

We are currently updating the OP Help Center content for the release of OP 14.19 or OP 19. OP 19 is a member of the certified OP 14 family of products (official version is 14.19.1), which you may see in your software (such as in Help > About) and in the Help Center tabs labeled 14.19. You may also notice that the version number in content and videos may not match the version of your software, and some procedural content may not match the workflow in your software. We appreciate your patience and understanding as we make these enhancements.

Billing Secondary Claims

Last Modified on 08/26/2019 2:09 pm EDT

Version 14.19

Overview

When posting EOBs from payers, there will be instances where the patient owes a responsibility. However, you would not want to send a bill to a patient when there is a secondary payer on file. Please see the step-by-step instructions below on how to send a balance to a secondary payer.

Assess Balances

When adjudicating claims in OP, the adjudication details must be entered exactly the way the EOB is indicating what the payer is:

- Allowing
- Paying
- Adjusting
- Assigning to Patient Responsibility

From the Patient Chart

1. From the Billing, Clinical, or Practice Management tab, click the **Patient Chart** button.
2. Click **Payments**.
3. Click the **New Payment** button.
4. Enter the **Pay method**, **Check/Ref #**, and **Memo** (optional).

OP Add Payments and Adjustments:

Date: 5/6/2019

Pay method: CK CHECK

Check/Ref #: 00123

Memo:

Amount:

5. Post the payment and ensure that:

- The patient responsibility amount is displayed in the **Pat Resp.** field
- **Xfr sec [payer and ID number]** is displayed in the **Insurance Action** field. This sends the claim to the **Transmit Queue** in the **Billing Center**. If you want to print a CMS-1500, follow the instructions in **Printing a CMS-1500 form**.

Add Payments and Adjustments: MARY TESTPATIENT (99) Sex: F DOB: 05/16/2015 Age: 3 yrs. 11 mos.

Date: 5/6/2019 Name on card: Primary insurance: CPP CIG123456789

Pay method: CK CHECK Card number: Secondary insurance: AHM W123456789

Check/Ref #: 00123 Exp date: (MM/YY) Available credits: \$0.00

Memo: Card status: Claim note:

Amount: 10.00 Activate Card Reader Claim number: 100172

CPT	Mod	Svc Date	Units	Rend ID	Bill ID	Charge	Payment Allowable	Adjust Pat Resp	Adjust Reason	Adjust Reason	Ins Paid	Ins Bal	Pat Bal	Insurance Action
Claim # : 100158														
99393	25	03/20/2019	1	305	305	172.00	.00	108.28	Write Off balance - Insl		.00	0.00		Xfr sec: AHM W1234567
PREV VISIT, EST, AGE 5-11 YRS					AHM W123456789	63.72	63.72	1	(Deductible); 1		.00	63.72		Hold on account
90686		03/20/2019	1	305	305	75.00	.00	50.04	Write Off balance - Insl		.00	0.00		Xfr sec: AHM W1234567
FLU VACCINE 0.5 ML QUADRIVAL					AHM W123456789	24.96	24.96	1	(Deductible); 1		.00	24.96		Hold on account

The payment will be posted with a series of line items on a claim line to accommodate the need to assess responsibilities to a secondary payer on file. OP intentionally posts adjustments and patient responsibility and then intentionally does an exact reverse adjustment so that the secondary claim includes balances owed for everything except actual payment.

100007	08/01/2013	AAB	MCD123	100.00	90.00	10.00
08/01/2013	99213	OFFICE/OUTPATENT	AAB	MCD123	75.00	75.00
08/31/2013	1	ADJUSTMENT	AAB		(11.28)	11.28
08/31/2013	1	BILL SECONDARY	MCD123		11.28	(11.28)
08/31/2013	4	PATENT RESPONSE	AAB		63.72	(63.72)
08/31/2013	4	BILL SECONDARY	MCD123		(63.72)	63.72
08/01/2013	87880	STREP A ASSAY W/	AAB	MCD123	25.00	15.00
08/31/2013	1	PAYMENT	AAB		(10.00)	10.00
08/31/2013	1	ADJUSTMENT	AAB		(12.50)	12.50
08/31/2013	1	BILL SECONDARY	MCD123		12.50	(12.50)

Primary Payer

Secondary Payer

From the Bulk Payments Center

Path: Billing tab > Bulk Payments

1. Search for and select the **Patient**.

2. Enter the **Pay method, Check/Ref #, and Memo** (optional).

Add Payments and Adjustments:

Date: 5/6/2019

Pay method: CK CHECK

Check/Ref #: 00123

Memo:

Amount:

3. Post the payment and ensure that:

- The patient responsibility amount is displayed in the Pat Resp. field for each claim line.
- Xfr sec [payer and ID number] is displayed in the Insurance Action field for each claim line. This sends the claim to the Transmit Queue in the Billing Center. If you wish to print a CMS-1500, please follow the instructions in [Printing a CMS-1500 form](#).
- Hold on Account is displayed in the Patient Action field for each claim line.

Add Payments and Adjustments: MARY TESTPATIENT (99) Sex: F DOB: 05/16/2013 Age: 3 yrs. 11 mos.

Date: 5/6/2019 Name on card: Primary insurance: CPP CIG123456789
 Pay method: CK CHECK Card number: Secondary insurance: AHM W123456789
 Check/Ref #: 00123 Exp date: (MM/YY) Available credits: \$0.00
 Memo: Card status: Claim note:
 Amount: 10.00 Activate Card Reader Claim number: 100172

Patient		Insurance		Charge Details			Adjudication Details			Disposition		
CPT	Mod	Svc Date	Units	Revd ID	Bill ID	Charge	Payment Allowable	Adjust Pat Resp	Adjust Reason	Ins Paid Pat Paid	Ins Bal Pat Bal	Insurance Action Patient Action
Claim #: 100158												
99393	25	03/20/2019	1	305	305	172.00	.00	108.28	Write Off balance - Insl	.00	0.00	Xfr sec: AHM W1234567
PREV VISIT, EST, AGE 5-11 YRS AHM W123456789							63.72	63.72	1 (Deductible); 1	.00	63.72	Hold on account
90686		03/20/2019	1	305	305	75.00	.00	50.04	Write Off balance - Insl	.00	0.00	Xfr sec: AHM W1234567
FLU VACCINE 0.5 ML QUADRIVAL AHM W123456789							24.96	24.96	1 (Deductible); 1	.00	24.96	Hold on account

The payment is posted with a series of line items on a claim line to accommodate the need to assess responsibilities to a secondary payer on file. OP intentionally posts adjustments and patient responsibility and then intentionally does an exact reverse adjustment so that the secondary claim includes balances owed for everything except actual payment.

100007	08/01/2013	AAB	MCD123	100.00	90.00	10.00						
08/01/2013	99213	OFFICE/OUTPATIENT	AAB	MCD123	75.00	75.00						
08/31/2013	1	ADJUSTMENT	AAB			(11.28)						11.28
08/31/2013	1	BILL SECONDARY	MCD123			11.28						(11.28)
08/31/2013	4	PATIENT RESPONSE	AAB			63.72	(63.72)	63.72				
08/31/2013	4	BILL SECONDARY	MCD123			(63.72)	63.72	(63.72)				
08/01/2013	87880	STREP A ASSAY W/	AAB	MCD123	25.00	15.00						
08/31/2013	1	PAYMENT	AAB			(10.00)					10.00	
08/31/2013	1	ADJUSTMENT	AAB			(12.50)						12.50
08/31/2013	1	BILL SECONDARY	MCD123			12.50						(12.50)

Primary Payer

Secondary Payer

If you are unsure how the setup for Payers is entered, click here for [Payer Set Up](#).

Overview

When posting EOBs from payers there may be an instance where the patient owes a responsibility. However, you would not want to send a bill to a patient when there is a secondary payer on file. Please see the step-by-step instructions below on how to send a balance to a secondary payer.

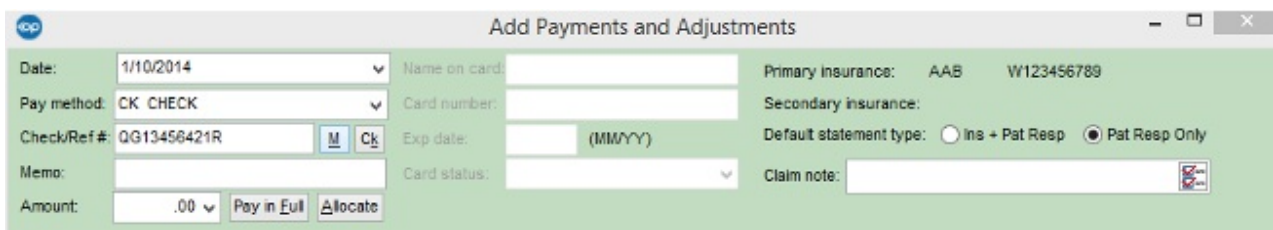
Assess Balances

When adjudicating claims in OP, you need to enter in the adjudication details exactly the way the EOB is indicating:

- Allowing
- Paying
- Adjusting
- Patient Responsibility

From the Patient Account

1. Click the **Patient Account** button.
2. Click the **Payments** tab.
3. Click the **Plus Payment** button.
4. Enter the **Pay method, Check/Ref #, and Memo** (optional).



Date:	1/10/2014	Name on card:		Primary insurance:	AAB W123456789
Pay method:	CK CHECK	Card number:		Secondary insurance:	
Check/Ref #	QG13456421R	Exp date:	(MM/YY)	Default statement type:	<input type="radio"/> Ins + Pat Resp <input checked="" type="radio"/> Pat Resp Only
Memo:		Card status:		Claim note:	
Amount:	.00	Pay in Full Allocate			

5. In the case that there was a patient responsibility, but you want that Patient Balance to go to a Secondary Payer on file, enter what the patient is responsible for in the **Patient Responsibility** field.

Add Payments and Adjustments

Date: 8/1/2013 Name on card: Primary insurance: AAB W123456789
 Pay method: CK CHECK Card number: Secondary insurance: MCD123 12345
 Check/Ref #: UG0000055555 Exp date: (MM/YY) Default statement type: Ins + Pat Resp Pat Resp Only
 Memo: Card status: Claim note:
 Amount: 10.00 Pay in Full Allocate

Patient		Insurance		Service Type / Date		Charge Details		Adjudication Details			Disposition	
CPT	Mod	Svc Date	Units	Rend ID	Bill ID	Charge	Payment	Adjust	Adjust Reason	Ins Paid	Ins Bal	Insurance Action
CPT Description		Ins Policy		✓	Allows	Pat Resp	Patient Adjust Reason	Pat Paid	Pat Bal	Patient Action		
Claim #: 100006												
Claim #: 100007												
99213		08/01/2013	1	107	107	75.00	.00	11.28	Write Off balance - Insur	.00	0.00	Xfr sec: MCD123 12345
OFFICE/OUTPATIENT VISIT, EST		AAB W123456789		✓		63.72		63.72	(Deductible); 1	.00	63.72	Hold on account
87880		08/01/2013	1	107	107	25.00	10.00	12.50	Write Off balance - Insur	.00	0.00	Xfr sec: MCD123 12345
STREP A ASSAY W/OPTIC		AAB W123456789		✓		12.50		2.50	(Coinsurance); 2	.00	2.50	Hold on account

The claim is sent to the **Transmit Queue** in the Electronic Billing Center. If you wish to drop to a CMS-1500 please follow the instructions in [Printing a CMS-1500 form](#).

OP 14 creates a series of line items on a claim line to accommodate the need to assess responsibilities to a secondary payer on file. OP intentionally posts adjustments and patient responsibility and then intentionally does an exact reverse adjustment so that the secondary claim includes balances owed for everything except actual payment.

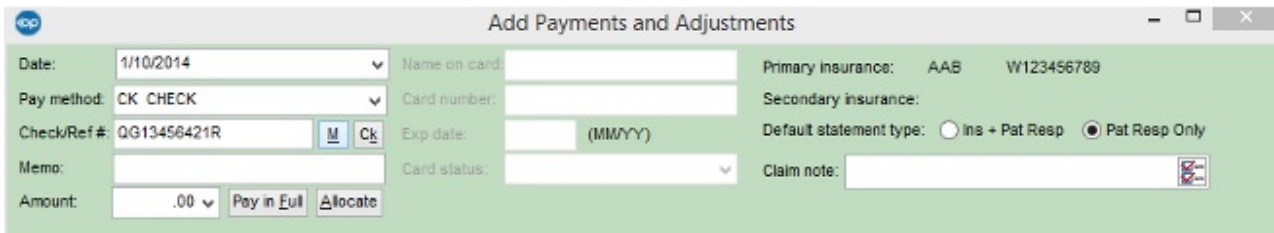
100007	08/01/2013	AAB	MCD123	100.00	90.00	10.00						
08/01/2013	99213	OFFICE/OUTPATIENT	AAB	MCD123	75.00		75.00					
08/31/2013	1	ADJUSTMENT	AAB				(11.28)					11.28
08/31/2013	1	BILL SECONDARY	MCD123				11.28					(11.28)
08/31/2013	4	PATENT RESPONSE	AAB			63.72	(63.72)	63.72				
08/31/2013	4	BILL SECONDARY	MCD123			(63.72)	63.72	(63.72)				
08/01/2013	87880	STREP A ASSAY W/	AAB	MCD123	25.00		15.00					
08/31/2013	1	PAYMENT	AAB				(10.00)				10.00	
08/31/2013	1	ADJUSTMENT	AAB				(12.50)					12.50
08/31/2013	1	BILL SECONDARY	MCD123				12.50					(12.50)

Primary Payer
Secondary Payer

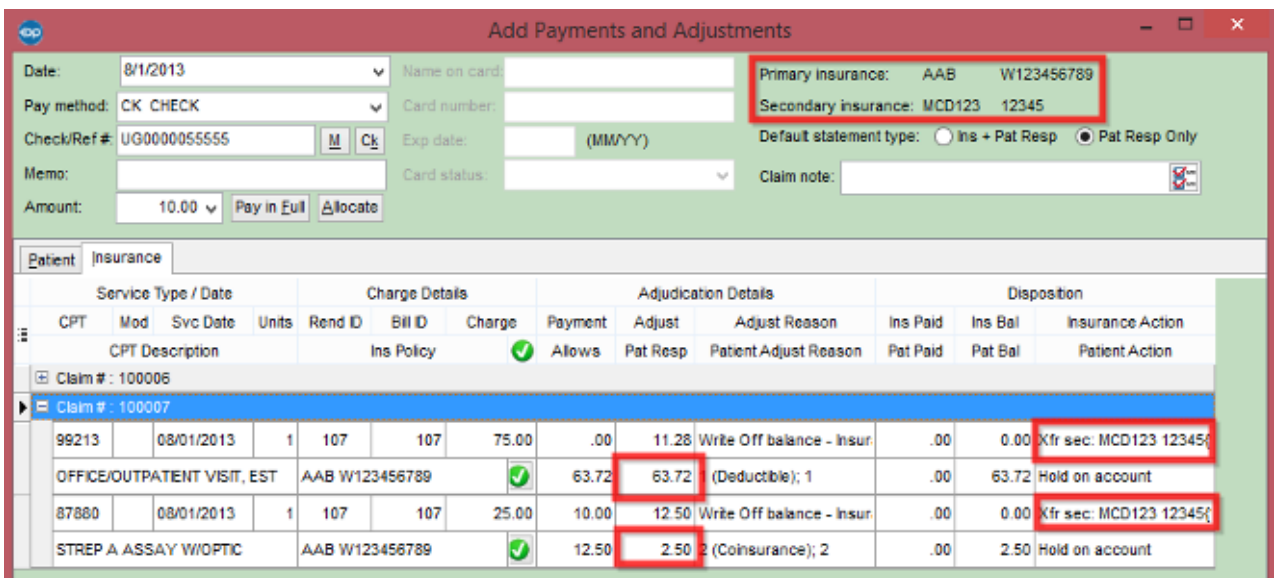
From the Bulk Payments Center

Path: Activities menu > Post Bulk Payments (Keyboard Shortcut keys: Shift + F12)

1. Search for the **Patient**.
2. Enter the **Pay method**, **Check/Ref #**, and **Memo** (optional).



3. In the case that there was a patient responsibility, but you want that Patient Balance to go to a Secondary Payer on file, enter what the patient is responsible for in the **Patient Responsibility** field.



Service Type / Date	Charge Details	Adjudication Details	Disposition
CPT Mod Svc Date Units Rend ID Bill ID Charge	Payment	Adjust	Adjust Reason
CPT Description	Ins Policy	Allows	Pat Resp Patient Adjust Reason
Claim #: 100006			
Claim #: 100007			
99213 08/01/2013 1 107 107 75.00	.00	11.28	Write Off balance - Insur
OFFICE/OUTPATIENT VISIT, EST AAB W123456789	63.72	63.72	(Deductible); 1
87880 08/01/2013 1 107 107 25.00	10.00	12.50	Write Off balance - Insur
STREP A ASSAY W/OPTIC AAB W123456789	12.50	2.50	2 (Coinsurance); 2

The claim is sent to the **Transmit Queue** in the Electronic Billing Center. If you want to drop to a CMS-1500 please follow the instructions in [Printing a CMS-1500 form](#).

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100007 08/01/2013	AAB	MCD123	100.00	90.00	10.00		
08/01/2013 99213 OFFICE/OUTPATIENT	AAB	MCD123	75.00	75.00			
08/31/2013 1	ADJUSTMENT	AAB		(11.28)			11.28
08/31/2013 1	BILL SECONDARY	MCD123					(11.28)
08/31/2013 4	PATIENT RESPONSE	AAB		63.72	(63.72)	63.72	
08/31/2013 4	BILL SECONDARY	MCD123		(63.72)	63.72	(63.72)	
08/01/2013 87880 STREP A ASSAY W/	AAB	MCD123	25.00	15.00			
08/31/2013 1	PAYMENT	AAB		(10.00)			10.00
08/31/2013 1	ADJUSTMENT	AAB		(12.50)			12.50
08/31/2013 1	BILL SECONDARY	MCD123			12.50		(12.50)

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Secondary Payer

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