



Rhode Island Medicaid PES Instructions - Billing Other Insurance



Once information has been entered on Hdr 1, Hdr 2 and Hdr 3 per the 837 professional claim instructions change the Other insurance indicator from the default “N” to “Y” as shown below. Two additional tabs will now be visible between Hdr 3 and Srv 1.

The screenshot shows the '837 Professional' software window. At the top, there are summary fields: Total Charge, OI Amount, Billed Amount, and Services. Below this is a navigation bar with tabs for Hdr 1, Hdr 2, Hdr 3, OI, OI Adj, Srv 1, and Srv 2. The 'Hdr 3' tab is currently selected. The main form area is divided into several sections: 'Accident' with fields for Related Causes, Date, State, and Country; 'Ambulance' with fields for Transport Reason Code, Transport Distance, Patient Weight, and five Condition Codes; 'Rendering Provider' with fields for Provider ID, Taxonomy Code, Last/Org Name, First Name, and MI; and 'Other Insurance Ind' with a dropdown menu. To the right of the form is a vertical toolbar with buttons for Add, Copy, Delete, Undo All, Save, Find..., Print, and Close. At the bottom of the window, there is a table header with columns: Client ID, Last Name, First Name, Billed Amount, Last Submit Dt, and Status.

Payer Responsibility is defaulted to "P" leave as is. Select the appropriate value in the claim filing indicator drop down box. Make a selection for release of medical data.

Once this step is complete, Tab to the carrier field box. If this is the first entry for this recipient, double click in the Carrier Code field and go to the next example. If this is not the first entry for this recipient, select the recipient information from the drop-down menu

837 Professional

Total Charge .00 OI Amount .00 Billed Amount .00 Services 1

Hdr 1 | Hdr 2 | Hdr 3 | OI | OI Adj | Srv 1 | Srv 2

Payer Responsibility: P Claim Filing Ind Code: [] Release of Medical Data: []

Benefits Assignment: Y

Payer Claim Reference: []

Policy Holder

Carrier Code: [] Subscriber ID: []

Last Name: [] First Name: [] MI: []

Add OI | Copy OI | Delete OI

OI #	Carrier Code	Subscriber ID	Last Name	First Name
1				

Client ID | Last Name | First Name | Billed Amount | Last Submit Dt | Status

Buttons: Add, Copy, Delete, Undo All, Save, Find..., Print, Close

837 Professional

Total Charge .00 OI Amount .00 Billed Amount .00 Services 1

Hdr 1 | Hdr 2 | Hdr 3 | OI | OI Adj | Srv 1 | Srv 2

Payer Responsibility: P Claim Filing Ind Code: MB Release of Medical Data: []

Benefits Assignment: Y

Payer Claim Reference: []

Policy Holder

Carrier Code: [] Subscriber ID: 1004253459

Last Name: SMITH First Name: SUSAN MI: []

Add OI | Copy OI | Delete OI

OI #	Carrier Code	Subscriber ID	Last Name	First Name
1		1004253459	SMITH	SUSAN

Client ID | Last Name | First Name | Billed Amount | Last Submit Dt | Status

Buttons: Add, Copy, Delete, Undo All, Save, Find..., Print, Close

Enter the Medicaid ID in the Client ID field. Select the valid value for the Carrier Code from the drop down box, hit the tab button and the carrier name will be populated. Select the relationship to the insured. Enter policy holder information. When all information is entered select save then chose Select to populate the carrier information on the OI tab.

Policy Holder

Client ID 1004253459 Carrier Code 95A Carrier Name METLIFE DENTAL Add

Group # Other Insurance Group Name Delete

Policy # Insurance Type Code Relationship to Insured 18 Undo All

Policy Holder Information

Last Name SMITH First Name SUSAN MI

Subscriber ID 1004253459 ID Qualifier MI

Date Of Birth 02/05/1938 Gender F

Policy Holder Address

Line 1 1 LOVE LANE Line 2

City WARWICK State RI Zip 02886

Client ID	Carrier Code	Subscriber ID	Last Name	First Name
1004253459	95A	1004253459	SMITH	SUSAN

Save Find... Print... Help Select Close

Provide other insurance payment in the **Paid Date** and **Amount Paid** fields. This amount will be deducted from your billed amount. Enter the valid value for the **Adjustment Group Code** along with the **Reason Code**. All of the dollar amounts entered must equal the total dollar amount billed for this claim. The Non-Covered Amount field is not required. This field can only be used **without** Adjustment Group and Reason Codes.

The screenshot shows the '837 Professional' software window. At the top, it displays summary statistics: Total Charge (.00), OI Amount (50.00), Billed Amount (-50.00), and Services (1). Below this are tabs for Hdr 1, Hdr 2, Hdr 3, OI, OI Adj, Srv 1, and Srv 2. The 'OI Adj' tab is active, showing a 'Paid Date/Amount' of 10/21/2011 and 50.00, and a 'Non-Covered Amount' of .00. A table titled 'Adjustment Group Codes/Reason Codes/Amounts' contains three rows of data. Below this is a table with columns for OI #, Carrier Code, Subscriber ID, Last Name, and First Name, with one row showing OI # 1, Carrier Code 001, Subscriber ID 123456789, Last Name SMITH, and First Name JOHN. At the bottom, there is a table with columns for Client ID, Last Name, First Name, Billed Amount, Last Submit Dt, and Status. On the right side of the window, there are buttons for Add, Copy, Delete, Undo All, Save, Find..., Print, and Close.

1	CO	100	25.00	4		.00
2	PR	1	25.00	5		.00
3			.00	6		.00

OI #	Carrier Code	Subscriber ID	Last Name	First Name
1	001	123456789	SMITH	JOHN

Client ID	Last Name	First Name	Billed Amount	Last Submit Dt	Status

Required information for the SRV 1 and SRV 2 tabs should be completed per the instructions for the 837 Professional claim.

