

## Correcting Claims

This section will teach you how to edit an archived claim in order to submit a corrected claim to an insurance carrier.

1. Navigate to the Patient Chart: **Clinical, Billing or Practice Management tab > Patient Chart button.**
  2. If not already focused on the patient, search for and select the patient.
  3. Click **Claims** in the Window Navigation Panel.
  4. Select the claim that needs to be corrected.
  5. Expand the claim by clicking **+** to the left of the Claim Date.
  6. Select the claim line that needs to be edited.
  7. Click the **Edit** button. The Edit Archived Claims Transactions window is displayed.
  8. Click the **Other Items (1-27)** tab.
  9. Review the Payer claim ID field.
    - If the Payer claim ID field is populated with the payer's original claim number:
      - a. Click the **Resub** button.
      - b. Confirm that you want to prepare the claim for resubmission. This will place that claim number in the Original reference or trans # field and a 7 in the Item 22: Medical resub code field.
      - c. Repeat these steps for **all** claim lines.
    - If the Payer claim ID claim field is blank or the claim *Batch Number* is displayed:
      - a. If the Batch Number shows in the Payer claim ID field, click in the field.
      - b. Highlight the Batch Number, and press the **backspace** key on your keyboard.
      - c. Enter the **Payer's claim number**.
      - d. Click the **Resub** button.
      - e. Repeat for all claim lines.
- Warning:** Resubmission code 7 and the Original Ref. No must be present on **all** CPT Claim lines in order for the corrected claim information to appear on a paper claim resubmission. Failure to populate these fields on all claim lines will likely result in the claim being denied as a duplicate.
10. Click the **Edit** button.
  11. Click on the following tabs to edit the fields listed below:
    - **Summary: Charges vs Payments tab:** NDC, Modifiers, Units, Charge Amounts, EPSDT, and Referral values.
    - **Basic Information tab:** Rendering and Billing Providers, DOS, DX Codes (must then be associated to the proper CPT line in the **Summary: Charges vs Payments** tab), and Location.
    - **Other Items (1-27) tab:** Comp case details, Other dates related to injury, Referring or Ordering Providers, and any other specific claim fields designated by the payers.

- **Institutional (837I) Items tab:** All items related to Hospital Facility billing.

**NOTE:** All tabs of the window contain editable fields. Editing certain fields may change the structure of the claim and could make the claim current. These edits include: the date or service, any provider on the claim, any CPT code, or any Unit Charge on the claim.

12. Click the **Save** button.

## Change Insurance on Individual Transactions (Daysheeted Claims)

If a claim was sent to an incorrect payer, the insurance on the claim can be changed for submission to the correct payer.

1. Navigate to the Patient Chart: **Clinical, Practice Management, or Billing tab > Patient Chart button.**
2. If not already focused on the patient, search for and select the patient.
3. Click **Insurance** in the Window Navigation Panel.
4. Inactivate the invalid insurance:
  - a. Select the invalid insurance.
  - b. Click the **Status** drop-down, and select **Inactive**.
5. Enter a new insurance record, if necessary, or rank the valid insurance appropriately.
6. Click **Claims** in the Window Navigation Panel.
7. Click the **Change Payer** button. The Change Insurance on Individual Transactions window opens.

Change Insurance on Individual Transactions X

**1. Choose transaction(s) to resubmit to a different insurance carrier**

Claim#	Active Ins	Active Insured ID	Other Insured ID	Claim Date	CPT Code	CPT Description	Charge	Patient Balance	Insurance Balance	Rend Prov
• 100011	BCO	69386359		12/17/2018	99393	PREV VISIT, E!	172.00		172.00	305
• 100011	BCO	69386359		12/17/2018	92551	PURE TONE H	75.00		75.00	305
• 100011	BCO	69386359		12/17/2018	99173	VISUAL ACUIT	50.00		50.00	305
• 100011	BCO	69386359		12/17/2018	99000	SPECIMEN HA	20.00		20.00	305
• 100011	BCO	69386359		12/17/2018	36415	ROUTINE VEA	15.00		15.00	305
• 100011	BCO	69386359		12/17/2018	90688	FLU VACCINE	75.00		75.00	305
▾ 100011	BCO	69386359		12/17/2018	90460	IMM ADMIN	30.00		30.00	305

**2. Choose new Primary insurance carrier for selected transactions**

-Ins-	Ins Carrier Name	Insured ID	First Name	Last Name	Status	Request as Secondary
BCO	BC-OTHER	69386359	KAI	ENGLISH	ACTIVE	<input type="checkbox"/>
▾ CPP	CIGNA PPO	CIG012345678	FREDDIE	ENGLISH	ACTIVE	<input type="checkbox"/>
BCO	BC-OTHER	69386359	KAI	ENGLISH	INACTIVE	<input type="checkbox"/>
BCO	BC-OTHER	42738588	KAI	ENGLISH	INACTIVE	<input type="checkbox"/>

**3. Choose new Secondary insurance carrier for selected transactions (optional)**  Omit

-Ins-	Ins Carrier Name	Insured ID	First Name	Last Name	Status
▾ BCO	BC-OTHER	69386359	KAI	ENGLISH	ACTIVE
CPP	CIGNA PPO	CIG012345678	FREDDIE	ENGLISH	ACTIVE
BCO	BC-OTHER	69386359	KAI	ENGLISH	INACTIVE
BCO	BC-OTHER	42738588	KAI	ENGLISH	INACTIVE

8. Complete the Change Insurance on Individual Transactions steps:

- a. In the first section, select the transaction. If a claim has multiple claim lines, hold down the CTRL key on your keyboard and select all transactions for the claim.
  - b. In the second section, select the new primary insurance carrier for the selected transactions.
  - c. In the third section, select the new secondary insurance carrier for the selected transactions, if applicable. Or, if there is no secondary insurance carrier, select the **Omit** checkbox.
9. Click the **Requeue as Primary** button, or the **Requeue as Secondary** button, depending on where the claim needs to be transmitted.
  10. If the claim is not to be sent to the Transmit Queue, click **Apply Only**.
  11. Close the window.

## Send Claims Back to the Transmittal Queue

In order to resend a claim electronically, you will first need to send it to the Transmit Queue. The requeuing of claims can be initiated from the Patient Chart or the Billing Center. An entire batch of claims can also be resent to the Transmit Queue, if needed.

### Send Claims Back to the Transmittal Queue from the Patient Chart

1. Navigate to the patient's chart.
2. Click **Claims** in Window Navigation Panel.
3. Select the claim(s) that need to be requeued.
4. Click the **Queue Primary** or **Queue Second** button based on whether the claim is being sent to the queue for submission to the primary or secondary payer. The claim(s) is sent to the Transmit Queue awaiting the next electronic or print submission.

### Send Claims Back to the Transmittal Queue from the Billing Center

1. Navigate to the Claims (A/R) tab of the Billing Center: **Billing tab > Billing Center button > Claims (A/R) tab**.
2. Select the claim(s) that need to be requeued.
3. Click the **Q Prim** or **Q Sec** button based on whether the selected claim is being sent to the queue for submission to the primary or secondary payer. The claim(s) is sent to the Transmit Queue awaiting the next electronic or print submission.

### Send an Entire Batch of Claims Back to the Transmittal Queue

In order to isolate Claims using the Batch # in which they were transmitted, you need to first locate the Batch #. Follow the steps below to locate the Batch Number and send the entire claim file back to the Transmit Queue.

1. Locate the **Batch #**:

- In the Patient Chart, this is located in the Claim Status History section of the Claims window. With the claim selected, locate the most recent entry where “**Added to batch...:**” is displayed in the Notes field. This is the claim Batch #.
  - In the Claims (A/R) tab of the Billing Center, select the **Status History** radio button. The Status History is displayed for claims, including the Batch #.
2. Copy the **Batch #**.
  3. If not already there, navigate to the **Claims (A/R)** tab of the Billing Center.
  4. Enter or paste the copied Batch # in the **Batch #** field located toward the top of the window.
  5. Click the **Refresh** button. All claims transmitted as part of that batch are displayed in the grid.
  6. Click the **Sel All** button to select all of the claims.
  7. Click the **Q Prim** or **Q Sec** button as appropriate, based on whether the selected claims are being sent to the queue for submission to the primary or secondary payer. The claim(s) is sent to the Transmit Queue awaiting the next electronic or print submission.