



# HOW TO SUBMIT A SECONDARY CLAIM



## Here are the steps to copy the original claim and submit to secondary

Step 1: Open the primary claim in Ability with the date of service that is needed  
> hover the mouse to copy > choose replicate > click Yes






Note: You need to print out the EOB, select Print on the original claim and print the EOB.

Step 2: Once replicated go back to Claim Tab > Professional > open copy

COPY	99614		200.00	03/31/22	MEDICARE ALABAMA JJ-PGBA	E	CREATED	
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Step 3: Click the + to add secondary insurance

A - MEDICARE ALABAMA JJ-PGBA  


 Insurance Information

Eligibility Information	<b>UNKNOWN</b> Never Verified <a href="#">Check Now</a>
Claim Ind Code	<input type="text" value="MB"/>
Group Name	<input type="text"/>
Release Info	<input type="text" value="Y"/>
23 Prior Auth	<input type="text"/>
Insurance Type Code	<input type="text"/>

Step 3: To add insurance > click the small gray arrow in the second tab you just created.

**11c Payer Name & Address**

BLUE CROSS BLUE SHIELD ALABAMA (BCBS AL) -> BLUE CROSS BLUE SHIELD ALABAMA (BCBS AL)

BLUE CROSS BLUE SHIELD ALABAMA (E) 

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Payer ID**

ID	00510BS
Provider Internal ID	_____

Step 4: In the insurance information field on the second tab> Enter Y for Release Info, 18 for Patient Relate, and Y for Assign Benefits. This is also what those fields should say on the Primary Tab.

**Insurance Information**

Eligibility Information **UNKNOWN** Never Verified [Check Now](#)

Claim Ind Code	<input type="checkbox"/>	6 Patient Relate	<input type="checkbox"/>
Group Name	_____	11 Group No	_____
Release Info	<input type="checkbox"/>	Assign Benefits	<input type="checkbox"/>
23 Prior Auth	_____	Referral No	_____
Insurance Type Code	<input type="checkbox"/>	Property/Claim No	_____

Step 5: In payer ID field: This screen will populate > type the payer ID# > search > choose the payer > click apply

Select	Name	Claim Indicator Code	Payer ID
<input type="radio"/>	Blue Cross Blue Shield Alabama (BCBS-AL)	BL	12854.0051089,10077

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0051089 Search Clear

Apply Cancel Clear

Step 6: Then, in Field 4, input patient's last name, first name, address and ZIP.  
Don't forget to input Member ID in Subscriber ID field.


**4 Subscriber Name & Address**

NAME (LAST, FIRST, MIDDLE, SUFFIX)


\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Step 7: Go to Primary Insurance Tab ( the one you didn't create)> Go to Insurance information> click the double arrow in the top right corner... This screen should show up:


**Additional Insurance Information** ✕

 **Payer ID**

ID	<input type="text" value="BS001"/>	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"/>	Prior Pymt	<input type="text"/>	Allowed	<input type="text"/>
Approved	<input type="text"/>	Covered	<input type="text"/>	Non-Covered	<input type="text"/>
Patient Paid	<input type="text"/>	Patient Resp	<input type="text"/>	Day Limit	<input type="text"/>
Tax	<input type="text"/>	Claim Before Tax	<input type="text"/>	Patient Liability/Est Due	<input type="text"/>
Discount	<input type="text"/>				

 **Adjustments**

Group	Reason	Amount	Quantity	Action
<i>There are currently no adjustments for this payer</i>				
<input type="button" value="+ Add Adjustment"/>				

**Medicare Adjudication Information**

**Remark Codes**

1. <input type="text"/>
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**Outpatient**

Reimbursement Rate	<input type="text"/>
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Step 8: Under Coordination of Benefits, enter the payment date and Prior Pymt (payment amount)> this information can be found in the top right corner of your EOB.... Then, click Done and close out the tab.

Step 9: Go to the Primary Insurance tab ( the one you didn't create)> Go to Services> The picture is how services tab should look ... Keep in mind the number of rows and values might be different depending on payment.

Services													
24. A. DATE(S) OF SERVICE		B. POS	C. EMG	D. HCPCS	MODIFIERS				E. DIAG	F. CHARGES	G. UNITS	H. EPSDT	Action
03/31/2022	03/31/2022	11		97140	GP			ABCD	100.00	2		»	⊖
03/31/2022	03/31/2022	11		97112	GP			ABCD	50.00	1		»	⊖
03/31/2022	03/31/2022	11		97530	GP	59		ABCD	50.00	1		»	⊖

Below is the image of an EOB... you will be entering the highlighted information from each line into the different dates of service on Ability. The amount of rows on the EOB should be equal to the amount of rows in the services field.

### Service Detail

Service Dates	HCPC	Revenue Code	Units	Units Paid	Submitted Charges	Allowed Amount	Paid Amount	Remarks	Adjustments	
03/31/22	97140:GP		2	2	100.00	41.80	33.44		CO:45	47.46
									CO:59	10.74
									PR:2	8.36
03/31/22	97112:GP		1	1	50.00	25.47	20.38		CO:45	17.00
									CO:59	7.53
									PR:2	5.09
03/31/22	97530:GP:59		1	1	50.00	35.53	28.42		CO:45	14.47
									PR:2	7.11

Step 10: After you click the double arrows next to a DOS this screen populates > In Adjudications, input the information from your EOB. See next slide for example.

The screenshot shows a software window titled "Edit Service Line". The main area is divided into several sections:

- Service Line Information:** A table with the following data:

HCPCS	97140	Modifiers	GP			Diagnosis	ABCD
Service From	03/31/2022	Service Through	03/31/2022				
Charge	100.00	Units	2	Family Planning	<input type="checkbox"/>		
POS	11	EMG	<input type="checkbox"/>	EPSDT	<input type="checkbox"/>		
Expected Reimbursement							
- Description:** A text input field.
- Notes:** A dropdown menu set to "Additional Information" and a text input field.
- Other:** A section with a plus icon and the text "Other".
- Test Results:** A section with a heart icon and the text "Test Results".
- Adjudication:** A section with a gold coin icon and the text "Adjudication", which is circled in red.
- Attachments:** A section with a document icon and the text "Attachments".

At the bottom right of the window, there are two buttons: "Done" and "Cancel".



Step 11: After clicking Adjudication. This screen populates. Input the Paid Date > Payment  
For Adjustments: only the highlighted information needed to make payment balance.

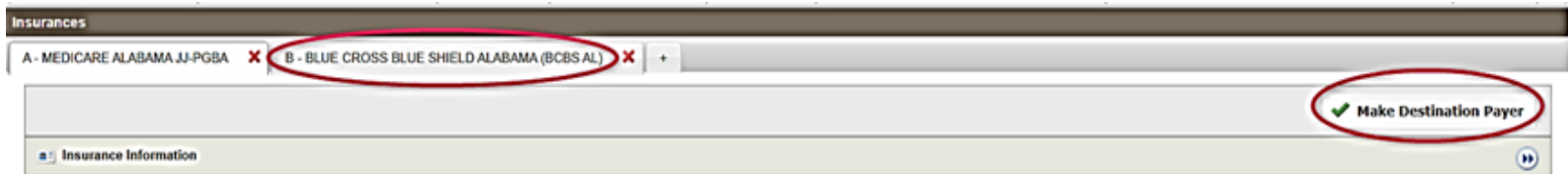
The screenshot shows the 'Edit Service Line' window with the following sections:

- Adjudication:** A - MEDICARE ALABAMA JJ-PGBA
- Payment:** Fields for Paid Date, Payment, Units Paid, and Patient Liability/Est Due.
- Adjustments:** A table with columns: Group, Reason, Amount, Quantity, Action. The first three columns are highlighted in yellow.
- Balance Check:** A summary section showing:
  - Service Payment: 0.00
  - + Service Adjustments: 0.00
  - Service Charge: 100.00
  - Payment does NOT balance (100.00)
- Attachments:** A section at the bottom for document uploads.

The group column is the value in the EOB that reads CO or PR (these values could be different on different EOBs). The reason is one the other side of the colon... for example, CO is the group and the reason is 45 or PR is the group and the reason is 2. The amount is the amount written after every group:reason combo. Based on this EOB, the amount for CO:45 is \$47.46

When you are done entering all the groups, reasons, and adjustments the payment should say balanced instead of not in balance. Repeat this for all 3 adjudications in the services tab, remembering that every line on the EOB corresponds to a line in the service field.

Step 8: After you're done entering the service adjustments, go to the secondary insurance tab you created and select Make Destination payer... Finally, save and validate your claim and then release it.





# THANKS!

