

Adjustment Training Module

The “Edit” link is new, allowing you to edit/change denied claims and exceptions. This is limited currently to electronic submissions after July 27, 2008. If this link is not available, this means that either the claim was submitted prior to that date, or it was a paper claim that was entered. This can be accessed from the claim status window and/or the exception report window.

Exception Report 6 record(s) found

**KANSAS HEALTH SOLUTIONS
ELECTRONIC CLAIMS EXCEPTION**

Batch Type: 837P
 Batch #: 17408
 Batch Submitter: THE MENTAL HEALTH CONSORTIUM
 Sort Order: Batch #, Member Name, Proc
 File Name: (Entered via ProviderConnect HCFA form)

	Member Name	TAX ID	Service Date Range	Proc	Mod	Error Date	Reason
Edit	DUCK, DONALD	1234567890	08/01/2008 - 08/01/2008	90801	HK	08/20/2008	There is no match for the given CPT Code
Edit	MOUSE, MICKEY	1234567890	06/30/2007 - 06/30/2007	H0036	HB	08/20/2008	There is no match for the given CPT Code
Edit	MOUSE, MINNIE	1234567890	09/08/2007 - 09/08/2007	H0036	HB	08/20/2008	Required NPI Number is not submitted for Service Facility.
Edit	MOUSE, MINNIE	1234567890	09/08/2007 - 09/08/2007	H0036	HB	08/20/2008	There is no match for the given CPT Code
Edit	MOUSE, MINNIE	1234567890	01/01/2008 - 01/01/2008	H2017	TJ	08/20/2008	There is no match for the given CPT Code
Edit	MOUSE, MINNIE	1234567890	01/01/2008 - 01/01/2008	H2017	TJ	08/20/2008	There is no match for the given CPT Code

Claim List Member: DUCK, DONALD D. 2 record(s) found

Patient Account Number	Claim Number	Member	Service	First Claimed Date	Last Claimed Date	Claimed Amount	
	80820902204	Edit	DUCK, DONALD D.	MH-OFMH-Psychiatric diagnostic interview exam(90801)	07/15/2007	07/15/2007	150.00
	Unprocessed	Edit	DUCK, DONALD D.		08/01/2008	08/01/2008	150.00

Clicking on this link will allow you to make changes. On the far left of the claim, we see either the Claim Number (processed), or Unprocessed (Exception). Once you have checked your exception report, then you will be able to know how to fix the exception. For this example, we will click on “Edit” next to the Unprocessed claim.

Editing an Exception

Clicking on the edit link will allow for you to make changes to the claim in question. You will see an exact image of a claim form, just like you would see in ProviderConnect. Since we have already determined that this exception is due to “No match for the CPT code given”, we know that there is something wrong with the CPT code on the claim. When the claim has come up, make the appropriate changes to the claim, then click on the “Confirm” button. The screen will refresh, turning the fields gray. Then click the “Save” button after you have verified the information which has been entered. This will submit the claim again for processing.

Edit CMS/HCFA 1500 Claim

1. Insured <input type="radio"/> Insured <input type="radio"/> CHARTER <input type="radio"/> CHARITABLE <input type="radio"/> Government Plan <input type="radio"/> Medicaid <input type="radio"/> Other <input type="radio"/> Medicaid # (Medicaid # Sponsor/SPN) (VA file #) (687 or 20) (686) (00)		1a. Insured's ID Number (For Program in Item 1) 88384488
2. Patient's Name (Last Name, First Name, Middle Initial) DUCK DONALD D.		3. Patient's Birth Date Sex 3/15/1984 M
3. Patient's Address (No., Street) 440 E SUMMIT		4. Insured's Name (Last Name, First Name, Middle Initial) DUCK DONALD D.
4. Patient's Relationship to Insured Self <input type="radio"/> Spouse <input type="radio"/> Child <input type="radio"/> Other <input type="radio"/>		5. Insured's Address (No., Street) 440 E SUMMIT
City MOBE	State MO	6. Patient Status Single <input type="radio"/> Married <input type="radio"/> Other <input type="radio"/>
Zip Code 64638	Telephone (Include Area Code) 785-335-1211	7. Insured's City State MOBE MO
8. Other Insured's Name (Last, First Middle Initial)		8. Patient Status (Continued) Employed Full-Time <input checked="" type="checkbox"/> Part-Time Student <input type="checkbox"/> Retiree <input type="checkbox"/>
9. Other Insured's Policy or Group Number		9. Insured's Policy Group or FECA Number
10. Other Insured's Date of Birth Sex		10. Insured's Date of Birth Sex 3/15/1984 M
11. Employee's Name at School Name		11. Insured's Date of Birth Sex (Continued) 3/15/1984 M
12. Insurance Plan Name at Program Name		12. Employee's Name at School Name
13. Is there another health benefit plan? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13. Insurance Plan Name at Program Name

READ BACK OF FORM BEFORE COMPLETING AND SIGNING THIS FORM

12. Patient's or Authorized Person's signature. I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

Signed: Appropriate Release of Information on File at Health Care Service Provider or at Utilization Review Organization

Date: 03/15/2006

13. Insured's or Authorized Person's signature. I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

Signed: [Signature]

14. Date of Current Illness (First symptoms or Injury (Accident) or Pregnancy BIRTH)	15. If patient has had same or similar illness. Give first date	16. Date patient's unable to work in current occupation From: To:
17. Name of Referring Physician or Other Source	17a. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	18. Hospitalization Dates Related to Current Services From: To:
19. Diagnosis or Nature of Illness or Injury (Relate items 1, 2, 3 or 4 to Item 24E by Line)		20. Outside Lab? \$ Charges <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

21. Federal Tax I.D. Number: 88-3847948

22. Patient's Account No.

23. Accept Assignment? (For govt. claims, see back) Yes No

24. Total Charge: \$ 150.00

25. Amount Paid: \$ 0.00

26. Balance Due: \$ 150.00

24. A		B	C	D				E	F	G	H	I
Date(s) of Service From	To	Place of Service	Type of Service	EMC	Procedures, Services or Supplies (Specify usual circumstances)	Diagnosis Code	\$ Charges	Days or Units	EPS01 Family Plan	COB	COB	COB
03/01/2006	03/01/2006	01		<input type="checkbox"/>	90801 HK		150.00	1	<input type="checkbox"/>	<input type="checkbox"/>	COB	
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	COB	
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	COB	
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	COB	
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	COB	
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	COB	

27. Signature of Physician or Supplier including Degree or Credential
 I certify that the statement on the reverse apply to this bill and are made a part thereof.

28. Name and Address of Facility where Service was Rendered (if other than home or office)
 THE MENTAL HEALTH CONSORTIUM
 804 SOUTH KANSAS AVENUE
 TOPEKA MO 66603

29. Physician's, Supplier's Billing Name, Address, Zip Code & Payer
 THE MENTAL HEALTH CONSORTIUM
 804 SOUTH KANSAS AVENUE
 TOPEKA MO 66603
 Payer: GRP Security Code: []

30. Signed: [Signature] Date: 03/15/2006

31. Facility ID# 123456789

After clicking “Save”, you will get a confirmation screen of the submission.



You will not be able to see this resubmission immediately, as it needs to be picked up by the system for processing again.

Editing a Denial

Clicking on the edit link will allow for you to make changes to the claim in question. You will see an exact image of a claim form, just like you would see in ProviderConnect. Since we have already determined that this denial is due to “Missing EOB”, we know that there is COB on file and no EOB or other payer information was filed. For this example, we billed the incorrect dates of service, which has caused the problem. We will change the DOS on the claim, and resubmit it.

21. Diagnosis or Nature of Illness or Injury (Relate Items 1, 2, 3 or 4 to Item 24E by Line)				22. Webstar Account Number Code		Original Acc. No.				
1	311	3				23. Prior Authorization Number				
2		4								
24. A. Date(s) of Service		B. Place of Service	C. Type of Service	D. Procedures, Services or Supplies (Explain unusual circumstances.)		E. Diagnosis Code	F. \$ Charge	G. Days or Units	H. EPSDT Family Plan	I. COB
From	To			CPT/HCPCS	Modifiers					
07/15/2008	07/15/2008	53		90801		<input checked="" type="checkbox"/>	150.00	1	<input type="checkbox"/>	COB
						<input type="checkbox"/>			<input type="checkbox"/>	COB
						<input type="checkbox"/>			<input type="checkbox"/>	COB
						<input type="checkbox"/>			<input type="checkbox"/>	COB
						<input type="checkbox"/>			<input type="checkbox"/>	COB
						<input type="checkbox"/>			<input type="checkbox"/>	COB
25. Federal Tax I.D. Number		26. Patient's Account No.		27. Accept Assignment? (For govt. claims, see back)		28. Total Charge	29. Amount Paid	30. Balance Due		
48-1043746				<input type="checkbox"/> yes <input type="checkbox"/> no		\$ 150.00	\$ 0.00	\$ 150.00		

Once these dates are changed, then click on the “Confirm” button. The screen will refresh, turning the fields gray. Then click the “Save” button after you have verified the information which has been entered. This will submit the claim again for processing. Once you have done this, you will get the same confirmation that it has been submitted successfully.

Successful Editing

Once the claims have been picked up by the system, they will show new claim numbers. Notice the one which was indicated as “Unprocessed” now has a claim number assigned to it.

Patient Account Number	Claim Number	Member	Service	First Claimed Date	Last Claimed Date	Claimed Amount
	80820902206 Edit	DUCK, DONALD D.	MH-OPMH-Psychiatric diagnostic interview exam(90801)	07/15/2008	07/15/2008	150.00
	80820902205 Edit	DUCK, DONALD D.	MH-OPMH-Psychiatric diagnostic interview exam(90801)	08/01/2008	08/01/2008	150.00

In the same manner, some claims could be paid, which will remove the “Edit” link from the page. However, editing can still be done to the denied claims, which will follow the same process indicated previously.

Patient Account Number	Claim Number	Member	Service	First Claimed Date	Last Claimed Date	Claimed Amount
	80820902212 Edit	MOUSE, MINNIE M.	RS-RS-Community Psychiatric Support & Treatment (H0036)	09/08/2007	09/08/2007	210.00
	80820902210	MOUSE, MINNIE M.	RS-RS-Community Psychiatric Support & Treatment (H0036)	09/08/2007	09/08/2007	210.00
	80820902209 Edit	MOUSE, MINNIE M.	RS-RS-Psychosocial Rehabilitation(H2017)	01/01/2008	01/01/2008	15.00
	80820902208	MOUSE, MINNIE M.	RS-RS-Psychosocial Rehabilitation(H2017)	01/01/2008	01/01/2008	3000.00

Deleting Claims

The “Delete” link is also new, allowing you to delete denied claims and exceptions. This is limited currently to electronic submissions after July 27, 2008. If this link is not available, this means that either the claim was submitted prior to that date, or it was a paper claim that was entered. This can be accessed from the claim status window and/or the exception report window.



Patient Account Number	Claim Number		Member	Service	First Claimed Date	Last Claimed Date	Claimed Amount
	80820902212	Edit	MOUSE, MINNIE M.	RS-RS-Community Psychiatric Support & Treatment (H0036)	09/08/2007	09/08/2007	210.00
	80820902210		MOUSE, MINNIE M.	RS-RS-Community Psychiatric Support & Treatment (H0036)	09/08/2007	09/08/2007	210.00
	80820902209	Edit	MOUSE, MINNIE M.	RS-RS-Psychosocial Rehabilitation(H2017)	01/01/2008	01/01/2008	15.00
	80820902208		MOUSE, MINNIE M.	RS-RS-Psychosocial Rehabilitation(H2017)	01/01/2008	01/01/2008	3000.00

This function will remove the claim entirely from the system, which will not allow you to see these claims anymore. Use this functionality only if you are certain these are the steps you want to take.