

PHIcure Secondary Claims Submission

A. Search for the claim in PHIcure.

As per remit, claim was received on 12/08/2017. Choose the claim with submitted date nearest to the received date by the payer.

Patient Search

Account Number: SEARCH

Patient Last Name: SAVE

Patient First Name: CLEAR ALL

Date of Service: BACK

Submission Date To / From:

Note	Complete	Status	Patient	Account	PayerName	Charge Amount	Provider	Site	Date Submitted
	<input checked="" type="checkbox"/>	Accepted	SMITH, HK	7868590	AETNA PLANS	\$ 161.00	CENTER FOR	WELLNESS	02-07-2018
	<input checked="" type="checkbox"/>	Accepted	SMITH, HK	7868590	AETNA PLANS	\$ 161.03	CENTER FOR	WELLNESS	12-06-2017
	<input checked="" type="checkbox"/>	Accepted	SMITH, HK	7868590	AETNA PLANS	\$ 161.03	CENTER FOR	WELLNESS	02-14-2017

Page 1 of 1

B. Click on **Show Secondary Detail** in the upper right side of the page.

EDIT CLAIM

Show Secondary Detail | Support | Summary | Quick Print

	Date Submitted	Date of Service	Queue
35	12-06-2017	02-09-2017	

- C. Complete the details in the box found in the upper right side of the page. If you are unable to edit the box, opt to click on **Clear EOB** or **Revert** or **Edit**. These options appear occasionally in blue just like **Back** and **Archive** in the screenshot.

Also, details for each code should be populated. Please always refer to the primary EOB for right PR (Patient Resp) and CO (Contractual Obligations) codes/amounts.

Secondary Claim Detail

Status	Patient	Account	Primary	Member ID	DOB	Amount
Ready	SMITH	7888590	AETNA PLANS	179		1181.03
Provider	Site	Submitted	DOS			
	ILAS	CENTER FOR	12-08-2017	02-09-2017 - 02-09-2017		

Secondary Payer ID	VAMCR
Secondary Payer Name	MEDICARE B
MSP	12 - Medicare Secondary Wo
Secondary Subscriber Name	SMITH HOLLY
Secondary Subscriber Id	22602
Date Of Birth - Sex	08 -
	<input type="radio"/> Male <input checked="" type="radio"/> Female
Relationship	18 - Self
Payment Amount	0.00
Payment Date	12/15/2017
Patient Responsibility Amount	161.00
Primary Payer ICN	E4FB1B64R00

Line ID 1 Procedure 99214	ICD Pointer 1,2,3,4 Modifiers	Quantity 1 Charge 161.00	Taxonomy 2084P0800X Control Number
Payment Date	Amount Paid 0.00	Service Date 02/09/2017	
Group Code Reason Code	Amount	Line Payment Amount	
PR 1	161.00	0.00	<input type="button" value="ADD"/>

Line ID 2 Procedure G8417	ICD Pointer 1,2,3,4 Modifiers	Quantity 1 Charge 0.01	Taxonomy 2084P0800X Control Number
Payment Date	Amount Paid 0.00	Service Date 02/09/2017	
Group Code Reason Code	Amount	Line Payment Amount	
CO 45	0.01	0.00	<input type="button" value="ADD"/>

Line ID 3 Procedure G8427	ICD Pointer 1,2,3,4 Modifiers	Quantity 1 Charge 0.01	Taxonomy 2084P0800X Control Number
Payment Date	Amount Paid 0.00	Service Date 02/09/2017	
Group Code Reason Code	Amount	Line Payment Amount	
CO 45	0.01	0.00	<input type="button" value="ADD"/>

Line ID 4 Procedure G8431	ICD Pointer 1,2,3,4 Modifiers	Quantity 1 Charge 0.01	Taxonomy 2084P0800X Control Number
Payment Date	Amount Paid 0.00	Service Date 02/09/2017	
Group Code Reason Code	Amount	Line Payment Amount	
CO 45	0.01	0.00	<input type="button" value="ADD"/>

- D. Click on **Release Claim** when all information has been added.

- E. Click on **VIEW CLAIMS**

Claims To Be Generated : 31

F. Look for the claim in the queue to be generated and tick the box before it before hitting **GENERATE SELECTED CLAIMS**.

<input type="checkbox"/>	Fullname	Account	Claim Type	Primary Insurance	Secondary Insurance
<input type="checkbox"/>	SMITH,	8152067	P	VA BCBS	VA BCBS
<input type="checkbox"/>	SMITH,	8385039	P	VA BCBS	VA BCBS
<input type="checkbox"/>	OLSEN,	7670528	P	UNITED HEALTHCARE	VA BCBS
<input type="checkbox"/>	CLARK,	8907161	P	VA BCBS	VA BCBS
<input type="checkbox"/>	OLSEN,	8754141	P	UNITED HEALTHCARE	TRICARE
<input type="checkbox"/>	WEKOM	8938892	P	UNITED HEALTHCARE	UNITED HEALTHCARE
<input type="checkbox"/>	WEKOM	9005093	P	UNITED HEALTHCARE	UNITED HEALTHCARE
<input type="checkbox"/>	WYATT,	8371512	P	UNITED HEALTHCARE	VA MEDICARE
<input type="checkbox"/>	CARGIL	8469860	P	VA BCBS	VA MEDICARE
<input type="checkbox"/>	COFFM	8548006	P	UNITED HEALTHCARE	VA MEDICARE
<input type="checkbox"/>	COFFM	8864464	P	UNITED HEALTHCARE	VA MEDICARE
<input checked="" type="checkbox"/>	MITH, [REDACTED]	7868590	P	AETNA PLANS	VA MEDICARE
<input type="checkbox"/>	SMITH,	9026567	P	VA BCBS	VA BCBS

G. Click **OK** when done.

