

IMPORTANT: Apex EDI is not a billing company. As such, Apex EDI legally **CANNOT** advise on which adjustment reason codes to use in your secondary claims. If the EOB is missing an adjustment code, please click [here](#) to see a list of approved adjustment reason codes.

Apex EDI is capable of sending secondary claim information from the Primary insurance to the Supplemental insurance, however it will take a few extra steps to complete these claims online.

Must First Receive an EOB

The first step in sending secondary claims is to have the Primary insurance send an EOB/ERA. This information is vital, as it will be required in order to send the EOB information to the secondary payer. Apex EDI is unable to attach the EOBs to your electronic claims, so you will need to transfer the information in the EOBs to certain fields in the claim.

Editing the Primary Claim

Once the EOB is received, you will then need to find the claim within Apex that was sent to the primary insurance. If you need help with how to find that claim, click [here](#) for instructions. With the claim open, there are 5 areas that need to be changed:

1. Payer Information
2. Insured Information
3. Other Insurance information
4. Other Insurance Acknowledgment
5. Procedure code information

Payer Information

This is the first box on the claim, and the area that you will want to put the secondary payer information. If this claim was originally submitted to the primary, and you are editing the claim for the secondary payer, then you'll need to replace all the primary information with the secondary information.

ELECTRONIC PAYER DESTINATION	PAYER INFORMATION	
United Healthcare of Alabama ▼	Apex Payer ID:	UHC20
	Name:	UNITED HEALTHCARE
	Address 1:	
	Address 2:	
	City:	
	State/Zip:	▼

Insured Information

These boxes are located just under the payer information box; just as the section prior, you will want to make sure that all the information in these boxes are switched to the secondary insurance information.

State/Zip: <input type="text"/> <input type="text"/>	
1A. INSURED'S I.D. NUMBER <input type="text" value="K033545898"/> more...	
4. INSURED'S NAME First <input type="text" value="JANE"/> MI <input type="text"/> Last <input type="text" value="DOE"/>	
7. INSURED'S ADDRESS <input type="text" value="123 FIRST ST"/> <input type="text"/>	
CITY <input type="text" value="NEW YORK CITY"/>	STATE <input type="text" value="NY"/>
ZIP CODE <input type="text" value="10005"/>	TELEPHONE <input type="text"/>
11. INSURED'S POLICY GROUP OR FECA NUMBER <input type="text"/>	
A. INSURED'S DATE OF BIRTH <input type="text" value="05/09/1986"/> 	INSURED'S GENDER <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Unknown

Other Insurance Information

This area will all be located in box 9 of the Apex claim. You will want to include all the insured/subscriber information for the primary payer in these fields, including the subscriber ID and primary insurance name.

9. OTHER INSURED'S NAME		1					
First	<input type="text" value="JANE"/>	MI	<input type="text"/>	Last	<input type="text" value="DOE"/>	more...	a
A. OTHER INSURED'S POLICY OR GROUP ID							b
<input type="text" value="SI889966852"/>							c
B. RESERVED FOR NUCC USE							(
C. RESERVED FOR NUCC USE							1
D. OTHER INSURANCE PLAN NAME							[
<input type="text" value="MEDICARE"/>							more...

Note that there is a 'More' option in blue which will drop down more fields that need to be filled out. In these fields, the only information required is the basic information, like the subscribers address, gender and relationship to the patient.

9. OTHER INSURED'S NAME		
First	JANE	MI
Last	DOE	less...
OTHER INSURED'S ADDRESS		
123 FIRST ST		
CITY	STATE	ZIP
NEW YORK CITY	NY	1005
OTHER INSURED'S I.D. NUMBER		
OTHER INSURED'S SSN		
OTHER INSURED'S DATE OF BIRTH	OTHER INSURED'S GENDER	
05/09/1968	<input type="radio"/> Male <input checked="" type="radio"/> Female <input type="radio"/> Unknown	
OTHER INSURED EMPLOYER NAME OR SCHOOL NAME		
PATIENT RELATIONSHIP TO OTHER INSURED		
<input checked="" type="radio"/> Self	<input type="radio"/> Spouse	<input type="radio"/> Child
<input type="radio"/> Organ Donor	<input type="radio"/> Cadavar Donor	<input type="radio"/> Other
<input type="radio"/> Life Partner	<input type="radio"/> Employee	<input type="radio"/> Unknown
A. OTHER INSURED'S POLICY OR GROUP ID		
SI889966852		

Other Insurance Acknowledgment

This field is in box 11d, which is located across from box 9d. This will just need the box to be marked **Yes** to acknowledge that this is a secondary claim.

D. OTHER INSURANCE PLAN NAME	D. IS THERE ANOTHER HEALTH BENEFIT PLAN?
MEDICARE more...	<input checked="" type="radio"/> Yes <input type="radio"/> No <small>If yes, complete items 9, 9a and 9d.</small>

**Note that you are not required to fill out the fields in boxes 11a-11c, but you are welcome to enter that information if you have it*

Procedure code information

This field will be the most time consuming and difficult part of secondary claims, and is where the EOB will be required. The procedure lines are located in box 24 of the Apex claims, and will normally just show the primary

procedure information.

24. Line No	A. DATE(S) OF SERVICE	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES OR SUPPLIES	E. DIAGNOSIS POINTERS	F. CHARGES	G. DAYS OR UNITS	H. EPSDT FAMILY PLAN	I. NPI	J. NOTES	
1.	02/01/2021	11	<input type="checkbox"/>	CPT/HCPCS 99213 Modifiers	A	\$115.50	1	<input type="checkbox"/>		Delete more...	
Add New Line											
25. FEDERAL TAX I.D. NUMBER			26. PATIENT ACCOUNT NUMBER			27. ACCEPT ASSIGNMENT?		28. TOTAL CHARGE		29. AMOUNT PAID	30. RSVD FOR NUCC USE

To add the secondary information, you will need to click on the **More** option in blue, which is located on the far right of the procedure line. This will show the fields that are required for secondary claim submission.

F. CHARGES	G. DAYS OR UNITS	H. EPSDT FAMILY PLAN	I. NPI	J. NOTES
\$115.50	1	<input type="checkbox"/>		Delete more...
28. TOTAL CHARGE		29. AMOUNT PAID		30. RSVD FOR NUCC USE

In this new area, you will need to move the information found in the EOB to the correlating fields. For convenience, the following images will show both a primary EOB as well box 24 filled out. The colored boxes show where the EOB information would be transferred to in box 24.

EOB

9/6/2019



Your Client ID:
Report Name:
Payer Report:

***** Remittance Notice(s) from Insurance Company *****
The following information was sent from the insurance company. If you have a question or concern please contact the insurance company directly.

PAYER:

DATE: 09/06/2019

PAYMENT METHOD: Automated Clearing House (EFT)

CHECK/EFT #:

REND PROV	SERV DATE	POS NOS	PROC MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD	
NAME: :		HIC: 801011818		ACNT: 156931		ICN: 19961099:		ASG: Y		
	08/29-08/29/19	1	99213	115.50	97.46	0.00	0.00	CO-45 PR-3	18.04 20.00	77.46
	PT RESP	20.00	CLAIM TOTALS	115.50	97.46	0.00	0.00		18.04	77.46
ADJ. TO TOTALS: PREV PD			INTEREST	0.00	LATE FILING CHARGE	0.00			NET	77.46

Summary

Box 24

If there are multiple adjustment reason codes sent for the procedure, you can click **Add New Adjustment** in blue and that will add a new adjustment line. Do this until you have enough lines for each adjustment code.

SECONDARY CLAIM INFORMATION

Adjudication Date

09/06/2019



Primary Paid Amount

77.66

ADJUSTMENTS

Adjustment Group Code

CO - Contractual Obligations

Adjustment Reason Code

45

Adjustment Amount

18.04

[Delete](#)

[Add New Adjustment](#)



AMBULANCE INFORMATION

24. Line No	A. DATE(S) OF SERVICE	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES OR SUPPLIES	E. DIAGNOSIS POINTERS	F. CHARGES	G. DAYS OR UNITS	H. EPSDT FAMILY PLAN	I. NPI	J. NOTES
1.	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	CPT/HCPCS <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Modifiers <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
SECONDARY CLAIM INFORMATION										
Adjudication Date <input type="text"/>				Primary Paid Amount <input type="text"/>						
09/08/2019				77.46						
ADJUSTMENTS										
Adjustment Group Code				Adjustment Reason Code			Adjustment Amount			
CO - Contractual Obligations				45			18.04			
Adjustment Group Code				Adjustment Reason Code			Adjustment Amount			
PR - Patient Responsibility				3			20.00			
Add New Adjustment										

Make sure that all monetary amounts included all add up to the original charge.

EMG	D. PROCEDURES, SERVICES OR SUPPLIES	E. DIAGNOSIS POINTERS	F. CHARGES	G. DAYS OR UNITS	H. EPSDT FAMILY PLAN
	CPT/HCPCS <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
	99213	A	\$115.50	1	<input type="checkbox"/>
	Modifiers <input type="text"/>	<input type="text"/>			<input type="checkbox"/>
Primary Paid Amount					
<input type="text"/>					
77.66					
Adjustment Reason Code			Adjustment Amount		
45			18.04		
Adjustment Reason Code			Adjustment Amount		
3			20.00		

Once filled out correctly, click the **Save Changes** button on the top right of the claim, and all that information will be sent to the secondary payer.