

Hello and thank you for joining the PC-ACE Pro32 Medicare as Secondary Payer Webinar. This Webinar will walk you through how to setup a payer, enter a patient who has Medicare as the secondary payer, and how to enter a claim that has Medicare as the secondary payer. You may follow along while using your PC-ACE Pro32 software or in the Medicare as Secondary Payer document provided on the CEDI Web site <http://www.ngscedi.com>. If you follow along in your software, you can minimize the Webinar window to give you access to your computer.

Before we begin, we would like to note that the CEDI technical support staff is not trained in medical billing. The information provided in this Webinar is intended to provide the user with enough information in order to successfully enter a Medicare as secondary payer or MSP claim using the medical policy knowledge that the user already has. Please contact the Jurisdiction that will be billed with any medical policy questions.

When entering a Medicare as Secondary Payer or MSP claim in PC-ACE Pro32, the first step is to verify that the primary insurance is loaded into the software. To check this, go to "Reference File Maintenance," and the "Payer" tab. The insurance should be listed with the "Usage" set to "Prof Only."

If the primary is already on the list, you will not need to complete this step.

If it is not on the list, the primary insurance will have to be added. To add this information select the "New" button in the lower left corner of the screen. This will produce the "Payer Information" screen.

You will first need to enter the Payer ID for the primary insurance. This is a five character identification number used to identify the payer, or insurance company, in electronic transactions. This field is required, but the primary insurance may not have a Payer ID. The field has to have a unique entry for every insurance company entered into PC-ACE Pro32. It is recommended that the real Payer ID be obtained, if possible, from the primary insurance. If it is not possible to obtain that ID, enter the payer ID for the first insurance as five Xs (XXXXX), with subsequent insurances entered as XXXX1, XXXX2, etc. These values are not important in the Medicare processing system, but are required in the electronic claims format. Instead of using the payer ID, the name of the primary insurance is used by the payment systems to confirm that it went to the correct primary insurance. The LOB or Line of Business field identifies what type of insurance company the primary was, and will most likely be COM for commercial, or BS for Blue Shield. You will need to select the option that is appropriate for the primary insurance you are entering. The Receiver ID and ISA08 Override fields will be left blank.

The Full Description field is the name of the primary insurance, and it is used to confirm the claim was submitted to the correct primary insurance in the Medicare payment systems. You will also want to enter the address information for the primary insurance. The phone number, fax number, and contact name are optional fields and are not required to be filled in.

Under the Flags section; the Source is also used to identify the type of insurance, and will most likely be CI for commercial insurance or BL for Blue Cross/Blue Shield. Use the right click or F2 look up feature in this field to be sure that the correct entry is being selected. Media is used to determine how this insurance will be used for claim billing. Use the right click or F2 look up feature to select E for electronic. Usage controls when the insurance will be displayed as an option during the entry of patient information. Use the right click or F2 look up feature to select H to limit the payer to Professional claims only.

Once the insurance information is entered, click the Save button and close Reference File Maintenance menu.

Next, we will begin entering the claim information. Open the "Professional Claims Processing" menu. This is the second icon on the main menu reading P-R-O-F down the side. Select "List Claims" to enter the claim management area. Click on the "New" button in the lower left corner to enter a new claim. This will pop up a blank "Professional Claim Form". Right click or use the F2 look up feature in the "Patient Control Number" field to bring up the "Patient Selection" screen.

If the patient is listed already, highlight them, click on the "Select" button, and proceed to "Claim Entry." If the patient is not listed, click on the "New" button in the lower left corner to bring up the "Patient Information" tabs. The "General Information" tab will be filled in the same as it would be for a Medicare Primary claim.

The "Primary Insured (Prof)" tab, which is the 4th tab at the top, will be the information for the primary, or non-Medicare, insurance. Use the right click or F2 look up feature in the "Payer ID" field to select the primary insurance information. This should fill in the "Payer Name" and "LOB" fields, based on what was entered in the "Payer" tab of "Reference File Maintenance" menu.

"Group Name" and "Group Number" should be entered based on what is present on the patient's ID card for the primary insurance. If these fields are not on the card, they may be left blank.

Next you will need to fill in the Insured Information (F7) tab about half way down the screen. The "Rel" field should be selected by right-clicking or using the F2 look up feature and selecting the appropriate code for the patient's relationship to the actual policyholder. Thus, if the primary insurance is under the spouse's name, 01 would be selected, as an example. The required fields above will need to be entered for the policyholder.

If 18 (for Self) is selected, the name, address information, and other general information fields will automatically populate from the "General Information" tab. Two of the fields will not fill in automatically even if 18 (Self) is selected. These will need to be entered manually. You will need to enter the Insured ID. This is the identification number used by the primary insurance to identify the patient. Also enter the Assign of Benefits information by using the right click or F2

look up feature. This indicates whether or not the patient has authorized payment to the provider.

Now select the "Secondary Insured" tab. This tab needs to be separated into two tabs, one for "Institutional," and one for "Professional." Click in the radio button for "Separate Inst & Prof" in the upper right corner of this screen to do this. The screen should automatically change to display the Secondary Insured (Prof) tab. You can verify you are on the correct tab by checking the tab being displayed at the top of the screen.

This will be where the Medicare information is entered. You will need to use the right click or F2 look up feature in the Payer ID field to select the Medicare insurance. We will be using 17003 as our example although you may use any of the 4 DME MAC insurances listed. Next you will need to select the Rel information to indicate the relationship to the insured party. Remember that for Medicare this will always be 18 for self. This should populate most of the Insured Information fields. You will also need to enter the Insured ID or the patient's Medicare ID number from the Medicare insurance card and the Assign of Benefits indicator. You can use the right click or F2 look up feature to select the Assign of Benefits indicator.

Select the "Save" button to save the patient record. This will return the display to the "Patient Selection" screen. Click the "Select" button to choose the patient that was just entered. The "Professional Claim Form" will be displayed again, this time with the patient's data in it.

Once the patient is selected, there are two more fields that must be entered on the "Patient Info & General" tab. The "Patient Condition Related To Employment" field will need to be entered. You can use the right click or F2 look up feature to select the appropriate option. Next, you will need to enter the "COB?" field at the bottom of the screen. The "COB?" field will be entered as Y in order to turn on the MSP tabs elsewhere in the claim form.

Next you will need to fill in the "Billing Line Items" tab. This is the 3rd tab at the top. The "Line Item Details" sub-tab is where the diagnosis codes and charge lines will be entered. We will be entering 2 generic charge lines to demonstrate how the MSP information can be added.

Please keep in mind that CEDI does not handle questions related to medical policy or coding, and the example's use of a diagnosis code and procedure codes without modifiers is not intended to demonstrate a payable claim. This is merely to illustrate how to enter the information in the software.

Enter the diagnosis code and first charge line information.

Remember to enter the Diagnosis code without the decimal. The example uses diagnosis code 344.9, but it is entered as 3449.

Box 24b is for the Place of Service. The example uses 12 for "Home," but the proper place of service for the patient should be selected.

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Box 24e is a pointer telling the claim to look at the row of diagnosis codes and use the one in the box indicated for this charge line. Since we are indicating the first box in the Diagnosis code section, 1 is entered. You will need to enter the pointers valid for your claim.

Box 24f is for the total charges of the line item. This is not to be adjusted based on what the primary insurance did with the claim. It is the original item charge. Thus in the example above, the item is billed originally as a \$5,000 item.

Box 24h may be used if there is a Certificate of Medical Necessity (CMN), or the supplier-signed DME Information Form (DIF), for this charge line. CMN and DIF entry will not be covered in this Webinar. Please refer to the Certificate of Medical Necessity document on the CEDI Web site <http://www.ngscedi.com> under the Resource Materials page if more information is needed.

Once the information for Line 1 is entered, and with the cursor still flashing in the first charge line, click on the "Extended Details (Line 1)" sub-tab. This tab is where any third or fourth modifiers would be added as well as the Ordering Provider information. Use the right click or F2 look up feature to select the Ordering Provider for this charge line.

On the "Physician Setup" screen you can either select a previously entered Ordering Provider or add a new Ordering Provider by selecting "New" in the bottom left corner. Use the "Select" option to add the Ordering Provider to the claim.

If the procedure code you entered requires a description, you will need to enter this on the Ext Details 2 (Line 1) sub-tab. It will be placed in the Proc Type/desc field in the second long box provided. Be sure to leave the first smaller box blank. If a general narrative is required for this charge line, enter it on the "Ext Details 3 (Line 1)" sub-tab.

The "MSP/COB (Line 1)" sub-tab is where information from the primary insurance's explanation of benefits or EOB will be entered. Depending on how the primary EOB lists information, the values may be listed or may need to be calculated, so having a calculator nearby may come in handy.

The "Approved" and the OTAF fields on the left side under Common Lines MSP Amounts are no longer required and should be omitted.

Under Service Line Adjudication (SVD) Information click in the line for SVD 1. You will only enter information on the SVD 1 line. In this area, each SVD represents payment by a different insurance, NOT information for different charge lines.

Enter P to indicate payment information in this row is for the primary insurance. Enter HC in the Proc field to indicate a HCPCS code was used. Type in the HCPCS code from the first charge line. Enter Modifiers if any were entered on the charge line. Under Paid Amount, enter what the primary insurance actually paid for this charge line. The B/U Line field is not used.

Verify that the Line Adjustment (CAS) & Miscellaneous Adjudication Info reads for SVD 1 above. This should always state for SVD 1 even when entering multiple charge lines as they will

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go on separate tabs. Line Level Adjustments (CAS) is where the difference between the item's total cost and what was actually paid by the primary is explained. There is a lot of variation in what will be entered here, and the primary EOB may not supply exactly what is needed. There may be one, or there may be several. Take a look at the primary EOB and search for every reason why the primary marked down their reimbursement amount to get to what they paid.

To enter the codes, right-click in the "Group" and "Reason" boxes to find a list of valid entries. Find a "Reason" that best describes the reason the amount was not allowed. Be aware that these codes can have end-dates, and only select codes that are still active. Be careful with what is entered in the claim adjustment, or CAS, section to explain the adjustments. What is entered here can directly impact Medicare payment. CEDI does not have any guidance for what to select for the reason codes. It is also important to understand that if the primary paid nothing on this line, then the adjustments will have to total the ENTIRE amount of the charge line. If the primary paid zero in our example, the CAS entries would have to total \$5,000. The units fields do not need to be filled in for the CAS segments. Finally, enter the "Adj/Payment Date." This is the date of the EOB from the primary insurance.

Return to the "Line Item Details" sub-tab. To enter a second charge line, click in the second row under "LN" and enter the charge line. Note that the other sub-tabs change to display "(Line2)."

Enter the second charge line under Line Item Details if your claim has more than 1 charge to report. Also fill in the Extended Details (Line 2) tab for the ordering provider information and any information required on the other Ext. Details tabs.

Next you will enter the EOB information on the MSP/COB (Line 2). You will notice that the SVD 1 line is blank as we are now on the second charge line. All information will be entered on the SVD 1 line for all charge lines you enter. Enter the SVD 1 information to reflect the second charge line information. Also enter your CAS segments and adjudication date for the second charge line. Remember, if the primary paid nothing on this line, then the adjustments will have to total the ENTIRE amount of the charge line.

You will want to repeat these steps for any additional charge lines. When all charge lines are entered, complete with Ordering Provider and MSP/COB information on each line, return to the "Line Item Details" sub-tab to enter any patient paid amount. Leave Amount Paid as 0.00 if the patient did not pay on this claim. Select the "Recalculate" button at the bottom of the screen to total the charge line amounts.

Once the "Recalculate" button has been clicked, go to the "Ext. Payer/Insured" tab and select the "Secondary Payer/Insured" sub-tab. Right click or use the F2 look up feature in the "Insurance Type" box to select the reason why Medicare is the second payer. These values are all numeric and are listed first. We will be selecting Insurance Type "47" for our example.

Also on the "Ext. Payer/Insured" tab, select the "COB Info (Primary)" sub-tab. Under COB / MOA Amounts select the Code D for the primary paid amount. Use the F2 key or right-click

option to bring up a list of codes. Enter the total amount the primary insurance paid on all charge lines.

Once this tab is completed, select Save.

You are now ready to bill your claim to Medicare. Follow normal prepare and send functions to submit your claim.

Sometimes, the information from the primary insurance only indicates payment information at the claim level instead of the line level. This is not typically but when this happens, the "Billing Line Items" "MSP/COB" sub-tab will not be used. Instead, additional information will be added to the "Ext. Payer/Insured" "COB Info (Primary)" sub-tab. The adjustment or CAS amounts for the entire claim will be entered here, as well as the adjudication date for the primary insurance.

Do not enter adjustments at both claim and line level. This will throw the claim out of balance, and the claim will not be savable as a clean claim until one set of adjustments or the other is removed.

This concludes the Webinar. We discussed how to setup a payer, enter a patient who has Medicare as the secondary payer, and how to enter a claim that has Medicare as the secondary payer. If you have any questions about the information provided in the Webinar or need additional information, please review the PC-ACE Pro32 Documentation on the CEDI Web site at <http://www.ngscedi.com> or contact the CEDI Help Desk at 866-311-9184.