

Correcting Claims

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Version 14.19

About

There are a number of reasons why you would have to correct a claim after it has already been sent to the insurance payer, such as for a missing modifier, incorrect NDC ID, etc. Below, you'll learn how to make edits to claim lines and submit the claim to the payer as a corrected claim. These steps should only be taken if the edit will not cause the total amount of the claim to change. If your edits will alter the total charge amount for the claim and the claim has been daysheeted, see the instructions in [Unposting Superbills](#) to unconvert, edit, and reconvert a superbill to a claim.

Correct Claim Lines

1. Navigate to the patient Chart: **Clinical, Billing, or Practice Management tab > Patient Chart button.**
2. If not already selected, search for and select the patient.
3. Click **Claims** in the Patient Chart Navigation Panel.
4. Click to select the **claim** that needs to be corrected.
5. Click **+** to the left of the Claim Date to expand the Claim.
6. Select the line that needs to be edited and click the **Edit** button. The Edit Archived Claim Transactions window is displayed.
7. Click the **Other Items (1-27)** tab.
8. Find the **Payer claim ID** field:
 - If the Payer claim ID field is populated with the payer's original claim number, click the **Resub** button and 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: Medicaid resub code field. **This must be done for all claim lines**
 - If the Payer claim ID field is blank or the claim batch number shows here, remove the **Batch Number** and enter the payer's **Claim Number**. Then, click the **Resub** button. **This must be done for all claim lines.**




Warning: Item 22: Resubmission code 7 and Original Ref. No. must be present on *all* CPT claim lines in order for the corrected claim information to be displayed on the electronic claim or paper claim resubmission. Failure to populate these fields on all claim lines will likely result in the claim being denied as a duplicate by the insurance payer.

If edits are made to a claim prior to clicking the Resub button, there is a pop-up dialog box to confirm if you want to mark the claim corrected and send it to the queue. Click the **Yes** button to queue the corrected claim or click the **No** button if you have not yet completed your edits.

9. Click the **Edit** button .
10. Locate the **field(s)** that needs to be edited and make your edit(s) to the appropriate line item.

Note: All tabs of the window contain editable fields. Editing certain fields may change the structure of the claim and could make the claim appear current. These edits include the date or service, any Provider on the claim, any CPT code, or any Unit Charge on the claim. See the lists below of what can be edited from each tab:

- **Summary: Charges vs Payments:** NDC Number, CPT Modifiers, Units, Charge Amounts, EPSDT, and Referral values.
- **Basic Information:** Rendered by and Billing Provider, Date of Service, DX Codes (after editing a dx code on this tab, you will need to associate it to the proper CPT line in the Summary: Charges vs Payments tab), and Location.
- **Other Items (1-27):** 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:** All items related to Hospital Facility billing.



11. Once edits are complete, click the **Save** button  to save and close the Edit Archived Claim Transactions window. This may cause the edited Claim Line to be voided and replaced with the new information. The corrected Claim will be sent to the Transmit Queue.
12. (Optional) If you wish to print the Claim, click the **CMS-1500** button when you have returned to the Claims window of the Patient Chart.

Version 14.10

Overview

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


Correcting Claims

1. From the **Smart Toolbar**, click the **Acct** button.
2. Search for and select the **Patient**.
3. Click the **Claims** tab.
4. Select the **Claim** that needs to be corrected.
5. Expand the **Claim** by clicking the **Expand Claim** button () to the left of the **Claim Date**.
6. Select the **Line** that needs to be edited and click on the **Edit**  button.
7. The **Edit Archived Claim Transactions** window will open.
8. Navigate to the **Other Items (1-27)** tab.
9. Look at the **Payer claim ID** field:
 - If the **Payer claim ID** field is populated with the payer's original claim number, click the **Resubmit (Resub)** button and 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: Medicaid resub code** field. This must be done for all claim lines.
 - If the **Payer claim ID** field is blank or the OP 14 batch number shows here, remove the batch number and enter the payer's **Claim Number**. Then, click the **Resub** button. This must be done for all **Claim Lines**.




Note: Item 22: Resubmission code **7** and Original Ref. No. must be present on all CPT claim lines in order for the corrected claim information to appear on the electronic claim or paper claim resubmission. Failure to populate these fields on all claim lines will likely result in the claim being denied as a duplicate by the insurance payer.

If edits are made to a Claim prior to clicking the Resub button, a confirmation window is displayed to ask if you would like to mark the claim corrected and send it to the queue. Select the Yes button to queue the corrected claim or No if you have not yet completed your edits.

10. Click the **Edit**  button to begin your edits to the appropriate line item.
11. Locate the **Field** that needs to be edited.

Note: All Tabs of the window contain editable fields. Editing certain fields may change the structure of the Claim and could make the Claim appear as current. These edits include: the date of service, any provider on the claim, any CPT code, or any Unit Charge on the Claim. See the lists below of what can be edited from each Tab:

- **Summary: Charges vs Payments:** NDC Number, CPT Modifiers, Units, Charge Amounts, EPSDT, and Referral values.
- **Basic Information:** Rendered by and Billing Provider, Date of Service, DX Codes (after editing a dx code on this tab, you will need to associate it to the proper CPT line in the Summary: Charges vs Payments tab), and Location.
- **Other Items (1-27):** 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:** all items related to Hospital Facility billing.

12. Once edits are complete, click the **green checkmark**  button to save and close the **Edit Archived Claim Transactions** window. This may cause the edited **Claim Line** to be voided and replaced with the new information. The corrected **Claim** will be sent to the **Transmit Queue**. If you wish to print the **Claim**, click the **CMS-1500** button when you have returned to the **Claims** window of the patient account.



Note: If the insurance on the Claim needs to be updated to a new payer, please see the [Change Insurance on a Daysheeted Claim](#) article.