

## Secondary Institutional Claims on the UB-92

To submit a secondary institutional claim, log into My Insurance Manager<sup>SM</sup>. Then click on “UB-92 Claims Entry” in the top menu.

The screenshot shows the My Insurance Manager Healthcare Professionals interface. The top navigation bar includes links for Claims Status, Eligibility and Benefits, Professional Claim Entry, UB-92 Claims Entry, and Authorization/Pre-Certification/Referral. A secondary navigation bar includes links for Verify Primary Care Physician, Other Health Insurance, Remittance Information, Modify Profile, Your Mailbox, and Your Patient Directory. The user is signed in as Dr. Blue, Blue General. The main content area is titled "Welcome to UB-92 Claims Entry!" and contains a maintenance notice, a "New! Your Patient Directory" announcement, a description of the Claims Entry process, and a "Who Can File Online?" section with a list of eligible healthcare professionals. A "Continue" button is located at the bottom left of the page.

Click Continue.

<sup>SM</sup>My Insurance Manager is a Service Mark of BlueCross BlueShield of South Carolina.

BlueCross BlueShield of South Carolina is an independent licensee of the Blue Cross and Blue Shield Association.

**NOTE:** This guide is for training purposes only. This is not a guarantee of payment. Non-payment of premiums and other contractual limitations may result in denial of benefits or refunds.

Submitter Verification Screen – UB-92

**My Insurance Manager<sup>SM</sup>** Healthcare Professionals

Health Dental

Claims Status | Eligibility and Benefits | Professional Claim Entry | **UB-92 Claims Entry** | Authorization/Pre-Certification/Referral

Verify Primary Care Physician | Other Health Insurance | Remittance Information | Modify Profile | Your Mailbox | Your Patient Directory | Home | Print | Logout

You are signed in as Dr. Blue, Blue General. All fields are required.

**UB-92 Claims Entry**

**Submitter Verification**  
 If this submitter information is not correct, please [modify your profile](#).

Submitter's First Name: **Dr.**  
 Submitter's Last Name: **Blue**  
 E-mail Address: **aa@ab.com**  
 Telephone: **555-555-5555**  
 Fax Number: **555-444-4444**  
 Tax ID Number: **111111111**  
 Tax ID Number Type:\* **Employer's Identification Number** 1

**Health Plan Selection**  
 Please choose the health plan listed on the member's ID card:\*  
**BlueCross BlueShield Plans** 2 ←

Is this plan the primary payer?\*:  
**No** 3

Continue Clear Form

1. First, choose the Tax ID Number Type – Employer’s Identification Number (EIN) or Social Security Number (SSN).
2. Second, choose the health plan from the menu. **Important: To avoid claim processing delays or denials, be sure to choose the correct health plan.**
3. To file a secondary claim, answer “No” to the question, “Is this plan the primary payer?”

The next seven screens – Healthcare Professional Billing Location, Patient Directory or Patient Information, General Claim Information, Diagnosis Code Information, Principal Procedure Code, Occurrence Code and Occurrence Date, and Value Codes screens – are the same as for a primary UB-92 claim.

Please complete all information as you proceed to the Other Payer screen.

Other Payer Screen – UB-92

1. Other Payer – This menu gives types of other payers, including: BlueCross, Carolina Benefit Administrators, BlueChoice HealthPlan, Consolidated Benefits, Inc., Employee Benefit Services, Inc. (dba Key Benefit Administrators), Employers Life Insurance Company, FEP, HMO Blue, Medical Claims Management, Medicare, Planned Administrators Incorporated, State Group, Thomas Cooper or Other Unspecified.
2. Other Payer's Name – This field will accept any entry, from the name of the other insurance company to the name of the kind of insurance. Example: For a Medicare claim, choose Medicare in the first menu, then type in "Medicare" as the Other Payer's Name. Then, choose Medicare under the Insurance Type menu.
3. Insurance Claim Type – Choose from the menu, which includes Self-pay, Central Certification, Other Non-Federal Programs, Preferred Provider Organization (PPO), Point of Service (POS), Exclusive Provider Organization (EPO), Indemnity Insurance, Health Maintenance Organization (HMO) Medicare Risk, Automobile Medical, BlueCross/BlueShield, TRICARE, Commercial Insurance Co., Disability, Health Maintenance Organization (HMO), Liability, Medicare Part A, Medicare Part B, Medicaid, Other Federal Program, Title V, Veteran Administration Plan, Worker's Compensation Health Claim, Mutually Defined or Unknown. **For a Medicare Claim, please choose Medicare Part B or A.**
4. Member and Patient Information – This can be confusing. The first box is Member Type because the Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires us to report if the insured is a person or not. For example, in a worker's compensation case, the insured may be a company. In the Relationship to Member field, choose the patient's relationship to the member. In the Last or Organization Name, enter the name of the insured (or the insured company).

**NOTE:** This guide is for training purposes only. This is not a guarantee of payment. Non-payment of premiums and other contractual limitations may result in denial of benefits or refunds.

Other Payer Claim (COB) Adjustments Screen – UB-92

**UB-92 Claims Entry**

**Other Payer Claim (COB) Adjustments**

This information is also in the other payer's electronic or paper remittance.

Prior Adjudication Date:\* **1** 05 / 18 / 2007 (mm/dd/yyyy)

Payer Paid:\* \$ 50 .00

Submitted: \$ . .

DRG Outlier: \$ . .

Non-Covered: \$ . .

Total Denied: \$ . .

**Medicare COB Information**

Total Paid: \$ . .

Paid (100%): \$ . .

Paid (80%): \$ . .

Part A Trust Fund: \$ . .

Part B Trust Fund: \$ . .

**Claim Level Adjustments**

**Please Note:** The other payer may adjust claims at the claim level, at the claim line level or a combination of both. If the other payer made adjustments at:

- 1) The claim level, you should see that information on this page.
- 2) The line level, then please report that on the "Line Level Adjustments" page.
- 3) Both levels, please use this page and the "Line Level Adjustments" page to report that information.

The most common claims adjustments are: Deductible: Group Code - Patient Responsibility Reason Code - 1  
 Coinsurance: Group Code - Patient Responsibility Reason Code - 2  
 Non-covered: Group Code - Patient Responsibility Reason Code - 96

**2** [Display Claim Adjustment Reason Code Table](#)

Claim Adjustment Group Code:	Reason Code:	Amount:	Quantity:
1. Patient Responsibility	1.1 1 <b>3a</b>	\$ 25 .00	
	1.2	\$ . .	
	1.3	\$ . .	
	1.4	\$ . .	
	1.5	\$ . .	
	1.6	\$ . .	
2. Contractual Obligations	2.1 a2 <b>3b</b>	\$ 25 .00	
	2.2	\$ . .	
	2.3	\$ . .	
	2.4	\$ . .	
	2.5	\$ . .	
	2.6	\$ . .	

[Add another claim adjustment group.](#)

Buttons: Continue, Back, Clear Form, Start Over

1. Information for this field and others on this screen is found on the remit.
2. The Claim Adjustment Reason Code Table gives a list of reason codes. (See next page.)
3. You must make all adjustments on this page. In this example, the adjustment for the deductible (which falls into the Patient Responsibility (PR) Claim Adjustment Reason Group) – is recorded here. You could fill up to five different codes in section one under that same PR Claim Adjustment Reason Code. (Fig. 3a). To fill in reason codes for a different Claim Adjustment Reason Group, such as Contractual Obligations-CO, go to the second group code menu. (Fig. 3b).

**Please Note:** You must enter an amount beside each reason code you enter. Some information relating to another payer's adjudication of the claim may be reported as "Value Codes" or "Claim Adjustments". Please do not duplicate the information in both places.

**Claim Adjustment Reason Code Table – UB-92**

This screen shows part of the table available when you select the link on the Other Payer COB Adjustments screen.

**UB-92 Claims Entry**  
**Claim Adjustment Reason Codes**

The following "Claim Adjustment Reason Codes" are used to show how the other payer adjusted a claim or claim line that was submitted to them.

Code	Description	Effective Dates
A0	PATIENT REFUND AMOUNT.	2002-08-15 - 9900-12-31
A0	PATIENT REFUND AMOUNT.	2002-08-15 - 9900-12-31
A1	SEE NOTES	2006-10-01 - 9900-12-31
A1	SEE NOTES	2002-08-15 - 9900-12-31
A2	CONTRACTUAL ADJUSTMENT.	2002-08-15 - 9900-12-31
A2	CONTRACTUAL ADJUSTMENT.	2002-08-15 - 9900-12-31
A4	MEDICARE CLAIM PPS CAPITAL DAY OUTLIER AMOUNT.	2002-08-15 - 9900-12-31
A4	MEDICARE CLAIM PPS CAPITAL DAY OUTLIER AMOUNT.	2002-08-15 - 9900-12-31
A5	MEDICARE CLAIM PPS CAPITAL COST OUTLIER AMOUNT.	2002-08-15 - 9900-12-31
A5	MEDICARE CLAIM PPS CAPITAL COST OUTLIER AMOUNT.	2002-08-15 - 9900-12-31
A6	PRIOR HOSPITALIZATION OR 30 DAY TRANSFER REQUIREMENT NOT MET	2002-08-15 - 9900-12-31
A6	PRIOR HOSPITALIZATION OR 30 DAY TRANSFER REQUIREMENT NOT MET	2002-08-15 - 9900-12-31
A7	PRESUMPTIVE PAYMENT ADJUSTMENT.	2002-08-15 - 9900-12-31
A7	PRESUMPTIVE PAYMENT ADJUSTMENT.	2002-08-15 - 9900-12-31
A8	CLAIM DENIED; UNGROUPABLE DRG.	2002-08-15 - 9900-12-31
A8	CLAIM DENIED; UNGROUPABLE DRG.	2002-08-15 - 9900-12-31
B1	NON-COVERED VISITS.	2002-08-15 - 9900-12-31
B1	NON-COVERED VISITS.	2002-08-15 - 9900-12-31



Out of Balance Report

**My Insurance Manager<sup>SM</sup> Healthcare Professionals**

Health Dental

Claims Status | Eligibility and Benefits | Professional Claim Entry | **UB-92 Claims Entry** | Authorization/Pre-Certification/Referral

Verify Primary Care Physician | Other Health Insurance | Remittance Information | Modify Profile | Your Mailbox | Your Patient Directory Home Print Logout

You are signed in as Dr. Blue, Blue General.

**UB-92 Claims Entry**

**UB-92 Claims Entry**

**Out of Balance Report**

We have determined that the claim you submitted was out of balance. This means the "Total Submitted Charges" minus the "Other Payer Claim and Claim Line Adjustments" does not equal the "Other Payer Paid Total." We cannot accept the claim electronically until it balances.

Please choose one of the following options:

- To revise the other payer adjustments on this claim, click [here](#).
- To delete all data and start over, click [here](#).
- To delete this electronic claim and submit a hardcopy, click [here](#).

If the claim is out of balance, you will have the opportunity to revise the claim, start over or delete the claim. Clicking the first link will bring up the following screen:

**My Insurance Manager<sup>SM</sup> Healthcare Professionals**

Health Dental

Claims Status | Eligibility and Benefits | Professional Claim Entry | **UB-92 Claims Entry** | Authorization/Pre-Certification/Referral

Verify Primary Care Physician | Other Health Insurance | Remittance Information | Modify Profile | Your Mailbox | Your Patient Directory Home Print Logout

You are signed in as Dr. Blue, Blue General.

**UB-92 Claims Entry**

**UB-92 Claims Entry**

**Out of Balance Report - Claim Detail**

Required fields feature an asterisk (\*).

To balance this claim you must revise information at the claim level and resubmit the claim. If the claim is still out of balance after you resubmit it, we will return it to you for additional corrections.

**Claim Level Information and Adjustments**

Charges	Other Payer Paid	Adjustments	
\$100.00	\$50.00	\$35.00	Revise claim level information <a href="#">here</a> .

Back Start Over

Clicking on the "Revise claim level information here" link will take you back to the Other Payer Claim (COB) Adjustments screen (see page 4).

## Receipt Confirmation Screen – UB-92

Once the claim is balanced and accepted for processing, a Receipt Confirmation screen will appear. You may print this screen using the print option found in the top right corner.

The screenshot shows the 'My Insurance Manager' interface for Healthcare Professionals. The top navigation bar includes 'Health' and 'Dental' tabs. Below this is a menu with links for 'Claims Status', 'Eligibility and Benefits', 'Professional Claim Entry', 'UB-92 Claims Entry', and 'Authorization/Pre-Certification/Referral'. A secondary menu contains 'Verify Primary Care Physician', 'Other Health Insurance', 'Remittance Information', 'Modify Profile', 'Your Mailbox', and 'Your Patient Directory'. On the right side of the top menu, there are links for 'Home', 'Print', and 'Logout'. The 'Print' link is highlighted with a red box and a red arrow pointing to it. Below the navigation, the user is signed in as 'Dr. Blue, Blue General'. The main content area is titled 'UB-92 Claims Entry' and contains a 'Receipt Confirmation' section with the following details: Member ID: 999574317, Patient's Name: MICHAEL TESTING, Patient's Date of Birth: 10 / 01 / 1958, and Patient's Gender: Male. A message states: 'We have received and are processing your claim.' Below this, the Claim Number is 71450010W, with a link to 'View Claim Status'. At the bottom, there are two options: 'Submit another claim for the same Tax ID.' and 'Submit another claim for a different Tax ID.'