

## Manage Claims – Adjust/Void

Prior to adjusting or voiding a claim make sure pop-up blockers are turned off, sign-in to CHAMPS under the Billing provider NPI, and locate the header TCN (i.e., TCN ends in three zeros).

Only claims with a status of PAID can be adjusted or voided

### Accessing Claim for Adjust/Void:

1. First sign-in to Champs under the Billing NPI
2. Click on the **Claims** tab at the top of the page

The screenshot shows the CHAMPS Provider Portal interface. The top navigation bar includes 'My Inbox', 'Provider', 'Claims' (highlighted with a red box), 'Member', and 'PA'. Below the navigation bar, there are sections for 'Latest updates', 'My Reminders' (with a 'No Records Found!' message), and a 'Calendar' widget showing the date 20 December 2017.

3. Click on **Adjust/Void Claim Provider**

This screenshot shows the 'Claims' dropdown menu open. The 'Adjust/Void Claim Provider' option is highlighted with a red box. Other options include 'CLAIM SUBMISSION', 'MANAGE CLAIMS', 'INQUIRE CLAIMS', 'RA LIST', and 'NON CLAIM ADJUSTMENTS'. The background shows the same portal interface as the previous screenshot.

4. Enter in the 18 digit TCN number that ends in three zeros

The screenshot shows the 'Adjust Claims' form. It features a 'TCN:' label followed by a text input field containing the number '3117111111111111000'. A 'Go' button is located to the right of the input field.

5. Click go



From here Providers are able to void a claim and make different types of adjustments.

- Professional claim type - other insurance (OI) information needs to be reported at the header and at the service line level.
- Institutional claim type – OI is not required at the service line level. However, based on how the primary payer adjudicated the claim, providers could/should report the service line information in order for CHAMPS to properly process the claim.
- Dental claim type - OI information needs to be reported at the header and at the service line level.

Providers need to verify beneficiary's TPL information within CHAMPS prior to adding OI. Providers will need the Payer ID and Group # of the other payers information.

Select one of the below to follow instructions:

- [Adjust a Claim for Reprocessing](#)
- [Adjust a Claim to Delete Primary Insurance](#)
- [Adjust a Claim to Add Other Insurance at the Header](#)
- [Adjust a Claim to Add Other Insurance at the Service Line](#)
- [Adjust a Claim to Update Service Line Information](#)
- [Adjust a Claim to Add a Service Line](#)
- [Adjust a Claim to Delete a Service Line](#)
- [Adjust a Claim to Add a NDC Code](#)
- [How to Void a Claim](#)

## Adjust a Claim for Reprocessing:

1. Complete steps 1-5, [Accessing Claim for Adjust/Void](#)
  - a. Click on the **Save** button

Header TCN: [Redacted] Beneficiary ID: [Redacted] Name: [Redacted]

**Header Details**

TCN: [Redacted] Claim Type: 4 - LHD Source: HIPAA  
 Original TCN: [Redacted] Adjustment Source: Medicare: N Claim Status: Paid  
 No Of Lines: 8 Related Cause: NO  
 Beneficiary ID: [Redacted] Last Name: [Redacted] First Name: [Redacted]  
 Gender: M-Male DOB: [Redacted] Age: [Redacted]  
 Patient Account Number: [Redacted] Admit Date: [Redacted]  
 Place of Service: 11-Office  
 Billing Provider ID: [Redacted] Type: NPI Pay To Provider ID: [Redacted] Type: NPI  
 Billing Provider Taxonomy: [Redacted] Referring Provider ID: [Redacted] Type: NPI  
 Rendering Provider ID: [Redacted] Referring Provider Taxonomy: [Redacted] Type: NPI  
 Rendering Provider Taxonomy: 207R00000X Primary Care Referring Provider ID: [Redacted] Type: NPI  
 Supervising Provider ID: [Redacted] Primary Care Referring Provider Taxonomy: [Redacted]  
 Auth #: [Redacted] Referral #: [Redacted] CLIA Number: [Redacted]  
 Diagnosis Codes: 1: Z23 2: Z111 3: [Redacted] 4: [Redacted] 5: [Redacted] 6: [Redacted] 7: [Redacted] 8: [Redacted] Diagnosis Code Category: ICD-10-CM  
 Delay Reason Code: [Redacted]  
 Submitted Charges: \$640.00 Billed Amount: \$640.00 Approved Amount: \$290.30  
 Warrant/EFT Number: [Redacted] RA Number: [Redacted] Paid Date: 2017-01-26

Buttons: Adjust, Void, **Save**, Cancel

2. Click **Adjust**

Header TCN: [Redacted] Beneficiary ID: [Redacted] Name: [Redacted]

**Header Details**

TCN: [Redacted] Claim Type: [Redacted] Source: Web  
 Original TCN: [Redacted] Adjustment Source: Medicare: N Claim Status: In Process  
 No Of Lines: 1 Related Cause: NO Commercial: N  
 Beneficiary ID: [Redacted] Last Name: [Redacted] First Name: NOAH  
 Gender: M-Male DOB: [Redacted] Age: 0  
 Patient Account Number: [Redacted] Admit Date: [Redacted]  
 Place of Service: 71-Public Health Clinic  
 Billing Provider ID: [Redacted] Type: NPI Pay To Provider ID: [Redacted] Type: NPI  
 Billing Provider Taxonomy: [Redacted] Referring Provider ID: [Redacted] Type: NPI  
 Rendering Provider ID: [Redacted] Referring Provider Taxonomy: [Redacted] Type: NPI  
 Rendering Provider Taxonomy: 207R00000X Primary Care Referring Provider ID: [Redacted] Type: NPI  
 Supervising Provider ID: [Redacted] Primary Care Referring Provider Taxonomy: [Redacted]  
 Auth #: [Redacted] Referral #: [Redacted] CLIA Number: [Redacted]  
 Diagnosis Codes: 1: Z1388 2: [Redacted] 3: [Redacted] 4: [Redacted] 5: [Redacted] 6: [Redacted] 7: [Redacted] 8: [Redacted] Diagnosis Code Category: ICD-10-CM  
 Delay Reason Code: [Redacted]  
 Submitted Charges: \$12.00 Billed Amount: [Redacted] Approved Amount: [Redacted]  
 Warrant/EFT Number: [Redacted] RA Number: [Redacted] Paid Date: [Redacted]

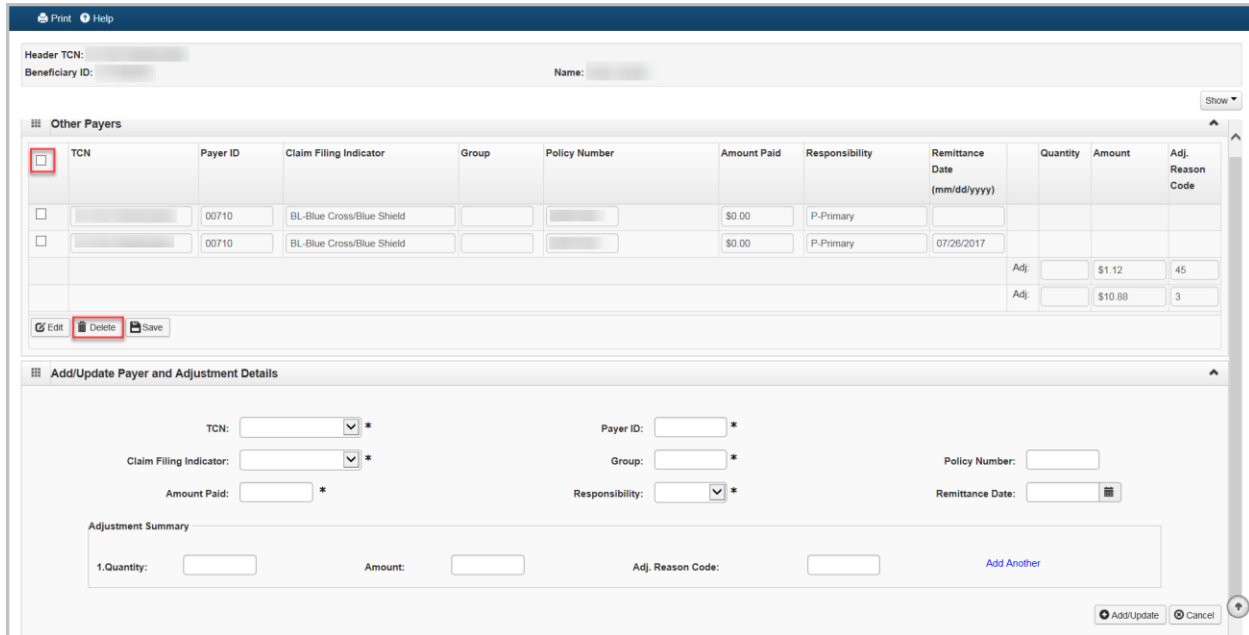
Buttons: **Adjust**, Void, Save, Cancel

3. Select the **Adjustment Source** from the drop-down menu, enter a comment
  - a. Click **OK**

## Adjust a Claim to Delete Primary Insurance

1. Complete steps 1-5, [Accessing Claim for Adjust/Void](#)
2. Click the **Show** menu - select **Other Payers Information**

3. To delete other insurance check the box listed under **Other Payers**
  - a. Click **Delete**



Header TCN: [redacted]  
Beneficiary ID: [redacted] Name: [redacted]

**Other Payers**

<input type="checkbox"/>	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
<input type="checkbox"/>	[redacted]	00710	BL-Blue Cross/Blue Shield	[redacted]	[redacted]	\$0.00	P-Primary				
<input type="checkbox"/>	[redacted]	00710	BL-Blue Cross/Blue Shield	[redacted]	[redacted]	\$0.00	P-Primary	07/26/2017			
									Adj:	\$1.12	45
									Adj:	\$10.88	3

Edit  Delete  Save

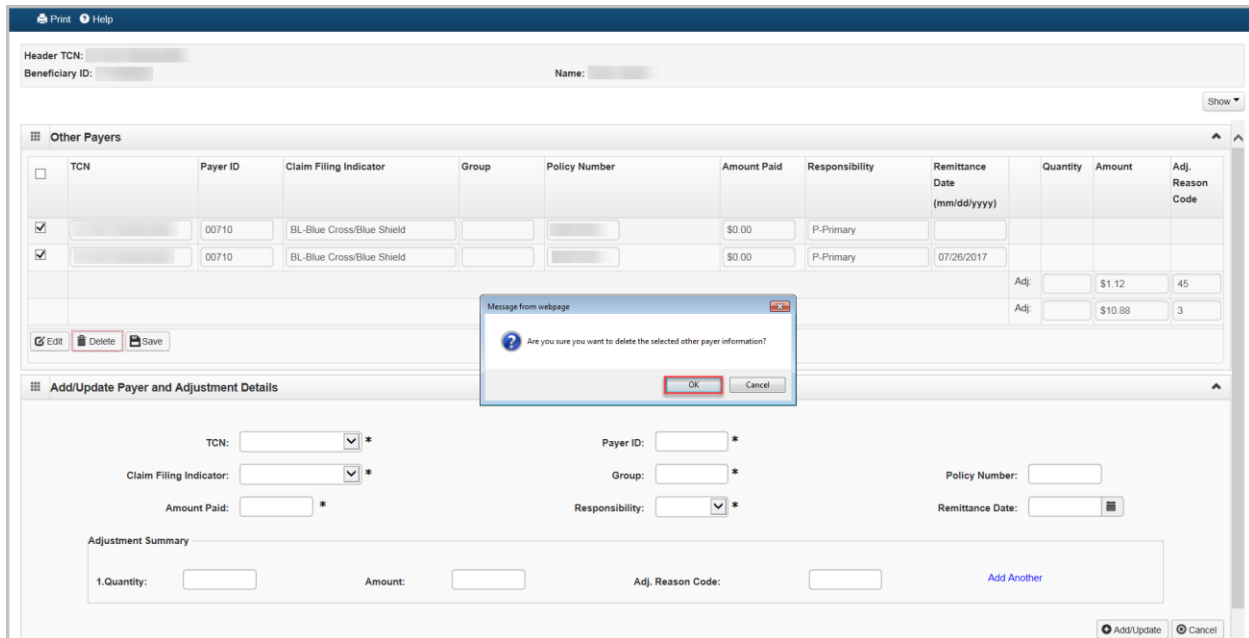
**Add/Update Payer and Adjustment Details**

TCN: [dropdown] \* Payer ID: [text] \*  
 Claim Filing Indicator: [dropdown] \* Group: [text] \* Policy Number: [text]  
 Amount Paid: [text] \* Responsibility: [dropdown] \* Remittance Date: [calendar]

Adjustment Summary

1. Quantity: [text] Amount: [text] Adj. Reason Code: [text] [Add Another](#)

4. Click **OK**, this removes the other insurance from the claim



Header TCN: [redacted]  
Beneficiary ID: [redacted] Name: [redacted]

**Other Payers**

<input type="checkbox"/>	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
<input checked="" type="checkbox"/>	[redacted]	00710	BL-Blue Cross/Blue Shield	[redacted]	[redacted]	\$0.00	P-Primary				
<input checked="" type="checkbox"/>	[redacted]	00710	BL-Blue Cross/Blue Shield	[redacted]	[redacted]	\$0.00	P-Primary	07/26/2017			
									Adj:	\$1.12	45
									Adj:	\$10.88	3

Edit  Delete  Save

**Add/Update Payer and Adjustment Details**

TCN: [dropdown] \* Payer ID: [text] \*  
 Claim Filing Indicator: [dropdown] \* Group: [text] \* Policy Number: [text]  
 Amount Paid: [text] \* Responsibility: [dropdown] \* Remittance Date: [calendar]

Adjustment Summary

1. Quantity: [text] Amount: [text] Adj. Reason Code: [text] [Add Another](#)

Message from webpage

Are you sure you want to delete the selected other payer information?

5. The other insurance is now removed from the claim
  - a. Click the **Show** menu - select **Claim Header Detail**

6. Once all corrections are made, click **Save**
  - a. Click **Adjust**

7. Select the **Adjustment Source** from the drop-down menu, enter a comment
  - a. Click **OK**

## Adjust a Claim to Add Other Insurance at the Header

1. Complete steps 1-5, [Accessing Claim for Adjust/Void](#)
2. Click the **Show** menu - select **Other Payers Information**

3. To add other insurance complete all required fields below denoted with an asterisk (\*)

Header TCN: [redacted] Beneficiary ID: [redacted] Name: [redacted]

**Other Payers**

TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
<input type="checkbox"/>										

**Add/Update Payer and Adjustment Details**

TCN: [dropdown] \* Payer ID: [text] \*

Claim Filing Indicator: [dropdown] \* Group: [dropdown] \*

Amount Paid: [text] \* Responsibility: [dropdown] \*

Policy Number: [text] Remittance Date: [calendar]

Adjustment Summary

1. Quantity: [text] Amount: [text] Adj. Reason Code: [text] [Add Another](#)

4. To report the other insurance information at the Header select the TCN ending in 000, enter all other required information (\*).
  - a. Enter the **Amount** and **Adj. Reason Code** (CARC) (Enter Quantity if needed)
  - b. If additional Adj. Reason Code is needed, click **Add Another**
  - c. Click **Add/Update** to add the information to the claim

Header TCN: [redacted] Beneficiary ID: [redacted] Name: [redacted]

**Other Payers**

TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
<input type="checkbox"/>										

**Add/Update Payer and Adjustment Details**

TCN: 41171311111111000 \* Payer ID: 44444444 \*

Claim Filing Indicator: MB-Medicare Part B \* Group: 00000000 \*

Amount Paid: \$0.00 \* Responsibility: P-Primary \*

Policy Number: [text] Remittance Date: [calendar]

Adjustment Summary

1. Quantity: [text] Amount: \$146.00 Adj. Reason Code: 1 [Add Another](#)

5. The other insurance information is now reported at the header. For professional claims continue to [Adjust a Claim to Add Other Insurance at the Service Line.](#)

Header TCN: [redacted] Beneficiary ID: [redacted] Name: [redacted]

**Other Payers**

TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
<input type="checkbox"/>										
<input checked="" type="checkbox"/>	Payer1	41171311111111000	44444444	MB-Medicare Part B	00000000				\$0.00	P-Primary
								Adj.	\$146.00	1

**Add/Update Payer and Adjustment Details**

TCN: [dropdown] \* Payer ID: [text] \*

Claim Filing Indicator: [dropdown] \* Group: [dropdown] \*

Amount Paid: [text] \* Responsibility: [dropdown] \*

Policy Number: [text] Remittance Date: [calendar]

Adjustment Summary

1. Quantity: [text] Amount: [text] Adj. Reason Code: [text] [Add Another](#)



## Adjust a Claim to Add Other Insurance at the Service Line:

1. Complete steps 1-5, [Accessing Claim for Adjust/Void](#)
2. From the **Show** menu - select **Other Payers Information**

Header TCN: [Redacted] Beneficiary ID: [Redacted] Name: [Redacted]

**Header Details**

TCN: [Redacted] Claim Type: 4 - LHD Source: HIPAA  
 Original TCN: [Redacted] Adjustment Source: [Redacted] Claim Status: Paid  
 No Of Lines: 1 Medicare: N Commercial: Y  
 Related Cause: NO

Beneficiary ID: [Redacted] \* Last Name: [Redacted] First Name: [Redacted]  
 Gender: M-Male \* DOB: [Redacted] \* Age: 1  
 Patient Account Number: [Redacted] Admit Date: [Redacted]

Place of Service: 71-Public Health Clinic

Billing Provider ID: [Redacted] \* Type: NPI \* Pay To Provider ID: [Redacted] Type: NPI  
 Billing Provider Taxonomy: [Redacted] Referring Provider ID: [Redacted] Type: NPI  
 Rendering Provider ID: [Redacted] Type: NPI Referring Provider Taxonomy: [Redacted]  
 Rendering Provider Taxonomy: 207R00000X Primary Care Referring Provider ID: [Redacted] Type: [Redacted]  
 Supervising Provider ID: [Redacted] Type: [Redacted] Primary Care Referring Provider Taxonomy: [Redacted]

Auth #: [Redacted] Referral #: [Redacted] CLIA Number: [Redacted]  
 Diagnosis Codes: 1: Z1388 \* 2: [Redacted] 3: [Redacted] 4: [Redacted] Diagnosis Code Category: ICD-10-CM \*  
 5: [Redacted] 6: [Redacted] 7: [Redacted] 8: [Redacted]

Buttons: Adjust, Void, Save, Cancel

Show menu items: Claim Outbacks, Claim Enhancement Amounts, Claim Notes, Claim Relevant Dates, Claim Spinal Manipulation, Claims Ambulance Info, Diagnosis Codes, Indicators, **Other Payers Information**, Patient Code List, Patient Vision Condition, Related Causes, Service Line List, Servicing Facility Locations, Situational Information

3. Select the TCN ending in 000
  - a. Complete all required fields below denoted with an asterisk (\*)
  - b. Click **Add/Update**

Header TCN: [Redacted] Beneficiary ID: [Redacted] Name: [Redacted]

**Other Payers**

TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
<input type="checkbox"/>										

**Add/Update Payer and Adjustment Details**

TCN: 41171311111111000 \* Payer ID: 44444444 \*  
 Claim Filing Indicator: MB-Medicare Part B \* Group: 00000000 \*  
 Amount Paid: \$0.00 \* Responsibility: P-Primary \*  
 Policy Number: [Redacted]  
 Remittance Date: [Redacted]

Adjustment Summary

1.Quantity:	Amount:	Adj. Reason Code:	Add Another
[Redacted]	[Redacted]	[Redacted]	[Redacted]

Buttons: Add/Update, Cancel

4. Once the information is added to the header, select the TCN ending in 001 from the drop-down, select **Payer1** from the **Payer ID** drop-down. Enter all other required information (\*).
  - a. Enter the **Amount** and **Adj. Reason Code** (CARC) (Enter Quantity if needed) from the primary payer
  - b. Click **Add/Update**

5. If there is more than one service line continue to follow instructions; otherwise, skip to [step 7](#)
6. Once the information is added to the header select TCN ending in 002 from the drop-down, select Payer1 from the Payer ID drop-down (this will populate the Claim Filing Indicator). Complete all required fields denoted with an asterisk (\*) as well as
  - a. Enter the **Amount** and **Adj. Reason Code** (CARC) (Enter Quantity if needed) from the primary payer.
  - b. Click **Add/Update**

7. Other insurance information is now added to the claim (showing header and two service lines)

TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity	Amount	Adj. Reason Code
Payer1	44444444	MB-Medicare Part B	00000000		\$0.00	P-Primary				
Payer1	44444444	MB-Medicare Part B	00000000		\$0.00	P-Primary				
								Adj:	\$100.00	1
								Adj:	\$23.00	45
Payer1	44444444	MB-Medicare Part B	00000000		\$0.00	P-Primary				
								Adj:	\$23.00	1

8. Click the **Show** menu - select **Claim Header Detail**

9. Click **Save** and then **Adjust**

10. Select the **Adjustment Source** from the drop-down menu, enter a comment
  - a. Click **OK**

## Adjust a Claim to Update Service Line Information

1. Complete steps 1-5, [Accessing Claim for Adjust/Void](#)
2. Click the **Show** menu - select **Service Line List**

3. Click on the TCN hyperlink for the line that needs to be updated

TCN	Revenue Code	Procedure Code	Modifiers	Dental Attribute	From Date	To Date	Units	Submitted Charges	Approved Amount	Claim Status
<a href="#">012733111111001</a>		S3655	QW		02/21/2017	02/21/2017	1	\$12.00		In Process

4. Change the information that needs to be updated
  - a. Click **Save**

The screenshot shows the 'Service Line Detail' form. At the bottom right, the 'Save' button is highlighted with a red box. Other visible fields include TCN, Claim Type, Source, Beneficiary ID, Gender, Referring Provider ID, Procedure Code, and Submitted Charges.

5. Once the information is saved, click the **Show** menu - select **Claim Header Detail**

The screenshot shows the 'Service Line Detail' form with the 'Show' menu open at the top right. The 'Claim Header Detail' option is highlighted with a red box. The form content is identical to the previous screenshot, but the 'Save' button is no longer highlighted.

## 6. Click Adjust

Header TCN: [redacted]  
Beneficiary ID: [redacted] Name: [redacted]

**Header Details**

TCN: [redacted] Claim Type: [redacted] Source: Web  
Original TCN: [redacted] Adjustment Source: [redacted] Claim Status: In Process  
No Of Lines: 1 Medicare: N Commercial: N  
Related Cause: NO

Beneficiary ID: [redacted] Last Name: [redacted] First Name: NOAH  
Gender: M-Male \* DOB: [redacted] Age: 0  
Patient Account Number: [redacted] Admit Date: [redacted]  
Place of Service: 71-Public Health Clinic

Billing Provider ID: [redacted] Type: NPI \* Pay To Provider ID: [redacted] Type: NPI  
Billing Provider Taxonomy: [redacted] Referring Provider ID: [redacted] Type: NPI  
Rendering Provider ID: [redacted] Referring Provider Taxonomy: [redacted]  
Rendering Provider Taxonomy: 207R0000X Primary Care Referring Provider ID: [redacted] Type: [redacted]  
Supervising Provider ID: [redacted] Primary Care Referring Provider Taxonomy: [redacted]

Auth #: [redacted] Referral #: [redacted] CLIA Number: [redacted]  
Diagnosis Codes: 1: Z1388 \* 2: [redacted] 3: [redacted] 4: [redacted] Diagnosis Code Category: ICD-10-CM \*  
5: [redacted] 6: [redacted] 7: [redacted] 8: [redacted]  
Delay Reason Code: [redacted]

Submitted Charges: \$12.00 Billed Amount: [redacted] Approved Amount: [redacted]  
Warrant/EFT Number: [redacted] RA Number: [redacted] Paid Date: [redacted]

**Adjust** Void Save Cancel

7. Select the **Adjustment Source** from the drop-down menu, enter a comment
  - a. Click **OK**

Header TCN: [redacted]  
Beneficiary ID: [redacted] Name: [redacted]

**Header Details**

TCN: [redacted] Web  
Original TCN: [redacted] In Process  
No Of Lines: 1 N  
Related Cause: [redacted]

Beneficiary ID: [redacted] Last Name: [redacted] First Name: [redacted]  
Gender: [redacted] DOB: [redacted] Age: 0  
Patient Account Number: [redacted] Admit Date: [redacted]  
Place of Service: [redacted]

Billing Provider ID: [redacted] Type: NPI \* Pay To Provider ID: [redacted] Type: NPI  
Billing Provider Taxonomy: [redacted] Referring Provider ID: [redacted] Type: NPI  
Rendering Provider ID: [redacted] Referring Provider Taxonomy: [redacted]  
Rendering Provider Taxonomy: [redacted] Primary Care Referring Provider ID: [redacted] Type: [redacted]  
Supervising Provider ID: [redacted] Primary Care Referring Provider Taxonomy: [redacted]

Auth #: [redacted] Referral #: [redacted] CLIA Number: [redacted]  
Diagnosis Codes: 1: [redacted] 2: [redacted] 3: [redacted] 4: [redacted] Diagnosis Code Category: [redacted] \*  
5: [redacted] 6: [redacted] 7: [redacted] 8: [redacted]  
Delay Reason Code: [redacted]

Submitted Charges: \$12.00 Billed Amount: [redacted] Approved Amount: [redacted]  
Warrant/EFT Number: [redacted] RA Number: [redacted] Paid Date: [redacted]

**Adjust Claim**

Please enter the following information

Adjustment Source: [redacted] \*  
Comment: [redacted]

Page ID: dgAdjustClaimDoc(Claims) **OK** Cancel

**Adjust** Void Save Cancel

## Adjust a Claim to Add a Service Line

1. Complete steps 1-5, [Accessing Claim for Adjust/Void](#)
2. Click the **Show** menu - select **Service Line List**

Header TCN: [Redacted] Beneficiary ID: [Redacted] Name: [Redacted] Show ▼

**Header Details**

TCN: [Redacted] Claim Type: [Redacted] Source: Web  
 Original TCN: [Redacted] Adjustment Source: [Redacted] Claim Status: In Process  
 No Of Lines: 1 Medicare: N Commercial: N  
 Related Cause: NO

Beneficiary ID: [Redacted] \* Last Name: [Redacted] First Name: NOAH  
 Gender: M-Male \* DOB: [Redacted] \* Age: 0  
 Patient Account Number: [Redacted] Admit Date: [Redacted]

Place of Service: 71-Public Health Clinic

Billing Provider ID: [Redacted] \* Type: NPI \* Pay To Provider ID: [Redacted] Type: NPI  
 Billing Provider Taxonomy: [Redacted] Referring Provider ID: [Redacted] Type: NPI  
 Rendering Provider ID: [Redacted] Referring Provider Taxonomy: [Redacted]  
 Rendering Provider Taxonomy: 207R0000X Primary Care Referring Provider ID: [Redacted] Type: [Redacted]  
 Supervising Provider ID: [Redacted] Type: [Redacted] Primary Care Referring Provider Taxonomy: [Redacted]

Auth #: [Redacted] Referral #: [Redacted] CLIA Number: [Redacted]  
 Diagnosis Codes: 1: Z1388 \* 2: [Redacted] 3: [Redacted] 4: [Redacted] Diagnosis Code Category: ICD-10-CM \*  
 5: [Redacted] 6: [Redacted] 7: [Redacted] 8: [Redacted]

Adjust Void Save Cancel

3. Click **Add**

Header TCN: [Redacted] Beneficiary ID: [Redacted] Name: [Redacted] Show ▼

**Service Lines**

Filter By: [Redacted] And Filter By: [Redacted] Go Save Filters ▼ My Filters

TCN	Revenue Code	Procedure Code	Modifiers	Dental Attribute	From Date	To Date	Units	Submitted Charges	Approved Amount	Claim Status
AT	AT	AT	AT	AT	AT	AT	AT	AT	AT	AT
[Redacted]	[Redacted]	83655	OW	[Redacted]	02/21/2017	02/21/2017	1	\$12.00	[Redacted]	In Process

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 First Prev Next Last

Add Delete Cancel

4. Complete all required fields below denoted with an asterisk (\*)
  - a. Click **Save**

The screenshot shows the 'Service Line Detail' form with the following fields marked as required with asterisks (\*):

- From Date: 02/21/2017
- To Date: 02/21/2017
- Submitted Procedure Code: J0500
- Submitted Charges: \$6,000.00
- Billed Units: 1
- Diagnosis Pointers: 1: 1
- Diagnosis Codes: 1: Z1388

Other fields include TCN, Claim Type, Source, Beneficiary ID, Gender, Referring Provider ID, Procedure Code, Manual Units, Manual Price, ASC Status, ASC Code, Procedure Description, and various insurance-related fields like Medicare Paid and Other Insurance.

5. Click the **Show** menu - select **Claim Header Detail**

The screenshot shows the 'Service Line Detail' form with the 'Show' menu open on the right side. The 'Claim Header Detail' option is highlighted in red. The form content is identical to the previous screenshot, but with the 'Show' menu expanded to show various options like 'ACA Primary Information', 'Claim Outbacks', 'Claim Enhancement Amounts', 'Claim Header Detail', 'Claim Limit List', 'Claim Notes', 'Claim Relevant Dates', 'Claim Spinal Manipulation', 'Claims Ambulance Info', 'Diagnosis Codes', 'Drug Information', 'Indicators', 'Other Payers Information', 'Patient Code List', 'Patient Vision Condition', 'Service Line List', 'Servicing Facility Locations', and 'Situational Information'.



6. If a service line was added an adjustment will need to be made to the submitted charges at the header level before completing the adjustment for the entire claim.
  - a. Adjust the **Submitted Charges** amount to account for the additional service line
  - b. Click **Save**

Header TCN: [Redacted] Beneficiary ID: [Redacted] Name: [Redacted]

**Header Details**

TCN: [Redacted] Original TCN: [Redacted] No Of Lines: 2 Related Cause: NO

Claim Type: [Redacted] Adjustment Source: [Redacted] Medicare: N Source: Web Claim Status: In Process Commercial: N

Beneficiary ID: [Redacted] Gender: M-Male Patient Account Number: [Redacted] Place of Service: 71-Public Health Clinic

Last Name: [Redacted] First Name: [Redacted] DOB: [Redacted] Admit Date: [Redacted] Age: 0

Billing Provider ID: [Redacted] Type: NPI Billing Provider Taxonomy: [Redacted] Rending Provider ID: [Redacted] Type: NPI Rending Provider Taxonomy: 207R00000X Supervising Provider ID: [Redacted] Type: [Redacted]

Pay To Provider ID: [Redacted] Type: NPI Referring Provider ID: [Redacted] Type: NPI Referring Provider Taxonomy: [Redacted] Primary Care Referring Provider ID: [Redacted] Type: [Redacted] Primary Care Referring Provider Taxonomy: [Redacted]

Auth #: [Redacted] Referral #: [Redacted] CLIA Number: [Redacted] Diagnosis Codes: 1: Z1388 2: [Redacted] 3: [Redacted] 4: [Redacted] 5: [Redacted] 6: [Redacted] 7: [Redacted] 8: [Redacted] Diagnosis Code Category: ICD-10-CM

Delay Reason Code: [Redacted]

**Submitted Charges: \$6,012.00** Billed Amount: [Redacted] Approved Amount: [Redacted] Warrant/EFT Number: [Redacted] RA Number: [Redacted] Paid Date: [Redacted]

Adjust Void Save Cancel

7. Once all of the information is updated, click **Adjust**

Header TCN: [Redacted] Beneficiary ID: [Redacted] Name: [Redacted]

**Header Details**

TCN: [Redacted] Original TCN: [Redacted] No Of Lines: 2 Related Cause: NO

Claim Type: [Redacted] Adjustment Source: [Redacted] Medicare: N Source: Web Claim Status: In Process Commercial: N

Beneficiary ID: [Redacted] Gender: M-Male Patient Account Number: [Redacted] Place of Service: 71-Public Health Clinic

Last Name: [Redacted] First Name: [Redacted] DOB: [Redacted] Admit Date: [Redacted] Age: 0

Billing Provider ID: [Redacted] Type: NPI Billing Provider Taxonomy: [Redacted] Rending Provider ID: [Redacted] Type: NPI Rending Provider Taxonomy: 207R00000X Supervising Provider ID: [Redacted] Type: [Redacted]

Pay To Provider ID: [Redacted] Type: NPI Referring Provider ID: [Redacted] Type: NPI Referring Provider Taxonomy: [Redacted] Primary Care Referring Provider ID: [Redacted] Type: [Redacted] Primary Care Referring Provider Taxonomy: [Redacted]

Auth #: [Redacted] Referral #: [Redacted] CLIA Number: [Redacted] Diagnosis Codes: 1: Z1388 2: [Redacted] 3: [Redacted] 4: [Redacted] 5: [Redacted] 6: [Redacted] 7: [Redacted] 8: [Redacted] Diagnosis Code Category: ICD-10-CM

Delay Reason Code: [Redacted]

Submitted Charges: \$6,012.00 Billed Amount: [Redacted] Approved Amount: [Redacted] Warrant/EFT Number: [Redacted] RA Number: [Redacted] Paid Date: [Redacted]

Adjust Void Save Cancel

8. Select the **Adjustment Source** from the drop-down menu, enter a comment
  - a. Click **OK**

## Adjust a Claim to Delete a Service Line

1. Complete steps 1-5, [Accessing Claim for Adjust/Void](#)
2. Click the **Show** menu - select **Service Line List**

3. Check the box for the line that needs to be deleted
  - a. Click **Delete**

Header TCN: [redacted]  
Beneficiary ID: [redacted] Name: [redacted]

Service Lines

TCN	Revenue Code	Procedure Code	Modifiers	Dental Attribute	From Date	To Date	Units	Submitted Charges	Approved Amount	Claim Status
<input type="checkbox"/> 3117311111111001		83655	QW		02/21/2017	02/21/2017	1	\$12.00		In Process
<input checked="" type="checkbox"/> 3117311111111002		J0600			02/21/2017	02/21/2017	1	\$6,000.00		In Process

View Page: 1 | Page Count | SaveToXLS | Viewing Page: 1 | Add | **Delete** | Cancel

4. Click **OK**

Header TCN: [redacted]  
Beneficiary ID: [redacted] Name: [redacted]

Service Lines

TCN	Revenue Code	Procedure Code	Modifiers	Dental Attribute	From Date	To Date	Units	Submitted Charges	Approved Amount	Claim Status
<input type="checkbox"/> 3117311111111001		83655	QW		02/21/2017	02/21/2017	1	\$12.00		In Process
<input checked="" type="checkbox"/> 3117311111111002		J0600			02/21/2017	02/21/2017	1	\$6,000.00		In Process

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Message from webpage: Are you sure you want to delete service line?  
OK | Cancel

5. Click the **Show** menu - select **Claim Header Detail**

Header TCN: [redacted]  
Beneficiary ID: [redacted] Name: [redacted]

Service Lines

TCN	Revenue Code	Procedure Code	Modifiers	Dental Attribute	From Date	To Date	Units	Submitted Charges	Approved Amount	Claim Status
<input type="checkbox"/> 3117311111111001		83655	QW		02/21/2017	02/21/2017	1	\$12.00		In Process

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Show menu:  
 Claim Cutbacks  
 Claim Enhancement Amounts  
**Claim Header Detail**  
 Claim Notes  
 Claim Relevant Dates  
 Claim Spinal Manipulation  
 Claims Ambulance Info  
 Diagnosis Codes  
 Indicators  
 Other Payers Information  
 Patient Code List  
 Patient Vision Condition  
 Related Causes  
 Servicing Facility Locations  
 Situational Information

Add | Delete | Cancel

6. Change the submitted charges at the header and click **Save**

Header TCN: [Redacted]  
Beneficiary ID: [Redacted] Name: [Redacted]

**Header Details**

TCN: [Redacted] Claim Type: [Redacted] Source: Web  
Original TCN: [Redacted] Adjustment Source: [Redacted] Claim Status: In Process  
No Of Lines: 2 Medicare: N Commercial: N  
Related Cause: NO

Beneficiary ID: [Redacted] Last Name: [Redacted] First Name: [Redacted]  
Gender: M-Male DOB: [Redacted] Age: 0  
Patient Account Number: [Redacted] Admit Date: [Redacted]  
Place of Service: 71-Public Health Clinic

Billing Provider ID: [Redacted] Type: NPI Pay To Provider ID: [Redacted] Type: NPI  
Billing Provider Taxonomy: [Redacted] Referring Provider ID: [Redacted] Type: NPI  
Rendering Provider ID: [Redacted] Type: NPI Referring Provider Taxonomy: [Redacted]  
Rendering Provider Taxonomy: 207R00000X Primary Care Referring Provider ID: [Redacted] Type: [Redacted]  
Supervising Provider ID: [Redacted] Type: [Redacted] Primary Care Referring Provider Taxonomy: [Redacted]

Auth #: [Redacted] Referral #: [Redacted] CLIA Number: [Redacted]  
Diagnosis Codes: 1: Z1388 2: [Redacted] 3: [Redacted] 4: [Redacted] Diagnosis Code Category: ICD-10-CM  
5: [Redacted] 6: [Redacted] 7: [Redacted] 8: [Redacted]  
Delay Reason Code: [Redacted]

**Submitted Charges: \$12.00** Billed Amount: [Redacted] Approved Amount: [Redacted]  
Warrant/EFT Number: [Redacted] RA Number: [Redacted] Paid Date: [Redacted]

Adjust Void Save Cancel

7. Click **Adjust**

Header TCN: [Redacted]  
Beneficiary ID: [Redacted] Name: [Redacted]

**Header Details**

TCN: [Redacted] Claim Type: [Redacted] Source: Web  
Original TCN: [Redacted] Adjustment Source: [Redacted] Claim Status: In Process  
No Of Lines: 2 Medicare: N Commercial: N  
Related Cause: NO

Beneficiary ID: [Redacted] Last Name: [Redacted] First Name: [Redacted]  
Gender: M-Male DOB: [Redacted] Age: 0  
Patient Account Number: [Redacted] Admit Date: [Redacted]  
Place of Service: 71-Public Health Clinic

Billing Provider ID: [Redacted] Type: NPI Pay To Provider ID: [Redacted] Type: NPI  
Billing Provider Taxonomy: [Redacted] Referring Provider ID: [Redacted] Type: NPI  
Rendering Provider ID: [Redacted] Type: NPI Referring Provider Taxonomy: [Redacted]  
Rendering Provider Taxonomy: 207R00000X Primary Care Referring Provider ID: [Redacted] Type: [Redacted]  
Supervising Provider ID: [Redacted] Type: [Redacted] Primary Care Referring Provider Taxonomy: [Redacted]

Auth #: [Redacted] Referral #: [Redacted] CLIA Number: [Redacted]  
Diagnosis Codes: 1: Z1388 2: [Redacted] 3: [Redacted] 4: [Redacted] Diagnosis Code Category: ICD-10-CM  
5: [Redacted] 6: [Redacted] 7: [Redacted] 8: [Redacted]  
Delay Reason Code: [Redacted]

Submitted Charges: \$12.00 Billed Amount: [Redacted] Approved Amount: [Redacted]  
Warrant/EFT Number: [Redacted] RA Number: [Redacted] Paid Date: [Redacted]

Adjust Void Save Cancel

8. Select the **Adjustment Source** from the drop-down, enter a comment
  - a. Click **OK**

The screenshot displays a software interface for managing claims. A modal window titled "Adjust Claim" is open, prompting the user to "Please enter the following information". The modal contains two main input fields: "Adjustment Source" (a dropdown menu) and "Comment" (a text box). Both fields are highlighted with red boxes. At the bottom right of the modal, there are "OK" and "Cancel" buttons, with the "OK" button also highlighted in red. The background shows a "Header Details" form with various fields such as TCN, Beneficiary ID, Billing Provider ID, and Billing Provider Taxonomy. The "Submitted Charges" field is populated with the value \$12.00. The interface includes standard navigation and utility icons at the top and bottom.

## Adjust a Claim to Add a NDC Code

1. Complete steps 1-5, [Accessing Claim for Adjust/Void](#)
2. Click the **Show** menu – select **Service Line List**

3. Click on the TCN hyperlink for the NDC code that needs to be added

TCN	Revenue Code	Procedure Code	Modifiers	Dental Attribute	From Date	To Date	Units	Submitted Charges	Approved Amount	Claim Status
<a href="#">31171911111111001</a>		83655	GW		02/21/2017	02/21/2017	1	\$12.00		In Process
<a href="#">31171911111111002</a>		J0600			02/21/2017	02/21/2017	1	\$6,000.00		In Process

4. The service line information will display
  - a. Click the **Show** menu - select **Drug Information**

5. Enter the Drug Code, Quantity, and Unit
  - a. Click **Save**

Header TCN: 411735470000015000  
 Line TCN: 411735470000015002  
 Beneficiary ID: 1171680949 Name: THAO, NOAH

**Drug Information List**

Drug Code	Quantity	Unit	Prescription Date	Qualifier	Prescription/Link Number	Unit Price
<input type="checkbox"/>						

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Save | Delete | Cancel

6. Click the **Show** menu - select **Claim Header Detail**

Header TCN: [Redacted]  
 Line TCN: [Redacted]  
 Beneficiary ID: [Redacted] Name: [Redacted]

**Drug Information List**

Drug Code	Quantity	Unit	Prescription Date	Qualifier	Prescription/Link Number	Unit Price
<input checked="" type="checkbox"/> 0000000000	100	ML-Milliliters				

View Page: 1 | Page Count | Save To XLS | Viewing Page: 1 | First

Show ▾

- ACA Primary Information
- Claim Ambulance Information
- Claim Cutbacks
- Claim Enhancement Amounts
- Claim Header Detail**
- Claim Limit List
- Claim Notes
- Claim Relevant Dates
- Claim Spinal Manipulation
- Diagnosis Codes
- Indicators
- Other Payers Information
- Patient Code List
- Patient Vision Condition
- Service Line Detail
- Service Line List
- Servicing Facility Locations
- Situational Information

Save | Delete | Cancel

## 7. Click Adjust

Header TCN: [redacted] Name: [redacted]  
 Beneficiary ID: [redacted]

**Header Details**

TCN: [redacted] Claim Type: [redacted] Source: Web  
 Original TCN: [redacted] Adjustment Source: [redacted] Claim Status: In Process  
 No Of Lines: 2 Medicare: N Commercial: N  
 Related Cause: NO

Beneficiary ID: [redacted] Last Name: [redacted] First Name: [redacted]  
 Gender: M-Male Patient Account Number: [redacted] DOB: [redacted] Age: 0  
 Place of Service: 71-Public Health Clinic Admit Date: [redacted]

Billing Provider ID: [redacted] Type: NPI Pay To Provider ID: [redacted] Type: NPI  
 Billing Provider Taxonomy: [redacted] Referring Provider ID: [redacted] Type: NPI  
 Rendering Provider ID: [redacted] Type: NPI Referring Provider Taxonomy: [redacted]  
 Rendering Provider Taxonomy: 207R00000X Primary Care Referring Provider ID: [redacted] Type: [redacted]  
 Supervising Provider ID: [redacted] Type: [redacted] Primary Care Referring Provider Taxonomy: [redacted]  
 Auth #: [redacted] Referral #: [redacted] CLIA Number: [redacted]  
 Diagnosis Codes: 1: Z1388 2: [redacted] 3: [redacted] 4: [redacted] Diagnosis Code Category: ICD-10-CM  
 5: [redacted] 6: [redacted] 7: [redacted] 8: [redacted]  
 Delay Reason Code: [redacted]

Submitted Charges: \$6,012.00 Billed Amount: [redacted] Approved Amount: [redacted]  
 Warrant/EFT Number: [redacted] RA Number: [redacted] Paid Date: [redacted]

**Adjust** Visit Save Cancel

## 8. Select the **Adjustment Source** from the drop-down, enter a comment a. Click **OK**

Header TCN: [redacted] Name: [redacted]  
 Beneficiary ID: [redacted]

**Header Details**

TCN: [redacted] Original TCN: [redacted] No Of Lines: [redacted] Related Cause: [redacted]

Beneficiary ID: [redacted] Gender: [redacted] Patient Account Number: [redacted] Place of Service: [redacted]

Billing Provider ID: [redacted] Billing Provider Taxonomy: [redacted] Rendering Provider ID: [redacted] Rendering Provider Taxonomy: [redacted] Supervising Provider ID: [redacted]

Auth #: [redacted] Diagnosis Codes: 5: [redacted] 6: [redacted] 7: [redacted] 8: [redacted] Delay Reason Code: [redacted]

Submitted Charges: \$6,012.00 Billed Amount: [redacted] Approved Amount: [redacted]  
 Warrant/EFT Number: [redacted] RA Number: [redacted] Paid Date: [redacted]

**Adjust Claim**

Please enter the following information

Adjustment Source: [redacted]

Comment: [redacted]

**OK** Cancel

Page ID: digAdjustClaimDoc(Claims)

**Adjust** Visit Save Cancel

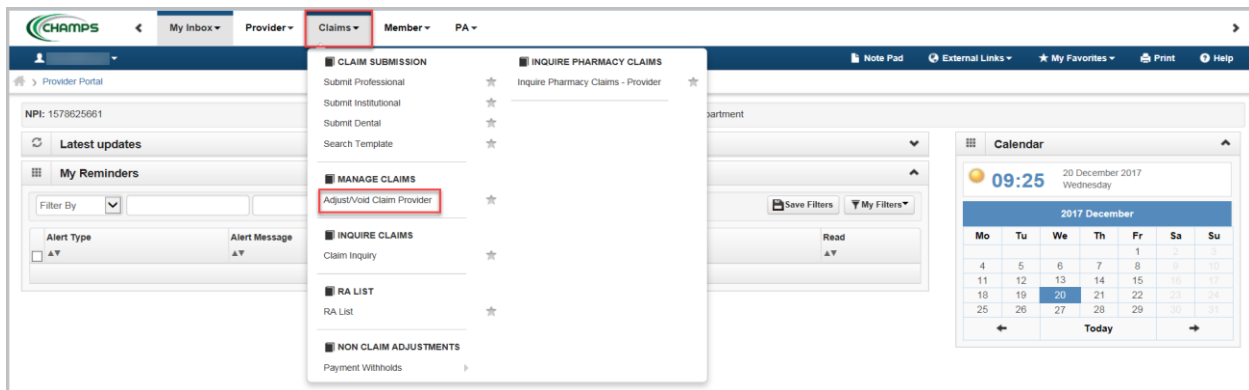


## How to Void a Claim

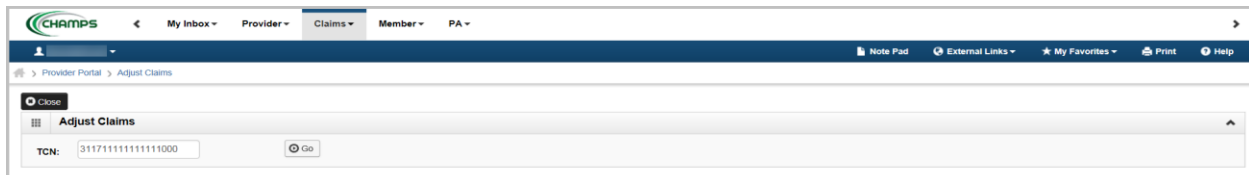
1. First sign-in to Champs under the Billing NPI
2. Click on the **Claims** tab at the top of the page



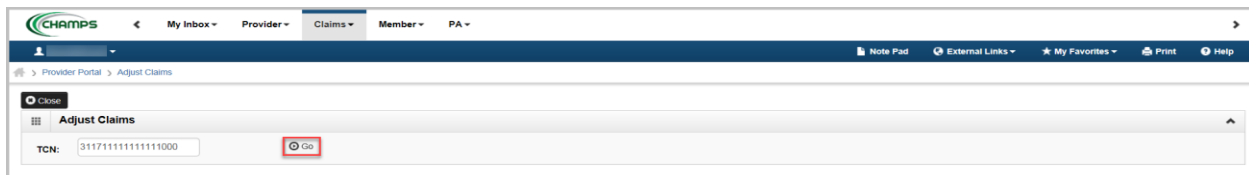
3. Click on **Adjust/Void Claim Provider**



4. Enter in the 18 digit TCN number that ends in three zeros



5. Click **Go**



6. The claim will load, click **Void**

The screenshot shows a web application interface for claim management. The 'Header Details' section contains various fields for claim information, including TCN, Beneficiary ID, Claim Type (4 - LHD), Adjustment Source, Source (HIPAA), Claim Status (Paid), and Commercial (Y). It also includes fields for Billing Provider, Referring Provider, and Primary Care Referring Provider. At the bottom right, a red box highlights the 'Void' button among other options like 'Adjust', 'Save', and 'Cancel'.

7. Select the **Void Source** from the drop-down menu, enter a comment

- Click **OK**
- Claim has now been voided

This screenshot shows the 'Void Claim' dialog box overlaid on the claim details form. The dialog box prompts the user to 'Please enter the following information' and includes a 'Void Source' dropdown menu and a 'Comment' text area. Both the dropdown and the text area are highlighted with red boxes. At the bottom right of the dialog, the 'OK' button is also highlighted with a red box. The background form is dimmed.