

SECONDARY CLAIM SUBMISSION INSTRUCTIONS (DENTAL)



OVERVIEW

Before submitting a Secondary (COB) claim, you need to bill the primary insurance first. Once you receive the Explanation of Benefits (EOB) or Electronic Remittance Advice (ERA), you may then bill the secondary payer electronically (if electronic secondary claims are accepted by that payer).

SECONDARY CLAIM SUBMISSION OPTIONS

- ANSI 837D format created using a 3rd party software system (sent via SFTP or uploaded within OA)
 - All secondary (COB) claim information can be reported within the 837.
 - As long as all required loops/segments are present and valid, no manual intervention will be needed.
- Print Image format created using a 3rd party software system (sent via SFTP or uploaded within OA)
 - **NOTE:** You must include “Secondary” at the end of the payer name (i.e. Regence of WA *Secondary*). Office Ally will automatically reject the claim back to Claim Fix where you can then check the “This is a Secondary Claim” box.
- Edit the primary claim from within Inventory Reporting (Edit pencil)
 - Once the claim opens, you can then check the “This is a Secondary Claim” box.

BALANCING REQUIREMENTS

Claim Primary Paid Amount

The Sum of all line items payment amount (SVD02) = Claim’s Primary Payer Payment Amount (AMT*D)

Total Claim Charge Amount

The Primary Paid Amount (AMT*D) + Claim Level Adjustments (CAS segments) + Line Level Adjustments (CAS segments) = Claim Amount (CLM02)

Line Item Charge Amount

Line Item Primary Paid Amount (SVD02) + Line Level Adjustment (CAS Segment) = Line Item Charge Amount (SV102)

ENTERING SECONDARY (COB) CLAIM INFORMATION

Once you check the “This is a Secondary Claim” box:

- **Box 3** will now be used to report the secondary payer information
- **Box 11** will now be used to report the primary payer information
 - **Note:** If you’re editing a primary claim and Box 3 and 11 were already filled out, the information previously found in Box 11 will move to Box 3, and vice versa.
- **Box 5 - 9** will now be used to report Subscriber Information (primary coverage)
- **Box 12 - 16** will now be used to report Subscriber information (secondary coverage)
 - **Note:** If you’re editing a primary claim and Box 5 - 9 and 12 - 16 were already filled out, the information previously found in Box 12 -16 will move to Box 5 - 9, and vice versa.

- At the bottom of the claim, a “Secondary Claim” section has appeared.
- Enter the **Primary Payer Name, Primary Payer ID, and Insurance Type Code** (if secondary is Medicare).

SECONDARY CLAIM: FILL IN INFORMATION FROM PRIMARY EOB/ERA HERE		
PRIMARY PAYER NAME: (Fill in formation the same as box 11)	PRIMARY PAYER ID:	INSURANCE TYPE CODE:
<input type="text"/>	<input type="text"/>	<input type="text"/>

- There are two sections that can be utilized to report adjudication information; one is for **CLAIM LEVEL** and the other is for **LINE LEVEL** (individual service line items).
 - You must include the CLAIM LEVEL **Primary Payer Payment Amount** (sum of LINE LEVEL **Primary Payer Payment Amounts** – even if there is only one line item to report adjudication information for).
 - The **Adjudication Date** (payment date) can be entered on either CLAIM LEVEL or LINE LEVEL, but not both.
 - The **Patient Remaining Liability** (amount owed) can be entered on either CLAIM LEVEL or LINE LEVEL, but not both.

ADJUDICATION ON CLAIM LEVEL									
LINE NO.	PATIENT REMAINING LIABILITY	PRIMARY PAYER PAYMENT AMOUNT	ADJUDICATION DATE	REASONS (Enter exactly as they appear on ERA 835 report)					
				EDIT ADJUSTMENTS	GROUP CODE	AMOUNT	REASON CODE		
1				[+] Edit Adjustments for Line Item 1					

LINE ITEMS INFORMATION									
LINE NO.	PATIENT REMAINING LIABILITY	PRIMARY PAYER PAYMENT AMOUNT	ADJUDICATION DATE	REASONS (Enter exactly as they appear on ERA 835 report)					
				EDIT ADJUSTMENTS	GROUP CODE	AMOUNT	REASON CODE		
1				[+] Edit Adjustments for Line Item 1					
2				[+] Edit Adjustments for Line Item 2					
3				[+] Edit Adjustments for Line Item 3					
4				[+] Edit Adjustments for Line Item 4					
5				[+] Edit Adjustments for Line Item 5					
6				[+] Edit Adjustments for Line Item 6					
7				[+] Edit Adjustments for Line Item 7					
8				[+] Edit Adjustments for Line Item 8					
9				[+] Edit Adjustments for Line Item 9					
10				[+] Edit Adjustments for Line Item 10					

- Click on [\[+\] Edit Adjustments for Line Item X](#) to enter Adjustment information.

REASONS (Enter exactly as they appear on ERA 835 report)				
EDIT ADJUSTMENTS	GROUP CODE	AMOUNT	REASON CODE	
[+] Edit Adjustments for Line Item 1				
[+] Edit Adjustments for Line Item 2				
[+] Edit Adjustments for Line Item 3				
[+] Edit Adjustments for Line Item 4				
[+] Edit Adjustments for Line Item 5				
[+] Edit Adjustments for Line Item 6				
[+] Edit Adjustments for Line Item 7				
[+] Edit Adjustments for Line Item 8				
[+] Edit Adjustments for Line Item 9				
[+] Edit Adjustments for Line Item 10				

Add Adjustments for Line Item 1

LINE NO	GROUP CODE	AMOUNT	REASON CODE	Del
1				X
2	CO			X
3	CR			X
4	OA			X
5	PI			X
6	PR			X

Update Cancel

- Once the secondary (COB) information has been entered, click Update to submit the claim.

For a list of WPS HealthCare Codes (CARC, RARC, etc.), please visit <http://www.wpc-edi.com/reference/>