

# *eClinicalWorks*

## **SECONDARY ELECTRONIC CLAIM UPDATES – JULY 2007**

# Adding Adjustments for Secondary Electronic Claims

When a primary insurance completely rejects payment of any line item, you must add an informational-only CPT adjustment for the line item before submitting the claim electronically to the secondary insurance for consideration of that line item. These CPT adjustments do not impact the balance due on your claim.

## To add adjustments for secondary electronic claims:

1. From the Payments Posting window, select the line item that was rejected by the primary insurance:

The screenshot shows the 'Payment Posting (B/C,B/S - MA)' window. It displays claim information for claim number 18381, patient Test, Deep, and provider Willis, Sam D. The 'Insurance(s)' section lists AETNA. The 'Payment(s)' table shows two payments: one for 0.00 on 06/28/2007 and another for 100.00 on 07/11/2007. The 'CPT Payments' table lists two services: 99212 (30.00 billed, 20.00 allowed) and V210A (10.00 billed, 80.00 allowed). The 'Total Payment Posted for Claim from Current EOB' is 40.00. The 'Financial Adjustments' table shows a write-off of 20.00 on 07/11/2007, resulting in a new balance of -60.00.

Service Dt	POS	Units	Code	Billed	Allowed	Deduct	CoIns	CoPay	Paid	Adjust	Withheld	Code
06/18/2007	11	1.0	99212	30.00	20.00	0.00	0.00	0.00	0.00	0.00	0.00	
06/18/2007	11	1.0	V210A	10.00	80.00	0.00	0.00	0.00	80.00	0.00	0.00	

Date	Code	Amount
07/11/2007	WO	20.00

2. Click CPT Adjs.

The Additional CPT Adjustments window opens:

3. In the Claim Adjustment Group Code field, enter the appropriate code or click More (...) to select one.

The following table outlines the Claim Adjustment Group Codes:

<b>Explanation of Claim Adjustment Group Codes</b>	
<b>CO - Contractual Obligations</b>	This group code should be used when a contractual agreement between the payer and payee, or a regulatory requirement, resulted in an adjustment. Generally, these adjustments are considered a write-off for the provider and are not billed to the patient.
<b>CR - Corrections and Reversals</b>	This group code should be used for correcting a prior claim. It applies when there is a change to a previously adjudicated claim. When correcting a prior claim, CLP02 (Claim Status Code) must be 22. See ASC X12N Health Care Claim Payment/Advice Implementation Guide (835) section 2.2.8 for complete information about corrections and reversals.
<b>OA - Other Adjustments</b>	This group code should be used when no other group code applies to the adjustment.
<b>PI - Payer Initiated Reductions</b>	This group code should be used when, in the opinion of the payer, the adjustment is not the responsibility of the patient, but there is no supporting contract between the provider and the payer (i.e., medical review or professional review organization adjustments).
<b>PR - Patient</b>	This group should be used when the adjustment represent an

**Responsibility**

amount that should be billed to the patient or insured. This group would typically be used for deductible and copay adjustments.

4. In the Claim Adjustment Reason Code field, enter the code for the reason that the line item was rejected by the primary insurance.

Click More (...) to select a Claim Adjustment Reason Code.

**Note:** To streamline your process, become familiar with the most common reason codes for your practice.

5. The Adjustment Amount field is automatically populated with the amount in the Billed column of the claim.

You can edit this figure if necessary.

6. Click Add New Adjustment to add the adjustment to the CPT Adjustments table.

7. To delete an adjustment:

- Select the line item on the Payment Posting window.
- Click CPT Adjs.
- On the Additional CPT Adjustments window, enter the line number of the adjustment you want to delete in the Adjustment Row Number.
- Click Delete.

8. Click Close when you have finished adding or deleting CPT Adjustments.

## CO-42 / CO-45 Adjustment Code

As of June 1, 2007, the standard Contractual Adjustment Submission Code for secondary claims was changed from CO-42 to CO-45. This code is necessary for electronically submitting secondary claims.

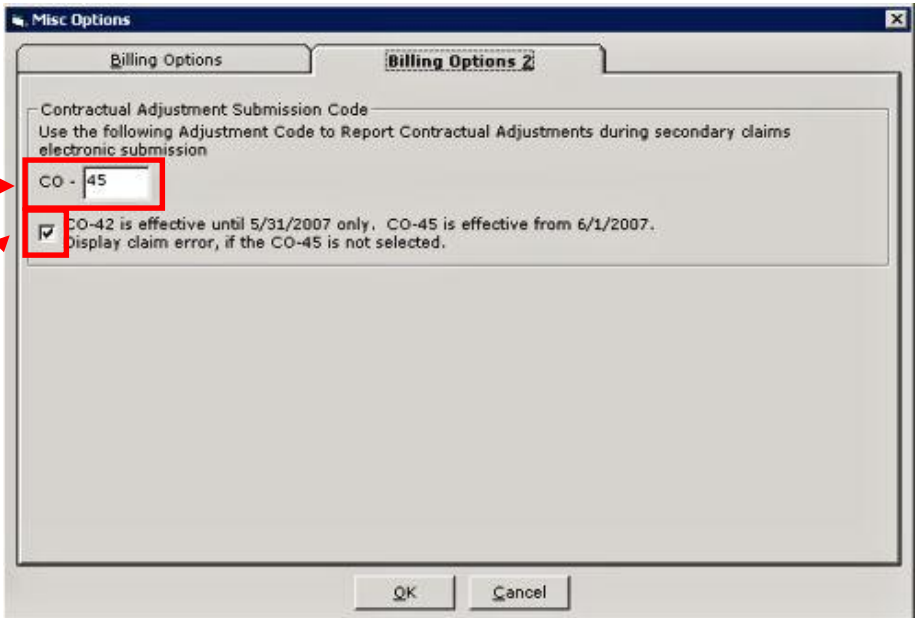
Some clearinghouses are still sending and accepting secondary claims with the outdated code, and some clearinghouses are rejecting claims without the CO-45 code. To compensate for this code overlap, an option has been added to allow practices to set their secondary claims submission code to the desired code as needed.

### To access the Contractual Adjustment Submission Code field:

1. From the Billing menu, select Miscellaneous Configuration Options > Miscellaneous Options.

The Misc. Options window opens.

2. Click the Billing Options 2 tab:



Enter either 42 or 45 in this field

Check this box to display a claim error if CO-45 is not selected.

**Misc Options**

Billing Options      **Billing Options 2**

Contractual Adjustment Submission Code  
Use the following Adjustment Code to Report Contractual Adjustments during secondary claims electronic submission

CO - 45

CO-42 is effective until 5/31/2007 only. CO-45 is effective from 6/1/2007. Display claim error, if the CO-45 is not selected.

OK      Cancel

3. Use the CO text field to enter the desired code.

Enter either 42 or 45 with no spaces or special characters.

4. (Optional) Check the box to display a claim error if CO-45 is not selected.