How to Successfully Send Secondary Claims Using PC-ACE

NEBLUE connect

BlueCross BlueShield of Nebraska

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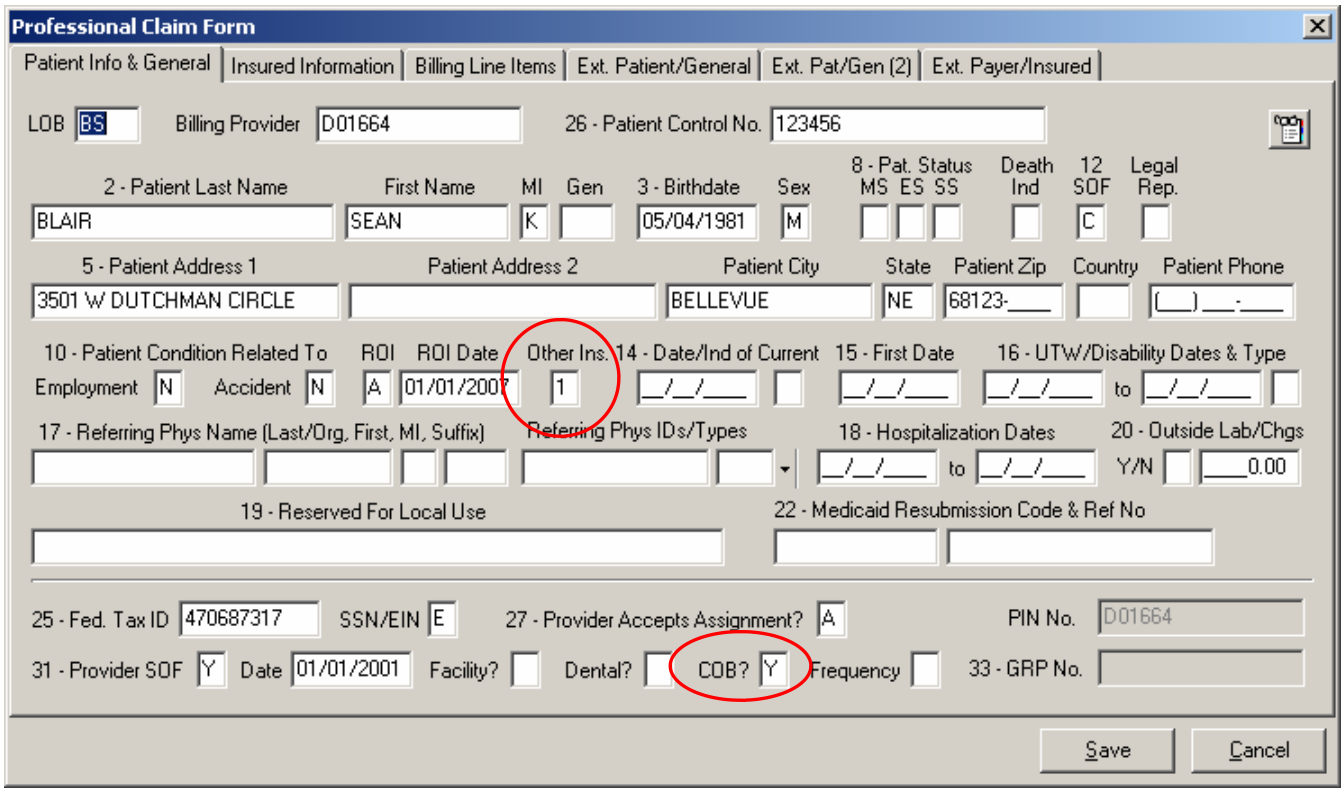
For instructional purposes, this document contains items circled in red and that will not appear on your screens.

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.



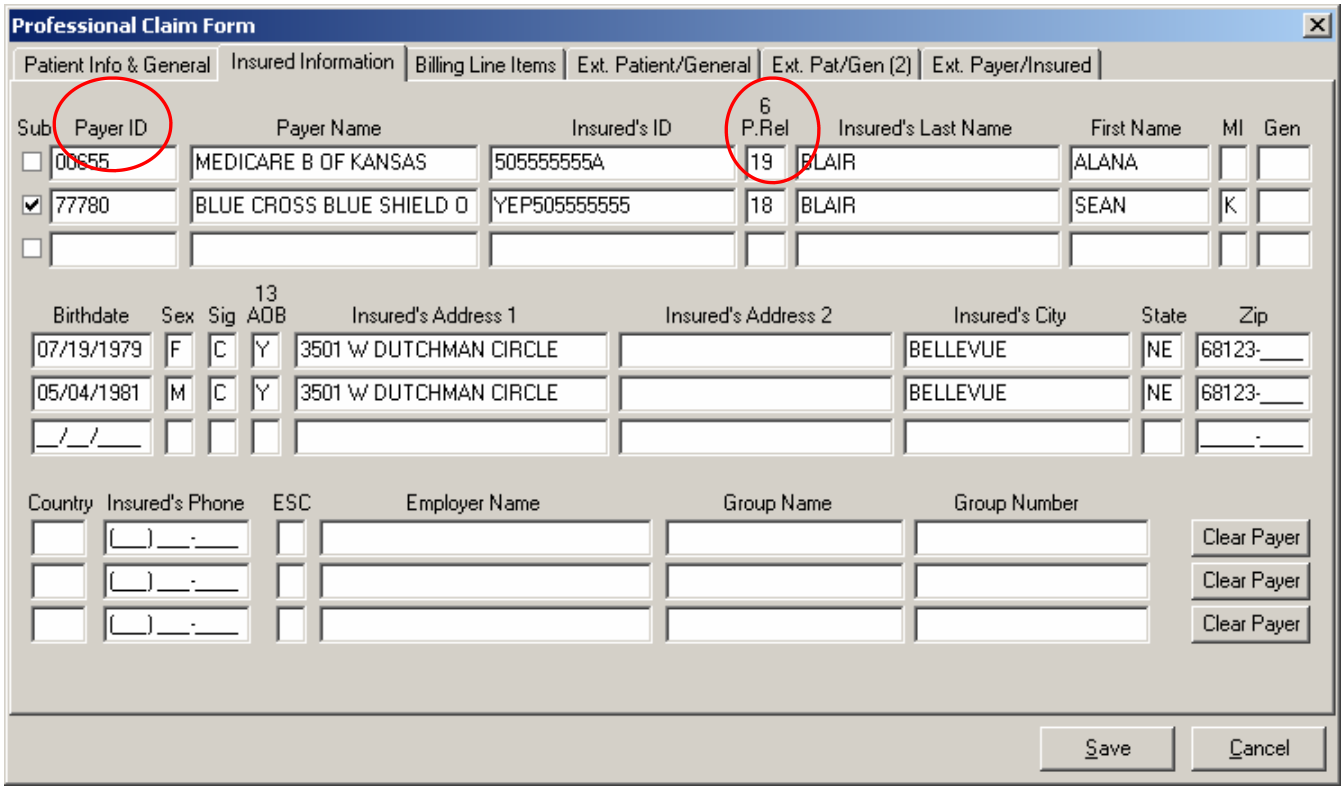
The "Insured Information" tab contains the insurance information that is applicable to the claim.

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.

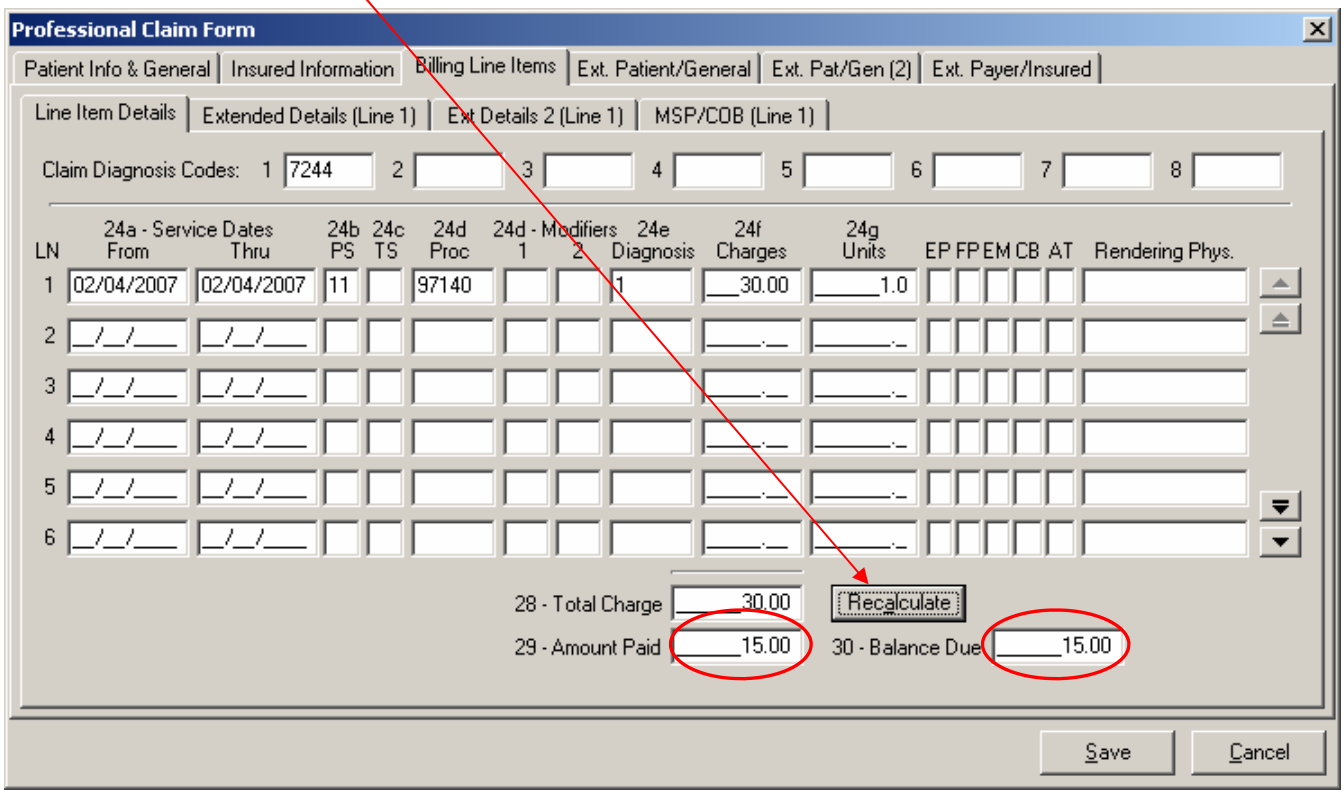
If the primary insurance is through a spouse, make sure to populate the correct information and patient relationship (P. Rel) field. Right-click in this field for a list of options.

Repeat these steps for the secondary insurance information.

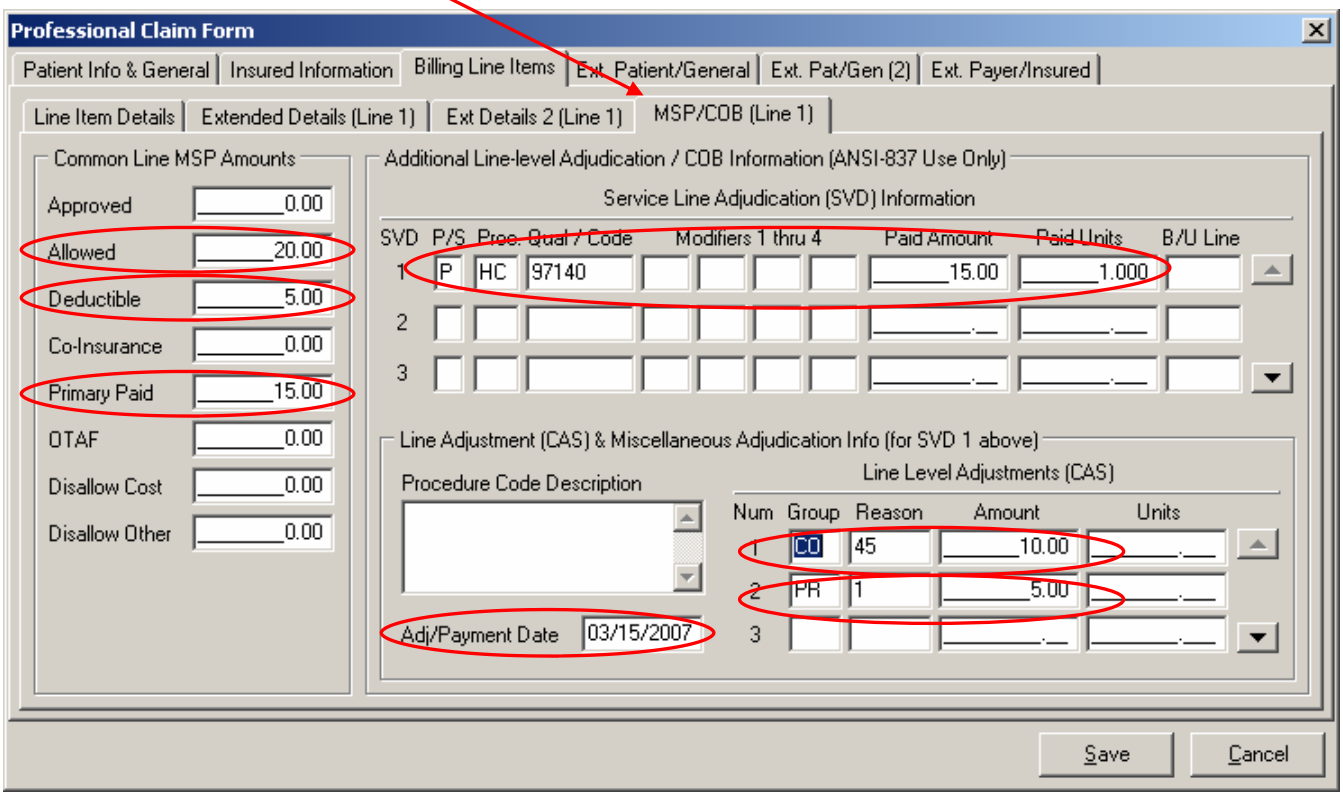


On the "Billing Line Items" tab, the only difference is Box 29 (Amount Paid) towards the bottom. This box should have the total paid amount from the primary payer.

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



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.



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!

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