

Chapter 10: Secondary and Tertiary Claims

This chapter describes the following topics related to Secondary and Tertiary Claims:

- Introduction to Secondary and Tertiary Claims
- Create a Secondary/Tertiary Payer
- Bill the Secondary Payer
- Enter Adjudication Information - Whole Claim Adjudication and Service Line Adjudication
- Save and Validate the Claim

Introduction to Secondary and Tertiary Claims

The claims imported from your practice management system or EMR may include Secondary payer information or Tertiary payer information. You may need to add this information manually.

NOTE: You should add secondary or tertiary payer information before the Primary claim is released.

Secondary claims or tertiary claims are more often created when you are working with Institutional Claims rather than Professional claims. You create the Secondary claim after the Primary Payer has already paid their portion of the claim. You create the Tertiary claim after the Secondary pay has already paid their portion of the claim.

The blue bar on the claim detail page indicates if the claim has a secondary payer.

- A - Primary Payer (Figure 1)
- B - Secondary Payer (Figure 2)

SMALLEN, DOUGLAS L	TRANSITIONS HOSPICECARE	\$800.00	814	10/01/2016 - 10/05/2016	A - BLUE CROSS BLUE SHIELD (E)	ERROR
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Figure 1: Top Line information with Primary Payer

H36362 - SMALLEN, DOUGLAS L	TRANSITIONS HOSPICECARE	\$800.00	814	10/01/2016 - 10/05/2016	B - AARP (E)	ERROR
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Figure 2: Top Line information with Secondary payer

Create a Secondary/Tertiary Payer

On the Insurance section of the Claim Detail page, click the tab next to the Primary (A) payer to create a B- Secondary payer (Figure 3).

Click the tab next to the B -Secondary payer (B) to create a C- Tertiary payer (Figure 4).

You can also use this section to adjudicate claims that bill more than two payers, also referred to as tertiary payers.

NOTE: The current active insurance always appears with a white background.

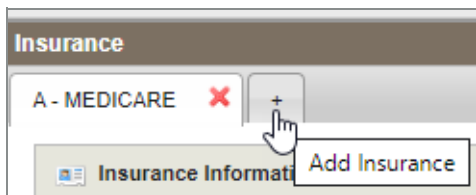


Figure 3: Insurance section tab with Add Insurance indicated for Secondary



Figure 4: Insurance section tab with Add Insurance indicated for Tertiary

In Field 50, click the down arrow to change the payer (Figure 5).

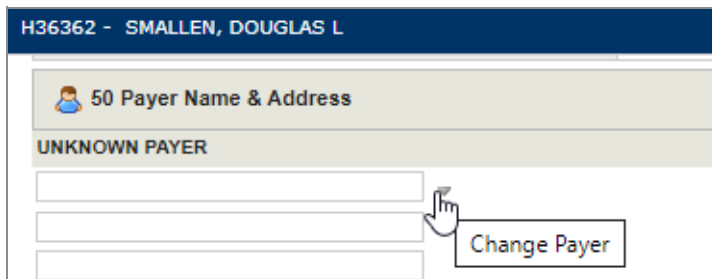


Figure 5: Field 50 with Change Payer arrow selected

The Choose Payer dialog box opens. You can select a Secondary/Tertiary payer in the Select column. As you hover over the Payer, Claim Indicator Code, and Payer ID columns, that information appears in the hover text.

Click **Apply** to select that payer as your Secondary/Tertiary Payer (Figure 6).

Select	Name	Claim Indicator Code	Payer ID
<input type="radio"/>	SF ADMIN	CI	20415
<input type="radio"/>	A and I Benefit Plan Administrators	CI	93044
<input type="radio"/>	A.G.I.A. Inc.	CI	95241
<input type="radio"/>	AAA Insurance	CI	11983
<input type="radio"/>	AAG Benefit Plan Administrators Inc.	CI	75240
<input type="radio"/>	AAG-American Administrative Group (Formerly Icon Benefit Admin)	CI	75185
<input type="radio"/>	AAL/Thrivent Financial For Lutherans	CI	THRIV
<input checked="" type="radio"/>	AARP	CI	36273
<input type="radio"/>	abod	MC	87726,
<input type="radio"/>	ABMA (Alta Bates Medical Assocs) Medical Corp (Hnet Sr. and Secure Horizon)	CI	E3510

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Search Clear

Apply Cancel Clear

Figure 6: Choose Payer dialog box

On the Transaction tab, click **Save** to save this change (Figure 7).



Figure 7: Transaction tab with Save indicated

Bill the Secondary Payer

After you save a Secondary payer, select the Copy tab (Figure 8).

- If you already transmitted the claim, click **Replicate** to create a secondary claim.
- If the claim has not yet been transmitted, click **Create Secondary Claim** to create a secondary claim.

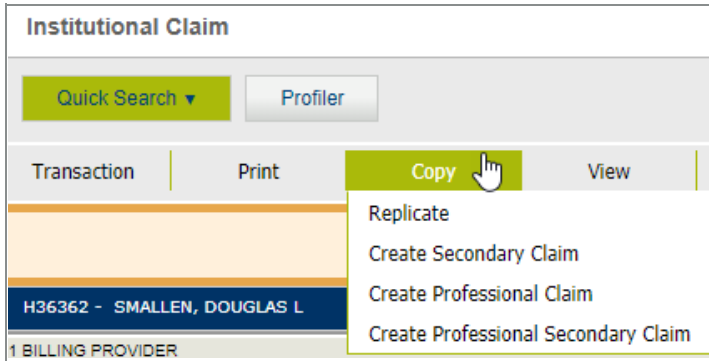


Figure 8: Copy tab with Replicate and Create Secondary Claim options

A dialog box asks you to confirm the action. Click **Yes**. The system displays a message that the claim has been successfully replicated. A dialog box asks if you want view the replicated claim. Click **Yes** to view the claim.

NOTE: The claim is also visible through the Events tab in the Primary claim (Figure 9).

Messages		Events		Related	
Event		User / Occurred			
Replicated (Secondary)		Support 02/13/20 10:16:33			

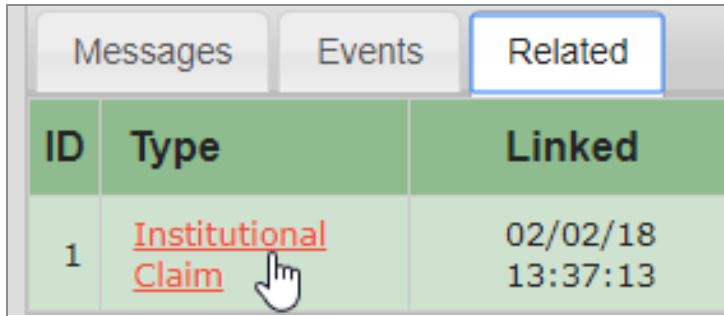
Figure 9: Events tab for Primary Claim with Secondary claim event

The only difference in the appearance of the claim is the indication of the secondary payer in the blue bar previously shown (Figure 2).

Enter Adjudication Information

Before you save and validate the Secondary claim, you must enter adjudication information for the Primary claim.

On Remit Detail page, select the Related tab. Click the link associated with the Primary claim. Use the information that appears to enter adjudication information (Figure 10).



Messages			Events			Related		
ID	Type			Linked				
1	Institutional Claim			02/02/18 13:37:13				

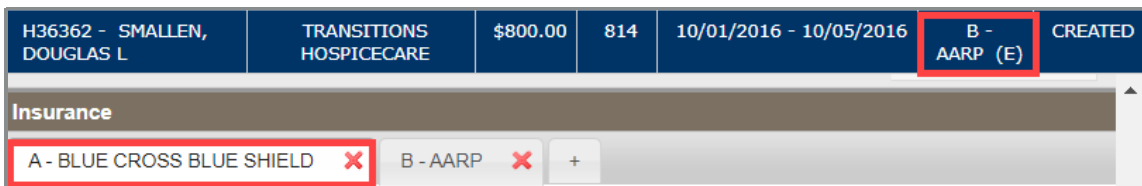
Figure 10: Related tab with Primary Claim

The following sections describe the two ways you can enter adjudication information:

- Whole Claim Adjudication (page 202)
- Service Line Adjudication (page 204)

Before you enter adjudication information, check the following items (Figure 11):

- The Secondary claim appears - B payer is on the top line. For Tertiary claims, the C payer would appear on the top line.
- The Primary Insurance Payer is selected - A - insurance company name appears with a white background.



H36362 - SMALLEN, DOUGLAS L	TRANSITIONS HOSPICECARE	\$800.00	814	10/01/2016 - 10/05/2016	B - AARP (E)	CREATED
Insurance						
A - BLUE CROSS BLUE SHIELD ✘						
B - AARP ✘ +						

Figure 11: Secondary Claim with Primary Payer

Whole Claim Adjudication

Click the **View Additional Insurance Information** arrows icon ()

See Figure 12.

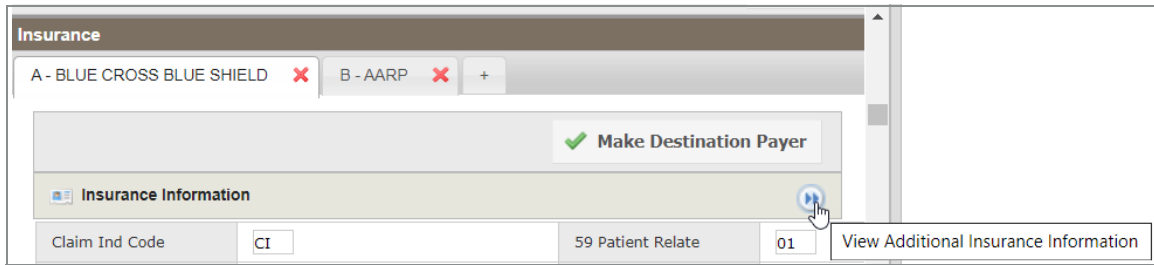


Figure 12: Primary Payer with View Additional Information icon indicated

Open the Additional Insurance Information dialog box to enter adjudication information from your Primary payer. Enter the following fields in the Coordination of Benefits section:

- Payment Date
- Prior Payment
- Non-Covered (if any)
- Allowed (if any)
- Denied (if any)

Click **Add Adjustment** to add any adjustment information exactly as it appeared on the remittance.

In the Balance Check section, you must see the message “Payment is balanced” that appears on a green background in order for you to bill the Secondary payer (Figure 13).

Additional Insurance Information ✕

Payer ID

ID	<input type="text" value="11983"/>	Tax ID	<input type="text"/>
NAIC	<input type="text"/>	Claim Office No	<input type="text"/>
National Plan ID	<input type="text"/>	Carrier Code	<input type="text"/>

Coordination of Benefits

Payment Date	<input type="text" value="02/02/2020"/>	Prior Payment	<input type="text" value="600"/>	Allowed	<input type="text"/>
Submitted	<input type="text"/>	Non-Covered	<input type="text"/>	Denied	<input type="text"/>
DRG Out	<input type="text"/>	Medicare Paid	<input type="text"/>	Medicare Paid 100%	<input type="text"/>
Medicare Paid 80%	<input type="text"/>	Medicare A	<input type="text"/>	Medicare B	<input type="text"/>
Patient Liability/Est Due	<input type="text"/>				

Adjustments

Group	Reason	Amount	Quantity	Action
<input type="text" value="CO"/>	<input type="text" value="B16"/>	<input type="text" value="200"/>	<input type="text"/>	-


+ **Add Adjustment**

Balance Check

Payment	600.00
+ Insurance Adjustments	200.00
+ Service Line Adjustments	0.00
Claim Charge	800.00
Payment Is balanced	

Figure 13: Additional Insurance Information

Service Line Adjudication

When the Primary payer adjudicates on each service line, scroll up to the Services section and click the arrows icon () (Figure 14).





Services									
42 Rev	43 Description	44 HCPCS	Modifiers	44 Rate	45 Srv Date	46 Units	47 Charge	48 Non-Covd	Action
0851					10/01/2016	1	160.00		 
0851					10/02/2016	1	160.00		 

Figure 14: Services section with View icon indicated

Open the Edit Service Line dialog box and open the Adjudication panel. Enter adjudication information for that line item.

As with the Whole Claim adjudication, you must see the message “Payment is balanced” on a green background in order to bill the Secondary payer (Figure 15).

Click **Done** when you are finished.

Edit Service Line ✕

Service Line Information

Revenue Code	0651	HCPCS		Modifiers	
Charge	160.00	Units	1	Rate	
Service Begin	10/01/2016	Service End	10/01/2016	Assessment Date	
Control Number		Repriced Ref No		Adj Repriced Ref No	
Non-Covered		Facility Tax		Service Tax	
Expected Reimbursement		Invoice Cost		Covered	
Description					

Adjudication

A - BLUE CROSS BLUE SHIELD ✕

Payment

Paid Date		Payment		Units Paid		Patient Liability/Est Due	
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Adjustments

Group	Reason	Amount	Quantity	Action
CO	B16	160		-

+ Add Adjustment

Balance Check

Service Payment	0.00
+ Service Adjustments	160.00
Service Charge	160.00
Payment Is balanced	

Done
Cancel

Figure 15: Edit Service Line dialog box with Adjudication panel