

Professional Claim Adjustment or Replacement Using PC-ACE Software



1.

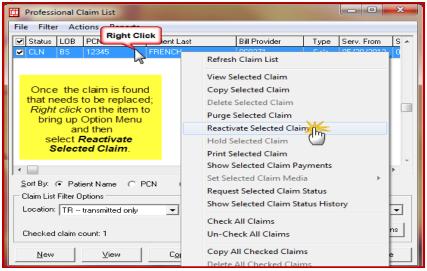
Select List Claims in the Professional Claims Menu

2. In the Professional Claims list, select the location of *Transmitted Claims (TR)*

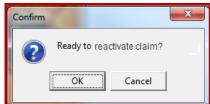
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3. You will now see a list of professional claims that have been transmitted to

Blue Cross and Blue Shield of Nebraska (BCBSNE). Options are available to sort by Patient Name, PCN- Patient Control Number, Service Date or Transmit Date. The screens will allow you to double click to view the keyed claim. When you identify the claim that needs adjustment, *right click* on it and the action will bring up a menu of options. Choose *Reactivate Selected Claim*.



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- 4. The screen will ask for confirmation. Select **OK.**
- 5. The claim is now listed in the <u>*CL lists Items to be Transmitted*</u>. The claim now can be altered and resubmitted to BCBSNE.
- 6. Double click on the claim. It will open up and show the details of the entered transaction. One of the required change indicators is found on the *Patient Info & General* tab: *Frequency Value*.

Right clicking over the box will show the following options:

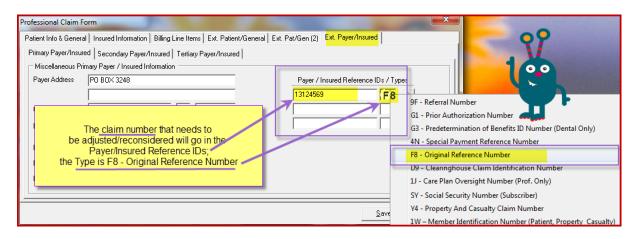
- **1** Original
- **7** Replacement
- **8** Void

The most common selection is **7** - *Replacement*. Select the appropriate frequency value for the Adjustment.

Professional Claim Form							
Patient Info & General Insured Information Billing Line Items Ext. Patient/General Ext. Pat/Gen (2) Ext. Payer/Insured							
LOB BS Billing Provider 060271 26 - Patient Control No. 12345							
2 - Patient Last Name First Name MI Gen 3 - Birthdate Sex MS ES SS Ind SOF Rep. Exempt SMITH JOHN M J09/25/1968 F P N N							
5 - Patient Address 1 Patient Address 2 Patient City State Patient Zip Country Patient Phone 1254 NORFOLK NE 68154 (402) 123-7833							
10 - Patient Condition Related To ROI ROI Date Other Ins. 14 - Date/Ind of Current 15 - First Date 16 - UTW/Disability Dates & Type Employment Accident 3 to	1						
17 - Referring Phys Name (Last/Org, First, Mid, Suffix) Referring Phys IDs/Types 18 - Hospitalization Dates 20 - Outside Lab/Chgs •	and a						
19 - Reserved For Local Use 22 - Medicaid Resubmission Code & Ref No							
25 - Fed. Tax ID 200538360 SSN/EIN E 27 - Provider Accepts Assignment? A PIN No. 060271							
31 - Provider SOF Y Date 07/26/2013 Facility? Dental? COB? Frequency 33-GBP No.							
7 - REPLACEMENT (Replacement of Pr	rior Claim)						
8 - VOID (Void/Cancel of Prior Claim)							

7. On the *Billing Line Items* tab, make any necessary changes (e.g., modifiers, CPT codes, diagnosis codes). No screen shot of this process since these are normal functions done in PC ACE.

8. It is necessary to indicate <u>what claim</u> is being replaced/adjusted or voided. Reference the affected claim number on the <u>Ext. Payer/Insured</u> tab.



9. **<u>SAVE</u>** the changes and the item is ready to be retransmitted to BCBSNE.