

## SENDING SECONDARY CLAIMS IN MEDICAL OFFICE MANAGEMENT

The following are instructions for setting up and sending secondary claims in the Medical Office Management system. As you can see in the next few pages, there is some setup and additional information you need to do before secondary claims can go electronically. Normally you would print a secondary claim and attach the Explanation of Benefits (EOB) that accompanied the primary claim. With secondary electronic claims, you will be electronically sending this information.

The first step to sending secondary claims is to verify that you are running the most current version of Medical Office Management and the Electronic Claims Interface. You must be running at revision 17.5.135 or higher in Medical Office Management and revision 17.5.55 or higher in Electronic Claims to use this documentation as a guide for sending secondary claims.

**HINT:** To check your AMS module revision, click Help then About on the top menu bar. Be sure to check the revision of both Medical Office Management and Electronic Claims.

**TIP:** These steps are **NOT** for Gateway EDI's automated secondary claims service. If you are currently subscribed to this service and the primary payer has electronic remittance available, you do NOT need to perform these steps, as Gateway EDI may have already submitted the claim for you. Please check that the claim has not been filed already. These steps are only for claims where electronic remittance is not an option for the primary payer. If you interested in Gateway EDI automated secondary claims service, please call 800-969-3666.

## INSURANCE MASTER UPDATE

Not all of the carriers you send primary claims to may be eligible to receive secondary claims electronically. Check with your clearinghouse on which carriers can accept secondary electronic claims to. You must tell the software which carriers you can send electronic secondary claims. To do this, bring up the Insurance Master Update window and checkmark the **Send COB Claims Electronic** checkbox.

**NOTE:** You may go to the AMS Technical Support page [www.americanmedical.com](http://www.americanmedical.com) to download current chapters of the manual if necessary.

**Insurance Master Update**

File Edit Stat Daily/COB Ins Lists PA/Ref Inquiries Reminders Sign Query Modules Help

Carrier Code: 0005 Carrier Name: MEDICARE Type Code/Source of Payment: C - Medicare

Address: 13045 TESSON FENNY Form Type: 00 - General HCFA 1500 Form

City: ST LOUIS ST: MO Zip Code: 63120 Zip-4: 1204

Group ID: GROUP ID NPI: MediGap ID: Payor/Sub ID: 12045 TPI Code: Co-Pay Amount: Co-Pay Percentage: Status: Active

Claims Phone No: 8004238836 Authorized Phone No: 8004238836 Authorization Contact: FAX No: 6106321009 FAX ATTN: ECI Carrier: GW - Gateway EDI

Send COB Claims Electronic  Send UOB Claims Electronic

Default Fee Schedule: 1 Line of Business/MISC Code: Group Codes 1: 2: 3: Comments: Send in Electronic Claim: Both Organization and Prov No

Capitated  Other Managed Care  Pooled Insurance  Accept Assignment

Group ID Table Save Print Label Clear Exit

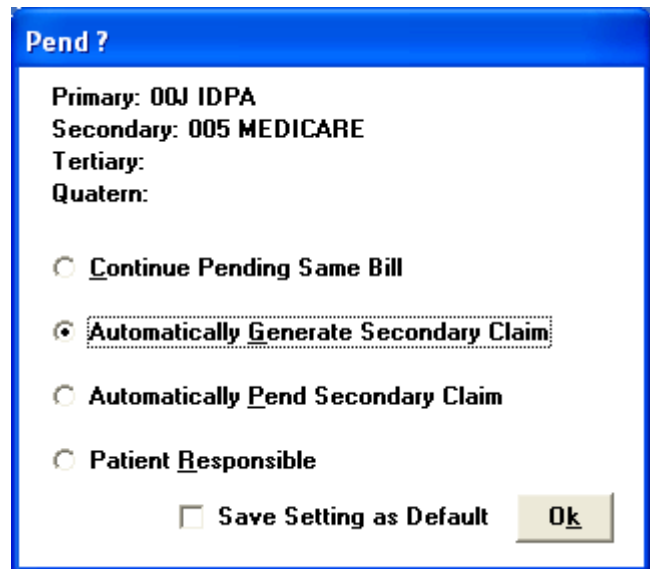
## PAYMENT SCREEN

Secondary electronic claims are marked for auto generation by posting the primary payment much like the secondary paper claims. **We highly recommend that you “line item post” and not “post to line 99”.** That is, you post what the primary carrier paid on each line item and what the allowable was from the EOB.

**Reminder:** You will still need to provide all of the information from the EOB as required by the secondary carrier. Line-item posting and entering the allowable will help you with this.

When the pend question window appears after posting the Primary Insurance Payment choose to Automatically Generate Secondary Claim in the Pend question window.

**NOTE:** Secondary claims will not actually be marked for auto generation until after daily processing has been run on your primary insurance payments.



The screenshot shows a dialog box titled "Pend ?" with a blue header. The content is as follows:

Primary: 00J IDPA  
Secondary: 005 MEDICARE  
Tertiary:  
Quatern:

Continue Pending Same Bill

Automatically Generate Secondary Claim

Automatically Pend Secondary Claim

Patient Responsible

Save Setting as Default

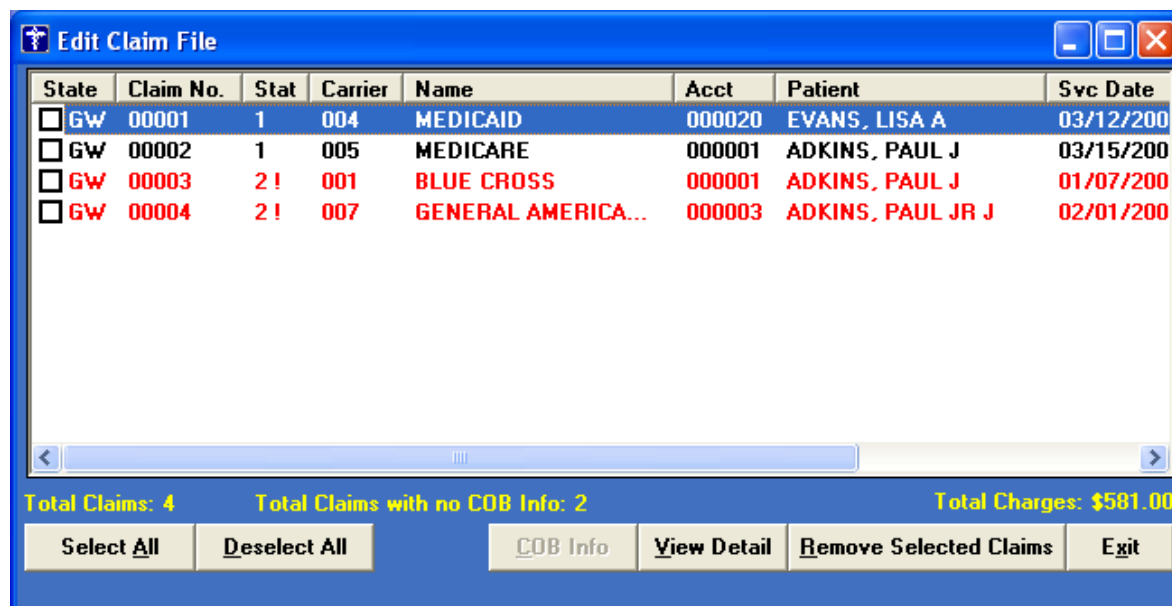
Ok

## GENERATING AND EDITING SECONDARY ELECTRONIC CLAIMS

Go into Electronic Claims like you normally would and click **Yes** to the question: “**Do you wish to generate new electronic claims which have not been previously filed?**” If you’ve checked the Send COB Claims Electronic checkbox and you’ve run daily on your primary payments, the secondary claims will be generated as well as any of your primary claims.

Secondary electronic claims may require you to enter additional COB information that you receive on the primary carriers EOB. Secondary claims without that additional COB information will be held in the AMS claim file until that information has been entered.

To view which claims are on hold in the AMS claim file, click option [1] Edit Claim File on the Electronic Claims System menu. You should see the following window:



| State                       | Claim No. | Stat | Carrier | Name               | Acct   | Patient           | Svc Date  |
|-----------------------------|-----------|------|---------|--------------------|--------|-------------------|-----------|
| <input type="checkbox"/> GW | 00001     | 1    | 004     | MEDICAID           | 000020 | EVANS, LISA A     | 03/12/200 |
| <input type="checkbox"/> GW | 00002     | 1    | 005     | MEDICARE           | 000001 | ADKINS, PAUL J    | 03/15/200 |
| <input type="checkbox"/> GW | 00003     | 2 !  | 001     | BLUE CROSS         | 000001 | ADKINS, PAUL J    | 01/07/200 |
| <input type="checkbox"/> GW | 00004     | 2 !  | 007     | GENERAL AMERICA... | 000003 | ADKINS, PAUL JR J | 02/01/200 |

Total Claims: 4      Total Claims with no COB Info: 2      Total Charges: \$581.00

Select All    Deselect All    COB Info    View Detail    Remove Selected Claims    Exit

The Stat column will tell you whether a claim is primary or secondary. A “1” indicates a primary claim and a “2” indicates a secondary claim. Claims with no COB info will be highlighted in red and will have a “2 !” in the Stat column.

You can only enter COB information on claims with a status of “2” or “2 !”. To enter COB information, click the **COB Info** button. The following screen will appear.

**Claim Detail**

**Patient:** 000001 ADKINS, PAUL J  
**Provider:** 001 MELMAN, IRVING G  
**Facility:** 001 GENERAL FACILITY  
**Referral:** 0003 ROSSI, BERNARD C

**Primary Insurance:** MEDICARE  
**Primary Insured ID:** 654315818 A  
**Primary Group ID:**

**Secondary Insurance:** BLUE CROSS  
**Secondary Insured ID:** 56985  
**Secondary Group ID:** 321564

**Diagnosis 1:** 25002    **Diagnosis 2:**    **Diagnosis 3:**    **Diagnosis 4:**

| Ln | Prov | DPT | Proc  | M1 | M2 | Svc From   | Svc To     | POS | TOS | Fee      | Ri |
|----|------|-----|-------|----|----|------------|------------|-----|-----|----------|----|
| 01 | 001  | 1   | 99243 |    |    | 01/07/2004 | 01/07/2004 | 11  | 1   | \$170.00 |    |

**Insurance Paid Amt**     **Provider Obligated To Accept**     **Colinsurance Amt**   
**Allowed Amt**     **Deductible Amt**     **Copay Amt**

**Payer Amounts**    Payer Adjustments    Payer Procedure

**Date Claim Paid:** 03/14/2005    **Original Payor Control No**   
**TPL Status Code (IL MA Only)**

[Click Line above you wish to Enter COB info](#)

The three tabs at the bottom of the screen are the information that applies to the highlighted claim only. If you line item post your primary insurance payments, the Insurance Paid Amt, Allowed Amt, and Provider Obligated To Accept fields will already be filled out. It may be necessary to enter the Deductible and Copay Amt fields if they appear on the EOB.

| Reason   | Amount | Reason  | Amount   | Reason | Amount |
|----------|--------|---------|----------|--------|--------|
| Adjust 1 | CO45   | \$62.00 | Adjust 4 |        | \$0.00 |
| Adjust 2 |        | \$0.00  | Adjust 5 |        | \$0.00 |
| Adjust 3 |        | \$0.00  | Adjust 6 |        | \$0.00 |
| Adjust 7 |        | \$0.00  | Adjust 8 |        | \$0.00 |

**Payer Amounts**    **Payer Adjustments**    Payer Procedure

**Date Claim Paid:** 03/14/2005    **Original Payor Control No**   
**TPL Status Code (IL MA Only)**

[Click Line above you wish to Enter COB info](#)

In addition to the normal payer amounts, the secondary insurance company may want you to report the Adjustment reason codes and amounts from the EOB. If the Allowable amount is less then the original charge line item, AMS will automatically fill out Adjust 1 with a reason code of CO45 since it is the most common type of adjustment reason code. However, if the EOB states otherwise, you may change or add additional adjustment reason codes.

**Tip:** A full listing of Claim Adjustment reason codes can be found at: <http://www.wpc-edi.com/codes>.

| Procedure   | M1 | M2 | M3 | M4 | Units Paid |
|---|----|----|----|----|------------|
| Procedure Primary Payer Adjudicated This Service Under: |    |    |    |    |            |
| 99243   |    |    |    |    | 001        |

Payer Amounts   Payer Adjustments   **Payer Procedure**

The Payer Procedure tab is for entering the procedure code and modifiers the primary payer actually paid on if it differs from the original procedure that was charged. i.e. Sometimes a carrier will correct a procedure or add a modifier if it was billed in error rather than rejecting the claim. The AMS software will default the original procedure code and modifiers defined with the charge here.

The last remaining two fields on the COB information screen are the Date Claim Paid and the TPL Status Code. The Date Claim Paid should default to the last date this claim was paid on by the primary carrier. But if you need to change it, you can here. The TPL Status Code is for Illinois Medicaid only and a list of valid codes should be available through that carrier.

After clicking **Save** to save the COB information, the line should turn black and the status should now just read “2”. If you need to make a change to the COB information, you can still click COB info to edit any value. Once the COB information has been saved, you are now ready to compress and send your claims like you normally do.

If you have any questions, as always, you are welcome to contact AMS Technical Support.