### Electronic Claim Adjustments Professional, Facility, and Dental Claims September 2023



#### **Void or Void/Replace** Function, Communications, and Tips

#### **Function**

- Electronic adjustments replace or void a prior paid claim.
- The adjustment is sent "as the claim should be" not "as it was submitted" meaning that what is sent is the entire new claim. There is no logic to compare and merge existing claims via adjustment; the adjustment is processed as received.
  - Example Original Professional claim has 3 lines; one line needs to have the billed amount updated. Key the Adjustment with all three lines "as the claim should be." If the adjustment is sent with only the updated charge line, the claim will be replaced with the one-line claim. If the claim was submitted with a paperwork attachment, this needs to be included again.
  - **Example** Original Dental claim has two lines; one line was reported with an incorrect tooth number. Key the adjustment with both lines using the correct tooth number. If the claim was submitted with a paperwork attachment, this needs to be included again.
  - **Example** Original claim was billed with Big Sky Waiver provider type. SDMI Waiver provider type is selected for the new claim. The claim will process under the SDMI provider type. All previous claim information must be re-entered.
  - **Example** Original claim was span-billed with one line and an incorrect per-diem with a prior authorization number. The adjustment is keyed with the correct billed charge, but the prior authorization number was not entered. The claim will deny for missing prior authorization number.
- Only paid claims (including those paid at \$0) can be adjusted. Only the 17-digit MMIS Individual Claim Number (ICN) from the remittance advice is valid for adjustments. Any other value will reject as not found.



#### **Void or Void/Replace** Function, Communications, and Tips

#### Communications

- <u>Claim Jumper Volume XXXVI Issue 12 December 2021</u>
- <u>Claim Jumper Volume XXXVII Issue 4 April 2022</u>

The following **cannot** be adjusted electronically:

- Claims over 12 months old (use the Individual Adjust Request form)
- Claims that have already been adjusted (use the ICN of the adjusted claim instead)
- Claims that are over lines (split or overflow claims)
- Encounter claims
- Pharmacy claims via 837
- Financial adjustments (also referred to as gross adjustments)
- Denied or in-process (suspended) claims



# Void or Void/Replace Function and Communications, and Tips

#### Tips

- Only use the 17-digit MMIS ICN from the remittance advice.
  - The MPATH Provider Services Portal confirmation number is not the ICN assigned by the MMIS.
  - Only adjust paid claims, including those paid at \$0.
  - Always use the most recent paid ICN. If a claim has already been adjusted, do not use the original ICN, use the ICN from the adjusted claim.
- The Help link at the top of each MPATH Provider Services Portal page will take you to the specific user manual section based on the page you are working on.
- Always include previous required information (e.g., prior authorization number, paperwork attachments, Coordination of Benefits, Passport number) to avoid denial.
- If using a template, the template may need to be modified.
- Claim status will not be immediately available. Claim status can be retrieved after MMIS cycle on Tuesdays and Thursdays.



### **Professional Claim (CMS-1500)** Example

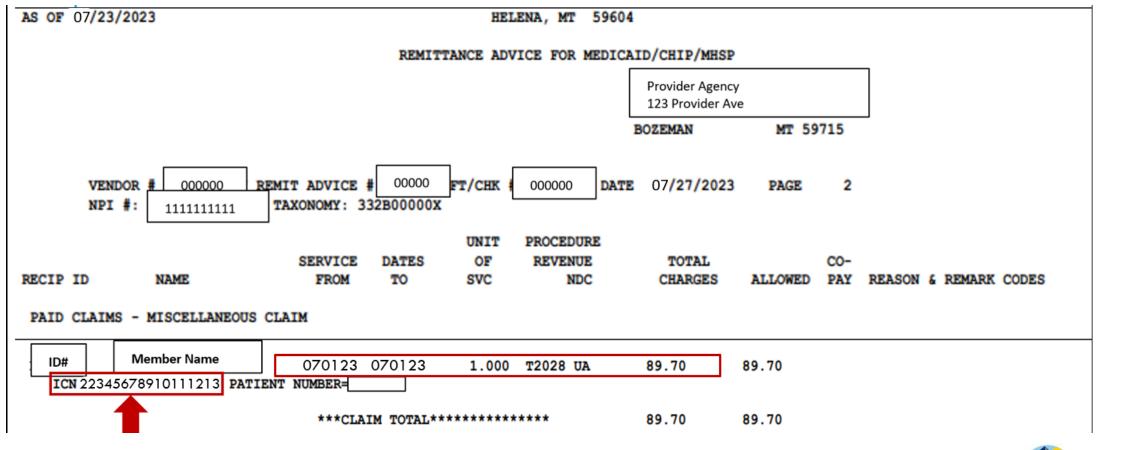
#### Example

One-line claim to be adjusted to increase billed charge (also applicable to multi-line or span-bill)

- Select Claims > Professional Submission from myMenu on the MPATH Provider Services Portal.
- Select the appropriate Provider Type (Enrollment Unit)/Specialty.
- Key claim "as it should be".
- Include all previous data elements (diagnosis, procedure/modifier, prior authorization number).
- Validate date of service and charge.
- Select the radio button response to Is this a void or replacement of a previously submitted claim? (Yes)
  - Choose the applicable option from the drop-down (Replacement of prior claim or Void of prior claim)



#### Locating the ICN on the Remittance Advice



DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

### Professional Claim (CMS-1500) Provider Type

Professional Claim Submission Form

- Billing Provider

Note : Fields marked with an asterisk \* are required.

NPI/API:*	111111111
Provider Name:*	Agency Name
Program/Waiver:*	Select Program/Waiver Select Program/Waiver
	Severe Disabling Mental Illness Waiver (S Montana Medicaid (HMK Plus) Developmentally Disabled Waiver (DDP) Big Sky Waiver

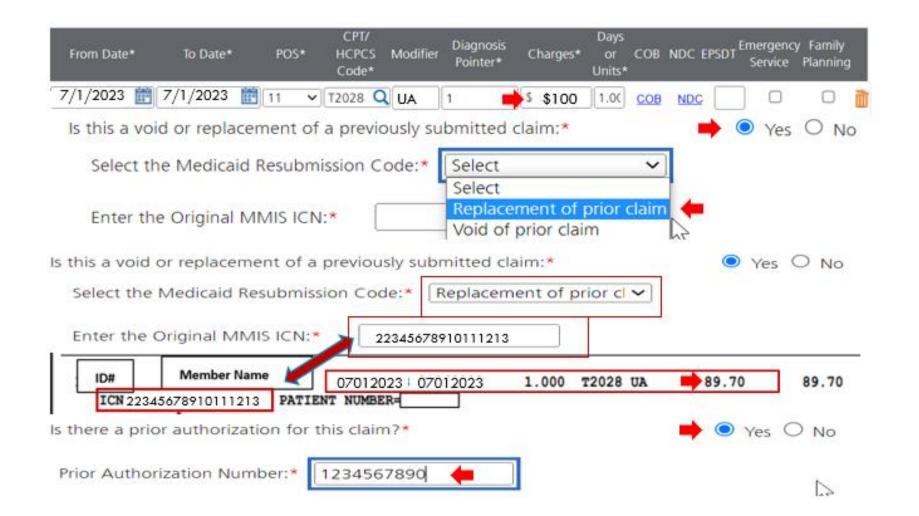
### Professional Claim (CMS-1500) Provider Type

- Billing Provider

Note : Fields marked with an asterisk \* are required.

NPI/API:*	[ 111111111	
Provider Name:*	Agency Name	
Program/Waiver:*	Big Sky Waiver	~
Specialty:*	Assisted Living Facility	
Service Location Address 1:*		
Service Location Address 2:		
City:*		
State:*	MT	
ZIP:*	59901-2877	
Taxonomy Code: *	251S00000X	
Enrollment Unit:*	0000000	

### **Professional Claim (CMS-1500)** "As It Should Be" – Increase Billed Charge



# Professional Claim (CMS-1500) "As It Should Be" – Certify and Submit Adjustment

#### - Terms and Agreements

Note : Fields marked with an asterisk \* are required.

Please key in provider name and NPI/API to certify the information on this form is accurate and terms and conditions have been satisfied.

Provider Name:\* Agency Name

NPI/API:\* 1111111111

I certify I have read the <u>Terms and Conditions</u> that apply to this bill and are made a part thereof.



#### Professional Claim (CMS-1500) "As It Should Be" – Successful Submission

#### Thank you for your Submission



Your Claim was successfully submitted:

Line Level:

 From Date:
 7/1/2023
 To Date:
 7/1/2023
 POS:
 11
 CPT/HCPCS Code:
 T2028
 Modifier:
 UA
 Diagnosis Pointer:
 1
 Charges:
 \$100
 Days/Units:
 1.00

 NDC:
 EPSDT:
 Emergency Service:
 Family Planning:
 COB: No data entered by the submitter
 Family Planning:
 Family Planning:

Total Charges: \$89.70

Claim Questionnaire

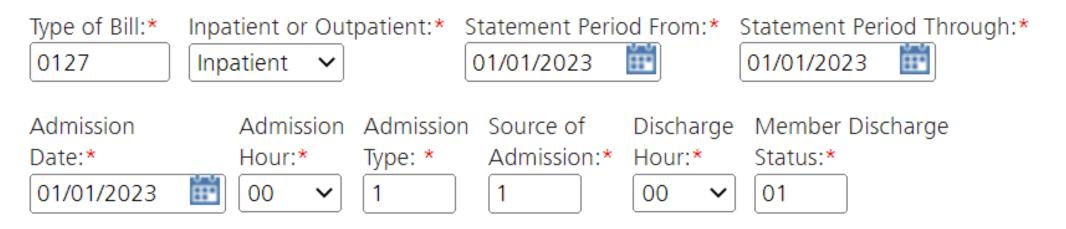
Is this a void or replacement of a previously submitted claim: Yes Select the Medicaid Resubmission Code: Replacement of prior claim Enter the Original MMIS ICN: 22345678910111213



### Void or Void/Replace Facility Claim (UB-04) "As It Should Be"

#### Facility claims are adjusted using the Type of Bill (TOB)

- Adjusting only the TOB still requires the paper form
- Change the last digit of TOB to 7 (void/replace) or 8 (void) to show the ICN field



Original MMIS ICN:\*

12345678901112131



### Void or Void/Replace Dental Claim (ADA) "As It Should Be"

Select the radio button response to Is this a void or replacement of a previously submitted claim? (Yes)

• Choose the applicable option from the drop-down (Replacement of prior claim or Void of prior claim)

Ancillary Claim/Treatment Information

Is this a void or replacement of a previously submitted clain	n:* 💿 Yes 🔿 No
Select the Medicaid Resubmission Code:* Select	<b>~</b> ,
Enter the Original MMIS ICN:*  Select Replacemen Void of prio	nt of prior claim or claim
Is this a void or replacement of a previously submitted claim:	* ⊙Yes ○No
Select the Medicaid Resubmission Code:* Replacement	of prior c 🗸
Enter the Original MMIS ICN:* 12345678910111213	



### **Provider Information Website**

## For more information, visit the Provider Information website.

