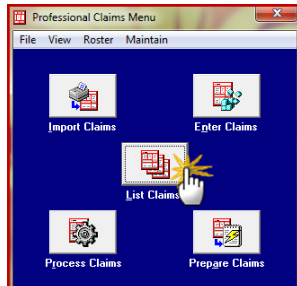
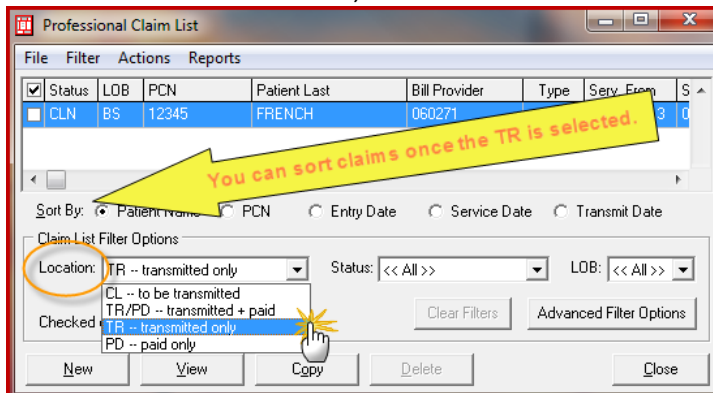


# Professional Claim Adjustment or Replacement Using PC-ACE Software

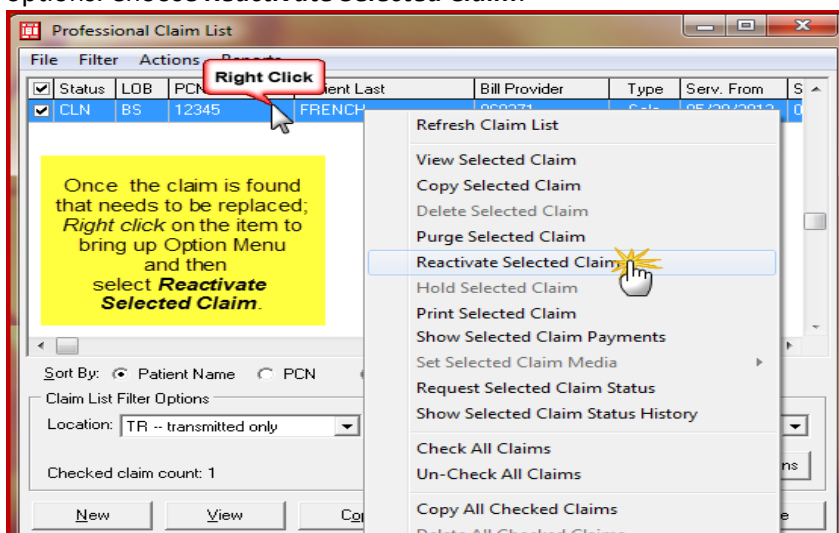


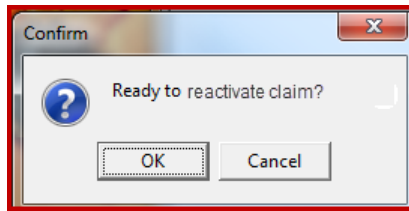
1. Select **List Claims** in the Professional Claims Menu

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



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**.





- The screen will ask for confirmation. Select **OK**.
- The claim is now listed in the CL lists – Items to be Transmitted. The claim now can be altered and resubmitted to BCBSNE.
- 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.

The screenshot shows the 'Professional Claim Form' with various tabs and fields. The 'Patient Info & General' tab is active. Fields include Patient Last Name (SMITH), First Name (JOHN), Birthdate (09/25/1968), and Patient Address (1254, NORFOLK, NE, 68154). A dropdown menu for 'Frequency' is open, showing three options: 1 - ORIGINAL (Admit thru Discharge Claim), 7 - REPLACEMENT (Replacement of Prior Claim), and 8 - VOID (Void/Cancel of Prior Claim). The '7 - REPLACEMENT' option is highlighted.

- 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 what claim is being replaced/adjusted or voided. Reference the affected claim number on the Ext. Payer/Insured tab.

Professional Claim Form

Patient Info & General | Insured Information | Billing Line Items | Ext. Patient/General | Ext. Pat/Gen (2) | **Ext. Payer/Insured**

Primary Payer/Insured | Secondary Payer/Insured | Tertiary Payer/Insured

Miscellaneous Primary Payer / Insured Information

Payer Address: PO BOX 3248

Payer / Insured Reference IDs / Types

|          |    |
|----------|----|
| 13124569 | F8 |
|          |    |
|          |    |

The claim number that needs to be adjusted/reconsidered will go in the Payer/Insured Reference IDs; the Type is F8 - Original Reference Number

- 9F - Referral Number
- G1 - Prior Authorization Number
- G3 - Predetermination of Benefits ID Number (Dental Only)
- 4N - Special Payment Reference Number
- F8 - Original Reference Number**
- D9 - Clearinghouse Claim Identification Number
- IJ - Care Plan Oversight Number (Prof. Only)
- SV - Social Security Number (Subscriber)
- Y4 - Property And Casualty Claim Number
- 1W - Member Identification Number (Patient, Property, Casualty)

Save

9. **SAVE** the changes and the item is ready to be retransmitted to BCBSNE.