

Electronic filing instructions for
Medicare Secondary Payor claims
MSP--WISCONS-01 or MSP--ILLINOI-01 or MSP--INDIANA-01
or MSP--KENTUCK-01 or MSP--OHIO----01 or MSP--MICHIGA-01
or MSP--MINNESO-01

** Primary Explanation of Benefits data is required – keep these eob’s available for reference

1. Create Billing in your Practice Management Solution.
2. Open your CommuniClaim Software and Log In
3. Click on “Main”
4. Click on “Import Functions”
5. Choose your Configuration
6. Left click on “Import claims”
7. Left click on “Claims Deficiency” (checking claims for errors)
Run
Right click in the “Import Batch Field”
Select batch – by clicking select at bottom – when batch is highlighted
Left click on the “OK” button
Left click on the “Select” Button (grid will appear if more than 1 claim in batch)
Hcfa Claim Error/Deficiency process screen – will show Clear or Errored Claim Totals
If No errors proceed to Step #8
8. Left click on “Exit” – claims deficiency form
9. Left click on “Edit Functions” – from the import form
10. Left click on the “Filter” button. This opens the Claims Selection Form.
11. Right click in the “Import Batch Field” to open a list of import batches
12. Left click on the desired import batch – This will highlight this batch
13. Left click on the “Select” button at the bottom right to choose this batch
14. Left click on the “OK” button to select this batch (batch number will be displayed in the Import Batch field – highlighted in Green)
15. If batch contains more than 1 claim a grid of Patient names will appear, Left click on the “Select” button to select the first patient in the list.

16. First patient will appear in the screen below

CommuniClaim v2.509 [MODEL] - Prompt Solutions >> TEST<<

Patient / Insured | Other Insured / Payor | Diag / Services | Provider / Physician / Date | Facility / Miscellaneous

HCFA - Patient Standard Mode Modified 12/15/2009 11:43:41 AM by MODEL

Name: DOE, JOHN Account #: 1234-1-29
Address 1: 2222 PARK DR DOB|Sex: 06/08/1943 Male
Address 2: Re|To|Ins|Marital: Self Married
City|St|Zip: FRANKLIN WI 53132 Emp|Stdnt Stat: Not Empl Not a Stud
Phone #: (414)123-4566 Accident? Emp Auto Other AA State|Sign Dt: 11/26/2008

Insured Insurance Level: Primary
Name: DOE, JOHN Ins Id #: 91234567A
Address 1: 2222 PARK DR DOB|Sex: 06/08/1943 Male
Address 2: Employer Name:
City|St|Zip: FRANKLIN WI 53132 Plan Name: MEDICARE WI - SECONDARY
Phone #: (414)123-4566 Group #: NONE Accept Assign? Ins Sign Dt: N/A

Internal Notes: N/A Notes: N/A

Top Prev Next Bottom Add Edit Delete Filter List Print View Exit

NOTE: Yellow and Black taps at the top of this screen will allow you to move to different sections of the Hcfa form

17. Left click on the “Edit” button

18. Left click on the “Facility/Miscellaneous” tab at the top-right

CommuniClaim v2.509 [MODEL] - Prompt Solutions >> TEST<<

Patient / Insured | Other Insured / Payor | Diag / Services | Provider / Physician / Date | Facility / Miscellaneous

HCFA - Facility Standard Mode DOE, JOHN

Name: CHRIS CHIROPRACTIC @ CHRIS CHIROPRACTIC City: FRANKLIN
Address 1: 1111 SOUTH ST State|Zip: WI 53132
Address 2: Fac NPI|Fac Id: 1234567890

Miscellaneous	Transactions	Response Messages	Supplemental Info
Clm Id Stat: 32137	No Errors	ClmG5 G6: 0.00	0.00
Clm Cat:		ClmG7 ClmG8: N/A	09/24/2008
Clm Grp:		InsG1 InsG2:	
ClmG1 G2: PRIM PAYOR PAID AMT	PRIM PYR ALLOWED AMT	PatG1 IntRepNo:	
ClmG3 G4: DATE OF EOB PRIMARY		IntIdNo IntBilNo: PSI-9285	PSI-9285
Narrative: CAS STATEMENT & NTE SEGMENT			

Internal Notes: N/A Notes: N/A

Add Row will copy current row Save Cancel Delete Add Row Del Row Print View Exit

19. ClmG1 field

Enter “**PRIMARY PAYOR PAID AMOUNT**” If any. Dollars and cents only

Example: 1.87 entered represents \$1.87 – do not use the dollar sign.

20. ClmG2 field

Enter “**PRIMARY PAYOR ALLOWED AMOUNT**” If any. Dollars & cents only

21. ClmG3 field

Enter date as “12172009” This date is the date of the Primary insurance EOB

MMDDCCYY – format 2 digit month 2 digit day 4 digit year including the century

22. Narrative field –

CAS statement & NTE segment data

Complete the following from the Primary EOB:

Amount Paid by Primary _____

Amount Adjusted by Primary _____

Reason for Adjustment _____

Patient Responsibility _____

Deductible CO-INS CO-PAY

Patient Responsibility _____

Deductible CO-INS CO-PAY

Patient Responsibility _____

Deductible CO-INS CO-PAY

Claim Adjustment Group Code

Adjustment Reason Code - Claim Level

- CO Contractual Obligations**
- CR Correction and Reversals**
- OA Other adjustments**
- PI Payor Initiated Reductions**
- PR Patient Responsibility**

- 1 DEDUCTIBLE**
- 2 CO INSURANCE AMT**
- 3 CO PAYMENT AMT**
- 45 Charge Exceeds Fee Schedule/ Maximum Allowed**
- 119 Benefit Max for this time period**

Sample CAS Statement

Explanation of statement

CAS*PR*1*168.72

(Patient Responsibility is \$168.72 Deductible)

CAS*PR*1*168.72**2*1.87

(Patient Responsibility \$168.72 Deduct & \$1.87 Co-Ins)

CAS*CO*45*202.62

(Contractual Obligations/Adjusted Amount \$202.62 -
reason for adjustment is Maximum Allowed)

If more than 1 CAS statement, a Tilde should indicate the end of one statement and the beginning of the next, as follows:

CAS*PR*168.72~CAS*CO*45*202.62

CAS* CLAIM ADJ GROUP CODE * ADJ REASON CODE * AMOUNT

Your Statement:

(1 AMT FOR CLAIM ADJ GROUP CODE)

CAS* _____ * _____ * _____
CLM ADJ GROUP CODE ADJ REASON CODE AMOUNT

(2 AMTS FOR CLAIM ADJ GROUP CODE)

CAS* _____ * _____ * _____ ** _____ * _____
CLM ADJ GROUP CODE ADJ REASON CODE AMOUNT ADJ REASON CODE AMOUNT

If Primary paid amount or primary allowed are ZERO:

Following statement is required – underlined amt should be reason for zero paymt

NTE*BENEFIT MAX REACHED BY PRIM INS

NTE*TOTAL APPROVED AMT APPLIED TO DEDUCT

If Patient is only responsible for Co-Pay amount

NTE*BILLING FOR \$ CO-PAY ONLY

Primary allowed = Zero

Primary paid = Zero

Formulas for calculation:

TOTAL CHARGE - ALLOWED AMOUNT = AMOUNT ADJUSTED

AMTS PAID BY PRIMARY + AMTS ADJUSTED BY PRIMARY = BILLED AMT