

This guide provides information for using the CEDI Claims Portal (CCP) to send a Medicare Secondary Payer (MSP) claim.

For specific questions on how to bill MSP claims, contact the DME MAC Jurisdiction who will be processing the claims for payment.

If you have additional questions or need assistance with the CEDI Claims Portal, please contact the CEDI Help Desk at [ngs.cedihelpdesk@anthem.com](mailto:ngs.cedihelpdesk@anthem.com) or at 866-311-9184.

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## Payer List

When entering a claim with Medicare as the Secondary Payer (MSP), the primary payer's information must be entered in the Payer List prior to entering a new claim.

### Payer List

### Payer Records

Select an existing payer from the list below. Choose "New Payer" if the payer does not yet exist.

Search

To search enter Payer name only. Press enter to begin search.

Payer

| Name                   | Plan ID | Payer ID | Actions                                     |
|------------------------|---------|----------|---|
| DME MAC JURISDICTION A |         | 16013    | <a href="#">Edit</a> <a href="#">Delete</a> |
| DME MAC JURISDICTION B |         | 17013    | <a href="#">Edit</a> <a href="#">Delete</a> |
| DME MAC JURISDICTION C |         | 18003    | <a href="#">Edit</a> <a href="#">Delete</a> |
| DME MAC JURISDICTION D |         | 19003    | <a href="#">Edit</a> <a href="#">Delete</a> |

From the Payer List screen, you can

- Select **New Payer** to add a Payer to the list.
- Select **Edit** under Actions when information related to the Payer needs to be updated.
- Select **Dashboard** to return to the DDE Claims Dashboard.

If the primary payer for the MSP claim is not listed, select **New Payer** and the Editing Payer screen will display.

Complete the required fields for the Payer.

### Editing Payer

Dashboard
Save

**Name:**

Plan ID / Identification (\*Must have Plan ID and/or Identification)

**Plan ID:**   
(currently unavailable)

**Identification (Payer number):**

Address

**Street:**

**Street 2:**

**City:**

**State:**

**Postal Code:**   
Format is 12345 or 12345-6789

**Country:**

**Name:** This is the name of the Payer.

**Identification (Payer number):** This is the Payer's ID number. Contact the payer for their Payer ID. If you are unable to locate the Payer ID, you can use a gap fill code of XXXXX.

**Address:** Enter the address for the Payer.

Click **Save**.

## Patient List

Patient information can be entered in the Patient List or as the claim is entered.

Use **Search** to search for previously entered patients.

NOTE: To search, enter the patient's last name only and press "Enter". Additional search filters are available once a search is initiated.

Previously entered patients are listed below the Search field.

- Use **Edit** if a patient's information needs to be updated.
- Use **New Patient** to enter a new patient's information. This will bring up the Editing Patient screen.

## Editing Patient

Dashboard
Save

|               |   |  |   |
|---------------|---|--|---|
| Account ID    | <input style="width: 90%;" type="text" value=""/>                         |  |   |
| Name          | First <input style="width: 20%;" type="text" value=""/>                   | Middle <input style="width: 20%;" type="text" value=""/> | Last <input style="width: 20%;" type="text" value=""/> Suffix <input style="width: 20%;" type="text" value=""/> |
| Street        | <input style="width: 90%;" type="text" value=""/>                         |  |   |
| Street 2      | <input style="width: 90%;" type="text" value=""/>                         |  |   |
| City          | <input style="width: 90%;" type="text" value=""/>                         |  |   |
| State         | <input style="width: 90%;" type="text" value=""/>                         |  |   |
| Postal Code   | <input style="width: 90%;" type="text" value=""/>                         |  |   |
|               | <small>Format is 12345 or 12345-6789</small>                              |  |   |
| Country       | <input style="width: 90%;" type="text" value="United States of America"/> |  |   |
| Gender        | <input style="width: 90%;" type="text" value="Male"/>                     |  |   |
| Date of Birth | <input style="width: 90%;" type="text" value=""/>                         |  |   |
|               | <small>Format is YYYY/MM/DD</small>                                       |  |   |
| Date of Death | <input style="width: 90%;" type="text" value=""/>                         |  |   |
|               | <small>Format is YYYY/MM/DD</small>                                       |  |   |

**Account ID:** This is the patient’s unique account number and is assigned by the supplier. (This is not the patient’s Medicare number.)

**Name:** Enter the patient’s name as it is on file with Medicare.

**Street:** Enter the patient’s address as it is on file with Medicare.

**City:** Enter the patient’s city as it is on file with Medicare.

**State:** Enter the patient’s state as it is on file with Medicare.

**Postal Code:** Enter the patient’s ZIP Code as it is on file with Medicare.

**Gender:** Use the drop down to select the patient’s gender as it is on file with Medicare.

**Date of Birth:** Enter the patient’s date of birth as it is on file with Medicare using the format YYYY/ MM/ DD

**Date of Death:** Enter the patient’s date of death (if applicable).

Select **Save** once all information is entered.

Click **Dashboard** to return to the DDE Claims Dashboard.

## Starting an MSP Claim

Claims can be started by either selecting a current patient or by selecting **New Patient**.

Searches can be performed by the patient’s last name. Press “Enter” to begin the search.

Current patients and search results will be displayed in the search box.

### Start a New Claim

### Patient Records

Select an existing patient from the list below. Choose "New Patient" if the patient does not yet exist.

Search

To search enter Patient last name only. Press enter to begin search.

Patient

To start a claim for a patient found in the Patient Records list, use **Select** or **Edit**.

- **Select:** You will be presented with the **Confirm Selected Patient** screen. Click **Continue** to continue entering your claim information.
- **Edit:** You will be presented with the **Editing Patient** screen. Make any needed changes and click **Save**.

To start a claim for a patient not found in the Patient Records list, select **New Patient**.

The **Editing Patient** screen will display.

### Editing Patient

|               |  |   |
|---------------|--|---|
| Account ID    | <input type="text"/>   | * |
| Name          | First <input type="text"/> * Middle <input type="text"/> Last <input type="text"/> * Suffix <input type="text"/> |   |
| Street        | <input type="text"/>   | * |
| Street 2      | <input type="text"/>   |   |
| City          | <input type="text"/>   | * |
| State         | <input type="text"/> <input type="button" value="v"/> <input type="button" value="?"/> *                         |   |
| Postal Code   | <input type="text"/>   | * |
|               | <small>Format is 12345 or 12345-8789</small>   |   |
| Country       | <input type="text"/> United States of America <input type="button" value="v"/> *                                 |   |
| Gender        | <input type="text"/> Male <input type="button" value="v"/> *   |   |
| Date of Birth | <input type="text"/> <input type="button" value="v"/> *  |   |
|               | <small>Format is YYYY/MM/DD</small>  |   |
| Date of Death | <input type="text"/> <input type="button" value="v"/>  |   |
|               | <small>Format is YYYY/MM/DD</small>  |   |

**Account ID:** This is the patient's account number and is assigned by the supplier. (This is not the patient's Medicare number.)



**Name:** Enter the patient's name as it is on file with Medicare

**Street:** Enter the patient's address as it is on file with Medicare.

**City:** Enter the patient's city as it is on file with Medicare.

**State:** Enter the patient's state as it is on file with Medicare.

**Postal Code:** Enter the patient's ZIP Code as it is on file with Medicare.

**Gender:** Use the drop down to select the patient's gender as it is on file with Medicare.

**Date of Birth:** Enter the patient's date of birth as it is on file with Medicare using the format YYYY/ MM/ DD

**Date of Death:** Enter the patient's date of death (if applicable).

Click **Save** once all information is entered.

### **Insurance Records**

After the patient information is entered, the Insurance information will need to be entered.

Select **New Insurance** and the **Editing Insurance** screen will display.

### Editing Insurance


**Payer Responsibility:**  \*

**Patient Relationship:**  \*

**Name:** First  \* Middle  Last  \* Suffix 
**Address**
**Street:**  \*

**Street2:** 
**City:**  \*

**State:**  \* 
**Postal Code:**  \*

Format is 12345 or 12345-6789
**Country:**  \*

**Date Of Birth:**  \* 
Format is YYYY/MM/DD
**Gender:**  \*

**Employer:** 
**Claim Filing Indicator:**  \* 
**Insurance Type Code:** 
**Insurance ID Number:**  \* 
**Insurance Group Number:** 
**Insurance Group Name:** 
**Insurance Policy Number:** 
**Patient Source:** 
**Benefit Assignment Code:** 
**Release of Information Indicator:** 

The following fields are required:

**Payer Responsibility:** Use the drop down to select whether the insurance is Primary or Secondary. (For MSP claims, Medicare will be marked as secondary and the primary insurance is marked as Primary.)

**Patient Relationship:** Use the drop down to select the relationship the patient has to the person who holds the insurance.

- If the Patient Relationship is “Self”, the Name, Address, Date of Birth, and Gender fields will automatically be completed.

**Name:** Enter the name of the person who holds the insurance.



**Address:** Enter the address of the person who holds the insurance.

**Date of Birth:** Enter the date of birth for the person who holds the insurance.

**Gender:** Use the drop down to select the gender of the person who holds the insurance.

**Claim Filing Indicator:** For Medicare, you must select “Medicare Part B”. For other insurances, select the appropriate option.

**Insurance Type Code:** When entering the Medicare insurance information as “Secondary”, this field is required. Select the appropriate code from the drop down list to indicate why Medicare is secondary.

**Insurance ID Number:** For Medicare, this is the patient’s Medicare Beneficiary Identification (MBI) number from the Medicare ID card. For all other insurances, this is the policy number from the patient’s insurance card.

Verify the **Benefit Assignment Code** and the **Release of Information Indicator** are correct.

Click **Save**.

### **Payer Records**

Click **Select** to use a payer from the list displayed on the screen.

Below are examples of entries for the DME MAC Jurisdictions with their associated Payer IDs. You will be asked to Confirm Selected Payer.

Click **Continue**.

|                        |  |       |  |
|------------------------|--|-------|--|
| DME MAC JURISDICTION A |  | 16013 | <a href="#">Select</a> <a href="#">Edit</a> <a href="#">Delete</a> |
| DME MAC JURISDICTION B |  | 17013 | <a href="#">Select</a> <a href="#">Edit</a> <a href="#">Delete</a> |
| DME MAC JURISDICTION C |  | 18003 | <a href="#">Select</a> <a href="#">Edit</a> <a href="#">Delete</a> |
| DME MAC JURISDICTION D |  | 19003 | <a href="#">Select</a> <a href="#">Edit</a> <a href="#">Delete</a> |

If the payer listed needs to be edited, click **Edit to** make the needed changes and click **Save**.

If the payer is not listed, select **New Payer** and the Editing Payer screen will display.

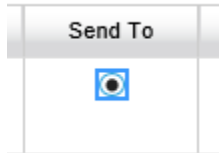
Complete the required fields.

Click **Save**.

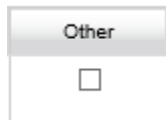
If additional information is needed, please refer to the CEDI Claims Portal User Guide located on the CEDI Website under Self-Service Tools on the CEDI Claims Portal page ([www.ngscedi.com/claims](http://www.ngscedi.com/claims)).

### **Attaching an Insurance to the Claim**

Once all of the patient’s insurances have been added, you will need to check the “Send To” radio button for the Medicare DME MAC Jurisdiction to which the patient’s claims are to be sent.



Select the “Other” radio button for the insurance primary to Medicare.



Only two (2) insurances can be selected on a single claim.

Click **Continue**.

NOTE: If a secondary insurance is selected as the “Send To” without having selected any other insurance as “Other”, an error will be generated indicating “Insurance(s) have no Primary Payer Responsibility”. In this case, you will need to start over with a new claim to add the Primary Payer and attach the associated Insurance record for the Patient.

### **Selecting the Billing Provider**

The Provider Records screen will display.

Click **Select** for the billing provider for this claim.

If nothing needs to be updated or changed, click **Continue**. If updates are needed, click **Edit** to make the changes and click **Save**.

Confirm the selected billing provider’s information and click **Continue**.

If the Billing Provider is not listed, select **New Provider** and complete the required fields.

Once a Billing Provider is selected or entered, the Editing Provider Identity screen will display. (A separate Provider Identity screen is linked to each separate Payer for which the provider is billing).

**Editing Provider identity**

|  |  |
|--|--|
| <input type="button" value="Dashboard"/> | <input type="button" value="Save"/>                    |
| <b>Billing NPI:</b>                      | <input type="text" value=""/>                          |
| <b>Billing SSN:</b>                      | <input type="text" value=""/><br>Format is 123-45-6789 |
| <b>Billing Tax ID:</b>                   | <input type="text" value=""/><br>Format is 12-3456789  |
| <b>Taxonomy Code:</b>                    | <input type="text" value=""/>                          |
| <b>Facility NPI:</b>                     | <input type="text" value=""/>                          |

**Billing NPI:** This field is required. Enter the billing provider’s NPI enrolled for billing with the Payer indicated in the “Choose Payer” field on the Editing Provider screen.

**Billing SSN:** Enter the billing provider’s Social Security Number on file with the NSC. If the Tax ID is on file, enter that into the “Billing Tax ID” field and leave the “Billing SSN” field blank.

**Billing EIN:** Enter the billing provider’s Tax ID on file with the NSC. If the Social Security Number is on file, enter that into the “Billing SSN” field and leave the “Billing Tax ID” field blank.

**Taxonomy Code:** This field is optional. The taxonomy code is not used in DME Medicare claims but may be required by a secondary insurance.

**Facility NPI:** Enter the NPI for the facility (place of service). If the facility or place of service is HOME, leave this field blank.

Click **Save** and the Claim Data screen will be displayed.

**Claim Data**

The Claim ID will be assigned and displayed at this step.

NOTE: At this point the claim can be saved as In Progress and resumed at a later time, if needed.

Use the Claim Data and Services tabs to complete all claim and charge line information.

**Editing Claim** CLAIMID5d8d03c67b8fd

Dashboard Save Review Claim

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Patient Insurance Other Amounts Provider Provider Identity Claim Data Services

**Claim Data**

Only the fields highlighted in yellow on the screen are required on the **Claim Data** tab.

**Claim Frequency Code:** This must always be entered as “Admit through Discharge Claim”.

**Total Charges:** Enter the original total for the claim and should not be adjusted based on how the primary insurance processed the claim. This is the total for all charge lines.

**Diagnosis or nature of illness or injury:** Enter all ICD-10 diagnosis codes applicable to all charge lines being submitted on the claim. NOTE: Diagnosis codes are entered without the decimal point.

**Claim ID:** The CCP system generated Claim ID is automatically populated to this field.

NOTE: You may choose to modify the Claim ID to a meaningful value if necessary. To modify the Claim ID, return to the Claim Data screen after the charge line information is entered and saved. Enter the new Claim ID and click **Save**. This must be done prior to submitting the claim.

Once all diagnosis codes are entered, click **Services** in the tabs across the top of the claim.

NOTE: If you click **Save** after entering a Total Charges amount but do not go to the Services tab, an online error will be generated: “**Services Charges sum (0.00) does not equal Incident Total Charges (XXX.00).**” To resolve this error, click **Add Service**. The message “**Cancel or Update open service record to re-enable navigation tabs**” will be displayed. Proceed by adding all required charge line information.

***Entering Services (Charge Line Information)***

Patient Insurance Other Amounts Provider Provider Identity Claim Data Services

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**Services** Add Service

| Row Num. | Date From | Date To | Charges | Actions |
|----------|-----------|---------|---------|---------|
|          |           |         |         |         |

Dashboard Save Review Claim

Click **Add Service** to add charge line information.

- Enter the **Date(s) of Service**
- Place of Service is not required at the charge line level but should be the same as the Facility Type entered at the claim level in the Billing Provider setup. **The Facility Type will be used for the Place of Service on the claim.** If multiple services each require reporting a different Place of Service, separate claims should be reported with the Facility Type and address for each.
- Enter the **HCPCS** code and **Modifiers** as needed.
- Use the **NOC Description** field if required by the HCPCS.
- Enter the **Diagnosis Pointers** needed to designate the appropriate diagnosis codes for the specific charge line. The first box will be pre-filled with “1” but it can be changed if needed to reference other diagnoses.
- Enter the **Charge** amount. This should be the total for the charge and should not be adjusted based on how the primary insurance processed the claim.
- Enter the **Units**
- Enter the **Ordering Physician** information, if applicable
- Indicate if any **Certificate of Medical Necessity** forms are applicable (default is “None”)

Click **Add Service to Claim**.

If additional charge lines are needed, click **Add Service**.

Once all charge lines are entered, click **Other Amounts** tab.

### **Entering Other Amounts (Adjustments from the Primary Payer)**

This tab is used to enter the adjustment and reason codes provided on the primary payer’s explanation of benefits.

- Patient
- Insurance
- Other Amounts
- Provider
- Provider Identity
- Claim Data
- Services

## Other Amounts

### Other Insurance 1

|  |  |  |
|--|--|--|
| Payer Paid Amount                                | <input style="background-color: yellow;" type="text"/> | *  |
| Remaining Patient Liability                      | <input type="text"/>                                   | *  |
| Remittance Date                                  | <input type="text"/>                                   | *  |
|  | Format is <u>YYYY / MM / DD</u>                        |  |
| Reimbursement Rate                               | <input type="text"/>                                   | Format: integer, greater than 0; less than or equal to 100 |
| HCPCS Payable Amount                             | <input type="text"/>                                   |  |
| Payment Remark Code 1                            | <input type="text"/>                                   |  |
| Payment Remark Code 2                            | <input type="text"/>                                   |  |
| Payment Remark Code 3                            | <input type="text"/>                                   |  |
| Payment Remark Code 4                            | <input type="text"/>                                   |  |
| Payment Remark Code 5                            | <input type="text"/>                                   |  |
| ESRD Payment Amount                              | <input type="text"/>                                   |  |
| Non-Payable Professional Component Billed Amount | <input type="text"/>                                   |  |

|                         |          |          |            |
|-------------------------|----------|----------|------------|
| Claim Level Adjustments |          |          |            |
| Contractual Obligations | Reason 1 | Amount 1 | Quantity 1 |
|                         | Reason 2 | Amount 2 | Quantity 2 |
|                         | Reason 3 | Amount 3 | Quantity 3 |

Enter information for the following fields:

**Primary Paid Amount:** This is the amount the primary insurance has paid on the entire claim.

**Remaining Patient Liability:** This is the amount remaining to be paid on the entire claim.

**Remittance Date:** This is the date the primary insurance paid on the claim.

**Claim Level Adjustments:** This is used to explain the difference between what the primary insurance paid and the remaining balance. Use the categories **Contractual Obligations**, **Correction and Reversals**, **Other Adjustments**, **Payer Initiated Reductions**, and **Patient Responsibility** to enter the appropriate **Reason**, **Amount**, and **Quantity** based on the primary payer’s explanation of benefits (EOB). The primary EOB may not supply exactly what is needed

to be entered. Review the primary EOB and search for each reason for the primary payer reducing their reimbursement amount to equate to the actual payment amount.

**CAUTION:** Be careful with what is entered. CEDI does not have any guidance for what to enter for the Claim Level Adjustments reason codes.

It is important to understand if the primary insurance did not pay, the adjustment amounts must total the ENTIRE amount of the claim.

Once all the information is entered for the primary payer's EOB, click **Save**.

Click **Review Claim**.

### **Review and Submit Claim**

Review the claim information to verify there are no online errors present.

If online screen errors are present, click **Correct these Errors** to resolve each one. Click **Save**.

If no online screen errors are present and you decide the claim data needs to be edited further before submitting, click **Continue Editing** to make any necessary updates.

Download the claim data to the CMS 1500 Claim Form format and Print if needed for your records.

Once the claim is ready and saved, click **Submit**.

If the claim was successfully uploaded, the following message will be displayed. You will need to verify there are no errors on your claim submission.

**File upload successful.**

**Go to 'File', then 'File Status and Reports' and verify the xml.err, 999 and 277CA reports do not contain any errors.**

Use the CEDI Claims Portal User Guide located on the CEDI Website under Self-Service Tools on the CEDI Claims Portal page ([www.ngscedi.com/claims](http://www.ngscedi.com/claims)) for additional information regarding viewing reports.