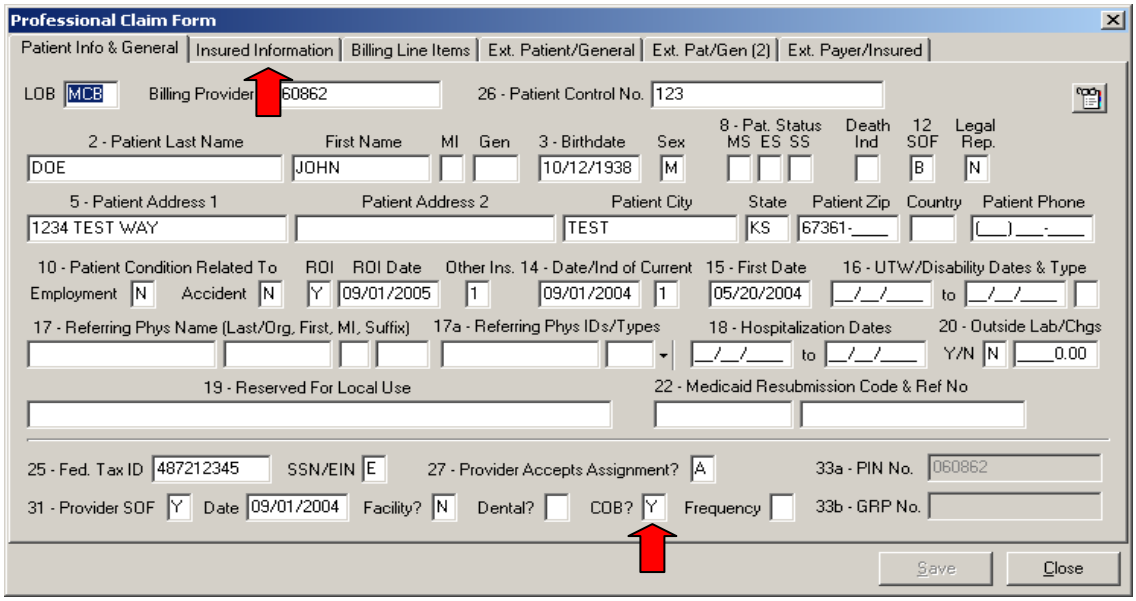
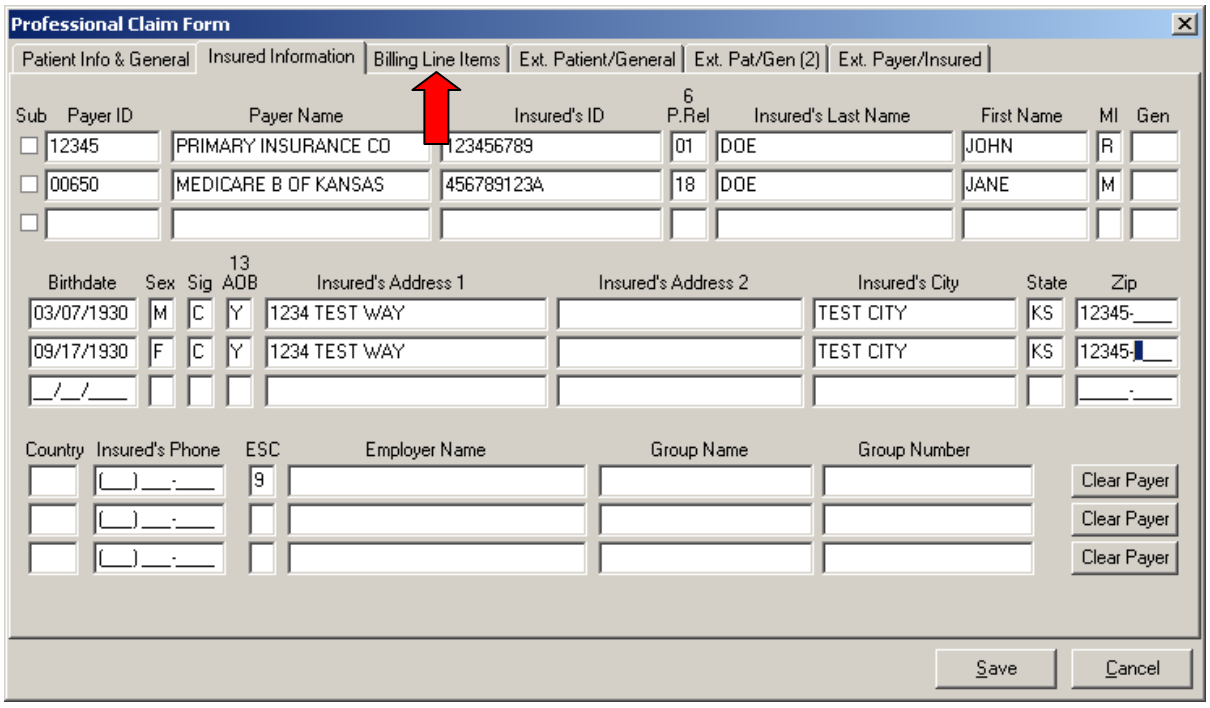
Secondary Claims

Example of an MSP Claim
(Professional-Processed at Service Line Level)



The **LOB** selected will be the line of business you are submitting to for **this** claim.

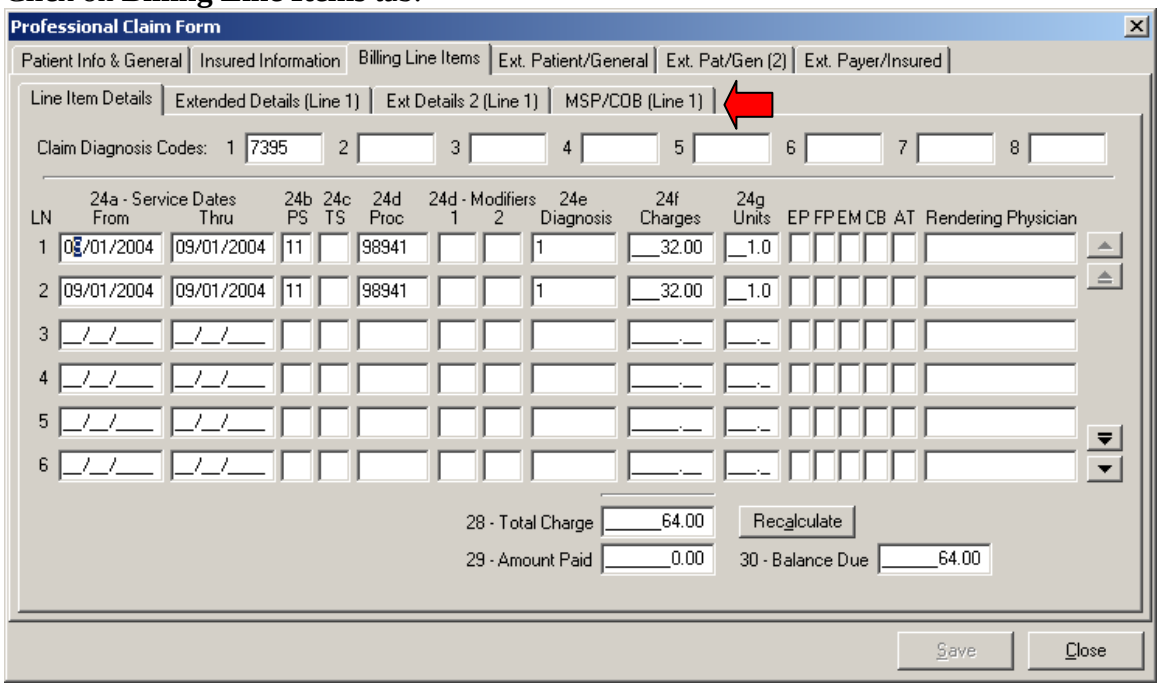
Must select **Y** for **COB**. Click on **Insured Information** tab.



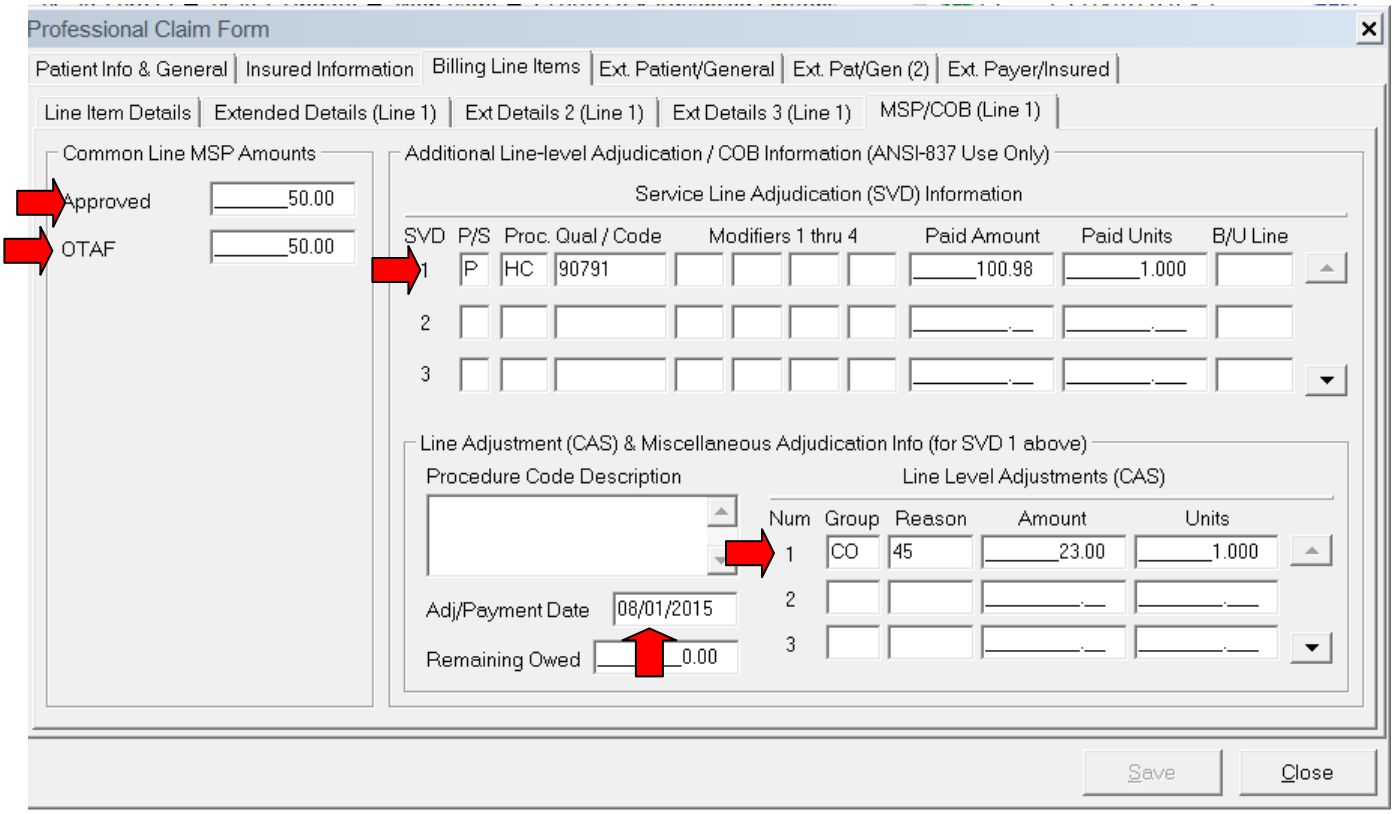
Enter Primary Payer information on the first line.

Enter Medicare information on the second line.

Click on **Billing Line Items** tab.



Complete line item information and then select **MSP/COB (Line 1). Please note--if there are multiple service lines on the claim, these screens will need to be completed for each service line.**



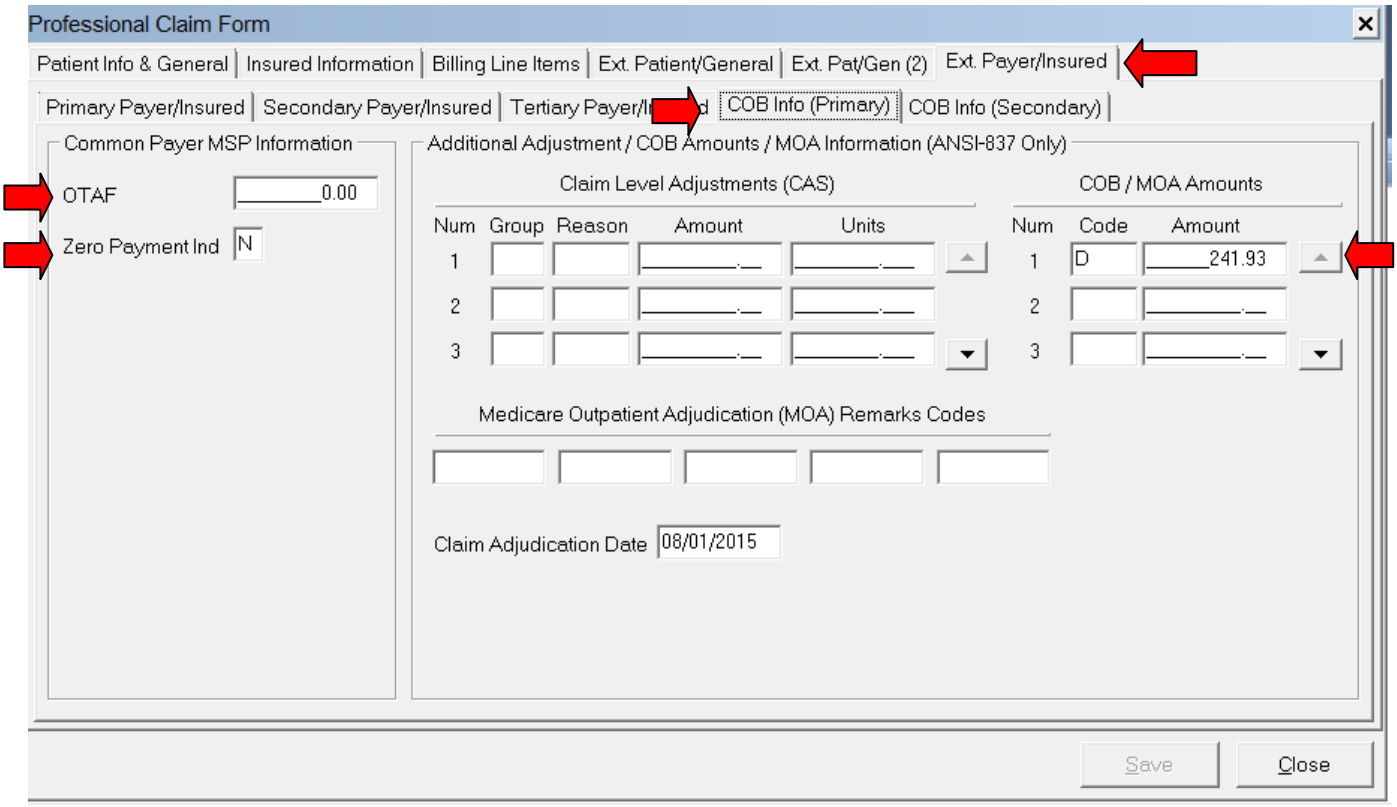
Complete **Approved** (Allowed or Approved amount from Primary EOB), **OTAF** (Obligated to accept field)

Complete **Service Line Adjudication Information** (Primary paid amount). If no payment was made, please enter a zero dollar amount in this field to indicate no payment made.

Complete **Line Level Adjustments**; i.e. Patient Responsibility; Write off/withhold amount; contractual obligation; bundled services etc
The Service Line Adjudication + The Line Adjustments = the submitted charges.
In this example: Paid $23.00 + Patient Responsibility $5.00 + Contractual Obligation $4.00 = $32.00

Complete the **Adj/Payment Date**.
****Repeat the above steps for any additional service lines.**

Click on the **Ext. Payer/Insured tab** and then click on the **COB Info (Primary)** tab.



Complete the **Insurance Type** and the **Zero Payment Ind** fields.

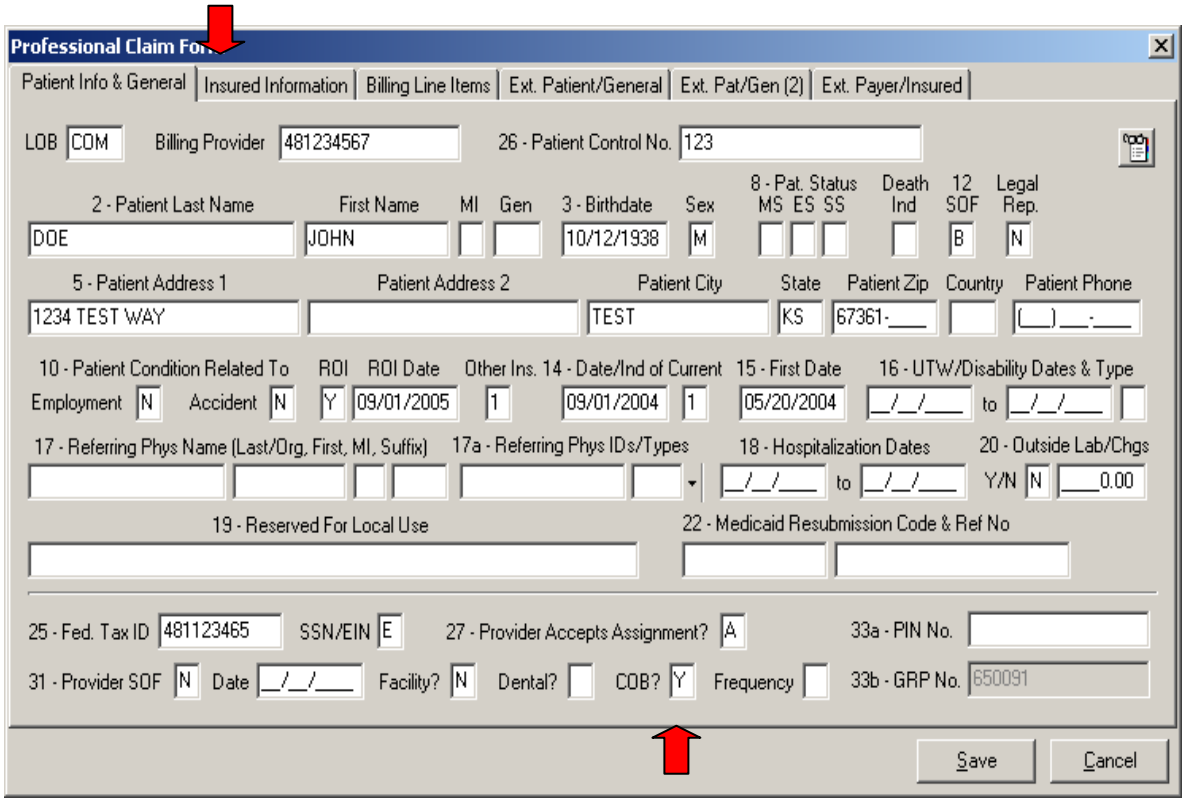
Complete **COB/MOA Amounts** (Enter the total amount paid on the entire claim).

Once the necessary information has been completed correctly, click on **Save.**

Example of a Professional Secondary Claim
For LOB other than Medicare
Processed at Service Line Level

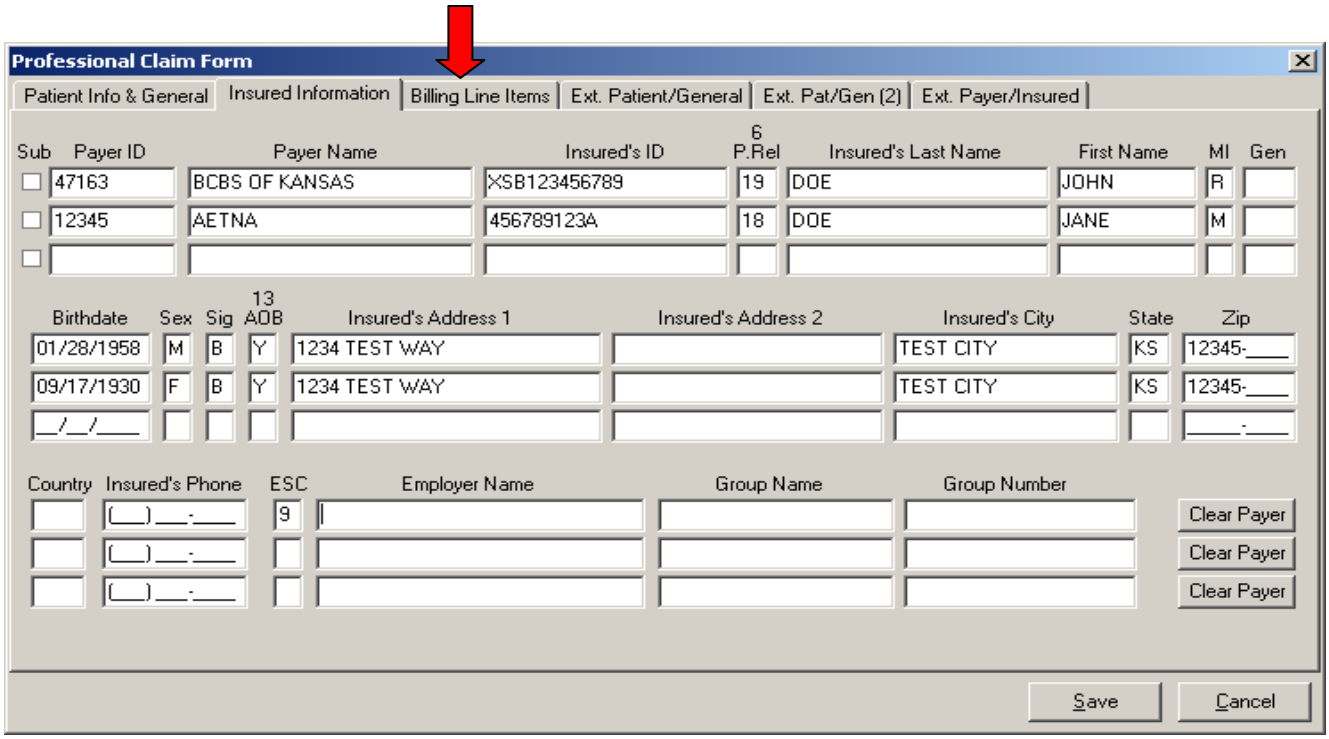
Please note that you will have to be signed up to transmit EDI Midwest commercial claims before you can transmit secondary claims for commercial carriers. In this example, the commercial payer is the line of business (LOB) being billed. This example shows how you would report a secondary claim with adjustment amounts at the line level instead of the claim level. You will need to verify with the secondary payer to determine if you need to report the adjustment amounts at the claim or the line levels.

The **LOB** selected will be the line of business you are submitting to for **this** claim.



Must select **Y** for **COB**.

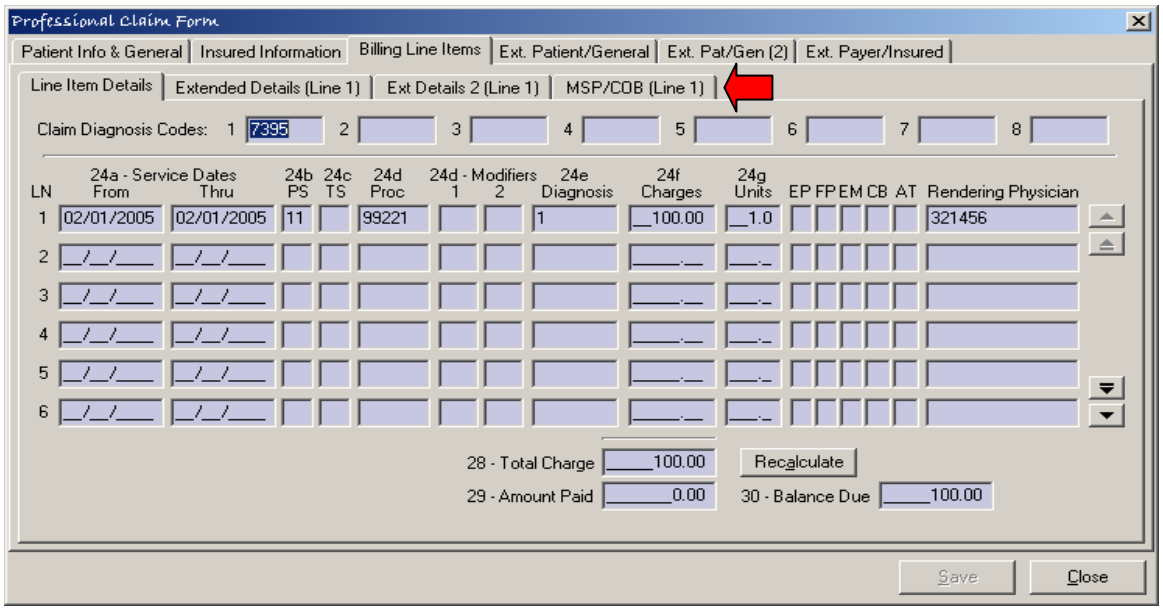
Click on **Insured Information** tab.



Enter Primary Payer information on the first line. Enter the Secondary Payer information on the second line--this will be the payer being billed for the services.

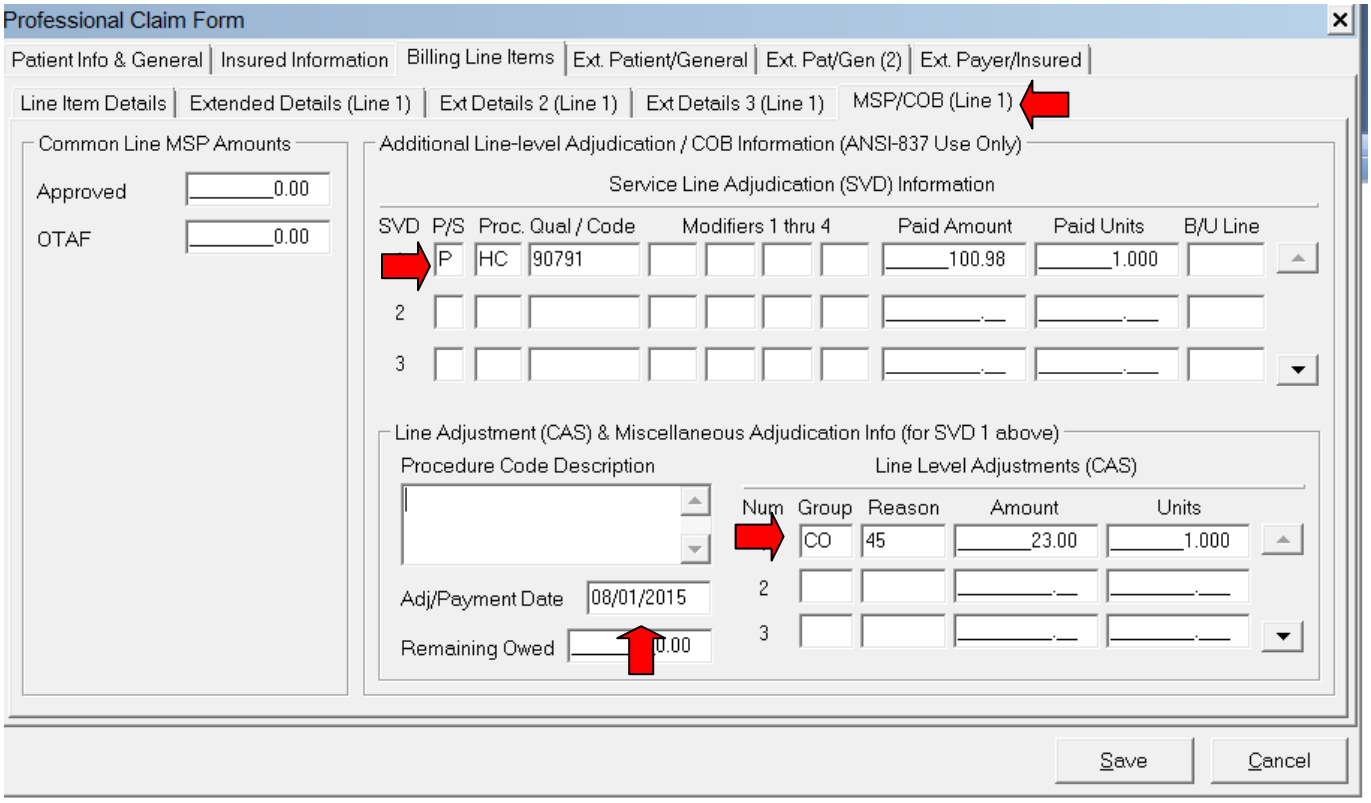
Click on **Billing Line Items** tab.

<u>NOTE:</u> The check mark in the second Sub box will automatically populate once the claim has been saved.



Complete line item information and then select **MSP/COB (Line 1).**
****Please note if there are multiple service lines on the claim, these screens will need to be completed for each service line.**

Complete **Service Line Adjudication Information** (Primary paid amount)

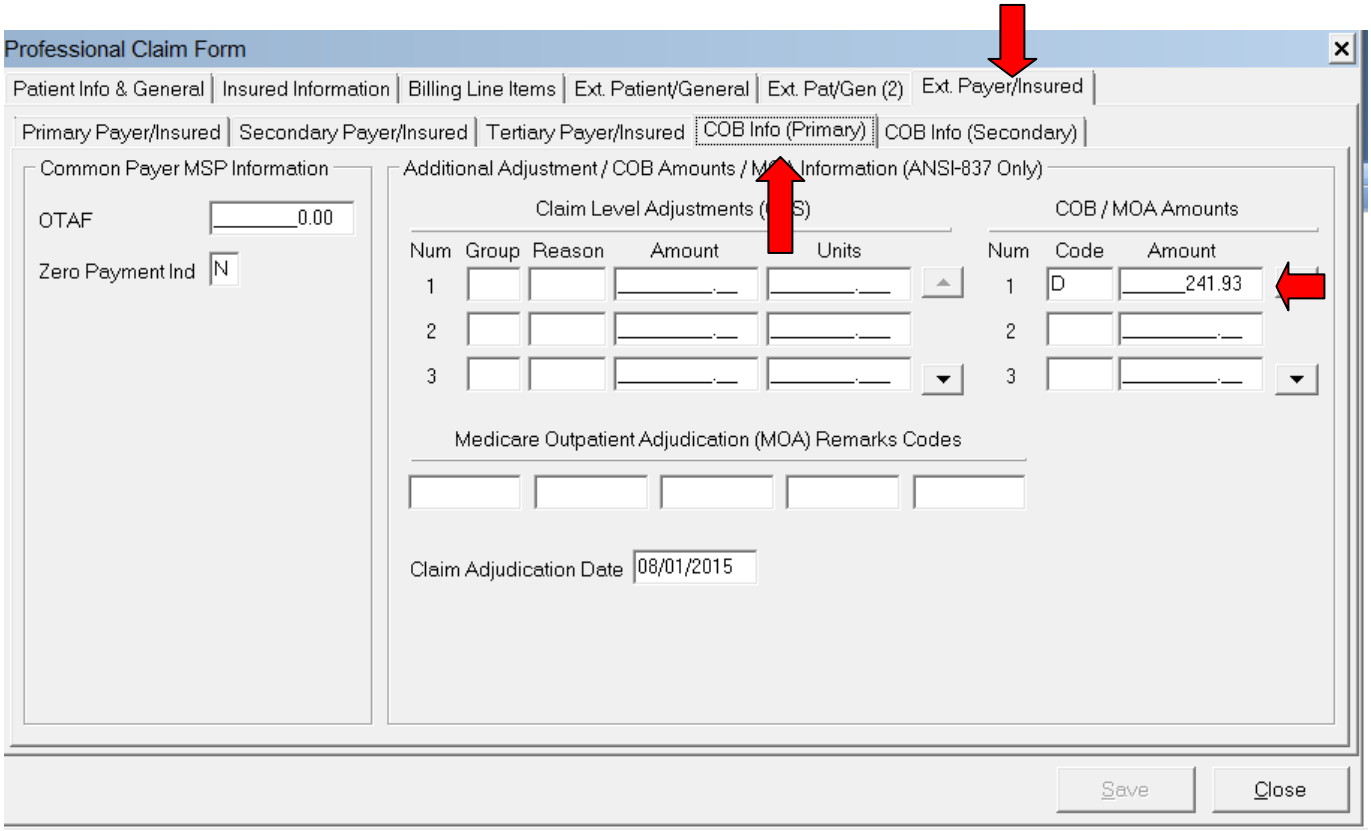


Complete **Service Line Adjudication Information** (Primary paid amount)

Complete **Line Level Adjustments**; i.e. Patient Responsibility; write-off/withhold amount; contractual obligation; bundled services, etc.
The Service Line Adjudication + The Line Adjustments = the submitted charges.

In this example: Paid $55.00 + Patient Responsibility $15.00 + $20.00 + Contractual Obligation $10.00 = $100.00

Complete the **Adj/Payment Date.**
****Repeat the above steps for any additional service lines.**
Click on the **Ext. Payer/Insured tab** and then click on the **COB Info (Primary)** tab.



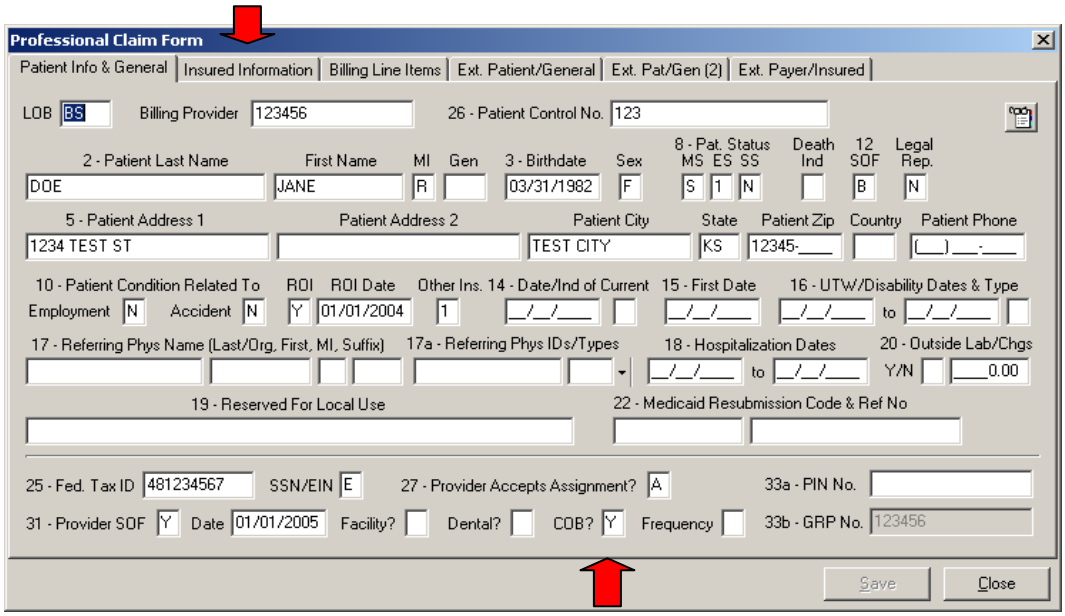
Complete **COB/MOA Amounts** (This is the total processed on the entire claim by the Primary insurance). These fields may not be required by all payers but are available if needed.

Once the necessary information has been completed correctly, click on **Save.**

Example of a Professional Secondary Claim
For LOB other than Medicare
Processed at Claim Level

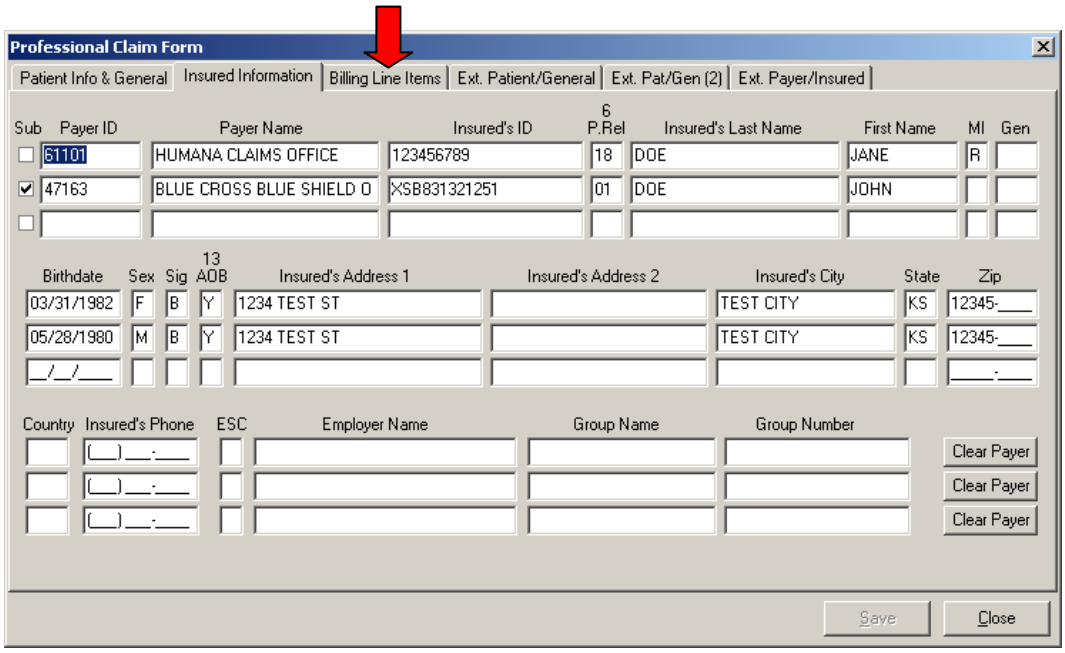
Please note that you will have to be signed up to transmit EDI Midwest commercial claims before you can transmit secondary claims for commercial carriers. This example shows how you would report a secondary claim with adjustment amounts at the claim level instead of the line level. This would be used when the Primary Payer processed and paid one amount for all services lines. You will need to verify with the secondary payer to determine if you need to report the adjustment amounts at the claim or the line levels.

The **LOB** selected will be the line of business you are submitting to for **this** claim.



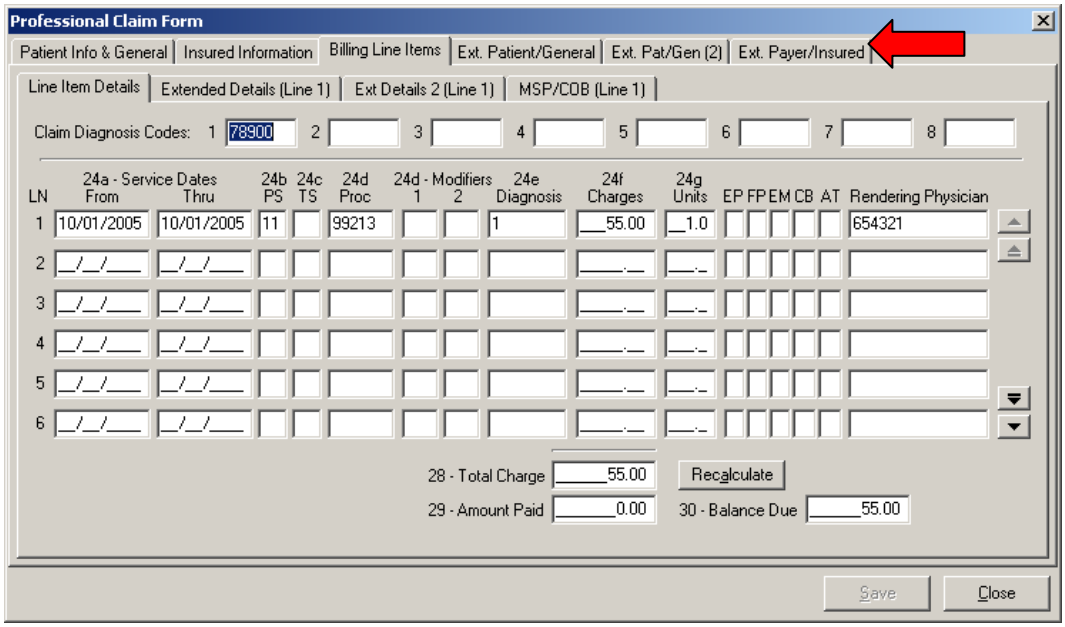
Select **Y** in the **COB** field.

Click on **the Insured Information tab**.

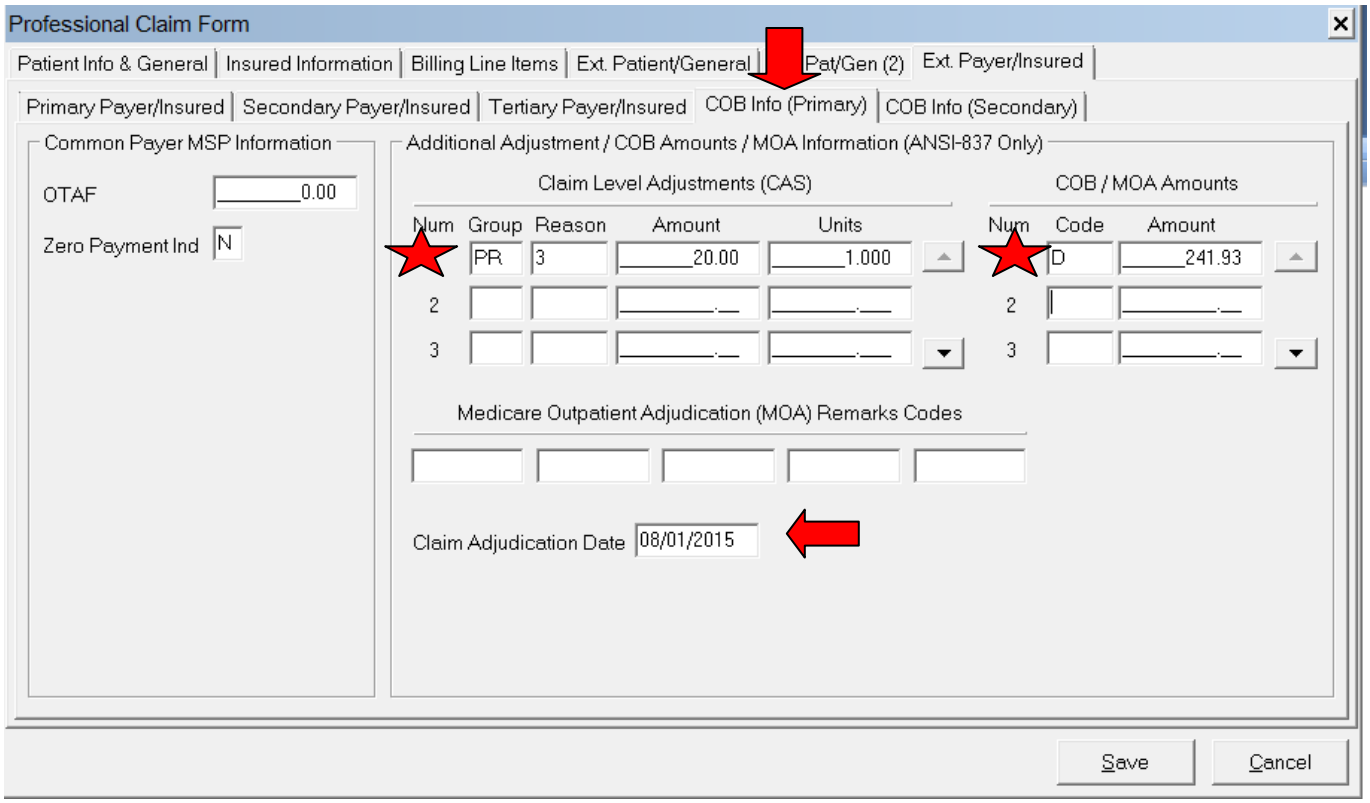


Enter the Primary Payer information on the first line. Enter the Secondary Payer information on the second line—this will be the payer being billed for the services.

<u>NOTE:</u> The check mark in the second Sub box will automatically populate once the claim has been saved.



Complete the line item information as needed and then click on the **Ext. Payer/Insured** tab.



Click on the **COB Info (Primary)** tab to enter the information specific to the adjudication information received on the primary payer's Remittance Advice.

Complete the Claim Level Adjustments, ie; patient Responsibility, Write-off/Withhold amount; Contractual Obligation; Bundled Services, etc.

Complete the **COB/MOA Amounts**

In this example, the amount charged was $55.00. The primary payer allowed $55.00, paid $35.00, and applied $20.00 to the patient's co-pay.

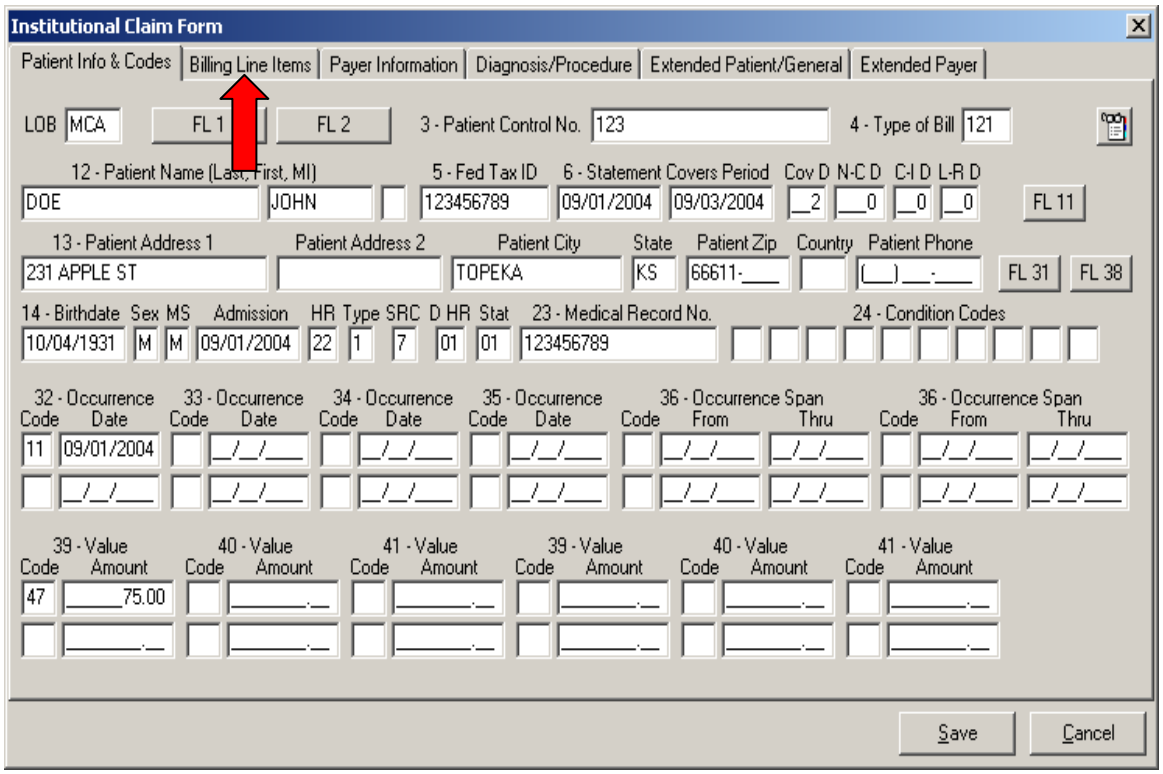
The information entered on this screen applies to the entire claim.

Enter the **Claim Adjudication Date.**

Once the necessary information has been completed correctly, click on **Save.**

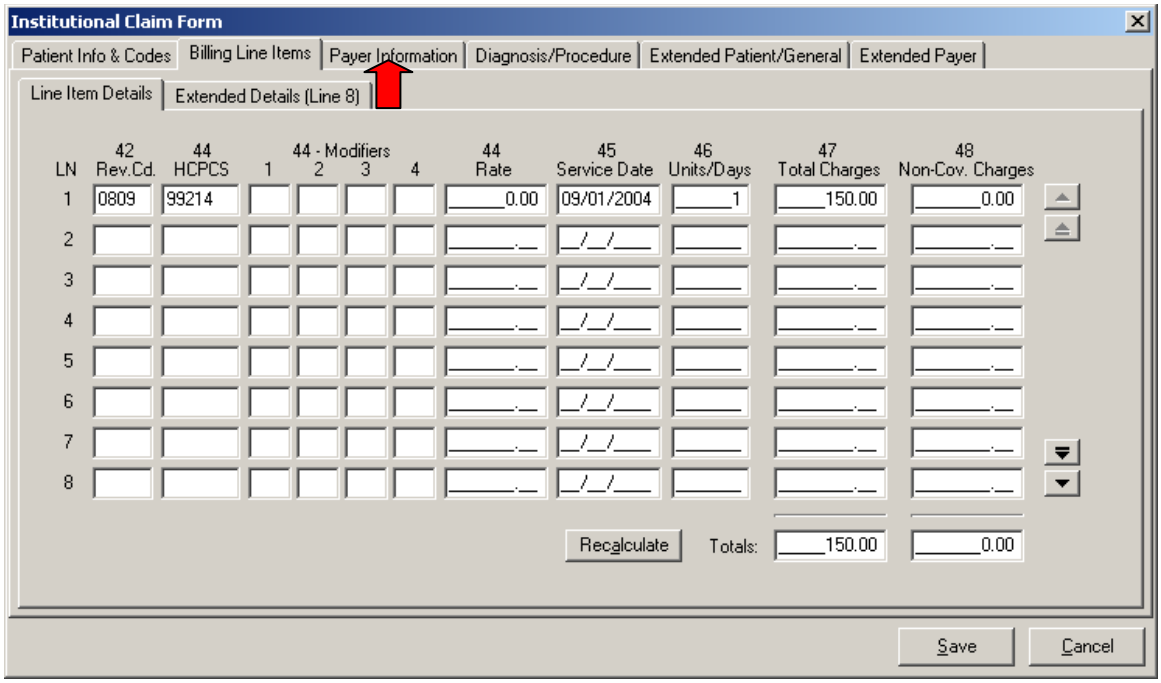
Example of an MSP Paid claim
(Institutional)

The **LOB** selected will be the line of business you are submitting to for **this** claim.



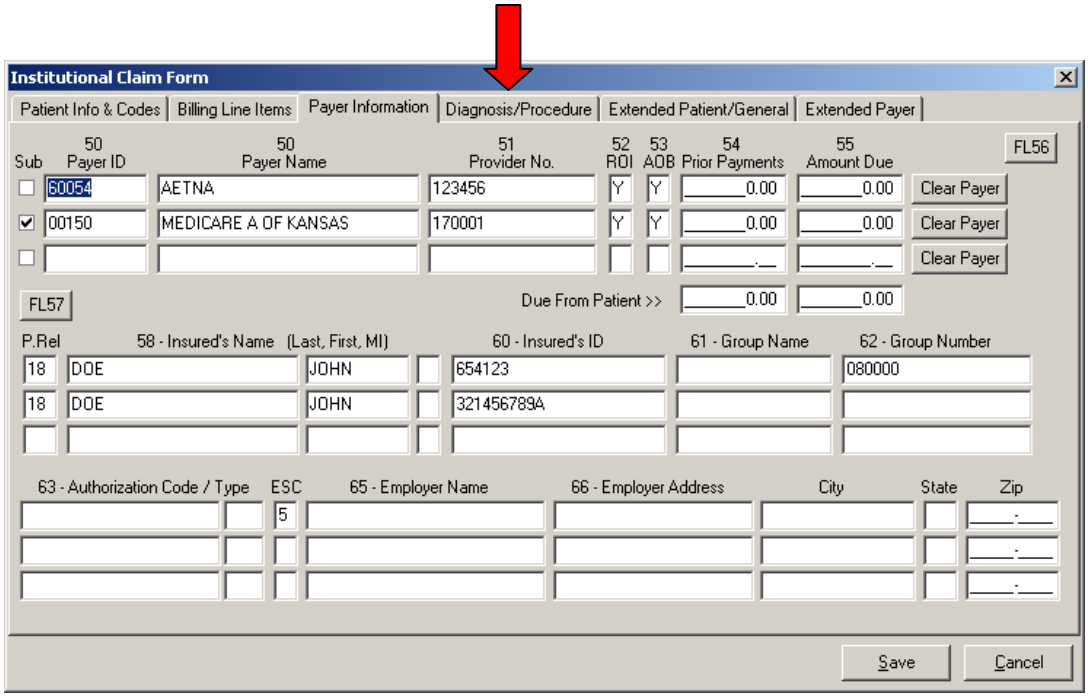
You must fill out the necessary fields required within PC-ACE. This example just happens to be for an inpatient claim.

Click on **Billing Line Items** tab



You must fill out the service line information.

Click on **Payer Information** tab.

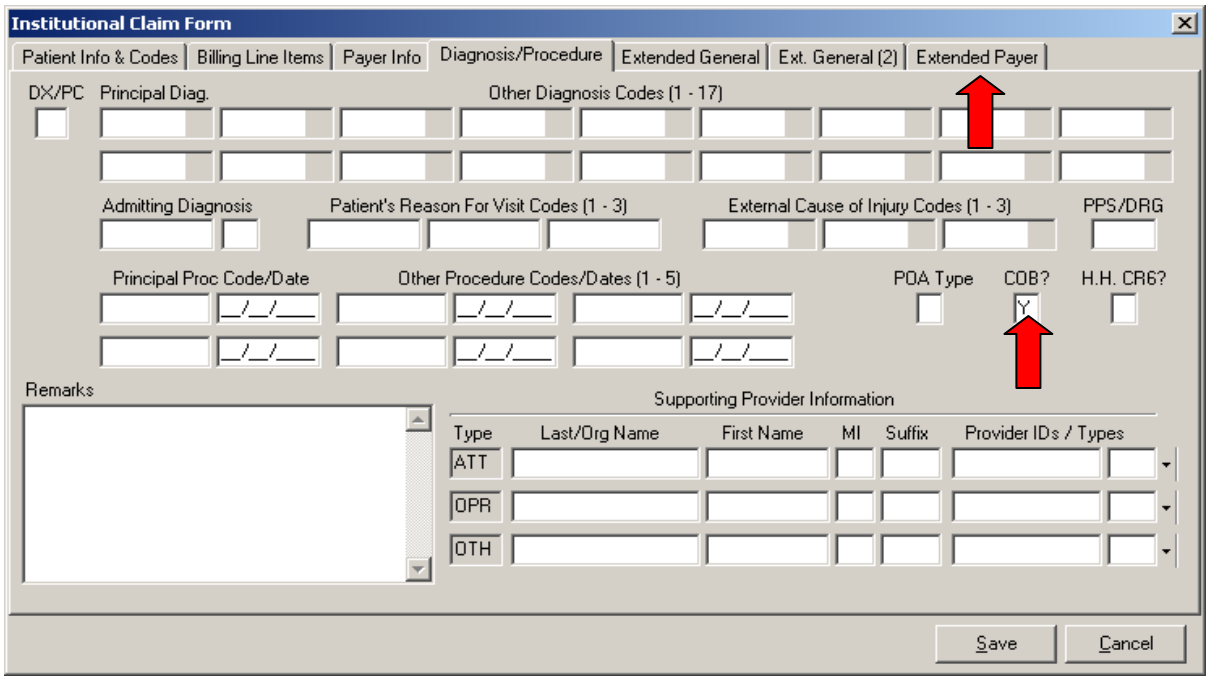


Enter Primary Payer information on the first line.

Enter Medicare Payer information on the second line.

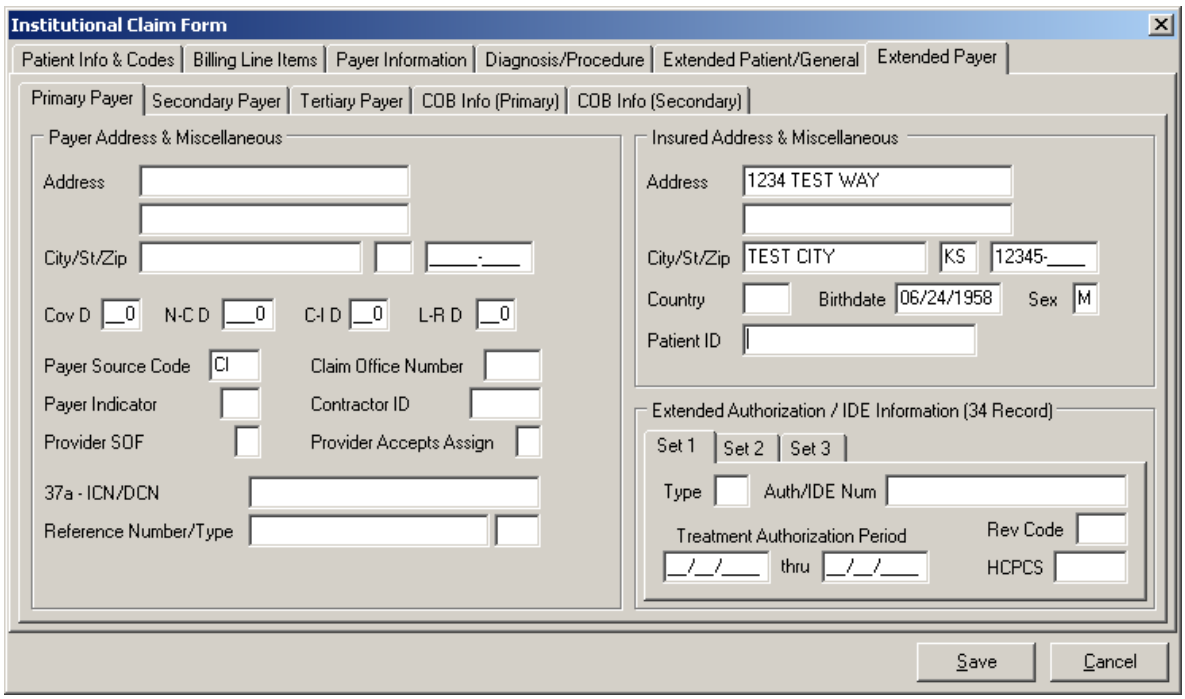
Click on the **Diagnosis/Procedure** tab.

<u>NOTE:</u> The check mark in the second Sub box will automatically populate once the claim has been saved.



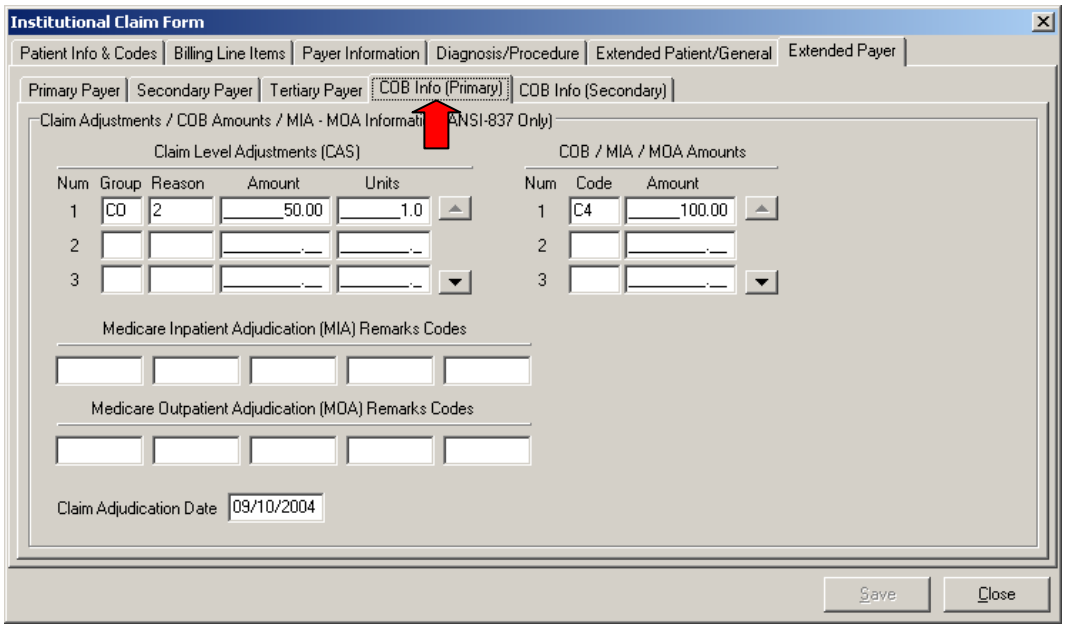
You must select a **Y** for a **COB**.

Select the **Extended Payer** tab.



The primary insured's birth date and sex needs to be completed in the **Insured Address & Miscellaneous** section.

Select **COB Info (Primary)**



Complete **Claim Level Adjustments (CAS)** (Primary paid amount).

Complete **COB/MIA/MOA Amounts** (This is the total amount paid on all service lines by the Primary insurance).

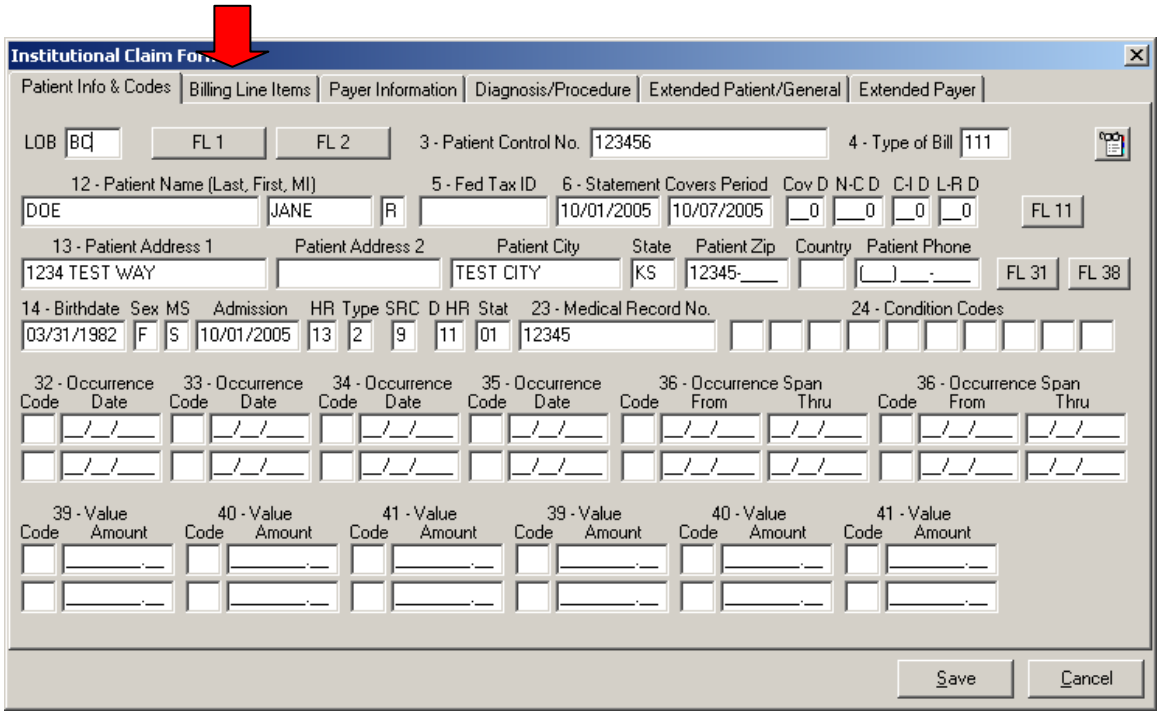
Once the necessary information has been completed correctly, click on **Save.**

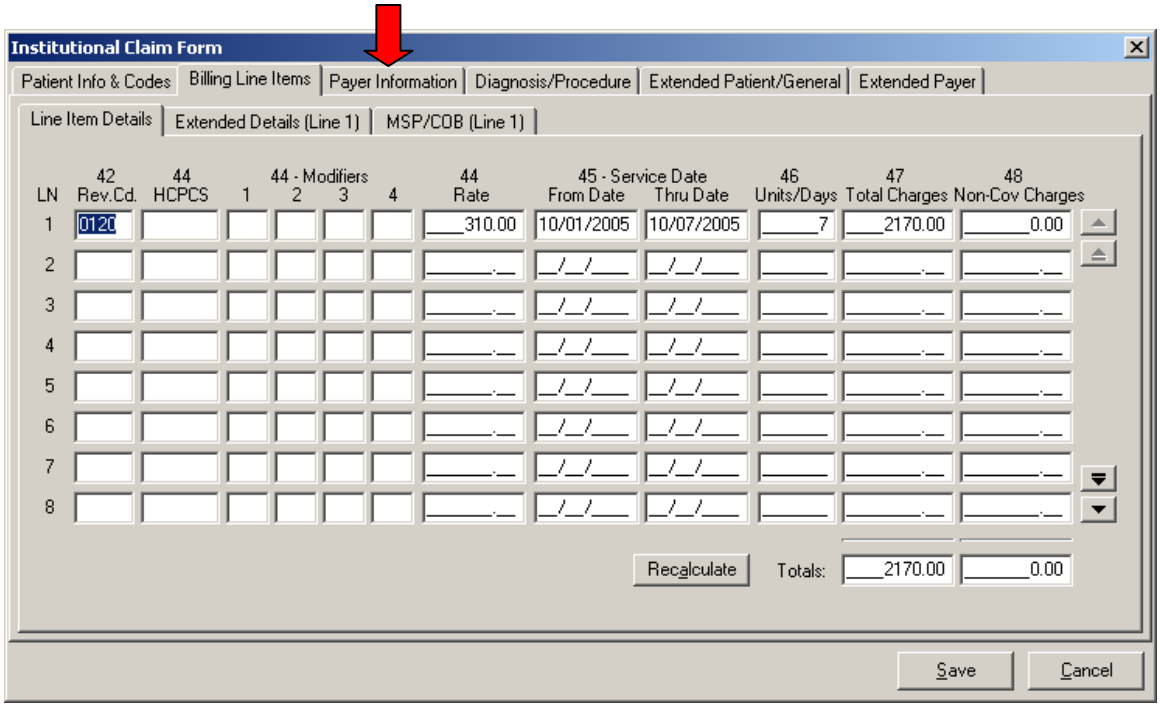
Example of Institutional Secondary Claim
For LOB other than Medicare

The following is an example where the COB information should be entered to send a secondary claim, other than Medicare.

The **LOB** selected will be the line of business you are submitting to for **this** claim.

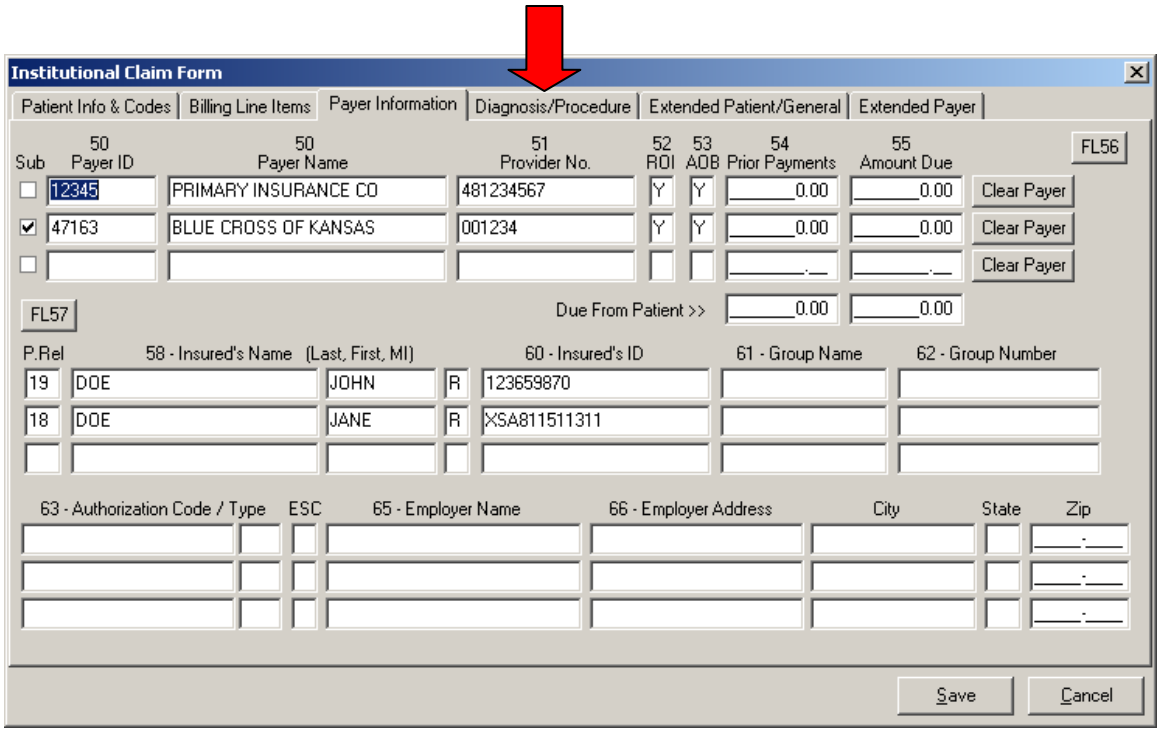
Complete this screen as needed, then click on the **Billing Line Items** tab.





Complete the **Line Items Details** screen as needed with the appropriate information.

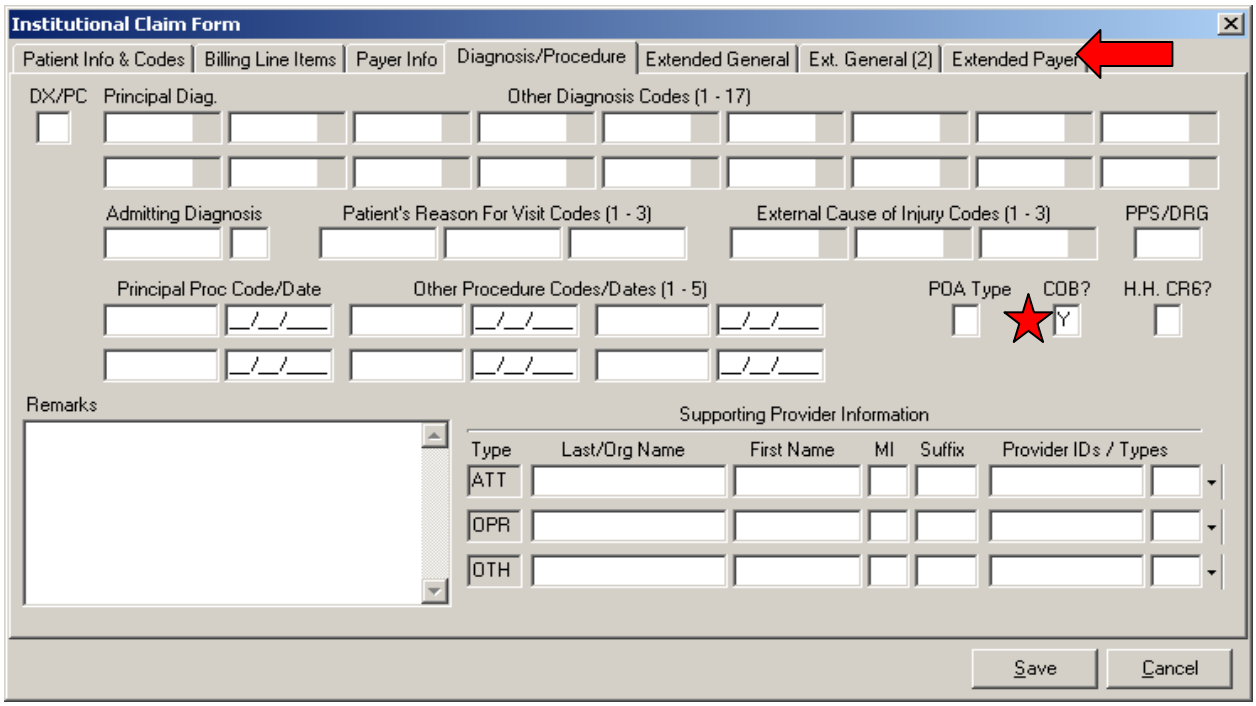
Click on the **Payer Information** tab.



Enter the primary payer provider and insured information on the first line, and then enter the provider and payer information for Blue Cross of Kansas on the second line.

Click on the **Diagnosis/Procedure** tab.

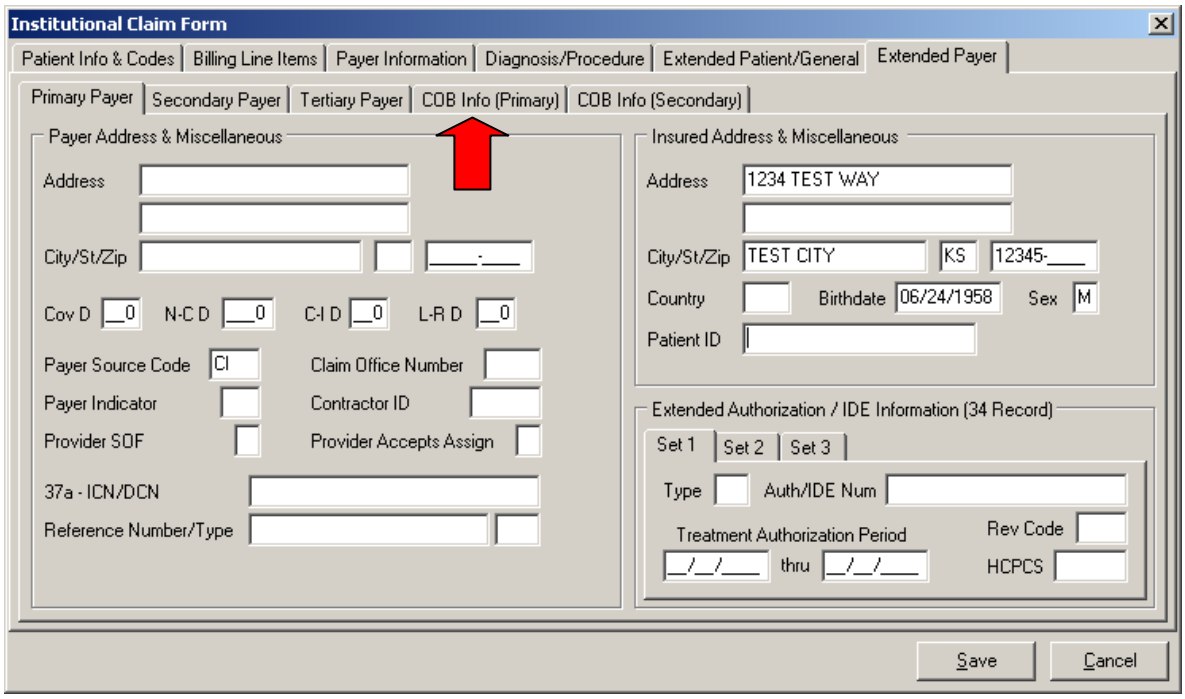
<u>NOTE:</u> The check mark in the second Sub box will automatically populate once the claim has been saved.



Complete the **Diagnosis/Procedure** screen, as necessary with the appropriate information.

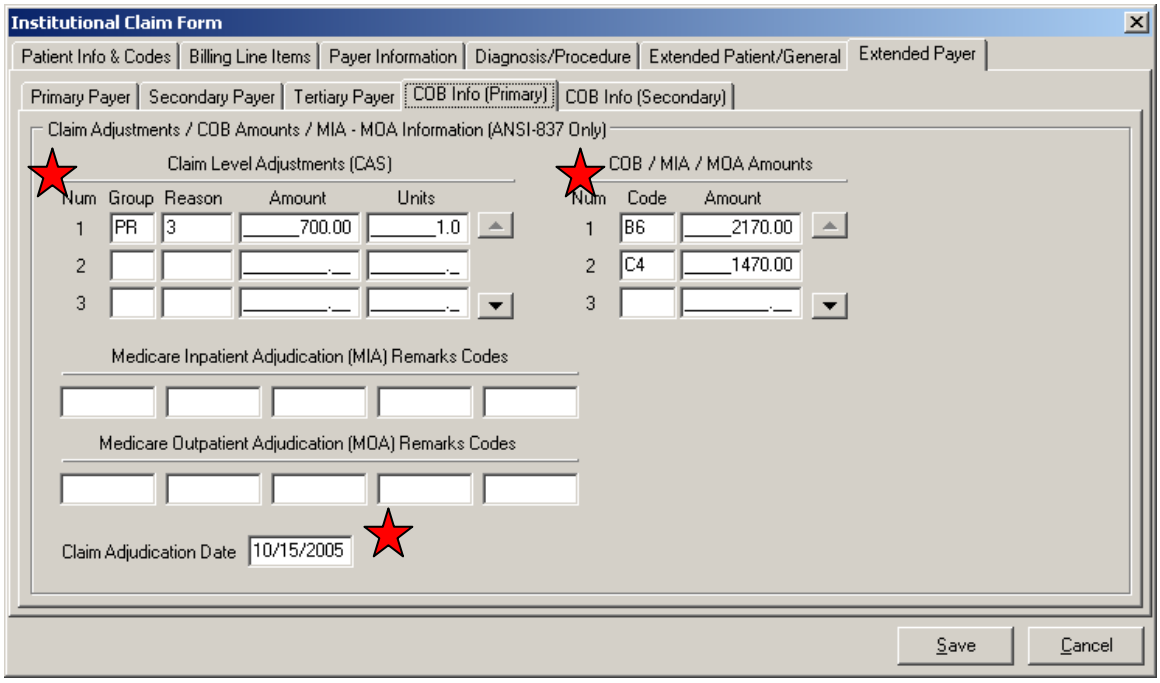
★ Make sure that you enter a **'Y'** in the **COB?** field.

Click on the **Extended Payer** tab.



The primary insured's birthdate and sex needs to be completed in the **Insured Address & Miscellaneous** section.

Select **COB Info (Primary)**



From the **Extended Payer** screen, click on the **COB Info (Primary)** tab to enter the information specific to the adjudication information received on the primary payer's Remittance Advice.

In this example, the amount charged was $2170.00. The primary payer allowed $2170.00, paid $1470.00, and applied $700.00 to the patient's co-pay. The information entered on this screen will be for the entire claim and not for each line item.

Enter the **Claim Adjudication Date.**

Once the necessary information has been completed correctly, click on **Save.**