How to Resubmit a Corrected Claim?

07/24/2024 4:55 pm EDT

You can send a corrected claim by following the below steps to all payers except Medicare (Medicare does not accept corrected claims electronically).

T. o submit a corrected claim to Medicare, make the correction, and resubmit it as a regular claim (Claim Type is Default) and Medicare will process it.

1. Hover over the **Billing** tab and select Live Claims Feed.

Billing
BILLING
Billing Summary
Live Claims Feed
Patient Payments
Day Sheet
Transactions
Remittance Reports
Unmatched ERAs
Insurance Credit Card Payments
Accounts Receivable
Patient Statements
Product/Procedure
Patient Balance Ledger
Fee Schedule
Underpaid Items
Adjustment Master
Sales Tax
Billing Log

2. Search for the patient and select the from the drop-down.

Live Claims Fee	ed								
Select All Offices Select None C new office All • Primary Office All •									
Claim Type All - Claim St 😑 🕤 🙃 All - Billing St: All - Appt Profiles: All - Calculate Counts 🚯 What's this? TFL Warning 🗆									
Patient	Payer Name Payer ID drc claim # 11/18/2023 - 12/18/2023 Clinical Note								
Open window in ne	ew tab Exclude future follow-up dates								

3. Click on the appointment date, it will take you to the Billing Detail screen.



4. Click on the **Claim Type** field and select **Re-submission** from the drop-down. (Please note, that Medicare does not accept re-submitted claims. If you need to resend a claim to Medicare, please use the default option to avoid

rejection.)



5. Check the box **EDI Billing Note** and enter the reason for the resubmission. (Ex: Resubmitting the CPT Code: 99213).

Claim Type	Default	~									
Emergency Service	No 🗸										
Delay Reason	- Not Used -	~									
Acute Manifestation Date											
Onset Date	- Onset Da 🗸		(HCFA box 14)								
Other Date	- Other Da 🗸		(HCFA box 15 & 19)								
Is patient's condition related to											
Employment	No 🗸										
Auto Accident	No 🗸										
Other Accident	No 🗸										
EDI Billing Note	(HCFA/CMS-	-1500 Line 19)									
	Custom NTE ED	DI Billing Note									
Providers	ø										

6. Please make sure you check the box **Re-submit Claim**.

	C 97110 🔸	GP	From date	To date	1.00 1	2 3 0	75.00 /\$31.84	\$75.00	\$75.00	\$0.00	\$0.00	\$0.00	0.00	\$75.00	\$0.00	ERA Denied		+
	07/01/2016	07/01/2016	Check #		Q			Adjmt Reas: 18: Duplicate	e clair \$	75.00	0	[1] NATIONAL \$	19: Processed	d \$ OA: Ot	her ‡ D	ENIAL	8	×
	07/01/2016	07/01/2016	Check #		Q			Adjmt Reas: -3: Payment	\$	0	0	[1] NATIONAL \$	19: Processed	i ¢ [- \$			×
	H G8984 🔸	CJ GP	From date	To date	1.00 1	000	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00	\$0.00	\$0.00	Paid In Full		+
	07/01/2016	07/01/2016	Check # (Q			Adjmt Reas: -3: Payment	\$	0	0	[1] NATIONAL \$	19: Processed	¢	- 0		8	×
	H G8985 🗏	CIGP	From date	To date	1.00 1	000	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00	\$0.00	\$0.00	Paid In Full		+
	07/01/2016	07/01/2016	Check # [٩			Adjmt Reas: -3: Payment	\$	0	0	[1] NATIONAL \$	19: Processed	i ¢ [- \$		8	×
	H G8730 🗏		From date	To date	1.00 1	000	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00	\$0.00	\$0.00	Paid In Full		+
	07/01/2016	07/01/2016	Check #		٩			Adjmt Reas: -3: Payment	\$	0	0	[1] NATIONAL \$	19: Processed	: ¢ [- \$		8	×
	H G8539 🕂		From date	To date	1.00 1	000	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00	\$0.00	\$0.00	Paid In Full		+
	07/01/2016	07/01/2016	Check #		٩			Adjmt Reas: -3: Payment	\$	0	0	[1] NATIONAL \$	19: Processed	: +) [- \$		8	×
	C 97112 🕂	GP	From date	To date	1.00 1	230	75.00 /\$33.16	\$75.00	\$75.00	\$0.00	\$0.00	\$0.00	0.00	\$75.00	\$0.00	ERA Denied		+
	07/01/2016	07/01/2016	Check #		٩			Adjmt Reas: 18: Duplicate	e clair \$	75.00	0	[1] NATIONAL \$	19: Processed	d 🗘 🔿 OA: Ot	her ‡ D	ENIAL	8	×
	07/01/2016	07/01/2016	Check #		٩			Adjmt Reas: -3: Payment	\$	0	0	[1] NATIONAL \$	19: Processed	s ¢) [- \$		8	×
	U 00011 🔸		From date	To date	1.00 1	000	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00	\$0.00	\$0.00	Paid In Full		+
	H G8986 🔸	ω	From date	To date	1.00 1	000	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00	\$0.00	\$0.00	Paid In Full		+
	06/24/2016	06/24/2016	Check # (٩			Adjmt Reas: -3: Payment	\$	0	0	[1] NATIONAL \$	1: Processed	i ¢) [- \$		8	×
	06/29/2016	06/29/2016	Check #		٩			Adjmt Reas: -3: Payment	\$	0	0	[1] NATIONAL \$	1: Processed	i \$ [- +		8	×
ŀ	+ Add Line Item	× Delete Selected										Resubmit Claim	C Rep	arse ERA	i Clain	n Info 🗸 Veri	ify & Sav	ve

7. Please select the billing status as **Bill insurance** for primary and **bill secondary** for secondary claims and click on **Verify & Save**.

Please note you will not be able to bill only the partial code alone that was denied.