

EZClaim Advanced
ANSI 837P 5010
Secondary Data Entry

Data Entry for Secondary Claims

Update your EZClaim program to the latest release. Support/Help>Check for Updates

Payer Library – Step 1

Confirm the following:

- Payer ID #'s Both Primary and Secondary Payer's **MUST** have correct 'Payer ID' numbers.
- If the **Secondary payer is Medicare**, confirm that Medicare secondary 'Ins. Type Code' is selected.

The screenshot shows the 'Payer Library' window. On the left, a table lists payers: BCBS, MEDICARE, and SAMPLE PAYER. The 'SAMPLE PAYER' has an address of 456 FRONT STREET, ST. On the right, a form for editing a payer is shown. The 'Payer Name' is MEDICARE, 'Payer ID' is 12345, and 'Ins. Type Code' is 12. A red callout box with the text 'Enter if Medicare is the Secondary Payer' points to the 'Ins. Type Code' dropdown menu.

Patient/Insured Info Screen – Step 2

Confirm the following:

- Secondary Insured's Name is entered if **different** than the patient. (Insured ID# and 'Relationship to Insured' is entered on the Payers/Other tab.)
- If **Medicare** or **Medicaid** claims, 'Other Insured Policy or Group' number **must be blank**.
- For **Medicare Secondary** claims, leave 'Other Insurance Plan or Program Name' **blank**.

The screenshot shows the 'Patient/Insured Info' screen. It contains fields for Patient Last Name, First Name, MI, Patient Date of Birth, Sex, Patient Address, City, State, Zip Code, Phone Number, and Patient Relationship to Insured. There are also fields for Insured's ID Number, Insured's Name, Insured's Street Address, City, State, Zip Code, Phone Number, and Insured's Policy Group or FECA Num. Three red callout boxes point to the following fields: 'Other Insured's Name (Last, First, MI)', 'Other Insured's Policy or Group Number', and 'Other Insurance Plan Name or Program Name'. The bottom of the screen shows a table of claims with columns for Name, Date, Bill Date, Bal Due, Insurance, Paid Stat., Perm Sta., Patient Group, Printed, Exported, Ready to, Secondary, and Claim ID.

Payers and Others Info Screen – Step 3

Confirm the following:

- Secondary and Primary Insurance with **Payer ID and Claim Filing Ind** is selected.
- Secondary Insured's ID# **is entered** in the 'Other Insured's ID' field.
- Secondary subscriber 'Relationship Code' **is selected**.

DO NOT enter additional information unless required by your insurance company. Errors may be generated.

The screenshot shows the 'Payers/Others Info' screen in the EZClaim software. The interface includes a menu bar, a toolbar, and a main form area. The form is divided into sections for Primary and Secondary Payer information. A red callout box points to the 'Primary Claim Filing Ind' dropdown menu, which is currently set to 'BL'. The text inside the callout box reads: 'Enter Claim Filing Indicator for both Primary and Secondary Payers'. Below the form, there is a table with columns for Name, Date, Bill Date, Bal Due, Insurance, Paid Stat., Perm Sta., Patient Group, Printed, Expoted, Ready to..., Secondary, and Claim ID. The table contains two rows of data for 'SAMPLE, PATIENT' on different dates. At the bottom of the screen, there are filter options for 'Only Show Claims' with checkboxes for 'Not Printed', 'Not Expoted', 'Not Permanent', 'Not Paid', and 'Not Archived'.

Name	Date	Bill Date	Bal Due	Insurance	Paid Stat.	Perm Sta.	Patient Group	Printed	Expoted	Ready to...	Secondary	Claim ID
SAMPLE, PATIENT	11/7/2013		\$70.00	BCBS	Not Paid	Not Perm...	PATIENT GROUP 1			Yes	No	10
SAMPLE, PATIENT	12/11/2013		\$25.00	BCBS	Not Paid	Not Perm...	PATIENT GROUP 1			Yes	Yes	11

Charges Screen – Step 4

If your payments were **not** auto-posted using the EZClaim Auto-Posting feature, manually enter payment information from your Primary EOB.

Confirm the following:

- Payment information entered in 'Line Item Payments' **matches the EOB.**
- Every service line has an Insurance payment entered **even if it is a \$0.00.** If \$0.00, it must be entered as a Payment!

Insurance Pmt	\$0.00	12/11/2013					→ Add
Payment Type	Amount	Date	Reference 1	Ref 2/Deposit #	Reason Code	Payment Note	
Del Insurance Pmt	\$0.00	12/11/2013					

- Line Item **payments and/or adjustments** with a date have been **entered.**
- 'Responsible Party' on 'Payment and Adjustments' screen have been **set to 'Secondary Insurance'.**

\$100.00 Balance - Responsible Party:

- On Charges screen, confirm 'Print \$0.00 in the Amount Paid field' is **unchecked.**
- Ready for EDI is **checked.**
- Bill Secondary is **checked.**

Check 'Bill Secondary and 'Ready for EDI'.

Name	Date	Bill Date	Bal Due	Insurance	Paid Stat...	Perm Sta...	Patient Group	Printed	Exported	Ready fo...	Secondary	Claim ID
SAMPLE, PATIENT	11/7/2013		\$70.00	BCBS	Not Paid	Not Perm...	PATIENT GROUP 1			Yes	No	10
SAMPLE, PATIENT	12/11/2013		\$25.00	BCBS	Not Paid	Not Perm...	PATIENT GROUP 1			Yes	Yes	11

TROUBLESHOOTING SECONDARY CLAIMS

Before submitting your secondary claims, confirm the following or errors may be generated.

Payer Library (Step 1)

- In the Payer Library, if the Secondary payer is Medicare, confirm that Medicare secondary 'Ins. Type Code' is selected.

Patient/Insured Info tab (Step 2)

- Secondary Insured's Name is entered on the Patient/Insured Info screen.
- If Medicare/Medicaid Other Insured Policy or Group number field is blank.

Payers/Other Info tab (Step 3)

- Secondary (and Primary) Insurance with Payer ID is entered on the Payers/Other Info tab.
- SSN, Patient Member ID and Additional ID number are **blank**. See Misc Patient Data tab.
- Secondary/Other Insured's ID# is entered in the 'Other Insured's ID' field.
- Secondary subscriber 'Relationship Code' is selected.

Charges tab (Step 4)

- Confirm Payment information entered in 'Line Item Payments' matches the EOB.
- Confirm each service line has an Insurance payment entered even if it is a \$0.00
- Line Item payments and/or adjustments with a date have been entered.
- Confirm 'Responsible Party' has been set to 'Secondary Insurance'.
- Bill Secondary has been checked.
- On Charges screen, confirm 'Print \$0.00 in the Amount Paid field' is unchecked.

Your claim is now ready for submission or printing.

Common Secondary Claim Errors

2320 COB CLAIM BALANCING FAILED. (Balancing error) **Step 4**

- All service lines did not have payment entered and/or payment amounts were incorrect.

OTHER SUBSCRIBER INFORMATION IS MISSING OR INVALID

- Patient/Insured's screen – Confirm 'Other Insured's' information is entered. **Step 2**
- Payers/Other screen – Confirm BOTH insurances have a Payer ID. Also make sure the 'Other Insured's ID' field has the secondary ID. **Step 3**

OTHER PAYER SUBSCRIBER PRIMARY IDENTIFICATION NUMBER IS MISSING OR INVALID

- Payers/Other tab – Confirm 'Secondary Insured's ID' field has secondary subscriber ID entered. **Step 3**
- Patient/Insured's screen – Confirm 'Other Insured's Policy or Group' number field is blank. **Step 2**

INSURANCE TYPE CODE MISSING OR INVALID

- Payer Library – In the 'Insurance Type' drop down box choose one of the numbers for Medicare secondary Insurance 'Type Code'. **Step 1**

INSURANCE TYPE CODE IS MISSING OR INVALID. (Bad Data: MB)

- Payer Library – Usually this is for a Medicare claim when MB is indicated as the bad data. In the 'Ins Type' drop down box choose one of the numbers for 'Medicare Secondary Claims'. **Step 1**

Note: Use this sample of an analyzed Secondary claim to confirm data. See sample below.

How to Analyze a Claim

1. Go to 'Electronic Claims'.
2. Select by checking the claim to be analyzed.
3. Click 'Detailed View'.
4. Compare to sample on page 6. (Sample is for a Medicare secondary claim. Your claim may include different data depending on your payer.)

Loop 2000B - Subscriber Hierarchical Level

0011 HL*2*1*22*0
0012 SBR*S*18**12****MB
Checking Claim For Insured ID - SECONDARYID

Medicare Secondary Payer (MSP) claims only: SBR* Ins Type Code Ex: 12 (Payer Library)

Loop 2010BA - SUBSCRIBER NAME

0013 NM1*IL*1*SECONDARY*SUSAN*S***MI*SECONDARYID
0014 N3*123 MAIN STREET
0015 N4*CITY*MN*99999
0016 DMG*D8*19670221*F

Secondary Insured's ID (Payers/Other Info tab)

Loop 2010BB - PAYER NAME

0017 NM1*PR*2*MEDICARE*****PI*SECONDARYPAYERID

Secondary Payer ID (Payer Library)

Loop 2300 - Claim Information

0018 CLM*173-12345*300***11:B:1*Y*A*Y*Y
0019 HI*BK:54321

Total Claim Charges CLM* - \$300.00

Loop 2320 - Other Subscriber Information

0020 SBR*P*18**BLUE CROSS*****BL
0021 AMT*D*150
0022 OI***Y***Y

AMT*D - Total Claim Paid Amount \$150.00

Loop 2330A - OTHER SUBSCRIBER NAME

0023 NM1*IL*1*SECONDARY*SUSAN*S***MI*PRIMARYID
0024 N3*123 MAIN STREET
0025 N4*CITY*MN*99999

Primary Insured's ID

Loop 2330B - OTHER PAYER NAME

0026 NM1*PR*2*BLUE CROSS*****PI*PRIMARYPAYERID

Primary Payer ID

Loop 2400 - Service Line

0027 LX*1
0028 SV1*HC:90800*200*UN*1***1:2
0029 DTP*472*D8*20121010
0030 REF*6R*3C7CF540464FD7814DFBD5BB2CF5CB

SV1*1st Line Charge \$200.00

Loop 2430 - Line Adjudication Information

0031 SVD*PRIMARYPAYERID*100*HC:90800**1
0032 CAS*CO*45*40*1
0033 CAS*PR*2*60*1
0034 DTP*573*D8*20121016

SVD*Primary Ins Paid \$100.00
CAS*CO - \$40.00
CAS*PR - \$60.00 Amount Due

Loop 2400 - Service Line

0035 LX*2
0036 SV1*HC:90801*100*UN*1***1
0037 DTP*472*D8*20121010
0038 REF*6R*2F47BC42C949249040D99B5A2B6695

SV1*2nd Line Charge \$100.00

Loop 2430 - Line Adjudication Information

0039 SVD*PRIMARYPAYERID*50*HC:90801**1
0040 CAS*CO*45*25*1
0041 CAS*PR*2*25*1
0042 DTP*573*D8*20121016

Primary Ins Paid \$50.00
CAS*CO - \$25.00
CAS*PR - \$25.00 Amount Due

Transaction Set Footer Records