



ePACES - Claim Balancing

when Medicaid is the secondary or tertiary payer

When you are billing Medicaid and there are other payers to report, it is important to get payment information directly from the other payer's explanation of benefits. Please be sure to enter ALL claim adjustment reason codes (CARCS) on your claim in ePACES. This includes entering any contractual obligations. Below is an example of how the information given on a Medicare explanation of benefits should be entered into ePACES.

Medicare EOB states this:

Charge Amount: \$145.00

Medicare Paid: \$89.46

Claim Adjustments:

CO 45 \$33.18

PR 2 \$22.36

The charge amount on the service line needs to be the charge amount shown on the explanation of benefits: In this example, that is \$145.00.

General Claim Information Professional Claim Information Provider Information Diagnosis Other Payers Service Line(s)

* Indicates required field(s)

Ln	Line Item Ctl#	*Svc Dates	*Proc & Mod	*Chrg Amount	*Svc Count	Place of Svc	*DX Pointer	*Emgcy	More	Del.
1		From: 10/20/20 To:	99213	145.00	1.00 Unit	11	1	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Then click on the More button to the right of the Service Line.

General Claim Information Professional Claim Information Provider Information Diagnosis Other Payers Service Line(s)

* Indicates required field(s)

Ln	Line Item Ctl#	*Svc Dates	*Proc & Mod	*Chrg Amount	*Svc Count	Place of Svc	*DX Pointer	*Emgcy	More	Del.
1		From: 10/20/20 To:	99213	145.00	1.00 Unit	11	1	<input type="radio"/> Yes <input checked="" type="radio"/> No		



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From here, you will enter the paid amount: \$89.46.

Then be sure to enter **ALL** claim adjustment reason codes that are indicated in the explanation of benefits:

In this example, there are these two Claim Adjustments:

CO 45 \$33.18

PR 2 \$ 22.36

Line Adjudication Information

Other Payer Name:

Service Line Paid Amount: \$

Paid HCPCS Code:

Modifiers:

Paid Service Unit Count:

Bundled Line Number:

Date Claim Paid:

Remaining Patient Liability:

Claim Adjustment Group	Reason Code	Adjustment Amount	Adjustment Quantity
CO	45	\$ 33.18	1
PR	2	\$ 22.36	1
		\$	
		\$	
		\$	

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If there are multiple lines on the claim, you will repeat these steps for each line. Below is an example of Multiple Lines

MULTIPLE LINES

Total Charge = \$1000

Description	Line 1	Line 2	Line 3
Total Line Charge	\$700	\$175	\$125
Other Insurance Paid	\$400	\$100	\$50
CARC	PR-1 = \$100	PR-1 = 0	PR-1 = \$50
CARC	PR-2 = \$50	PR-2 = \$50	PR-2 = \$25
CARC	CO-45 = \$150	CO-45 = \$25	CO-45 = 0
TOTAL of 2 - 4	\$700	\$175	\$125

Line 1 + Line 2 + Line 3 = \$1,000



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If there are left over funds to account for, take the difference between the Total Charge and the Claim Adjustments and enter this dollar amount as OA 23 on the claim. OA 23 will be entered like the other CARCS on the Claim Adjustments portion of the claim. Please see the below example:

ONE LINE

Total Charge = \$1000

Other Insurance Paid = \$600

PR 2 = \$100

PR 3 = \$5

CO 45 = \$60

$600 + 100 + 5 + 60 = 765$

$1000 - 765 = 235$

Input OA 23 235.00 on claim

MULTIPLE LINES

Total Charge = \$1000

Description	Line 1	Line 2	Line 3
Total Line Charge	\$700	\$175	\$125
Other Insurance Paid	\$350	\$100	\$75
CARC	PR-1 = \$100	PR-1 = 0	PR-1 = \$50
CARC	PR-2 = \$50	PR-2 = \$50	PR-2 = \$25
CARC	CO-45 = \$150	CO-45 = \$25	CO-45 = 0
TOTAL of 2 - 4	\$650	\$175	\$125
If CARC OA-23 is needed?	\$50		

Line 1 + Line 2 + Line 3 = \$950, therefore OA-23 = \$50 on Line 1 only



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This page explains how to add a second payer when Medicaid is the tertiary payer.

It is also important to get all payment information directly from the secondary payer's explanation of benefits. Below is an example of a secondary payer's payment information.

The secondary payer paid \$2.36.

There also was a Claim Adjustment Group, PR 3 \$20.00

Add this secondary payer on the Other Payer Tab. You can enter the amounts on either the Other Payer tab, or the More Details page. Enter the other insurance paid amount, which for this example is \$2.36.

Since this is a secondary payer, you need to account for the difference between your charge amount and the sum of what the other payer is paying with the claim adjustments. Sometimes, the sum of the amounts already equal the charge, if this is the case, you can skip this next step. If there still is a difference between the sum of the payment and claim adjustments, the left over amount needs to be accounted for. **To do this, you need to create a new claim adjustment with the Claim Adjustment group of OA and the reason code of 23.**

Here is the calculation used to determine what the adjustment amount is for OA 23:

Charge Amount - (What the primary insurance paid + the claim contractual adjustments) = **Adjustment Amount**

For this example, the calculation looks like this: $145.00 - (2.36 + 20.00) = 122.64$

These are now the claim adjustments for this example:

PR 3 \$20.00

OA 23 \$122.64

Line Adjudication Information

Other Payer Name:

Service Line Paid Amount: \$

Paid HCPCS Code:

Modifiers:

Paid Service Unit Count:

Bundled Line Number:

Date Claim Paid:

Remaining Patient liability:

Claim Adjustment Group	Reason Code	Adjustment Amount	Adjustment Quantity
PR	3	\$ 20.00	<input type="text"/>
OA	23	\$ 122.64	<input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>

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