

How to Successfully Send Secondary Claims Using PC-ACE

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**BlueCross BlueShield
of Nebraska**

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For instructional purposes, this document contains items circled in red and that will not appear on your screens.

Enter or import basic claim information into PC-ACE.

The differences between a normal single payer claim and a COB claim.

On the tab titled "Patient Info & General," make sure the "Other Ins." field has a "1" to indicate that there is other insurance and that there is a "Y" in the "COB?" field.

Professional Claim Form

Patient Info & General | Insured Information | Billing Line Items | Ext. Patient/General | Ext. Pat/Gen (2) | Ext. Payer/Insured

LOB Billing Provider 26 - Patient Control No.

2 - Patient Last Name: First Name: MI: Gen: 3 - Birthdate: Sex: 8 - Pat. Status: MS ES SS Death Ind: 12 - SOF: Legal Rep.:

5 - Patient Address 1: Patient Address 2: Patient City: State: Patient Zip: Country: Patient Phone:

10 - Patient Condition Related To: Employment Accident ROI: ROI Date: Other Ins.: 14 - Date/Ind of Current: 15 - First Date: 16 - UTW/Disability Dates & Type: to

17 - Referring Phys Name (Last/Org, First, MI, Suffix): Referring Phys IDs/Types: 18 - Hospitalization Dates: to 20 - Outside Lab/Chgs: Y/N

19 - Reserved For Local Use: 22 - Medicaid Resubmission Code & Ref No:

25 - Fed. Tax ID: SSN/EIN: 27 - Provider Accepts Assignment?: PIN No.:

31 - Provider SOF: Date: Facility?: Dental?: COB?: Frequency: 33 - GRP No.:

The "Insured Information" tab contains the insurance information that is applicable to the claim.

The primary payer is on the first line of the lines of this form. The secondary payer is on the second line.

Right-click in the "Payer ID" field to choose the appropriate payer for either the primary payer or secondary payer.

If the primary insurance is through a spouse, make sure to populate the correct information and patient relationship (P. Rel) field. Right-click in this field for a list of options.

Repeat these steps for the secondary insurance information.

Sub	Payer ID	Payer Name	Insured's ID	P. Rel	Insured's Last Name	First Name	MI	Gen
<input type="checkbox"/>	00655	MEDICARE B OF KANSAS	505555555A	19	BLAIR	ALANA		
<input checked="" type="checkbox"/>	77780	BLUE CROSS BLUE SHIELD O	YEP505555555	18	BLAIR	SEAN	K	
<input type="checkbox"/>								

Birthdate	Sex	Sig	AOB	Insured's Address 1	Insured's Address 2	Insured's City	State	Zip
07/19/1979	F	C	Y	3501 W DUTCHMAN CIRCLE		BELLEVUE	NE	68123-____
05/04/1981	M	C	Y	3501 W DUTCHMAN CIRCLE		BELLEVUE	NE	68123-____
/ /								:

Country	Insured's Phone	ESC	Employer Name	Group Name	Group Number	
	() - : -	<input type="checkbox"/>				Clear Payer
	() - : -	<input type="checkbox"/>				Clear Payer
	() - : -	<input type="checkbox"/>				Clear Payer

Save Cancel

On the "Billing Line Items" tab, the only difference is Box 29 (Amount Paid) towards the bottom. This box should have the total paid amount from the primary payer.

Click "Recalculate" after entering this number to generate the correct amount in Box 30 (Balance Due).

Professional Claim Form

Patient Info & General | Insured Information | **Billing Line Items** | Ext. Patient/General | Ext. Pat/Gen (2) | Ext. Payer/Insured

Line Item Details | Extended Details (Line 1) | Ext Details 2 (Line 1) | MSP/COB (Line 1)

Claim Diagnosis Codes: 1 7244 2 3 4 5 6 7 8

LN	24a - Service Dates From	24a - Service Dates Thru	24b PS	24c TS	24d Proc	24d - Modifiers 1	24d - Modifiers 2	24e Diagnosis	24f Charges	24g Units	EP	FP	EM	CB	AT	Rendering Phys.
1	02/04/2007	02/04/2007	11		97140			1	30.00	1.0						
2																
3																
4																
5																
6																

28 - Total Charge 30.00 **Recalculate**

29 - Amount Paid **15.00** 30 - Balance Due **15.00**

Save Cancel

This form must be completed for each service line. To access it, make sure that your cursor is in the service line that you are reporting adjustments for and click the "MSP/COB (Line X) tab.

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Patient Info & General | Insured Information | Billing Line Items | **Ext. Patient/General** | Ext. Pat./Gen (2) | Ext. Payer/Insured

Line Item Details | Extended Details (Line 1) | Ext Details 2 (Line 1) | **MSP/COB (Line 1)**

Common Line MSP Amounts

Approved: 0.00

Allowed: 20.00

Deductible: 5.00

Co-Insurance: 0.00

Primary Paid: 15.00

OTAF: 0.00

Disallow Cost: 0.00

Disallow Other: 0.00

Additional Line-level Adjudication / COB Information (ANSI-837 Use Only)

Service Line Adjudication (SVD) Information

SVD	P/S	Proc. Code	Qual / Code	Modifiers 1 thru 4	Paid Amount	Paid Units	B/U Line
1	P	HC	97140		15.00	1.000	
2							
3							

Line Adjustment (CAS) & Miscellaneous Adjudication Info (for SVD 1 above)

Procedure Code Description: [Empty]

Line Level Adjustments (CAS)

Num	Group	Reason	Amount	Units
1	00	45	10.00	
2	PR	1	5.00	
3				

Adj/Payment Date: 03/15/2007

Save | Cancel

You will need a copy of the remittance advice from the primary payer in order to fill in this screen. For each service line, the allowed amount is the difference between the charge amount and the amount the primary payer says is over their contracted or maximum allowed amount.

On the left-hand section fill in the allowed, deductible or coinsurance (whichever applies) and the amount the primary payer paid. In the middle section, fill in "P" for primary payer, "HC" to indicate that the next code is a procedure code, then the actual procedure code, and then the amount paid and number of units.

On the bottom middle section put the date that the primary payer paid the claim. In the bottom right, fill in the individual adjustments. Right-click in the "Group" and "Reason" codes to see a list of possible values.

In the bottom right-hand corner, click "Save" and send the claim to BCBSNE!