SECONDARY CLAIMS

BILLING SECONDARY CLAIMS ELECTRONICALLY

Secondary claims are accepted for the following: SEE REAL-TIME ERA PAYER LIST FOR PAYERS AVAILABLE

In some instances, a patient may have coverage with two insurance companies. When the secondary payer is one of the payers listed above, you may bill these claims electronically. You will need to bill the primary payer as normal. When you receive the EOB or ERA from the primary insurance, you may then bill the secondary payer electronically. Follow these steps:

1. Bill the primary payer as normal
2. When you receive the EOB or ERA from the primary payer, create a secondary claim to upload to Office Ally.
3. The Payer Name in the top right of the HCFA form must contain the secondary payer name plus the word “secondary”

   Example:
   Medicare Northern CA Secondary
   P.O Box 2807
   Chico CA 92927

   Example:
   Blue Shield of CA Secondary
   P.O. Box 272550
   Chico CA 95927

4. We will recognize this as secondary claim and send the claim to your claim fix so you can key in the information from the primary EOB or ERA.

KEYING IN THE INFORMATION FROM THE PRIMARY EOB

You will need to key in the all information from the primary EOB or ERA for each line item. This includes keying in:

- The allowed amount
- The payment amount
- The adjustment amount, co-insurance amount, deductible amount, co-pay amount, patient responsibility, and any other applicable charges, credits, payments, or adjustments which relate to the CPT code.
- The adjustment reasons and group codes
- The adjudication date

**ALL OF THESE AMOUNTS AND REASONS MUST BE KEYED IN FOR EACH LINE ITEM!**

- Allowed Amount: In the first column, under allowed amount, enter the amount the primary insurance allowed for the CPT code listed in line item 1 of box 24.
- Primary Payer Payment Amount: List the amount the primary payer actually paid for the CPT code in Line Item 1 of box 24.
- Adjudication Date: the date the primary payer processed the claim.
- Reasons - Under “Reasons” you must key in **everything** the primary payer did **not** pay for that CPT code.
- You must also key in the reasons why they did not pay. This includes keying in any adjustments, contractual obligations, co-pay amounts, amounts applied to the deductible, and co-insurance amounts which are listed on the EOB.
- Group Code: the general reason for the adjustment. Click the grey box with the two dots on it get a list of the group codes and their meanings.
- Amount: After selecting the appropriate group code – enter the amount of the adjustment associated with that group code.
• Reason Code: Finally, select the Reason Code listed on the EOB for the adjustment amount you have just entered. Click the grey box with the 2 dots on it to get a list of Reason Codes.

A GOOD RULE OF THUMB TO FOLLOW IS:

Everything that the insurance company paid should be typed in under PAYMENT AMOUNT

Everything that the insurance company did not pay should be typed in under REASONS

This includes keying in any adjustments, contractual obligations, co-pay amounts, amounts applied to the deductible, and co-insurance amounts which are listed on the EOB.

Paid amount + amount not paid = billed amount
EXAMPLE

For example: You are billing $425.00 for the first CPT code and the payment information from the primary EOB is as follows.

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>The primary insurance allowed</td>
<td>$156.60</td>
</tr>
<tr>
<td>The primary insurance paid</td>
<td>$156.60</td>
</tr>
<tr>
<td>Patient Responsibility (PR)</td>
<td>$74.40</td>
</tr>
<tr>
<td>Contractual Obligations (CO)</td>
<td>$176.60</td>
</tr>
<tr>
<td>Patient Responsibility (PR)</td>
<td>$17.40</td>
</tr>
</tbody>
</table>

- deductible amount (1)
- charges exceed your contracted fee arrangement (45)
- co-insurance amount (2)

**FIRST, TYPE IN THE ALLOWED AMOUNT, PAYMENT AMOUNT AND ADJUDICATION DATE:**

<table>
<thead>
<tr>
<th>Line No</th>
<th>Allowed Amount</th>
<th>Primary Payer Payment Amount</th>
<th>Adjudication Date</th>
<th>Group Code</th>
<th>Amount</th>
<th>Reason Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>156.00</td>
<td>156.00</td>
<td>03 15 2007</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NEXT, UNDER “REASONS”, TYPE IN WHAT THE INSURANCE COMPANY DID NOT PAY:**

- Patient Responsibility (PR) $74.40 deductible amount (1)
- Contractual Obligations (CO) $176.60 charges exceed your contracted fee arrangement (45)
- Patient Responsibility (PR) $17.40 co-insurance amount (2)

Because there are three different amounts to key in under “Reasons” for the first CPT code, click the blue plus sign to expand the fields.

To select the correct group codes and reason codes, click the grey box with the two dots. A list of valid Group Codes and Reason Codes will appear on your screen.

To search within the Reason Codes lists, click on the window and press the “CONTROL” key plus “F” at the same time. Type in part of the search criteria and click, “ENTER” until you find the code you are looking for.

Click “Select” to select the appropriate code.

See the picture below to see how to select the group code:
See the picture below to see how to select the reason code:

AFTER YOU HAVE FINISHED ENTERING THE REASONS, YOUR CLAIM SHOULD LOOK LIKE THIS:

You will notice the sum of what the payer did pay ($156.60) plus what they did not pay ($74.40 + $176.60 + $17.40) equals the billed amount for that line item ($425.00.)

- When you have finished entering all payment and adjustment amounts for the first CPT Code, you may move on to the filling in the same information for any remaining CPT codes billed on that claim.
- When you have entered all information – click “UPDATE” at the bottom of the form.

After clicking update, you will see a message on your screen saying that the claim has been updated sucessfully. Office Ally will automatically pick up the claim that night and process it for you. You will receive a file summary on your claim the following day.

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT OFFICE ALLY SUPPORT AT 949.464.9129 OPTION 1