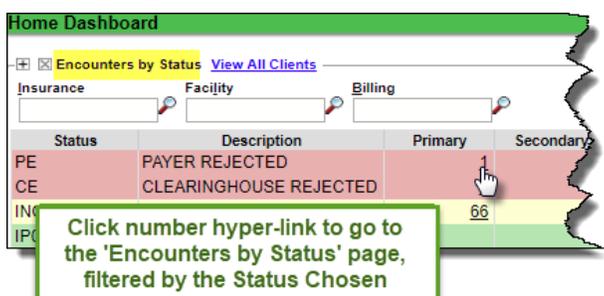


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How do I resubmit a claim?

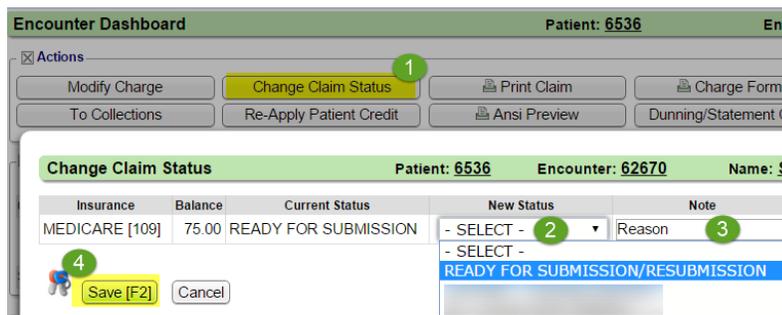
From > 'Encounter Dashboard':

1. Click [Change Claims Status]
2. Choose 'Ready For Submission/Resubmission'
3. Add a Note
4. [Save]



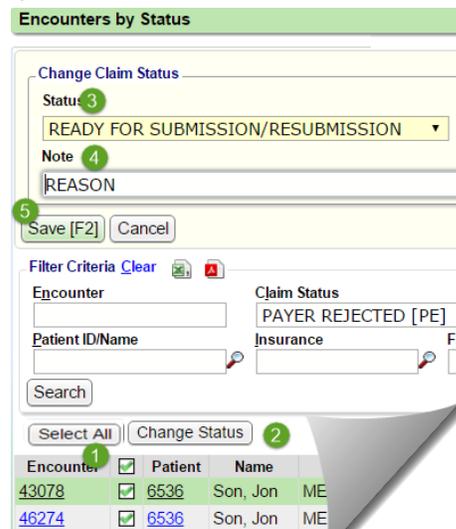
To Resubmit:

1. Choose Encounters using [Select All] or select individual
2. Click [Change Status]
3. Choose 'Ready for Submission/Resubmission'
4. Add a Note
5. [Save]



'Home Dashboard' > 'Encounters by Status' section:

Click the number hyperlink under Primary/Secondary/Tertiary/Patient/Total columns to review the specific claims



Note: The full charge amount of an Encounter is always sent to the Primary Insurance, regardless of any payments or adjustments affecting the current balance

How do I re-bill or resubmit multiple encounters to insurance?

On the insurance management page, we have a Rebill and Change profile and Rebill that allows us to resend multiple encounters to the payer.

1. Highlight the profile with the encounters you want to rebill
 - o Look to the 'Highlighted profile Information & Encounters' section
2. Choose the individual encounter(s) that should be rebilled or use the top checkbox to 'Select All'
3. Choose to either [Rebill only] or [Change Profile Rebill]
4. In the newly opened section, be sure the 'rebill' box is checked

5. [SAVE]

The screenshots show the 'Insurance Management' page. The top section shows 'Insurance Profiles' with a table:

Status	Encounters	Created
Default	10	04/17/2014
Active	0	04/14/2014

Below this is the 'Highlighted Profile Information & Encounters' section with a table:

Insurance	A/A	Balance	Effective
RAILROAD M	Y	475.00	
C AND O HO	Y	45.82	

Below the table is a 'Change Profile/Rebill' section with a table of encounters:

Encounter	DOS	Rebill Only
64839	08/03/2016	<input checked="" type="checkbox"/>
64857	08/02/2016	<input checked="" type="checkbox"/>
64444	08/01/2016	<input type="checkbox"/>
64176	07/31/2016	<input type="checkbox"/>

Numbered callouts (1-5) indicate the steps: 1. Highlighted profile section, 2. Rebill Only checkbox, 3. Rebill Only button, 4. Rebill checkbox in the encounter table, 5. Save button.

How do I submit a Corrected Claim?

To designate a Replacement/Corrected Claim on ANSI and use of 'Delayed Reason Code'

- From the Encounter > [Modify Charge]
- On the bottom portion of the page, use the 'Claim' dropdown to choose 'Original' or 'Replacement'
 - o The ICN number pulls from the most recent ERA payment, or can be manually added.
- A 'Delayed Reason Code' can also be added.
 - o Most Payers accept 7 (Third Party Processing Delay) or 8 (Delay in Eligibility Determination)

The 'Encounter Dashboard' shows an 'Actions' section with buttons for 'Modify Charge', 'Change Claim Status', 'To Collections', and 'Patient Credit'. A tooltip for 'Modify Charge' is visible.

The screenshot shows a claim form with 'Force Primary Claim to HCFA' checked and 'Type' set to 'Production'. The 'Claim' dropdown is set to 'Original', and the 'ICN' is 1015190366490. A 'Delayed Reason Code' field is present. A tooltip explains the 'Replacement' and 'Void' options.

Note: Some payers do NOT accept ANSI-designated Corrected Claims and/or Delayed Reason Codes, others require them, contact individual payers for their requirements. For instance, Medicare never accepts Replacement

Designate "Corrected Claim" in ANSI Loop 2300 NTE Segment

- From the Encounter click [Modify Charge]
- In the 'Claim' section type 'CLMNOTE' in 'ANSI Field'
- In popup 'Note' field enter: 'Corrected Claim' and any additional details, such as: added 25 modifier
- [Save] the popup > then [Save] the Encounter

This action will set the Claims Status to 'Ready to Resubmit'

Display "Corrected Claim" at the Procedure Line level in ANSI Loop 2400 NTE Segment, or HCFA 24 above Procedure

- Go to the Encounter > [Modify Charge]
- Click the appropriate Procedure Line in the 'Procedures' section to edit
- In the 'Note' field enter: 'Corrected Claim' and any additional details
- Click [Save] to save the Procedure Line > then [Save] the Encounter

This action will set the claims status to 'Ready to Resubmit'

To display "Corrected Claim" in HCFA Box 19:

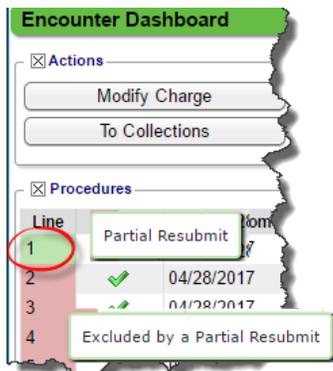
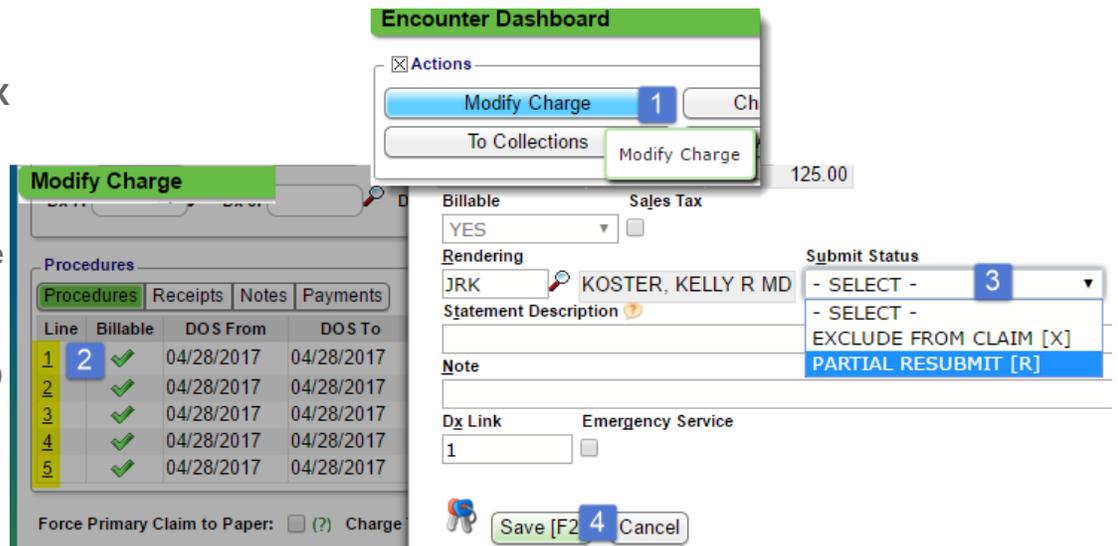
- Encounter Dashboard > Click 'HCFA Fields'
- Box 19 - 'Additional Claim Information [19]'
- Enter 'Corrected Claim' and details > [SAVE]

Data entered into these fields will override what would otherwise print on the HCFA. Enter IBLANK to override using an empty value.			
INSURED'S I.D. NUMBER [1A]	PATIENT'S NAME [2]	INSURED'S NAME [4]	RESERVED FOR NUCC USE [8]
OTHER INSURED'S NAME [9]	OTHER INSURED'S POLICY OR GROUP NUMBER [9A]	RESERVED FOR NUCC USE [9B]	RESERVED FOR NUCC USE [9C]
INSURANCE PLAN NAME OR PROGRAM NAME [9D]	CLAIM CODES [10D]	INSURED'S POLICY GROUP NUMBER [11]	OTHER CLAIM ID [11B]
INSURANCE PLAN NAME [11C]	SIGNED [13]	DATE OF CURRENT QUALIFIER [14]	OTHER DATE QUALIFIER [15]
NAME OF REFERRING PROVIDER [17]	NAME OF REFERRING PROVIDER - QUALIFIER [17]	REFERRING ID QUALIFIER [17A]	REFERRING ID [17A]
REFERRING NPI [17B]	ADDITIONAL CLAIM INFORMATION [19] CORRECTED CLAIM	LAB CHARGES [20C]	DIAGNOSIS INDICATOR [21]

Note: This ONLY affects HCFAs, there is no Box 19 for electronic claims. Data entered on the 'Extra HCFA Information' screen will *override* what would otherwise print on the HCFA.

How do I resubmit only *some* lines on a claim (partial resubmission)

1. Go to the Encounter > Modify Charge Click the appropriate line number link
2. Choose a Submit Status for the line from the drop-down
 - o if only resubmitting one or two of many lines - Use: **R** (Partial Resubmit) to submit the line
- i. Only lines flagged with an R will be sent on the resubmitted claim
 - o if resubmitting all but one or two of many lines - Use **X** (Exclude from Claim) to exclude a line
- i. Only lines *without* the X will be resubmitted (they do *not* need to be flagged with an R)
3. [Save] the line(s) > [Save] the Encounter



The lines are color-coded after the 'Submit Status' is saved.

Red = line to be Excluded
Green = line to be Resubmitted

* - [X] Policy Breakdown Insurance Management Charge

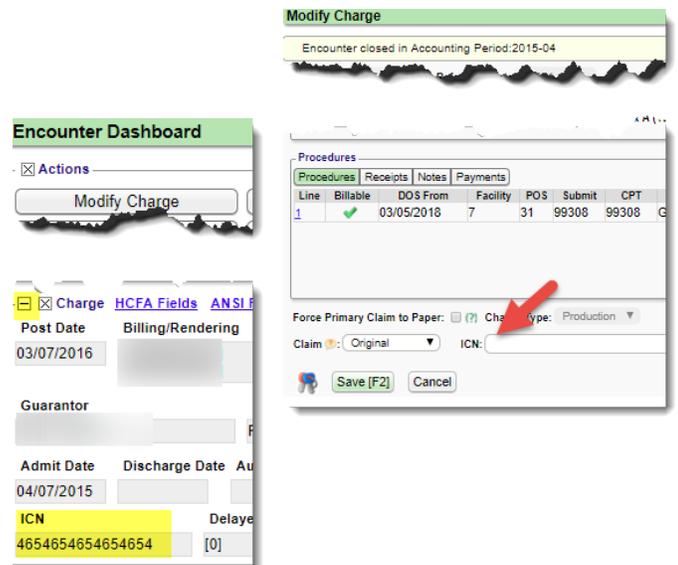
Insurance	Status
BLUE CROSS / BLUE SHIELD [107]	Ready For Submission

Be sure the Claim Status is 'Ready for Submission/Resubmission'

ICN (Internal Control Number)

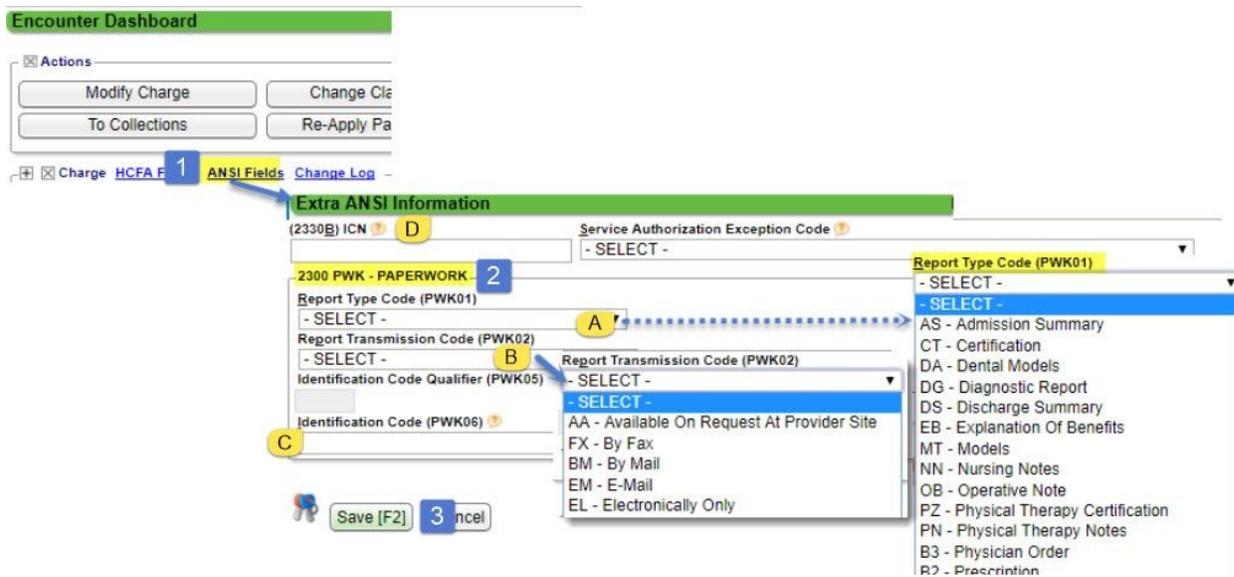
The ICN auto-populates from the most recent ERA posted for this encounter. If no ERA is posted you may click [Modify Charge] on the encounter and manually add the ICN number.

To check if an ICN is attached to this encounter, expand the 'Charge' section



How do I notify the insurance company that I am sending or attaching paperwork?

You may send this with the first claim or you may resubmit the claim with this option. Indicate paperwork is sent to the payer, such as an Operative Note via fax under 'Ansi Fields'. > From the 'Encounter Dashboard'



1. Click 'ANSI Fields' in the 'Charge' section
2. Fill out 2300 PWK - Paperwork section
 - a. Choose 'Report Type Code'
 - b. 'Report Transmission Code'
 - c. Identification Code - a free form field - you may choose a naming convention such as Patient # e Encounter #
 - d. ICN - should be included in resubmitted claims, if you have it. We auto populate this number when ERA is posted
3. [Save]

How do I submit a fully paid claim to a new primary Insurance?

For example, the wrong insurance was billed and paid. Now you learn they shouldn't have paid and you are awaiting a takeback of the payment. In the meantime, you receive the new/correct primary insurance and want to send a claim instead of waiting for the takeback. This is easily done, as the full charge amount of the Encounter is always submitted when billed to primary insurance, regardless of the current balance (unless specific lines have been excluded). Here are the steps: Go to 'Insurance Management' > [Add New Insurance Profile] > Choose the Encounter(s) > [Change Profile/Rebill]. Be sure that 'Re-Bill' option is checked > add a Note > Save

How to check if a claim is really a duplicate or should be resubmitted?

When you receive a CO18 or other duplicate claim rejection, here are the steps to confirm it is truly a duplicate:

Go to Encounter Dashboard > Click 'Claim History' > Check if submitted more than once

Go to the Patient Dashboard > Check if procedure codes for the DOS were submitted on a different Encounter

If you received an ERA for this claim > Go to the ERA List > Filter for the Encounter

Check if the INSURANCE has processed the claim more than once