



Start by select the claim you want to send. Click on the Claim Number to highlight the claim number. Then click on the **Basic** button.

To successfully send a secondary claims, you will need the following,

Group and Reason codes to explain why the primary payer did not pay 100% of what was billed. You will also need the **Adjudication Date** and **Payer Total Payment** for the claim from the EOB.

**Transaction Payment Detail**

Charges

Date From	Procedure Code	M1	M2	M3	M4	Amount	Allowed Amount	Insurance 1 Amount Paid	Adjustment Amount	In1 Paid
11/30/2007	99213	25				97	56.03	0	0	<input type="checkbox"/>
11/30/2007	L3000	LT				350	588	0	0	<input type="checkbox"/>
11/30/2007	L3000	RT				350	588	0	0	<input type="checkbox"/>
11/30/2007	29450					225.25	75.16	0	0	<input type="checkbox"/>

Remittance Information

Unique ID	Entry Number	Chart Number	Group Code	Reason Code 1	Amount 1	Units 1	Reason Code 2	Amount 2	Units 2

Adjustments

Entry Number	Date From	Procedure Code	Description	Amount	Payment Amount	Chart Number	Case N

Claim Level Information

Payer Amount Paid: 0

Adjudication Date: 12/30/1899

Save

Unexplained Balance: 97.00

Each charge has to have adjustment reason codes and amounts to explain why the primary didn't pay 100% of what was billed. The charge amounts have to balance with the payment amounts and the adjustment amounts, a simple (assuming all amounts are positive) formula for this balance is Charge Amount = Payment Amount + any adjustment amount (whether it is applied in the practice management software or not). Some short cuts have been created to help you enter the most common adjustment reasons.



If the allowed amount is less than the billed amount, start with the **Allowed Amount** button, it will create CO-45 with an amount that is equal to the difference between the amount billed and the allowed amount.

The dialog box titled "New Adjustment Group" has a blue title bar with a close button. It contains a "Group Code" dropdown menu set to "CO - Contractual Obligations". Below this is a table with three columns: "Reason Code", "Amount", and "Units". The first row contains the values "45", "40.97", and an empty field. There are five more empty rows below. To the right of the table are "Save" and "Cancel" buttons.

Reason Code	Amount	Units
45	40.97	



The **Co-Insurance** button will create PR-2 with the remaining unexplained balance. The Balance indicator will read 0.00 when you are done with the charge and everything is in balance.

The dialog box titled "New Adjustment Group" has a blue title bar with a close button. It contains a "Group Code" dropdown menu set to "PR - Patient Responsibility". Below this is a table with three columns: "Reason Code", "Amount", and "Units". The first row contains the values "2", "56.03", and an empty field. There are five more empty rows below. To the right of the table are "Save" and "Cancel" buttons.

Reason Code	Amount	Units
2	56.03	



The **Deductible** button is a short cut, it will create PR-1 with the remaining unexplained balance. The Balance indicator will read 0.00 when you are done with the charge and everything is in balance. If only part of the remainder is applied to the patients deductible, you can change the dollar amount.

Once you have the charge amount in balance with the payment and adjustment reasons, the program will automatically skip to the next procedure code. This process must be repeated for each of the charges on the claim.

If the allowed amount from the primary payer is zero and they did not pay for the procedure, a group and code or codes must be entered to explain why.

here is a list of current codes <http://www.wpc-edi.com/codes/claimadjustment>

Each adjustment reason has a **Group Code** and an **Adjustment Reason Code**. you enter each group separately and each group can have up to 6 reason codes and amounts. If you have 2 or more Adjustment Reason Codes with the same Group Code, then you create one Group code and fill in the Reason Codes.

Examples, CO-45 (an allowed amount adjustment) and CO-A2. The Adjustment Code Group is CO and the Reason Code is 45 or A2

PR-1 (Deductible) PR-2 (Co-insurance) the adjustment code group is PR and the Reason Code is 1 or 2

Some common reasons for non payment are

**97:** The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. use a group code of **OA** and **97**

**38:** Services were not provided by a network provider. Use a group code of **OA** and **38. 149:** Lifetime benefits exceeded. Use a group code of **OA** and **149.**

**96 and 204:** If the procedure code is not covered by the patients plan and thus does not have an allowed amount, use a combination of codes. If the patient is responsible use the **PR** Group Code with both a code **96** and **204**. Put the charge amount on the code **96**.

Once you have finished with the transactions, verify the Adjudication Date and Payer Payment Amount. Then Click on the Save button, then click on the Exit icon with the Door and Arrow.

**Transaction Payment Detail**

Charges

Date From	Procedure Code	M1	M2	M3	M4	Amount	Allowed Amount	Insurance 1 Amount Paid	Adjustment Amount	In1 Paid	li
11/30/2007	99213	25				97	56.03	0	0	<input type="checkbox"/>	
11/30/2007	L3000	LT				350	588	0	0	<input type="checkbox"/>	
11/30/2007	L3000	RT				350	588	0	0	<input type="checkbox"/>	
11/30/2007	29450					225.25	75.16	0	0	<input type="checkbox"/>	

Remittance Information

Unique ID	Entry Number	Chart Number	Group Code	Reason Code 1	Amount 1	Units 1	Reason Code 2	Amount 2	Units 2
	1	53167	COKBA000	CO	45	40.97		0	
	2	53167	COKBA000	PR	2	56.03		0	

Adjustments

Entry Number	Date From	Procedure Code	Description	Amount	Payment Amount	Chart Number	Case N

Unexplained Balance: 0.00

Claim Level Information

Payer Amount Paid:  ↑

Adjudication Date:  ↓ ↑ Save

To Send the claim, exit from the Secondary EDI Claim list. Choose the Send Claims icon, like you do when you send primary claims. Select the Secondary option in the Claim Sequence selector group. Then click send claims and everything is the same as sending primary claims