



Integra Partners

Secondary Claims

Guide to Submitting Secondary Claims



January 15, 2022

1. CREATE SECONDARY CLAIM IN QUE

This is done by entering all claim details including diagnosis code(s), HCPCS, etc. and manually selecting the Secondary payer from the payer dropdown box at the top of the claim. After claim details are entered, Providers must click the “Validate” or “Validate and Submit” button.



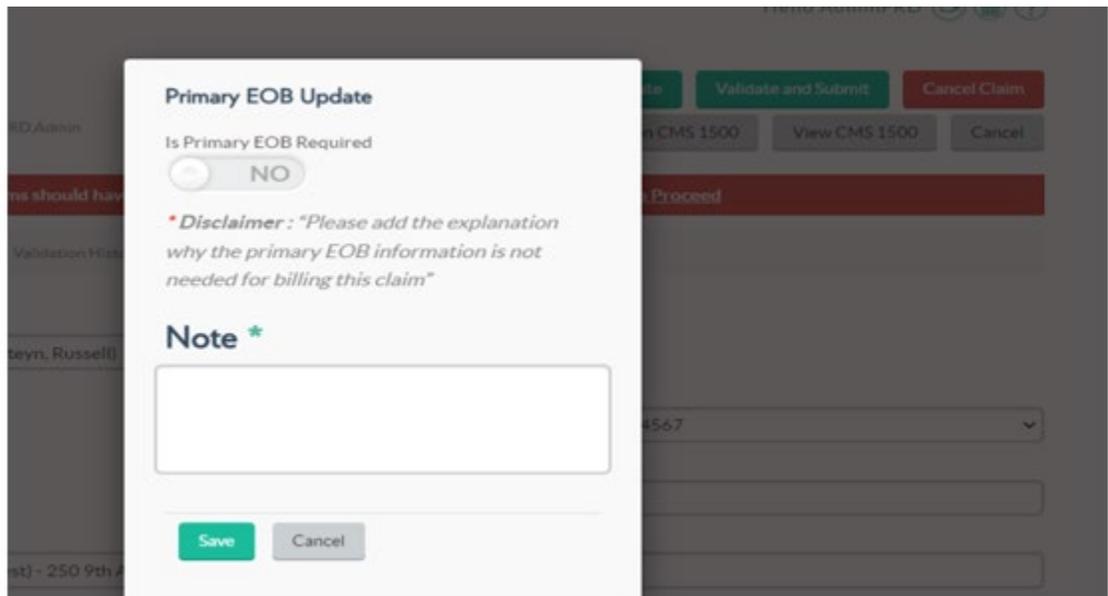
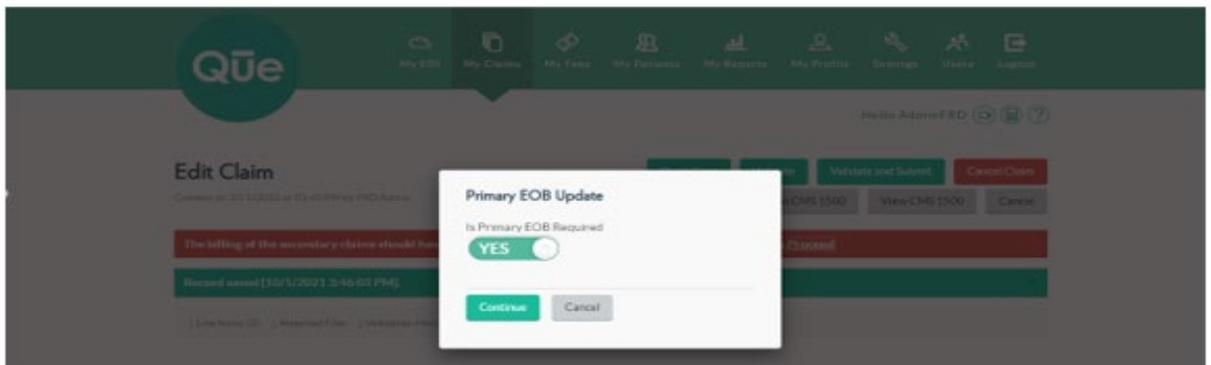
- a. After clicking “Validate” or “Validate and Submit” a red banner will appear on the top of the claim, as shown in the screen above.

2. TO PROCEED, CLICK THE LINK IN THE RED BANNER

“Click Here to Proceed”

- a. A popup screen will appear with “Yes” or “No” options.

- b. Select “Yes” if a Primary EOB is required (i.e., most secondary claims will require an EOB)
 1. Select “Continue” to proceed.
- c. Select “No” if a Primary EOB is not required (i.e., incontinence products)
 1. Enter a note detailing why an EOB is not required.
 2. Select “Save” to submit the claim.



3. AFTER SELECTING “YES” AND “CONTINUE”

This screen below will appear:

Qūe

My EOI My Claims My Fees My Patients My Reports My Profile Settings Users Logout

Hello AdminFRD

Primary EOB Update for Secondary Claims

Save Cancel

Line Items (1) Attached Primary EOB File None

Secondary Claim : 4056411

Claimed Payer ICD: 30121

Payer: Easy Choice

Primary Claim ID: 301301

Check Date: 9/30/2021

Line Items

| HCPCS | DOS From-To | Modifier | Units | Billed Amount* | Allowed Amount | Deductible Amount | Coinsurance | Copay | Denial Amount | Interest | Paid Amount |
|-------|-------------------------|----------|-------|----------------|----------------|-------------------|-------------|-------|---------------|----------|-------------|
| A4280 | 09/30/2021 - 09/30/2021 | | 1 | 100 | 0 | 0 | 0 | 0 | 0 | 0 | 100 |

| Claim Adjustment Code | Reason Code | Adjustment Amount | Adjustment Quantity | Add New Adjustment |
|-----------------------|-------------|-------------------|---------------------|--------------------|
| CO | 1 | 1 | 1 | |
| CO | | 1 | 1 | + |

Attached Primary EOB File*

| File Type | Created By | Created Date | Attached File |
|-------------|------------|--------------|--------------------------------|
| Primary EOB | | | Download Screenshot(14) (img*) |

Note*

Hello

- Here a Provider must complete all fields marked with an asterisk (*).
- Please note, **only Primary Claim information should be entered here.** Failure to enter complete and accurate charges may result in improperly remitted payment.
- Providers may note an additional field under each line item. Any additional claim adjustments that do not fall under deductible, coinsurance, co pay etc., should be entered into this field.

4. AFTER ENTERING ALL REQUIRED INFORMATION

Select "Save" to navigate back to the Saved Claims Details Page.

- a. The claim will now reflect “New” status.
- b. This indicates that the claim has not yet been submitted to the Plan. The Provider must click “Validate and Submit” button to complete the claim submission process.
- c. A Primary EOB button will appear on the top of the screen. If the Provider wishes to review or make changes to the primary charges that were previously entered, click this button to navigate back to the Primary EOB Update page.

5. SELECT “EDIT”

Then select “Validate and Submit”

- a. The claim will be sent directly to the Paper Queue to be immediately printed and mailed to the Plan.
- b. Providers can verify the claim was successfully submitted to the Paper Queue by checking the ‘Claim Status’ section as shown in the screen below, highlighted in blue.

Entered Via:
Manual

Claim Status:
[Paper Claim](#)

Disbursement Date:

Payer Claim No.:

Last Touch Date:
10/29/2021 12:59:58 PM

Last Touched By:
FRD.Admin

Collection Status Detail:
Coordination of benefits

Correction:
Submitted the claim to the secondary plan

Auth Date:

Auth Quantity:

Auth #:

| | | | | | | | | | |
|----------------------|----------|-----------------------|--------|--------------------|--------|------------------------|----------|----------|----------|
| Total Billed Amount: | \$800.00 | Total Allowed Amount: | \$0.00 | Total Paid Amount: | \$0.00 | Total Adjusted Amount: | \$700.00 | Balance: | \$100.00 |
|----------------------|----------|-----------------------|--------|--------------------|--------|------------------------|----------|----------|----------|

Transaction Summary

| Details | Payment Type | Status | Paid | Adjusted | Payer Claim No. | Printed Version |
|---------|---------------|-----------|--------|----------|-----------------|-------------------|
| Details | Charge Adjust | Completed | \$0.00 | \$700.00 | | 1219327-1-4816478 |

6. AFTER YOU HAVE SUBMITTED THE CLAIM

A Primary EOB Button will reappear on the top right corner of the screen.

- A Provider may click this button to review the Primary EOB Update page. Please note, Providers are unable to make changes to the Primary EOB at this stage.

Hello AdminFRD   

Edit Sent Claim

Created on 10/27/2021 at 11:20 AM by FRD.Admin

[Save](#) [Copy Claim](#) [Primary EOB](#) [Print on CMS 1500](#)
[View CMS 1500](#) [Cancel](#)

[Transaction Summary](#) [Line Items \(1\)](#) [Attached Files \(1\)](#) [Validation History \(1\)](#) [Collection History](#) [Claim Submission History \(1\)](#) [Notes \(1\)](#)

Integra Claim #: 1219299-1-4856473

Patient's DOB: 01/01/1987

Claim #: -----

Patient: Secondary, Debayudh: 1219299 (Shvartsshteyn, Russell)

External Account #: 3502

Policy #: -----

You have successfully submitted a secondary claim!

Please note: All other claims submission processes remain unchanged.

Reminder: You must follow the above process to submit a secondary claim. The Integra Claims Team will not be able to create secondary claims on the Providers' behalf.