITED	HEALTHCARE	Clea	aringhouse Reje	cted		
Policy No	Service Date	Charge Amoun	é.	Payer ID		File ID	Claim	Key	Change Statu	s	
0000000001	11/07/2019		\$78.75	87726		7066017	862	32941	Change S	Status	~
Snippets		- 10000				1		1.00-0			_
🔰 Other Payer		Claim Information		Providers/Faci	lities	Edit Proced	ure	😽 Specialty		Subscriber/Patient	1
Adjustment (Other Payor Other Payor Other Subsc	Old) s (New) (Old) riber (Old) sibility - Four	Amounts Anesthesia Authorization Claim Information Condition Condition Information Dates Diagnosis Paperwork Place of Service Pricing Repricing Reference Spinal Manipulation	n	Billing Pay To Address Pay To Plan Primary Care Referring Rendering Service Facility Supervising	S /	Edit Procedi Order Proce	ure edure	Ambulan Ambulan	ce Drop Off ce Pick Up	Patient Payor Subscriber	
Payer Respons Payer Respons Payer Respons	sibility - Five sibility - Six sibility - Seven	First Nan STANI	ne ⊾EY	Midd M	lle	Suffix					
Payer Respons	sibility - Eight	 Primary ID 00000000001 									
Payer Respons	sibility - Nine	Address Line 2									
Payer Respons	sibility - Ten										
Payer Respons	sibility - Eleven	State ZIP	1221	Country	Count	try Subdivision					
Primary		Relationship	1221		17 17	2					
Secondary Tertiary		✓ 18 - Selt ✓ aim Number									
Primary		~									
Group Name		Group N	umber								
Insurance Type Code				¥							
Claim Filing Indicator					10						
CI - Commerci	al Insurance Co	mpany	*								
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.





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 Informa	ation - Test			
Claim							
View Claim Tim	ely Filing	Copy Claim	Claim Status				
Account No	Nam	e		Payer Name		Status	
000007	HU	IDSON, STAI	NLEY	APPLE UHC UNITE	D HEALTHCARE	Clearinghous	se Rejected
Policy No	Serv	ice Date	Charge Amount	Payer ID	File ID	Claim Key	Change Statu
0000000001	11/	07/2019	\$78.75	87726	7066017	86232941	Change
		2-3					
Other Paye	er	c	laim Information 🛛 🔮	Providers/Facilities	🔮 Edit Procedu	ire 🛛 🥞 Sp	pecialty
Adjustmen	t (Old)	A	mounts	Billing	Edit Procedur	re Ai	mbulance Drop Off
Other Paye	ers (New)	A	nesthesia	Pay To Address	Order Proced	lure Ai	mbulance Pick Up
Other Paye	or (Old)	- A	uthorization	Pay To Plan			
Other Sub	scriber (O	ld) C	laim Information	Primary Care			
		C	ondition	Referring			
		C	ondition Information	Rendering Service Facility			
		D	ates				
		D	liagnosis	Supervising			
		P	aperwork				
		P	lace of Service				
		P	ricing Repricing				
		R	eference				
		S	pinal Manipulation				
Other Payers							
		Pa	yer Responsibility	Other Payer Name	Ot	her Payer ID	S
	ber Edit A	djudication S	econdary	MEDICARE	N	ICRWA	



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

	Claim Inf	ormation - Test		
Co Co Da	ndition ndition Information ites	Referring Rendering Service Facilit	ty	
Dia Pa Pla	agnosis perwork ace of Service	Supervising		
Pri Re Sp	cing Repricing ference inal Manipulation			
Other Paver Details				
Paver Responsibility				
Primary	~			
Claim Filing Indicator				
CI - Commercial Insurance Compa	nv		~	
Other Payer Organization Name	Other Payer Prima	ary Identifier		
Insurance Type Code				y
			~	
Other Insured Group Name	Insured Group or	Policy Number		
Other Payer Address Line 1	Other Paver Addr	182 - B		
-		ess Line 2		к. — — — — — — — — — — — — — — — — — — —
City	State or Province	Code ZIP Code		0
City Country Code Country Sub Code	State or Province	Code ZIP Code		P
City Country Code Country Sub Code	State or Province	Code ZIP Code		P
City Country Code Country Sub Code Country Sub Code Country Subscriber Details Last Name First Name First Name	State or Province	Code ZIP Code		Suffix
City Country Code Country Sub Code Count	State or Province	Code ZIP Code		Suffix
City Country Code Country Sub Code Country Code Country Sub Code Country Sub Code Code Country Sub Code Code Country Sub Code Code Code Code Code Code Code Code Code	State or Province	Middle Name Other Insured Identifier		Suffix
City Country Code Country Sub Code Country Sub Code Country Sub Co	state or Province	Code ZIP Code		Suffix
City Country Code Country Sub Code Country Code Country Sub Code Country Sub Code Code Code Country Sub Code Code Code Country Sub Code	State or Province	Code ZIP Code		Suffix
City Country Code Country Sub Code Country Code Country Sub Code Country Code Country Sub Code Conter Subscriber Details Individual Relationship Code I8 - Self Other Subscriber Address Line 1	State or Province	Code ZIP Code Middle Name Other Insured Identifier SSN dress Line 2		Suffix
City Country Code Country Sub Code Country Code Country Sub Code Country Code Country Sub Code Conter Subscriber Details Code Code Country Sub Code Country Sub Code Code Country Sub Code Country Sub Code Code Country Sub Code Country Sub Code Country Code Country Sub Country Sub Code Country Sub Country Sub Coun	State or Province	Code ZIP Code Middle Name Other Insured Identifier SSN dress Line 2		Suffix
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City Country Code Country Sub Code Country Code Country Sub Code Country Subscriber Details Last Name First Name Identification Code Qualifier MI - Member Identification Number Individual Relationship Code 18 - Self Other Subscriber Address Line 1 City Country Code Country Sub Code	State or Province Conter Insured Ad State or Province	Code ZIP Code		Suffix
City Country Code Country Sub Code Country Code Country Sub Code Country Code Country Sub Code Contry Code Country Code City City Country Code Country Sub Code	State or Province	Code ZIP Code		Suffix



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.

		Claim Inf	ormation - Test		dkreuz
Pager Responsibility Payer Responsibility Primary Clain Filing Indicator Cl - Commercial Insurance Company Other Payer Organization Name Other Payer Organization Name Other Payer Organization Name Other Payer Address Line 1 Other Payer Address Line 2 Cry State or Province Code Zith State or Province Code State or Province Code State or Province Code Zith - Member Identification Number Midde Name Suffix Other Subscriber Address Line 1 Other Insured Keases Line 2 Country Code Country Code State or Province Code ZIP Code Country Code <th>Conc Conc Date Diag Pape Plac Prici Refe Spin</th> <th>dition dition Information is nosis erwork e of Service ng Repricing irence al Manipulation</th> <th>Referrin Renderi Service Supervi</th> <th>g ng Facility sing</th> <th></th>	Conc Conc Date Diag Pape Plac Prici Refe Spin	dition dition Information is nosis erwork e of Service ng Repricing irence al Manipulation	Referrin Renderi Service Supervi	g ng Facility sing	
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Primary Claim Filing Indicator Cli - Commercial Insurance Company Other Payer Organization Name Other Payer Primary Identifier Imsurance Type Code Imsurance Type Code Other Insured Group Name Insured Group or Policy Number Other Payer Address Line 1 Other Payer Address Line 2 Other Payer Address Line 1 Other Payer Address Line 2 City State or Province Code ZIP Code Imsured Group Nume Insured Group Nume Imsured Group Nume Insured Group Nume Imsured Group Nume Other Payer Address Line 1 Other Payer Address Line 2 Country Code Country Sub Code Insured Identification Number Imsured Identifier MI - Member Identification Number State or Province Code IS - Self State or Province Code Chart Insured Address Line 2 State or Province Code Chart Subscriber Address Line 1 Other Insured Address Line 2 Chart Subscriber Address Line 1 Other Insured Address Line 2 Chart Subscriber Address Line 1 Other Insured Address Line 2 Chart Subscriber Address Line 2 Imsured Identifier Chart Subscriber Address Line 1 Other Insured Address Line 2 Chart Subscriber Address Line 2 Imsured Identifier Chart Subscriber Address Line 2 Im	Payer Responsibility				
Clain Eling Indicator CI - Commercial Insurance Company Cither Payer Organization Name Country Spie Code Country Suite Group Name Country Suite Code City City City	Primary	~			
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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 Other Payer Address Line 1 Other Payer Address Line 2 City State or Province Code Zuhtr Subscriber Details Middle Name Suffix Identification Code Qualifier Other Insured Identification Number Middle Name Suffix Identification Subscriber Address Line 1 Other Insured Identification Number Middle Name Suffix Other Insured Address Line 1 Other Insured Identification Number Middle Name Other Insured Identification Number Individual Relationship Code </td <td>CI - Commercial Insurance Company</td> <td>y</td> <td></td> <td>~</td> <td></td>	CI - Commercial Insurance Company	y		~	
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Individual Relationship Code SSN 18 - Self 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 Patient Signature P - Generated by Provider Y - Yes P - Generated by Provider Y - Provider Has a Signed Statement	MI - Member Identification Number	~			
18 - Self Other Subscriber Address Line 1 Other Insured Address Line 2 City State or Province Code ZIP Code Country Code Country Sub Code Country Sub Code Patient Signature Release of Information Code Y - Yes P - Generated by Provider Y - Provider Has a Signed Statement	Individual Relationship Code		SSN		
Other Subscriber Address Line 1 Other Insured Address Line 2	18 - Self	~			
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Country Code Country Sub Code Benefit Assignment Patient Signature Y - Yes P - Generated by Provider Y - Provider Has a Signed Statement	Other Subscriber Address Line 1	State or Province	Code ZIP Code		
Benefit Assignment Patient Signature Release of Information Code Y - Yes P - Generated by Provider Y - Provider Has a Signed Statement	Other Subscriber Address Line 1	State or Province	Code ZIP Code		P
Y - Yes Y - Generated by Provider Y - Provider Has a Signed Statement	Other Subscriber Address Line 1 City Country Code Country Sub Code	State or Province	Code ZIP Code		R
	Other Subscriber Address Line 1 City Country Code Country Sub Code Benefit Assignment	State or Province	Code ZIP Code		P 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 Informa	ation - Test			
View Claim	v Eiling	Chaim Status				
Account No	Name	Claim Status	Paver Name		Status	
000007	HUDSON, ST	ANLEY	APPLE UHC UNITE	D HEALTHCARE	Clearinghouse Re	
Policy No	Service Date	Charge Amount	Payer ID	File ID	Claim Key	
0000000001	11/07/2019	\$78.75	87726	7066017	86232941	
Spinnate						
Other Paver		Claim Information	Providers/Facilities	Edit Proced	ure 🦂 Specia	
-		1	Northern Control of Co			
Adjustment (Old	Amounts	Billing	Edit Proced	ure Ambula	
Other Payers	s (New)	Anesthesia	Pay To Address	Order Proce	edure Ambula	
Outer Payor	(Oiu)	Authorization	Pay To Plan			
Other Subsc	riber (Old)	Claim Information	Primary Care			
		Condition	Referring			
	2	Condition Information	Rendering			
		Dates	Service Facility			
		Diagnosis	Supervising			
		Paperwork				
		Place of Service				
		Pricing Repricing				
		Reference				
		Spinal Manipulation				



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

				Claim	Informati	on - Test					
Claim			-	~							
View Claim	Timely Fil	ing Copy Clai	n Clai	m Status							
Account No		Name		20		Payer Name			Statu	s	
000006		HALPERT, JI	M			APPLE UHC UNITE	D HEAI	THCARE	Clea	aringh	ouse Reject
Policy No		Service Date		Charge Amour	nt	Payer ID	File ID		Claim	Key	
000000000	01	03/16/2020			\$157.50	87726	7066	022	862	32950)
Snippets											
Other	Payer		Claim	Information	2	Providers/Facilities	E.	Edit Proce	edure	3	Specialty
Adjust	ment (Old)	Amour	nts		Billing		Edit Proce	dure		Ambulance
Other	Payers (N	ew)	Anesth	nesia		Pay To Address		Order Pro	cedure		Ambulance
Other	Payor (Ok	i)	Author	ization		Pay To Plan					
Other	Subscribe	r (Old)	Claim	Information		Primary Care					
			Condit	ion		Referring					
			Condit	ion Informati	on	Rendering					
			Dates			Service Facility					
			Diagno	osis		Supervising					
			Paper	work							
			Place	of Service							
			Pricing	Repricing							
			Refere	nce							
			Spinal	Manipulation	n						
Other Paye	ers										
	-		Payer Re	sponsibility		Other Payer Name			Other Pay	er ID	
Edit Payer/Si	ubscriber	dit Adjudication	Primar	y		COMMUNITY	HEALT	H MED	CHPW	Ą	
Save Close	Add Paye	ər									



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.

	er Summary						
Payer Responsibility	Other Pay	yer Name		Other Payer ID		Subscriber Name	
Secondary	MEDIC	CARE		MCRWA		STANLEY HUDS	50N
Other Payer Details							
Payer Responsibility							
Secondary	~						
Claim Filing Indicator							
MB - Medicare Part B					~		
Other Payer Organization Name	1	Other Payer Prima	ry Identifier	r.			
MEDICARE		MCRWA					
Insurance Type Code		1.671					
12 - Medicare Second	ary Working Age	d Beneficiary			~		
Other Insured Group Name		Insured Group or	Policy Num	ber			
Medicare							
Other Paver Address Line 1		Other Payer Addre	war Addrace Line 2				
			oo cino c		T)		
City		State or Province (Code Z	IP Code			
City Country Code Country Sub Co	ode	State or Province	Code Z	(IP Code		P	
City Country Code Country Sub Co	ode	State or Province (Code Z	IP Code		P	
City Country Code Country Sub Co Country Code Country Sub Co Country Subscriber Details Last Name Churp Cont	First Name	State or Province	Middle Nar	IP Code		Sutfix	
City Country Code Country Sub Co Country Code Country Sub	First Name	State or Province (Middle Nar	IP Code		Suffix	
City Country Code Country Sub Co Country Code Country Sub Co Country Subscriber Details Last Name HUDSON Identification Code Qualifier	First Name STANLEY	State or Province (Middle Nar M. Other Insu	IP Code me ured Identifier		Suffix	
City Country Code Country Sub Co Country Code Country Sub Co Country Code Country Sub Co Country Code Country Sub Co Country Code Country Sub Co Identification Code Qualifier MI - Member Identific	First Name STANLEY	State or Province (Middle Nar M Other Insu 000000	me Ired Identifier 00000		Suffix	
City Country Code Country Sub Co Country Code Country Sub Co Country Code Country Sub Co Country Code Country Sub Co Cherry Subscriber Details Last Name HUDSON Identification Code Qualifier MI - Member Identific Individual Relationship Code	First Name STANLEY	State or Province (Middle Nar Middle Nar M Other Insu 0000000 SSN	IP Code me ired Identifier 00000		Suffix	
City Country Code Country Sub Co Country Code Country Sub Co Country Code Country Sub Co Conter Subscriber Details Last Name HUDSON Identification Code Qualifier MI - Member Identific Individual Relationship Code 18 - Self	First Name STANLEY	State or Province (Middle Nar M Other Insu 000000 SSN	IP Code me ired Identifier 00000		Suffix	
City Country Code Country Sub Co Country Code Country Sub Co Country Code Country Sub Co Conter Subscriber Details Last Name HUDSON Identification Code Qualifier MI - Member Identific Individual Relationship Code 18 - Self Other Subscriber Address Line	First Name STANLEY Cation Number	State or Province (Middle Nar M Other Insu 000000 SSN	IP Code me ired Identifier 00000		Suffix	
City Country Code Country Sub Co Country Code Country Sub Co Country Code Country Sub Co Cher Subscriber Details Last Name HUDSON Identification Code Qualifier MI - Member Identific Individual Relationship Code 18 - Self Other Subscriber Address Line 1234 TREE ST	First Name STANLEY Cation Number	State or Province (Middle Nar Middle Nar M Other Insu 000000 SSN	IP Code me ired Identifier 00000		Suffix	
City Country Code Country Sub Co Country Code Country Sub Co Country Code Country Sub Co Conter Subscriber Details Last Name HUDSON Identification Code Qualifier MI - Member Identific Individual Relationship Code 18 - Self Other Subscriber Address Line 1234 TREE ST City	First Name STANLEY Cation Number	State or Province (Middle Nar M Other Insu 000000 SSN dress Line 2 Code Z	IP Code me ired Identifier 00000		Suffix	
City Country Code Country Sub Co Country Code Country Sub Co Country Code Country Sub Co Conter Subscriber Details Last Name HUDSON Identification Code Qualifier MI - Member Identific Individual Relationship Code 18 - Self Other Subscriber Address Line 1234 TREE ST City CITYVILLE	ode First Name STANLEY cation Number	State or Province (Middle Nar Middle Nar M Other Insu 0000000 SSN dress Line 2 Code Z	IP Code me ired Identifier 00000 2 IP Code 44221		Suffix	
City Country Code Country Sub Co Country Code Country Sub Co Country Code Country Sub Co Conter Subscriber Details Last Name HUDSON Identification Code Qualifier MI - Member Identific Individual Relationship Code 18 - Self Other Subscriber Address Line 1234 TREE ST City CITYVILLE Country Code Country Sub Co	ode First Name STANLEY cation Number	State or Province (Middle Nar M Other Insu 000000 SSN dress Line 2 Code Z	IP Code me ired Identifier 00000 2 IP Code 44221		Suffix	
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To delete the selected payer from the claim, use the "Remove" button located at the bottom of the payer/subscriber details.

MI - Member Identification Nur	nber 🗸 🗸	0000000000		
Individual Relationship Code		SSN		
18 - Self	*			
Other Subscriber Address Line 1	Other Insured Add	ress Line 2		
1234 TREE ST				
City	State or Province C	ode ZIP Code		
CITYVILLE	OH	44221		P
Country Code Country Sub Code				
Benefit Assignment	Patient Signature			Release of Information Code
V Voc	Y P - Generate	d by Provider	~	Y - Provider Has a Signed



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 Informa	ation - Test		
Claim					
View Claim Time	ly Filing Copy Claim	Claim Status			
Account No	Name		Payer Name		Status
000007	HUDSON, STA	ANLEY	APPLE UHC UNITE	D HEALTHCARE	Clearinghouse R
Policy No	Service Date	Charge Amount	Payer ID	File ID	Claim Key
0000000001	11/07/2019	\$78.75	87726	7066017	86232941
Snippets					to ante o
2 Other Payer	·	Claim Information 💦 🧕 🧕	Providers/Facilities	Edit Proced	ure 🛛 🍓 Specia
Adjustment	(Old)	Amounts	Billing	Edit Procedu	ure Ambul
Other Payer	s (New)	Anesthesia	Pay To Address	Order Proce	dure Ambul
Other Payor	(Olu)	Authorization	Pay To Plan		
Other Subso	riber (Old)	Claim Information	Primary Care		
		Condition	Referring		
		Condition Information	Rendering		
	0	Dates	Service Facility		
		Diagnosis	Supervising		
	1	Paperwork			
	1	Place of Service			
	0	Pricing Repricing			
	1	Reference			
	Ē	Spinal Manipulation			



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

			Claim Informati	on - Test			
Claim							
View Claim Timel	y Filing Cop	oy Claim Claim S	itatus				
Account No	Name			Payer Name		Status	
000006	HALPE	LPERT, JIM		APPLE UHC UNITE	D HEALTHCARE	E Clearingho	
Policy No	Service Da	vice Date Charge Amount 3/16/2020 \$15		Payer ID	File ID	Claim Key	
0000000001	03/16/2			87726	7066022	86232950	
nippets		1. Mar. 194					
2 Other Payer		Claim Info	ormation 🛛 🤶	Providers/Facilities	🛃 Edit Proce	edure 🛛 🍪 S	
Adjustment (Old)	Amounts		Billing	Edit Proce	dure	
Other Payers	s (New)	Anesthesi	a	Pay To Address	Order Pro	cedure	
Other Payor	(Old)	Authorizat	tion	Pay To Plan			
Other Subsc	riber (Old)	Claim Info	ormation	Primary Care			
		Condition		Referring			
		Condition	Information	Rendering			
		Dates		Service Facility			
		Diagnosis		Supervising			
		Paperworl	k				
		Place of S	ervice				
		Pricing Re	epricing				
		Reference	3				
		Spinal Ma	nipulation				
Other Payers							
	-	Payer Respor	nsibility	Other Payer Name		Other Payer ID	
Edit Paver/Subscribe	Edit Adjudica	ation Primary		COMMUNITY	HEALTH MED	CHPWA	



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

aim		Cia		alon - iest			
/iew Claim	v Filing Conv Clain	Claim Status					
ccount No	Name	- Chain Otatoo		Paver Name		Status	
000007	HUDSON, ST	ANLEY		APPLE UHC UNIT	TED HEALTHCARE	Clearinghouse Re	eiected
olicy No	Service Date	Charge Amo	int	Paver ID	File ID	Claim Key	Ch
0000000001	11/07/2019	una go vino	\$78.75	87726	7066017	86232941	C
ippets							
Claim Level	Other Adjudication	Other Payer/9	Subscriber				
Other Payer & Su	ubscriber Summa	г у					
Payer Responsibility	y	Other Payer Name		Other Payer ID		Subscriber Name	
Secondary		MEDICARE		MCRWA		STANLEY HUDSO	N
5-1 A.P. P	D						
Adjudication Date	Claim Control N	umber		Payer Paid Amount	Non-Covered Amoun	t Patient Liability	
Patient Respons	sibility (PR)						
Reason Code	Amount	Quantity	Reason (Code Amount	Quantity	Reason Code	Ar
Deductible	50	1	Coinsur	ance		Copay	
on of			8				
Contractual Obl	igations (CO)						
Contractual Obl Reason Code	igations (CO) Amount	Quantity	Reason (Code Amount	Quantity	Reason Code	Ar
Contractual Obl Reason Code CO-45	igations (CO) Amount	Quantity	Reason (Code Amount	Quantity	Reason Code	Ar
Contractual Obl Reason Code CO-45	igations (CO) Amount	Quantity	Reason (Code Amount	Quantity	Reason Code	An
Contractual Obl Reason Code CO-45 Other Adjustme	igations (CO) Amount nts (OA)	Quantity	Reason (Code Amount	Quantity	Reason Code	Ar
Contractual Obl Reason Code CO-45 Other Adjustme Reason Code	igations (CO) Amount Ints (OA) Amount	Quantity	Reason (Code Amount	Quantity	Reason Code	An
Contractual Obl Reason Code CO-45 Other Adjustme Reason Code 23	igations (CO) Amount Ints (OA) Amount	Quantity Quantity Quantity	Reason (Code Amount	Quantity	Reason Code	Ar
Contractual Obl Reason Code CO-45 Other Adjustme Reason Code 23	igations (CO) Amount Ints (OA) Amount	Quantity Quantity 2	Reason (Code Amount	Quantity Quantity	Reason Code	Ar
Contractual Obl Reason Code CO-45 Other Adjustme Reason Code 23 Payor Initiated F	igations (CO) Amount IS (OA) Amount IS0 Reductions (PI)	Quantity Quantity 2	Reason (Code Amount	Quantity	Reason Code	Ar
Contractual Obl Reason Code CO-45 Other Adjustme Reason Code 23 Payor Initiated F Reason Code	igations (CO) Amount Amount (OA) Amount 150 Reductions (PI) Amount	Quantity Quantity 2 Quantity	Reason (Code Amount	Quantity Quantity Quantity Quantity	Reason Code	Ar
Contractual Obl Reason Code CO-45 Other Adjustme Reason Code 23 Payor Initiated F Reason Code	igations (CO) Amount Amount (OA) Amount 150 Reductions (PI) Amount	Quantity Quantity Quantity Quantity Quantity	Reason (Code Amount	Quantity Quantity Quantity Quantity Quantity Quantity	Reason Code	Ar
Contractual Obl Reason Code CO-45 Other Adjustme Reason Code 23 Payor Initiated F Reason Code	igations (CO) Amount Amount (OA) Amount 150 Reductions (PI) Amount	Quantity Quantity Quantity Quantity Quantity	Reason (Code Amount	Quantity Quantity Quantity Quantity Quantity Quantity Quantity	Reason Code	
Contractual Obl Reason Code CO-45 Other Adjustme Reason Code 23 Payor Initiated F Reason Code Correction and I	igations (CO) Amount Amount (OA) Amount 150 Amount Amount Amount Reductions (PI) Amount Comparison	Quantity Quantity Quantity Quantity	Reason (Code Amount	Quantity Quantity Quantity Quantity Quantity Quantity	Reason Code	Ar
Contractual Obl Reason Code CO-45 Other Adjustme Reason Code 23 Payor Initiated F Reason Code Correction and I Reason Code	igations (CO) Amount Amount 150 Reductions (PI) Amount Reversals (CR) Amount	Quantity Quantity Quantity Quantity Quantity Quantity	Reason (Code Amount	Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity	Reason Code	An
Contractual Obl Reason Code CO-45 Other Adjustme Reason Code 23 Payor Initiated F Reason Code Correction and I Reason Code	igations (CO) Amount Amount (OA) Amount (150 Reductions (PI) Amount Comparison Reversals (CR) Amount	Quantity Quantity Quantity Quantity Quantity Quantity	Reason (Code Amount	Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity	Reason Code	



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).

nippets												
Claim Level		Line Level				Adjudication (Old)	Amb	oular	nce Drop Off	Ambulan	ice Pick Up	Amounts
Drug Identific	cation	Line Adjudio	cation P	ayers (New)		Note	Orde	ering	J	Paperwo	ork	Pricing R
Purchased S	Service	Reference				Referring	Rem	nove	Line	Renderin	ng	Service
Supervising												
Service Line Service I 1 03/16/	Date 2020	Place of Service		Procedure HC>99348>	ł		Diagnosis Poin 1>	ter	Charge Amount \$157.50	Units	Rendering ID	
Payer Informatio	n											
Other Payer Respon	siblity											
Primary												
Other Payer Name				Other Paye	er ld							
COMMUNITY H	HEALTH MED	D ADV		CHPW	ł							
Service Line Info	rmation											
Amount Paid	Adjudica	tion Date	Bundle	d/Unbundled Lin	e Numbe	r Remaining Patient Lia	bility					
0	12/23/	2019										
Procedure Code	Revenue	Code	Mod 1	Mod 2	Mod	3 Mod 4	Paid Units of Sen	vice	Description			
99348							1					
Deductible B7	157.5			Coinsu	ance				Сорау			
Contractual Ob	ligations (CO))										
Reason Code	Amount	Quar	ntity	Reason	Code	Amount	Quantity		Reason Code	Amou	nt Qi	antity
CO-45												
Other Adjustme	nts (OA)											
Reason Code	Amount	Quar	ntity	Reason	Code	Amount	Quantity		Reason Code	Amou	nt Or	antity
Payor Initiated F	Reductions (I	Pi)										
Reason Code	Amount	Quar	ntity	Reason	Code	Amount	Quantity		Reason Code	Amou	nt Qu	Jantity
Correction and	Reversals (C	R)								4		
Reason Code	Amount	Quar	ntity	Reason	Code	Amount	Quantity		Reason Code	Amou	nt Qi	antity
		_										
					_							



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.

Reason Code	Amount	Quantity	Reason Code	Amount	Quantity
Deductible			Coinsurance	5 5539365555	
37	157.5				

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

Reason Code Deductible	Amount	Quantity	Reason Code Coinsurance	Amount	Quantity
37	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.

(and the second s		Claim In	formatio	on - Test			
Claim							
View Claim Timel	y Filing Copy Cla	aim Claim Status					
Account No	Name			Payer Name		Status	
000006	HALPERT, J	ЛМ		APPLE UHC UNITE	D HEALTHCARE	Clearin	nghouse F
Policy No	Service Date	Charge Amount		Payer ID	File ID	Claim Ke	ey .
0000000001	03/16/2020	5	\$157.50	87726	7066022	86232	950
Snippets	21				1.5.5		(a.)
🏏 Other Payer		Claim Information	2	Providers/Facilities	🔮 Edit Proced	lure	🗳 Speci
Adjustment (Old)	Amounts		Billing	Edit Proced	ure	Ambu
Other Payers	s (New)	Anesthesia		Pay To Address	Order Proce	edure	Ambu
Other Payor	(Old)	Authorization		Pay To Plan			
Other Subsc	riber (Old)	Claim Information		Primary Care			
		Condition		Referring			
		Condition Information	i	Rendering			
		Dates		Service Facility			
		Diagnosis		Supervising			
		Paperwork					
		Place of Service					
		Pricing Repricing					
		Reference					
		Spinal Manipulation					



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

Claim		Claim In	formatio	on - Test			
View Claim Timely	Filing Copy C	aim Claim Status					
Account No	Name			Payer Name		Status	
000006	HALPERT,	JIM		APPLE UHC UNITE	D HEALTHCARE	Cleari	nghouse Rejecte
Policy No	Service Date	Charge Amount		Payer ID	File ID	Claim Ke	ey (
0000000001	03/16/2020	9	157.50	87726	7066022	86232	950
Snippets	(2)						
2 Other Payer		Claim Information	2	Providers/Facilities	Edit Proced	ure	🛃 Specialty
Adjustment ((blC	Amounts		Billing	Edit Procedu	ure	Ambulance
Other Pavers	(New)	Anesthesia		Pay To Address	Order Proce	dure	Ambulance I
Other Payor	(Old)	Authorization		Pay To Plan			
Other Subsci	riber (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 S	ervice Date	Facility	Procedu	re	Diagnosis F	ointer	Charge Amount
Edit 1 (03/16/2020	, somy	HC>9	9348>	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)

g Copy Claim Cla ame HUDSON, STANLEY	im Status				
g Copy Claim Cla ame HUDSON, STANLEY	im Status				
ame HUDSON, STANLEY					
HUDSON, STANLEY		Payer Name		Status	
	0	APPLE UHC UNITE	D HEALTHCARE	Clearingho	ouse Rejected
ervice Date	Charge Amount	Payer ID	File ID	Claim Key	Change Stat
1/07/2019	\$78.75	87726	7066017	86232941	Change
(A					
Claim	Information 🤶	Providers/Facilities	🛃 Edit Procedu	re 🥞 :	Specialty
W) Anest Author (Old) Claim Condit Dates Diagn Papen Place Pricing Refere	nts nesia ization Information ion Information osis work of Service) Repricing ence	Billing Pay To Address Pay To Plan Primary Care Referring Rendering Service Facility Supervising	Edit Procedur Order Proced	e ure	Ambulance Drop Off Ambulance Pick Up
Mod 2 Mo	d 3 Mod 4 NO	C Description			
ount					
	~				
rs: 🗸 🗸	ng Indicator Co-Pay Status	Code V			
rom Date	• To				
	Claim Amoun Amoun (Old) Author (Old) Claim Condit Condit Dates Diagno Papen Place Pricing Refere Spinal Mod 2 Mo	Claim Information	Claim Information Amounts Amounts Amounts Anesthesia Authorization Claim Information Claim Information Condition Information Dates Dates Diagnosis Paperwork Place of Service Pricing Repricing Reference Spinal Manipulation	Claim Information Providers/Facilities Edit Procedu Amounts Billing Edit Procedu Order Procedu Anesthesia Pay To Address Order Proced Authorization Pay To Plan (Old) Claim Information Primary Care Condition Information Rendering Dates Service Facility Diagnosis Supervising Paperwork Place of Service Pricing Repricing Reference Spinal Manipulation	Claim Information



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 Inf	ormati	on - Test			
Claim							
View Claim Time	y Filing Copy Cla	im Claim Status					
Account No	Name			Payer Name		Status	
000006	HALPERT, J	IIM		APPLE UHC UNITE	D HEALTHCARE	Clearingho	ouse Rejected
Policy No	Service Date	Charge Amount		Payer ID	File ID	Claim Key	Cha
0000000001	03/16/2020	\$.	157.50	87726	7066022	86232950	C
Snippets							
2 Other Payer		Claim Information	2	Providers/Facilities	🔮 Edit Proce	dure 🛛 🎒	Specialty
Adjustment (Old)	Amounts		Billing	Edit Procee	lure	Ambulance Dr
Other Payers	(New)	Anesthesia		Pay To Address	Order Proc	edure	Ambulance Pi
Other Payor	(Old)	Authorization		Pay To Plan			
Other Subsc	riber (Old)	Claim Information		Primary Care			
	ALIAN WARKEN	Condition		Referring			
		Condition Information		Rendering			
		Dates		Service Facility			
		Diagnosis		Supervising			
		Paperwork					
		Place of Service					
		Pricing Repricing					
		Reference					
		Spinal Manipulation					



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

		CI	aim Informati	on - Test		
Claim						
View Claim Timely	Filing Copy Cla	im Claim Status				
Account No	Name			Payer Name		S
000006	HALPERT, J	IM		APPLE UHC UNITE	DHEALTHCARE	(
Policy No	Service Date	Charge A	mount	Payer ID	File ID	с
0000000001	03/16/2020		\$157.50	87726	7066022	8
Snippets	(2)	2				
🔰 Other Payer		Claim Informa	tion 🤶	Providers/Facilities	🛃 Edit Procee	dure
Adjustment (C	Old)	Amounts		Billing	Edit Proced	lure
Other Pavers	(New)	Anesthesia		Pay To Address	Order Proc	edure
Other Payor (Old)	Authorization		Pay To Plan		
Other Subscr	iber (Old)	Claim Informat	ion	Primary Care		
		Condition		Referring		
		Condition Inform	mation	Rendering		
		Dates		Service Facility		
		Diagnosis		Supervising		
		Paperwork				
		Place of Service	e			
		Pricing Reprici	ng			
		Reference				
		Spinal Manipul	ation			
Procedures						
Service Line Se	ervice Date	Facility	Procedu	ire	Diagnosis	Pointe
Edit 1 0	3/16/2020		HC>9	9348>	1>	



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.

		1	Claim Informati	on - Test			
Claim							
View Claim Time	ly Filing Copy Claim	Claim Stat	us				
Account No	Name			Payer Name			Status
000006	HALPERT, JIM			APPLE UHC U	JNITED HEALT	HCARE	Clearinghouse R
Policy No	Service Date	Charge	Amount	Payer ID	File ID		Claim Key
0000000001	03/16/2020		\$157.50	87726	706602	2	86232950
Snippets							
Claim Level	Line	Level		Adjudica	ation (Old)	Ambulanc	e Drop Off
Drug Identifi	cation Line	Adjudication	n Payers (New)	Note		Ordering	
Purchased S	Service Refe	erence		Referrin	g	Remove I	ine
Supervising							
Service Line Service	Date Place o	f Service	Procedure		Diagr	nosis 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								
View Claim	Timely Filing	Copy Claim	Claim Status					
Account No	Na	me		Payer Name		Status		
000006	Н	ALPERT, JIM		APPLE UHC UNIT	ED HEALTHCAR	E Clearinghouse	Rejected	
Policy No	Ser	vice Date	Charge Amount	Payer ID	File ID	Claim Key	Change Status	
000000000	01 03	3/16/2020	\$157.50	87726	7066022	86232950	Change St	atus
Snippets Claim Drug le Purcha Super	Level dentification ased Service vising	Line Le Line Ad Referer	vel judication Payers (New) Ice	Adjudication Note Referring	(Old) An Or Re	nbulance Drop Off dering emove Line	Ambulance Pick Paperwork Rendering	Up Amounts Pricing Re Service
Service Line S	Service Date 03/16/2020	Place of Se	rvice Procedure HC>9934B	>	Diagnosis Po 1>	Charge Amount \$157.50	Units Render	ing ID
Line Adjuc Edit Edit	lication Paye Other F Primary	ers Payer Sequence /	Other Payer Nam COMMUNITY HE	e Alth Med Adv	Othe	er Payer ID Adjudic WA 12/23/2	ation Date I 019 (Paid Amount)



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

nippets										
Claim Level		Line Leve	I.		1	Adjudication (Old) Ambula	nce Drop Off	Ambulance	Pick Up
Drug Identifi	cation	Line Adjuc	dication F	Payers (New)	1	Note	Orderin	9	Paperwork	
Purchased !	Service	Reference	e.		1	Referring	Remove	e Line	Rendering	
Supervising										
Service Line Service	Date (2020	Place of Service	ce	Procedure			Diagnosis Pointer	Charge Amount	Units F	Rendering I
	72020			HC-33340-			12	\$157.50		
Other Payer Respor	nsiblity									
Primary										
Other Payer Name				Other Payer	ld					
COMMUNITY	HEALTH ME	D ADV		CHPWA						
Service Line Infe	ormation									
Amount Paid	Adjudic	ation Date	Bundle	ed/Unbundled Line	Number	Remaining Patient L	iability			I
0	12/23	/2019								I
Procedure Code	Revenue	e Code	Mod 1	Mod 2	Mod 3	Mod 4	Paid Units of Service	Description		
99348							1			
B7	157.5									
B7	157.5									
Contractual Ob Reason Code	ligations (CC	D)	antity	Reason C	ode	Amount	Quantity	Reason Code	Amount	
CO-45					Juc	Announ	- Quanty		Future	
100000	1									
Other Adjustme	ents (OA)									
Reason Code	Amount	Qu	antity	Reason C	ode	Amount	Quantity	Reason Code	Amount	
	10 10 12 12							-		
Payor Initiated	Reductions ((PI)								
Reason Code	Amount	Qu	antity	Reason C	ode	Amount	Quantity	Reason Code	Amount	
Correction and	Reversals (0	CR)								
Reason Code	Amount	Qu	antity	Reason C	ode	Amount	Quantity	Reason Code	Amount	
I I I										



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).

Claim Level Adjudication (Nd) Ambutance Drap OII Ambutance Pick Up / Drug identification Line Adjudication Payers (New) Note Ordering Papervork F Supervising Reference Reference Reference Remove Line Rendering S Supervising G3152020 Nex of Service Procedure Diagnosis Pointer Charge Ameuont Line Rendering S Payer Information G3152020 Nex of Service Ordering Rendering S Prover Line Service Line Information Market Peer Resemanting Ordering Researched Rendering S Office Payer Namesen Adjudication Date Bandfeddit/binded Line Number Remaining Patient Liability Internet Internet Internet Internet Quantity Reason Code Amount Quantity Particular Code Amount Quantity Reason Code Amount Quantity Reason Code Amount Quantity Payer Information Corport Corport Corport Corport Corport Corport Corport Corport Corport Reason Code	ppets								
Drug Identification Line Adjudication Payers (New) Note Ordering Paperwork P Supervising Reference Reference Reference Reference Remove Line Remove Line Remove Line Remove Line Supervising Service Line Service Date Pusce of Service Procedure Diagnouis Pointer Chirge Anount Units Rendering ID Payer Information Other Payer Mare Other Payer Mare Other Payer Mare Chirge Anount Units Rendering ID Ofmer Payer Recensibility Proceedure Code Resume Code Adjudication Information Procedure Code Resume Code Med 1 Med 2 1 1 Id	Claim Level	Line L	evel		Adjudication (Old) Ambula	ince Drop Off	Ambulance F	Pick Up Amou
Purchased Service Referring Remove Line Rendering S Supervising Supervising Supervising Supervising Supervising Supervising Supervising Supervising Supervising Supervising Service Line Information Supervising Adjudication In	Drug Identification	on Line A	Adjudication Pa	ayers (New)	Note	Orderin	9	Paperwork	Pricin
Supervising Service Line Service Date Service Procedure Procedure Disgrouis Pointer Charge Anount Units Rendering ID Page Information Page Boomean Contraction Date Date Charge Anount Charge Anount Charge Anount Date Charge Anount Page	Purchased Serv	vice Refere	ence		Referring	Remov	e Line	Rendering	Servi
Service Line Prace of Service Procedure Dagnosis Pointer Charge Amount Units Readening D Payer Information Image of Stars and the Payer Mage Stars and the Made Stars and	Supervising								
Payer Information Other Payer Responsibility Primary Other Payer Responsibility Primary Other Payer Responsibility Primary Other Payer Responsibility Primary O 12/23/2019 Procedure Code Ned 1 Mod 2 Mod 3 Mod 4 Paid Units of Service Description 93348 1 Adjudication Information Reson Code Amount Quantity Reason Code Amount Deductible	rvice Line Service Date 03/16/202	Place of S	Service	Procedure HC>99348>		Diagnosis Pointer	Charge Amount \$157.50	Units Ret	ndering ID
Order Payer Responsibility Prima Other Payer Responsibility Other Payer Responsibility Other Payer Responsibility Other Payer Responsibility O Diversort Modifier Responsibility O Diversort Procedure Code Responsibility (PR) Respon Code Amount Quantity Respon Code <td>aver Information</td> <td>1012 - 2</td> <td></td> <td></td> <td></td> <td>PANC</td> <td></td> <td></td> <td></td>	aver Information	1012 - 2				PANC			
Primary Other Payer Mark Other Payer Mark COMMUNITY HEALTH MED ADV CHPWA Service Line Information Adjudication Date Bundledd/Infoundied Line Number Remaining Patient Liability 0 12/23/2019 Image: Community of the Service Description Procedure Code Mod 1 Mod 2 Mod 3 Image: Code Amount Payer Mark Adjudication Information Eason Code Amount Quantity Reason Code Amount Quantity	Other Payer Responsibli	ty							
Other Payer Mare Other Payer Id COMMUNITY HEALTH MED ADV CHPWA Service Line Information Adjuication Date Processor Code Revenue Code Mod 1 Mod 2 Mod 4 Paud Units of Service Description 93348	Primary								
COMMUNITY HEALTH MED ADV CHPWA Service Line Information Adjudication Date Bandledt/Inbundled Line Number Remaining Patient Liability 0 12/23/2013 I I Procedure Code Nod 1 Mod 2 Mod 4 Paid Units of Service Description 95348 I I I Adjudication Information I I I Patient Responsibility (PR) Reason Code Amount Quantity Reason Code Amount Quantity Deductible Coinsurance Copay IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Other Payer Name			Other Payer Id	i i i i i i i i i i i i i i i i i i i				
Service Line Information Anguitzation Date Bundled/Unbundled Line Number 0 12/23/2019 1 1 Procedure Code Mod 1 Mod 3 Mod 4 Paid Units of Service Description 99348 1 1 1 1 Adjudication Information Amount Quantity Reason Code Amount Quantity Patient Responsibility (PR) Coinsurance Copay 1 1 Deductible Coinsurance Copay 1 1 Deductible Coinsurance Copay 1 1 Contractual Obligations (CO) Reason Code Amount Quantity Reason Code Amount Quantity Co-45 1 1 1 1 1 1 Other Adjustments (OA) Reason Code Amount Quantity Reason Code Amount Quantity Reason Code Amount Quantity Reason Code Amount Quantity Quantity CO-45 1 1 1 1 1 1 1 1	COMMUNITY HEA	ALTH MED ADV		CHPWA					
Anguit Paid Adjudication Date Builded/Unbundled Line Number Remaining Patient Liability 0 12/23/2019	ervice Line Inform	ation							
0 12/23/2019 Procedure Code Nod 1 Mod 2 Mod 3 Mod 4 Paid Units of Service Description 99348 1 1	Amount Paid	Adjudication Date	Bundled	I/Unbundled Line N	umber Remaining Patient L	iability			
Procedure Code Revenue Code Mod 1 Mod 2 Mod 3 Mod 4 Paid Units of Service Description 99348 1 1 Adjudication Information Patient Responsibility (PR) Reason Code Amount Quantity Reason Code Amount Quantity Deductible Coinsurance Copay Image: Copay Image: Copay Image: Copay B7 157.5 Image: Copay Image: Copay Image: Copay Image: Copay Image: Copay Contractual Obligations (CO) Reason Code Amount Quantity Reason Code Amount Quantity CO45 Image: Copay Image: Copay Image: Copay Image: Copay Image: Copay Other Adjustments (OA) Reason Code Amount Quantity 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 Reason Code Amount Quantity Image: Copay Image: Copay Image: Copay Image: Copay Image: Copay Reason Code Amount Quantity Reason Code Amount Quantity Reason Code Amount Quantity Reason Code Amount Quantity Reason Code Amount Quantity Reason Code Am	0	12/23/2019							
99348 1 Adjudication Information Patient Responsibility (PR) Reason Code Amount Quantity Deductible Coinsurance Copay B7 157.5 Contractual Obligations (CO) Reason Code Amount Quantity Reason Code Amount Quantity Contractual Obligations (CO) Reason Code Amount Quantity CO-45 Contractual Obligations (CO) Reason Code Amount Quantity Other Adjustments (OA) Reason Code Amount Quantity Reason Code Amount Quantity Payor Initiated Reductions (PI) Reason Code Amount Quantity Reason Code Amount Quantity Reason Code Amount Quantity Reason Code Amount Quantity <t< td=""><td>Procedure Code</td><td>Revenue Code</td><td>Mod 1</td><td>Mod 2</td><td>Mod 3 Mod 4</td><td>Paid Units of Service</td><td>Description</td><td></td><td></td></t<>	Procedure Code	Revenue Code	Mod 1	Mod 2	Mod 3 Mod 4	Paid Units of Service	Description		
Adjudication Information Patient Responsibility (PR) Reason Code Amount Quantity Reason Code Amount Quantity Deductible Coinsurance Coipay Coinsurance Quantity Reason Code Amount Quantity Reason Code Amount Quantity Reason Code Amount Quantity Reason	99348					1			1
Contractual Obligations (CO) Reason Code Amount Quantity Reason Code Amount Quantity CO-45	B7 1	57.5		Coinsuran	ce		Сорау		
Contractual Obligations (CO) Reason Code Amount Quantity Reason Code Amount Quantity CO-45									
Reason Code Amount Quantity Reason Code Amount Quantity Reason Code Amount Quantity CO-45	Contractual Obliga	tions (CO)							
CO-45 CO-45 CO-45 Comments (OA) Reason Code Amount Quantity Reason Code Amount Quant	Reason Code	Amount	Quantity	Reason Coo	le Amount	Quantity	Reason Code	Amount	Quantity
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 Reason Code Amount Quantity Reason Code Amount Quantity Quantity Reason Code Amount Quantity Reason Code Amount Quantity Image: Code Amount Quantity Image: Code Image: Code Image: Code Image: Code Image: Code Image: Code Im	CO-45								
Reason Code Amount Quantity Reason Code Amount Quantity Reason Code Amount Quantity Image: Code	Other Adjustments	5 (OA)							
Image: Second	Reason Code	Amount	Quantity	Reason Coo	le Amount	Quantity	Reason Code	Amount	Quantity
Reason Code Amount Quantity Reason Code Amount Quantity Image: Contraction and Reversals (CR)	Pavor Initiated Red	fuctions (PI)							
Correction and Reversals (CR)	Reason Code	Amount	Quantity	Reason Cor	le Amount	Quantity	Reason Code	Amount	Quantity
Correction and Reversals (CR)			Quantity						
	Correction and Rev	versals (CR)							
Reason Code Amount Quantity Reason Code Amount Quantity Reason Code Amount Quantity	Reason Code	Amount	Quantity	Reason Coo	de Amount	Quantity	Reason Code	Amount	Quantity



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.

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

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

atient Respor	nsibility (PR)				
Reason Code	Amount	Quantity	Reason Code	Amount	Quantity
Deductible			Coinsurance		
7	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.

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nippets injpets in	Policy No	Service Date	0	Charge	Amount #157	Pa EO O	ayer ID	File ID	Claim	Key	Change Statu	S
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Insurance Type Code Claim Filing Indicator CI - Commercial Insurance Company	Group Name			G	roup Number							
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Claim Filing Indicator CI - Commercial Insurance Company	Insurance Type Code											
Claim Filing Indicator CI - Commercial Insurance Company							~			1		
CI - Commercial Insurance Company	Claim Filing Indicator									1		
	or o		C									



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

		Claim In	forma	ation - Test			
Claim	Erection .						
View Claim Timel	y Filing Copy Cla	im Claim Status					
Account No	Name			Payer Name		Status	
000007	HUDSON, S	TANLEY		APPLE UHC UNITER	DHEALTHCARE	Clearin	ghouse Reje
Policy No	Service Date	Charge Amount		Payer ID	File ID	Claim Key	1
0000000001	11/07/2019	\$	78.75	87726	7066017	862329	41
Snippets							
Other Payer		Claim Information	2	Providers/Facilities	🥂 Edit Procec	lure 🧯	Specialt
Adjustment (Old	Amounts		Billing	Edit Proced	ure	Ambular
Other Pavers	s (New)	Anesthesia		Pay To Address	Order Proce	edure	Ambular
Other Payer	(Olu)	Authorization		Pay To Plan			
Other Subsc	riber (Old)	Claim Information		Primary Care			
	272116-21323	Condition		Referring			
		Condition Information		Rendering			
		Dates		Service Facility			
		Diagnosis		Supervising			
		Paperwork		CONTRACTOR OF STREET			
		Place of Service					
		and the second se					
		Pricing Repricing					
		Pricing Repricing Reference					



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

		Claim Info	ormatio	on - Test		
Claim		100m - 1m				
View Claim Timely	Filing Copy Clair	n Claim Status				
Account No	Name			Payer Name		Status
000006	HALPERT, JI	M		APPLE UHC UNITE	D HEALTHCARE	Clearing
Policy No	Service Date	Charge Amount		Payer ID	File ID	Claim Key
0000000001	03/16/2020	\$1	57.50	87726	7066022	8623295
inippets						
🏏 Other Payer		Claim Information	2	Providers/Facilities	🛃 Edit Proce	dure 🥳
Adjustment (O	ld)	Amounts		Billing	Edit Proce	dure
Other Payers ((New)	Anesthesia		Pay To Address	Order Pro	cedure
Other Payor (C	Old)	Authorization		Pay To Plan		
Other Subscrib	ber (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
Con Development and	Blit 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 Inform	mation - Test		dkreuzm
orner Subscriber (ord)	Condition	Referring		
	Condition Information	Rendering		
	Dates	Service Facility		
	Diagnosis	Supervising		
	Paperwork			
	Place of Service			
	Pricing Repricing			
	Reference			
	Spinal Manipulation			
ther Paver Details				
Paver Responsibility				
Primary	v			
China Filing Indicator				
Claim Filing Indicator	Company			
CI - Commercial Insurance	e Company	197 - 1920	•	
Other Payer Organization Name	Other Payer Primary I	dentifier		
and the second sec				
Insurance Type Code				
			~	
Other Insured Group Name	Insured Group or Poli	icy Number		
Other Paver Address Line 1	Other Paver Address	Line 2		
City	State or Province Cod	de ZIP Code		
City	State or Province Cod	de ZIP Code		
City	State or Province Cod	de ZIP Code	le la	
City Country Code Country Sub Code	State or Province Cod	de ZIP Code	Ð	
City Country Code Country Sub Code	State or Province Cod	de ZIP Code		
City Country Code Country Sub Code	State or Province Cod	de ZIP Code		
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