



TOPIC: ED1001-13

Sending a Secondary Print Image Claims Electronically

The following documents are necessary prior to filing your secondary claim:

- Your copy of the primary EOB
- Your copy of both insurance cards (primary and secondary insurance).
 - The **ORIGINAL** claim that you submitted on the Infindi web site.



Print this claim onto plain paper to use as a worksheet for your use. This can be done by using your print option on your browser. You may not need to do this step after you have submitted a few claims. Then please write on the printed copy of the 1500, making changes to it as needed.

Please see exhibit 1, the example 1500 form with boxes highlighted with red text. These boxes are the areas that you will need to make the appropriate changes.

In the top right portion above the claim, please change the payer name and address to the secondary payer.

Box 1- This can be either all blank boxes or you may check the appropriate box to match the secondary insurance.

Box 1a- It should display the secondary member ID number.

Box 4- It should display secondary policy holder's name.

Box 7- It should display the secondary policy holder's complete address

Box 11- It should be blank if the secondary is Medicare.

Box 11a- It should display the secondary policy holder's date of birth and gender.

Box 11b- It should be blank if Medicare is secondary.

Box 11c- This is optional, if you use this field then enter the name of the secondary payer.

Box 6- Make sure this relationship field is correct.

Box 9- It should display the subscriber's name of the primary payer.

Box 9a- It should display the primary member ID number.

Box 9b- It should display the primary policy holder's date of birth and gender.

Box 9c- It should display the primary payer ID.

Box 9d- It should display the name of the primary payer.

Box 19- It **must** have **SE** then followed by the **date of the primary EOB**. The date can have dashes or slashes in the format. The **SE is required**, without it your claim will not be sent out as a secondary claim.

Any of the following formats are correct.

Examples SE 6/29/12
SE-12/15/11
SE- 7-29-12

If the secondary payer is Medicare then will you need to add a TYPE CODE. The TYPE CODE should only be on a Medicare Secondary claim.

This TYPE CODE is chosen from exhibit 2.

Examples SE 6/29/12 43
SE-12/15/11 12
SE- 7-29-12 43

Box 24- These are your service lines. You will need to make a comment on **every** line. This comment must contain three sets of information. Each set of information must be separated by a space. The data within the information sets must be separated by a comma.

The formula for each set is:

Adjustment Group Code, Reason Code, Money Amount

Adjustment Group Codes are as follows:

CO = Contractual Obligation (also called a write off, etc.)
PR = Patient Responsibility (also called patient balance, etc.)
D = Paid (also called primary payment)

Reason Codes:

These are found on the web site WWW.WPC-EDI.COM under the REFERENCE tab, see the CLAIM ADJUSTMENT REASON CODES (CARC).



SAVE this web site to your favorites

Money Amount:

This will be found on the primary payer EOB. It is the paid amount for the each itemized service line.



*You may choose to either drop the decimals and the zeros or use them, whichever is easier.
Examples: \$5.00 or \$5 \$10.50 or \$10.5 \$18.10 or \$18.1)*

The amounts for the CO, PR, D must add up to the total charge for the service line.

Examples:

Example:

The billed amount is \$75.00. The primary payer allowed \$56.00, and paid you \$31.00 leaving a \$25.00 copay. How would you make your comment?

CO,45,19 PR,3,25 D,,31

Example:

The billed amount is \$75.00. The primary payer allowed \$60.00, and applied \$60.00 to the deductible and did not pay you. How would you make your comment?

CO,45,15 PR,1,60 D,,0

Example:

The billed amount is \$75.00. The primary did not allow any of the charge and said the charge is not approved because the benefits are maxed out for your services. The whole charge is patient responsibility.

CO,119,0 PR,2,75 D,,0

Or

CO,45,0 PR,119,75 D,,0

Example:

The billed amount is \$75.00. The primary applied 20.00 to the deductible, the write off is \$4.50, you were paid \$20.50, and the patient has a \$30.00 co-pay.

CO,45,4.5 PR,1,20 PR,3,30 D,,20.5

Or

CO,45,4.5 PR,3,50 D,,20.5

Or

CO,45,4.50 PR,1,20.00 PR,3,30.00 D,,20.50

Or

CO,45,4.50 PR,3,50.00 D,,20.50



The amounts for the CO, PR, D must add up to the total charge for the service line.)

You may be able to complete some or all of the boxes in your software and send us your secondary claim. If your secondary claim is complete, then of course, you will not need to edit the claim online. If your secondary claim is only partially complete, then of course, then you will need to only edit the boxes that are still needed to complete your claim.

TYPE CODES

If the secondary payer is Medicare then will you need to add a TYPE CODE after the date in box 19. The TYPE CODE should only be on a Medicare Secondary claim.

Please choose from the following list:

- 12 Medicare secondary working aged beneficiary or spouse with employer group health plan
- 43 Medicare secondary disabled beneficiary under age 65 with large group health plan (LGHP)
- 47 Medicare secondary, other liability insurance is primary
- 13 Medicare secondary end-stage renal disease beneficiary in the 12 month coordination period with an employer's group health plan
- 14 Medicare secondary, no-fault insurance including auto is primary
- 15 Medicare secondary worker's compensation
- 16 Medicare secondary public health service (PHS) or other federal agency
- 41 Medicare secondary black lung
- 42 Medicare secondary Veteran's Administration