

#### 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

(	СНАЛ	NPS	<	My Inbox 🕶	Provider 👻	Claims -	Member 🕶	PA 🕶												>
		-										Note Pad	@ Extern	al Links -	*	My Fav	orites 🕶	🖨 Print	6	Help
#>	Provider	r Portal																		
NP	1:								Name:											
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	Filter By	<ul> <li></li> </ul>					<b>O</b> Go				Save Filters	<b>▼</b> My Filters <b>▼</b>				2017	Decemb	er		
	Alert T	ype			Alert Message			Alert Date		Due Date	Read			Мо	Tu	We	Th	Fr S	a	Su
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3. Click on Adjust/Void Claim Provider

CHAMPS K My Inbox - Provider -	Claims - Member - PA -	•									>
1 ·	CLAIM SUBMISSION		INQUIRE PHARMACY CLAIMS		🖹 Note Pad 📿	External Link	s <del>v</del>	★ My Fav	orites 🕶	🖨 Print	😯 Help
A > Provider Portal	Submit Professional	$\pi$	Inquire Pharmacy Claims - Provider	$\pi$							
101 1570005001	Submit Institutional	$\pi$									
NPI: 1578625661	Submit Dental	*			sartment						
C Latest updates	Search Template	$\pi$			~		alend	ar			^
III My Reminders	MANAGE CLAIMS				^	90	9:2	5 20 D Wed	lecember 2 Inesday	017	
Filter By	Adjust/Void Claim Provider	*			Save Filters TMy Filters			2017	Decemb	er	
Alert Type Alert Message	INQUIRE CLAIMS				Read	Мо	Tu	We	Th	Fr Sa	Su
▲▼ ▲▼	Claim Inquiry	$\pi$			<b>▲</b> ▼					1 2	
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							-		Today		→
	NON CLAIM ADJUSTMENTS										
	Payment Withholds										
	L				/						

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

	CHAMPS	; <b>(</b>		My Inbox -	Provider -	Claims 🗸	Member 🕶	PA -								>
	1	•									Note Pad	External Links	★ My	Favorites <del>-</del>	🖨 Print	9 Help
1	Provider Por	al 🖒 Adjust	Claim	ns												
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	III Adjus	Claims														^
	TCN: 31	71111111	1110	000	0	Go										



#### 5. Click go

CHAMPS	۲	My Inbox +	Provider +	Claims 🗸	Member 👻	PA -					>
1							Note Pad	External Links -	★ My Favorites 👻	🊔 Print	🕑 Help
Provider Portal	Adjust Cl	aims									
Close											
III Adjust Cl	aims										^
TCN: 311711	11111111	1000	0	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 beneficary'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:

- a. Adjust a Claim for Reprocessing
- b. Adjust a Claim to Delete Primary Insurance
- c. Adjust a Claim to Add Other Insurance at the Header
- d. Adjust a Claim to Add Other Insurance at the Service Line
- e. Adjust a Claim to Update Service Line Information
- f. Adjust a Claim to Add a Service Line
- g. Adjust a Claim to Delete a Service Line
- h. Adjust a Claim to Add a NDC Code
- i. How to Void a Claim



#### Adjust a Claim for Reprocessing:

- 1. Complete steps 1-5, <u>Accessing Claim for Adjust/Void</u>
  - a. Click on the Save button

🖨 Print 💿 Help					
Header TCN: Beneficiary ID:		Name:			
,					
III Header Details				O Up	adView Documents
TCN:		Claim Ty	pe: 4 - LHD	Source: HIPAA	
Original TCN:	-	Adjustment Sou	ce:	Claim Status: Paid	
No Of Lines:	8	Medic	ire: N	Commercial: N	
Related Cause:					
Beneficiary ID:	•	Last Na	ne:	First Name:	
Gender:	M-Male 🖌 *	D	DB: 🗰 *	Age:	
Patient Account Number:		Admit D	nte:		
Place of Service:	11-Office	~			
Billing Provider ID:	* Type: NPI	*	Pay To Provider ID:	Type: 1	PI V
Billing Provider Taxonomy:					
Rendering Provider ID:	Type: NPI	$\sim$	Referring Provider ID:	Type:	PI 🕑
Rendering Provider Taxonomy:	207R00000X		Referring Provider Taxonomy:		
Supervising Provider ID:	Type:	~	Primary Care Referring Provider ID:	Туре:	~
			Primary Care Referring Provider Taxonomy:		
Auth #:		'	Referral #:	CLIA Number:	
Diagnosis Codes:	1: ZZ3 * 2: Z111	3:	4:	Diagnosis Code Category: ICL	-10-CM 🗹 *
	5: 6:	7:	8:		
Delay Reason Code:		2			
Submitted Charges:	\$640.00	Billeo	Amount: \$640.00	Approved Amount: \$2	0.30
Warrant/EFT Number:		R/	Number:	Paid Date: 20	7-01-26
					Adjust Void Save O Cancel

#### 2. Click Adjust

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Header TCN: Beneficiary ID:		Name:		
			<b>2</b>	Show -
III Header Details			Uproadview Docum	
TCN:		Claim Type:	Source: Web	
Original TCN:		Adjustment Source:	Claim Status: In Process	
No Of Lines: 1		Medicare: N	Commercial: N	
Related Cause: NO	$\checkmark$			
Beneficiary ID:	•	Last Name:	First Name: NOAH	
Gender: M-Male	*	DOB: 🗮 *	Age: 0	
Patient Account Number:		Admit Date:		
Place of Service: 71-Public He	ealth Clinic			
Billing Provider ID:	* Type: NPI 🗹 *	Pay	To Provider ID: Type: NPI	
Billing Provider Taxonomy:				
Rendering Provider ID:	Type: NPI	Refer	ing Provider ID: Type: NPI	
Rendering Provider Taxonomy: 207R000003	×	Referring Prov	ider Taxonomy:	
Supervising Provider ID:	Туре:	Primary Care Refer	ing Provider ID: Type:	
		Primary Care Referring Pro	wider Taxonomy.	
Auth #:		Referral #:	CLIA Number:	
Diagnosis Codes: 1: 2130	2:	3: 4: 9:	Diagnosis Code Category:	
Delay Reason Code:		·		
Submitted Charges: \$12.00		Billed Amount:	Approved Amount:	
Warrant/EFT Number:		RA Number:	Paid Date:	
			O Adjur	t Void Bave O Cancel



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

🚔 Print 💿 Help		
Header TCN:		
Beneficiary ID:	Name:	
		Show *
III Header Details		O Upload∕View Documents     III 0 III ↑
TCN:		Web
Original TCN:	🖨 Print 🛛 Help	In Process
No Of Lines:	Header TCN:	N
Related Cause:	Beneficiary ID: Name:	
Beneficiary ID:	III Adjust Claim	
Gender:	Please enter the following information	0
Patient Account Number:	Adjustment Source:	
Place of Service:	Commant	
	Comment	
Billing Provider ID:		Type: NPI
Billing Provider Taxonomy:		
Rendering Provider ID:		Type: NPI
Supervising Provider Laxonomy:		Tunar
Supervising Provider ID.		Type.
Auth #:	VCK @ Carrel	nber:
Diagnosis Codes:	Page ID: dlgAdjustClaimDoc(Claims)	gory: ICD-10-CM 💙 *
	5: 6: 7: 8:	
Delay Reason Code:	Y	
Submitted Charges:	\$12.00 Billed Amount: Approved Ar	nount:
Warrant/EFT Number:	RA Number: Paid	Date:
		Adjust

#### 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

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Header TCN:							
Beneficiary ID:			Name:				
							Show 🔻
Header Details						O Upload/View Docume	Claim Cuthaska
							Claim Enhancement Amounts
TCN:			Claim Type:	4 - LHD	Source:	HIPAA	Claim Notes
Original TCN:			Adjustment Source:		Claim Status:	Paid	Claim Relevant Dates
No Of Lines:	1		Medicare:	N	Commercial:	Y	Claim Spinal Manipulation
Related Cause:	NO						Claims Ambulance Info
							Diagnosis Codes
Beneficiary ID:			Last Name:		First Name:		Indicators
Gender:	M-Male ¥		DOB:	*	Age:	1	Other Payers Information
Patient Account Number:			Admit Date:	<b></b>			Patient Code List
Place of Service:	71-Public Health Clinic	~					Related Causes
							Service Line List
Billing Provider ID:	•	Type: NPI		Pay To Provider ID:		Type: NPI	Servicing Facility Locations
Billing Provider Taxonomy:							Situational Information
Rendering Provider ID:		Type: NPI		Referring Provider ID:		Type: NPI	
Rendering Provider Taxonomy:	207R00000X			Referring Provider Taxonomy:			
Supervising Provider ID:		Туре:		Primary Care Referring Provider ID:		Type:	<ul> <li>Image: A set of the set of the</li></ul>
				Primary Care Referring Provider			
				Taxonomy:			
Auth #:			Referra	al #:	CLIA Nur	mber:	
Diagnosis Codes:	1: Z1388 *	2:	3:	4:	Diagnosis Code Cate	gory: ICD-10-CM	*
	5:	6:	7:	8:			~
						Adjust	Save O Cancel



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

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leader TCN: leneficiary l	D:				Name:							
III Other	Pavors											Sho
	N	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	G	Quantity	Amount	Adj. Reason Code
		00710	BL-Blue Cross/Blue Shield			\$0.00	P-Primary					
		00710	BL-Blue Cross/Blue Shield			\$0.00	P-Primary	07/26/2017				
									Adj:		\$1.12	45
									Adj:		\$10.88	3
Add/U	pdate Payer and Adju	ustment Deta	ills V		Payer ID:	*						^
	Claim Filing Ind	dicator:	•		Group:	*		Policy Numb	er:			
	Amour	nt Paid:	*		Responsibility:	*		Remittance Da	te:		m	
	Adjustment Summary											
	1.Quantity:		Amount:		Adj. Reason	Code:		Add	Another			
											O Add/Update	Cancel

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

				Name:							
											(
Other Payers											
TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)		Quantity	Amount	Adj. Reason Code
	00710	BL-Blue Cross/Blue Shield			\$0.00	P-Primary					
	00710	BL-Blue Cross/Blue Shield			\$0.00	P-Primary	07/26/2017				
								Adj:		\$1.12	45
			Message fr	rom webpage				Adj:		\$10.88	3
Add/Update Pay	er and Adjustment Deta	ils			OK Cancel						
	TCN:	*		Payer ID:	*						
C	TCN:	*		Payer ID: Group:	*		Policy Numb	er:			
c	TCN:	*		Payer ID: Group: Responsibility:	*		Policy Numb Remittance Da	er:			
Ci Adjustmer	TCN:	*		Payer ID:	*		Policy Numb Remittance Da	er:			



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

🖨 Print 💿 Help							
Header TCN: Beneficiary ID:			Name:				
							Show -
III Other Payers							Claim Cutbacks
	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility Remittan Date (mm/dd)	Claim Enhancement Amounts Claim Header Detail Claim Notes Claim Relevant Dates
III Add/Update Pay	er and Adjustment Details						Claim Spinal Manipulation
		<b></b>					Claims Ambulance Into Diagnosis Codes
c	laim Filing Indicator:	× *		Group: *		Policy Number:	Patient Code List
	Amount Paid:	*	Respo	onsibility: 💌 *		Remittance Date:	Related Causes
Adjustmer 1.Quanti	ty:	Amount:		Adj. Reason Code:		Add Another	Service Line List Servicing Facility Locations Situational Information
							Add/Update Cancel
							Cancel

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

🖨 Print 💿 Help									
Header TCN: Beneficiary ID:			Name:						
									Show
III Header Details						O Upload/View Documents	0	⊠0 I	•
TCN:			Claim Type:		Source:	Web			
Original TCN:			Adjustment Source:		Claim Status:	In Process			
No Of Lines:	1		Medicare:	N	Commercial:	N			
Related Cause:	NO								
Beneficiary ID:	*		Last Name:		First Name:				
Gender:	M-Male 🖌 *		DOB:	*	Age:	0			
Patient Account Number:			Admit Date:						
Place of Service:	71-Public Health Clinic	~							
Billing Provider ID:	*	Type: NPI 🖌 *		Pay To Provider ID:		Type: NPI			
Billing Provider Taxonomy:									
Rendering Provider ID:		Type: NPI		Referring Provider ID:		Type: NPI			
Rendering Provider Taxonomy:	207R00000X			Referring Provider Taxonomy:					
Supervising Provider ID:		Туре:		Primary Care Referring Provider ID:		Туре:			
				Primary Care Referring Provider Taxonomy:					
Auth #:			Referra	al #:	CLIA Nur	nber:			
Diagnosis Codes:	1: Z1388 *	2:	3:	4:	Diagnosis Code Cate	gory: ICD-10-CM			
		·····				() Adjust	Void	Save	Cancel



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

🖨 Print 💿 Help		
Header TCN: Beneficiary ID:	Name:	Show *
III Header Details		O Upload∧iew Documents     III 0 □ 0 III ▲
TCN: Original TCN: No Of Lines:	O Rep	Web In Process N
Beneficiary ID: Gender: Patient Account Number:	Adjust Claim     Adjust Claim     Please enter the following information     Adjustment Source:     Image: Source:     Image: Source: Im	0
Place of Service: Billing Provider ID: Billing Provider Taxonomy: Bendering Provider ID:	Сотпент	Type NPI
Rendering Provider Taxonomy: Supervising Provider ID:		Туре
Aum #: Diagnosis Codes: Delay Reason Code:	Page ID: dig/djus/ClaimDoc(Claims)	gory: ICD-10-CM 🖉 *
Submitted Charger Warrant/EFT Number	Siled Amount: Approved An RA Number: Peic	nount:
		Adjust Save O Cancel

#### 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

в Ринк С нер							
eader TCN:							
eneficiary ID:			Name:				
							Show
Header Details						Upload/View Docume	Claim Cutbacks
TCN:			Claim Type:	4 - LHD	Source:	HIPAA	Claim Enhancement Amounts Claim Notes
Original TCN:			Adjustment Source:		Claim Status:	Paid	Claim Relevant Dates
No Of Lines: 1			Medicare:	N	Commercial:	Ŷ	Claim Spinal Manipulation
Related Cause:	vo 🔽						Claims Ambulance Info
Beneficiary ID:	*		Last Name:		First Name:		Diagnosis Codes
Gender:	M-Male 💙 🕷		DOB:	<b>=</b> *	Age:	1	Other Pavers Information
Patient Account Number:			Admit Date:		· ·		Patient Code List
Patient Account Number.	Date Hast Cisis		Admit Date.				Patient Vision Condition
Place of Service: /	1-Public Health Clinic	<b>`</b>					Related Causes
Billing Provider ID:	*	Type: NPI 💙 *		Pay To Provider ID:		Type: NPI	Service Line List
Billing Provider Taxonomy:							Servicing Facility Locations
Rendering Provider ID:		Type: NPI		Referring Provider ID:		Type: NPI	Situational Information
Rendering Provider Taxonomy: 2	07R00000X			Referring Provider Taxonomy:			-
Supervising Provider ID:		Туре:		Primary Care Referring Provider ID:		Туре:	•
				Primary Care Referring Provider			-
				Taxonomy:			
Auth #:			Referra	ıl #:	CLIA Nur	nber:	
Diagnosis Codes: 1	: Z1388 *	2:	3:	4:	Diagnosis Code Cate	gory: ICD-10-CM	*
	5:	6:	7:	8:			
						Adjust	Save O Cance



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

🖨 Print 💿 Help									
Header TCN: Beneficiary ID:			Na	me:					Show -
III Other Payers									^
TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility Re Da	emittance Qua ate nm/dd/yyyy)	ntity Amou	nt Adj. Reason Code
III Add/Update Payer and Ad	ustment Details								^
Claim Filing Ir Amou	TCN:	<pre> * * * * * * * * * * * * * * * * * * *</pre>		Payer ID: * Group: * Responsibility: *		Policy Number: [			
1.Quantity:		Amount:		Adj. Reason Code:		Add Anoth	her		
							0	Add/Update	Cancel
									O Cancel

- 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

🖨 Print 💿 Help									
Header TCN: Beneficiary ID:			Name:						Show -
III Other Payers									^
	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Qu Date (mm/dd/yyyy)	antity Amount	t Adj. Reason Code
III Add/Update Payer	and Adjustment Details								^
Claim	TCN: 4117131111 Filing Indicator: MB-Medicar Amount Paid: \$0.00	11111000 V *	Re	Payer ID:         4444444           Group:         000000000           #         sponsibility:		Policy Number: Remittance Date:			
1.Quantity:		Amount:	\$146.00	Adj. Reason Code:	1	Add An	other		
								Add/Update	Cancel
									Cancel

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.

der TCN eficiary	I: ID:				Name:							
												s
Other	r Payers											
1	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance		Quantity	Amount	Adj.
								Date (mm/dd/yyyy)				Reas
Payer1	41171311111111000	4444444	MB-Medicare Part B	000000000		\$0.00	P-Primary					
									Adj:		\$146.00	1
		TCN:	*		Payer ID:	*						
	Claim Filing In	dicator:	*		Group:	*		Policy Numb	er:			
	Amou	nt Paid:	*		Responsibility:	*		Remittance Da	te:		-	
	Adjustment Summary											
	1.Quantity:		Amount:		Adj. Reaso	n Code:		Add	Another			
											Add/Update	Øc
												0



#### 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

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Handra 70M							
Beneficiary ID:			Name:				
						(-	Snow *
III Header Details						O Upload/View Docume	Claim Cutbacks
TCN:			Claim Type:	4 - LHD	Source:	HIPAA	Claim Enhancement Amounts
Original TCN:			Adjustment Source:		Claim Status:	Paid	Claim Notes
No Of Lines			Medlesee		Commenciale	Y and	Claim Relevant Dates
No Of Lines:	1		medicare:	N	Commercial:	*	Claim Spinal Manipulation
Related Cause:	NO						Claims Ambulance Info
Beneficiany ID:	*		Last Name:		First Name:		Diagnosis Codes
Conder:	M.Male ¥		DOR		Are:	1	Other Revers Information
Gender.	m-maic -		008.		Age.	·	Datient Code List
Patient Account Number:			Admit Date:				Patient Vision Condition
Place of Service:	71-Public Health Clinic	$\checkmark$					Related Causes
							Service Line List
Billing Provider ID:		Type: NPI		Pay To Provider ID:		Type: NPI	Servicing Facility Locations
Billing Provider Taxonomy:							Situational Information
Rendering Provider ID:		Type: NPI		Referring Provider ID:		Type: NPI	
Rendering Provider Taxonomy:	207R00000X			Referring Provider Taxonomy:			
Supervising Provider ID:		Туре:		Primary Care Referring Provider ID:		Туре:	•
				Primary Care Referring Provider			
				Taxonomy:			
Auth #:			Referra	al #:	CLIA Nu	mber:	
Diagnosis Codes:	1: Z1388 *	2:	3:	4:	Diagnosis Code Cate	gory: ICD-10-CM	*
	5:	6:	7:	8:			
						Adjust	Save O Cancel

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

🖨 Print 🙂 Help									
eader TCN: eneficiary ID:			Na	ime:					
									Show
Other Payers									
TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quantity Amo	unt Adj. Reason Code
Add/Update Payer an	d Adjustment Details								
Claim Fi	TCN: 411713: ling Indicator: MB-Mer	11111111100 💙 * dicare Part B 💙 *		Payer ID:         44444444         *           Group:         000000000         *		Policy Number			
	Amount Paid: \$0.00	*		Responsibility: P-Primary 🖌 *		Remittance Date	:	<b></b>	
Adjustment Sum	imary								
1.Quantity:		Amount:		Adj. Reason Code:		Add A	nother		
								Add/Update	Cance



- 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

🖨 Prir	nt 💿 Help									
Header T	TCN:									
Beneficia	ary ID:			Name:						
										Show *
III Oti	her Payers									^
	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date	Quantity A	mount Adj. Reason Code
Pay	ver1	4444444	MB-Medicare Part B	000000000		\$0.00	P-Primary	(miniadiyyyy)		
C Edit	î Delete P Save									
	Claim Filing Am	TCN: 41171311111 Indicator: MB-Medicare sount Paid: \$0.00	1111001 💙 * Part B *	Re	Payer ID: Payer1 文 * Group: 000000000 * esponsibility: P.Primary 🗸 *		Policy Ne Remittance	amber:		
	Adjustment Summa	ry								
	1.Quantity:		Amount: \$1	00.00	Adj. Reason Code:	1	] (	Add Another		
	2.Quantity:		Amount: \$2	3.00	Adj. Reason Code:	45		Delete		
									O Add/Upd	ete O Cancel
										O Cancel

- 5. If there is more than one service line continue to follow instructions; otherwise, skip to step 7
- 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

ficiary	ID:				Name:							
Other	Payers											
	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance		Quantity	Amount	Adj. Reason
								(mm/dd/yyyy)				Code
Payer1		4444444	MB-Medicare Part B	000000000		\$0.00	P-Primary					
Payer1		4444444	MB-Medicare Part B	000000000		\$0.00	P-Primary					
									Adj:		\$100.00	1
									Adj:		\$23.00	45
Add/L	Jpdate Payer and Adju	stment Details	***		Paver ID: Paver	V *						
	Claim Filing India	rtcn: 411/131	dicare Part B *		Group: 000000 Responsibility: P-Prim	000 * ry V *		Policy Numb Remittance Da	ber:			
	Claim Filing India Amount Adjustment Summary —	rcn: 4117131 ator: MB-Mec Paid: \$0.00	dicare Part B *		Group: 000000 Responsibility: P-Prim	ny V *		Policy Numb	ber:			



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

ficiary ID:				Name:						
Other Payers										
TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance	Quantit	Amount	Adj.
							(mm/dd/yyyy)			Code
ayer1	4444444	MB-Medicare Part B	000000000		\$0.00	P-Primary				
yer1	4444444	MB-Medicare Part B	00000000		\$0.00	P-Primary				
								Adj:	\$100.00	1
								Adj:	\$23.00	45
yer1	4444444	MB-Medicare Part B	000000000		\$0.00	P-Primary				
								Adj:	\$23.00	1

8. Click the Show menu - select Claim Header Detail

🖨 Print	Help									
Header TC Beneficiary	N: r ID:				Name:					Show ▼
III Othe	r Payers									Claim Cutbacks
	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Remittance Date (mm/dd/yyyy)	Quar	Claim Enhancement Amounts Claim Header Detail Claim Notes Claim Relevant Dates
Payer		4444444	MB-Medicare Part B	000000000		\$0.00	P-Primary			Claim Spinal Manipulation
Payer		4444444	MB-Medicare Part B	000000000		\$0.00	P-Primary			Claims Ambulance Info
									Adj:	Diagnosis Codes
									Adj:	Indicators
Payer		4444444	MB-Medicare Part B	000000000		\$0.00	P-Primary			Patient Code List Patient Vision Condition
									Adj:	Related Causes
C Edit	Delete     Save Update Payer and Ad	ljustment Detail:	S							Service Line List Servicing Facility Locations Situational Information
	Claim Filing I	TCN:	*		Payer ID:	*		Policy Numb	er:	
	Amo	unt Paid:	*		Responsibility:	*		Remittance Da	ite:	

9. Click Save and then Adjust

ader TCN: neficiary ID:			Name:						
Header Details						Upload/View Documents	<b>0</b> 0	20 8	Show
TCN:			Claim Type:		Source:	Web			
Original TCN:			Adjustment Source:		Claim Status:	In Process			
No Of Lines:	1		Medicare:	N	Commercial:	N			
Related Cause:	NO								
Beneficiary ID:	*		Last Name:		First Name:				
Gender:	M-Male 💙 *		DOB:	*	Age:	0			
Patient Account Number:			Admit Date:	<b>m</b>					
Place of Service:	71-Public Health Clinic	~							
Billing Provider ID:		Type: NPI 🗸 *		Pay To Provider ID:		Type: NPI			
Billing Provider Taxonomy:									
Rendering Provider ID:		Type: NPI		Referring Provider ID:		Type: NPI			
Rendering Provider Taxonomy:	207R00000X			Referring Provider Taxonomy:					
Supervising Provider ID:		Туре:		Primary Care Referring Provider ID:		Type:			
				Primary Care Referring Provider					
Auth #:			Referr	al #:	CLIA Nu	mber:			
Diagnosis Codes:	1: Z1388 *	2:	3:	4:	Diagnosis Code Cate	egory: ICD-10-CM ¥			
	6:	6:	7:	8:					



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

a. Click OK

🚔 Print 🖸 Help		
Header TCN: Beneficiary ID:	Name:	Stron *
III Header Detalls		O Upload∿iew Documents     ■ 0      □ 0      ≡ • •
TCN: Original TCN: No Of Lines: Balated Cause:	A First @ Holp      House TCN: Beeneficary U:::     Name:	Web In Process N
Beneficiary ID: Gender: Patient Account Number: Place of Service:	Image: Adjust Claim     Image: Adjust Claim       Please enter the following information       Adjustment Source	0
Billing Provider ID: Billing Provider Taxonomy: Rendering Provider ID:	Converte	Type: NPI
Supervising Provider ID:		Type:
Diagnosis Codes: Delay Reason Code:	Page ID: digAdputClaimDex(Claims)           5:         6:         7:         8:	gery: ICD-10-CM♥ *
Submitted Charges: Warrant/EFT Number:	Blied Amount: Approved An     Approved An     Pad     Pad	nount:
		Adjust Void Save @ Cancel

#### 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

🚔 Print 🙂 Help							
Header TCN:							
Beneficiary ID:			Name:				
							Show *
III Header Details						O Upload/View Docume	Claim Cutbacks
TCN:			Claim Type:		Source:	Web	Claim Enhancement Amounts Claim Notes
Original TCN:			Adjustment Source:		claim status:	In Process	Claim Relevant Dates
No Of Lines:	1		Medicare:	N	Commercial:	N	Claim Spinal Manipulation
Related Cause:	NO						Claims Ambulance Info
Beneficiary ID:	*		Last Name:		First Name:	NOAH	Diagnosis Codes Indicators
Gender:	M-Male 💙 🕷		DOB:		Age:	0	Other Payers Information
Patient Account Number:			Admit Date:	=			Patient Code List
Disco of Convince	71-Public Health Clinic						Patient Vision Condition
Place of service.							Related Causes
Billing Provider ID:	•	Type: NPI 🗡 *		Pay To Provider ID:		Type: NPI	Service Line List Servicing Facility Locations
Billing Provider Taxonomy:							Situational Information
Rendering Provider ID:		Type: NPI		Referring Provider ID:		Type: NPI	
Rendering Provider Taxonomy:	207R00000X			Referring Provider Taxonomy:			
Supervising Provider ID:		Туре:		Primary Care Referring Provider ID:		Type:	
				Primary Care Referring Provider			
				Taxonomy:			
Auth #:			Referr	al #:	CLIA Nu	mber:	
Diagnosis Codes:	1: Z1388 *	2:	3:	4:	Diagnosis Code Cate	gory: ICD-10-CM	*
	5:	6:	7:	8:			
						Adjust	Void Save O Cancel

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

🚔 Print 💿 Help													ļ
Header TCN:													
eneficiary ID:				Name:									
													She
III Sanvica Linas													
Service Enles													
Filter By		A	nd Filter By		O Go						Save F	ilters 🔻 N	My Filters'
TCN	Revenue Code	Procedure Code	Modifiers	Dental Attribute	From Date	To Date	Units	Submitted Charges	Approv	red Amount		Claim Stat	tus
	**	A.	**	A.	**	**	<b>AV</b>	A.V.	A.			A.4	
31171311111111001		83655	QW		02/21/2017	02/21/2017	1	\$12.00				In Process	5
View Page: 1	30 Page Count	aveToXLS			Viewing Pag	e: 1				<b>«</b> First	<pre>     Prev </pre>	> Next	>> Las
the the tage.													



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

A Print O Help						
Header TCN: Line TCN: Beneficiary ID:			Name:			Srue•
III Service Line Detail						O Uploadi∿lew Documents     II 0 ⊡ 0 III ↑ ∧ →
TCN: Adjustment Source: EPSDT Indicator	. 🗸		Claim Type: Claim Status: In Process Emergency indicator:		Source: Web Pricing Rule:	
Beneficiary ID: Gender: Benefit Plan:	Male		Last Name: DOB:		First Name: Age:	
Rendering Provider ID: Rendering Provider Taxonomy: Ordering Provider ID: Auth & From Date: Place of Service:	02/21/2017 🗰 * 71-Public Health Clinic	Type:	Referral #: To Date: 02/21/2017	Referring Provider ID: Primary Care Referring Provider ID:	Type: Type: CLIA Number:	
Procedure Code: Submitted Procedure Code: Modifiers: Submitted Modifiers:	83655 83655 1: QW 1: QW	2: 3: 2: 3: 3: 100 3: 1	4: 4:	Manual Units: Manual Price: ASC Status: ASC Code:	Billed Units: Paid Units: Procedure Description:	•
Diagnosis Pointers: Diagnosis Codes:	1: 1 * 1: Z1388	2: 3: 3: 2: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3:	4:			Characters Remaining: 80
Submitted Charges: Medicare Paid:	\$12.00 *		Billed Amount: Medicare Co-Insurance:		Approved Amount: Medicare Deductible:	≮ Previous > Next Bave @ Cancel

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

🚔 Print 💿 Help								
Header TCN:								
Line TCN:								
Beneficiary ID:				Name:				_
								Show •
III Service Line Detail							O Upload∿iew Docum	ACA Primary Information
TCN:				Claim Type:		Source: Web		Claim Cutbacks
Adjustment Source:				Claim Status: In Proce	55	Pricing Rule:		Claim Header Detail
EPSDT Indicator:				Emergency indicator: Yes	~			Claim Limit List
								Claim Notes
Beneficiary ID:	Mala			Last Name:		First Name:		Claim Relevant Dates
Gender: Benefit Plan	Male			DOB:		Age:		Claims Ambulance Info
Denent Part.								Diagnosis Codes
Rendering Provider ID:		Type:	~		Referring Provider ID:	Туре:	~	Drug Information
Rendering Provider Taxonomy:								Indicators Other Davers Information
Ordering Provider ID:		Type:	~		Primary Care Referring Provider ID:	Туре:		Patient Code List
Auth #:	02212017			Reterral #:	2017 # *	CLIA Number:		Patient Vision Condition
From Date:	71 Public Health Clinic		-	To Date: 022213				Service Line List
Place of Service:	714 doile freature cirrie							Servicing Facility Locations
Procedure Code:	83655				Manual Units:	Billed Units:	1	Situatorial mornation
Submitted Procedure Code:	83655				Manual Price:	Paid Units:		
Modifiers:	1: QW	2:	:	4:	ASC Status:			
Submitted Modifiers:	1: QW	2:		4:	ASC Code:	Procedure Description:		
Diagnosis Pointers:	1: 1 *	2: 3		4:			Characters R	temaining: 80
Diagnosis Codes:	1: 21368	<i>z</i> :	•	4:				
Submitted Charges:	\$12.00 *			Billed Amou	nt:	Approved Amount:		
Medicare Paid:				Medicare Co-insuran	ce:	Medicare Deductible:		~
							Previous	Next Save O Cancel



#### 6. Click Adjust

🏚 Print 🙂 Help							
Header TCN: Boneficiary ID:		Name	e.				
III Header Details						O Upload/View Documents	Show▼
TCN: Original TCN: No Of Lines:	1		Claim Type: Adjustment Source: Medicare: N		Source: V Claim Status: Ir Commercial: N	Veb n Process	
Related Cause: Beneficiary ID:	NO 💙		Last Name:		First Name:	IOAH	
Gender:	M-Male 🖌 *		DOB:		Age: 0		
Patient Account Number: Place of Service:	71-Public Health Clinic	Y	Admit Date:	-			
Billing Provider ID:	* Туре:	NPI 💙 *		Pay To Provider ID:		Type: NPI	
Rendering Provider ID:	Туре:	NPI		Referring Provider ID:		Type: NPI	
Supervising Provider ID:	Type:	•		Primary Care Referring Provider ID:		Type:	
Auth #: Diagnosis Codes:	1: Z1388 * 2:	3:	Pri Referral #	mary Care Referring Provider Taxonomy:	CLIA Numb	ber: ICD-10-CMV *	
Delay Reason Code:	5: 6:	7:		8:			
Submitted Charges Warrant/EFT Number	: \$12.00		Billed Amount RA Number	t:	Approved Amou Paid Da	ate:	
						🖉 Adjust	/oid Bave O Cancel

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

🖨 Print 💿 Help		
Header TCN: Beneficiary ID:	Namo:	
III Header Details		Show ▼  O Upload∿iew Documents ■ 0 □ 0 ■ ▲
TCN:		Web
Original TCN: No Of Lines:	Header TCN:	In Process
Related Cause:	Beneficiary ID: Name:	
Beneficiary ID: Gender:	Please enter the following information	0
Patient Account Number:	Adjustment Source:	
Billing Provider ID:	Comment	Type: NPI
Billing Provider Taxonomy:		Turner NDI
Rendering Provider ID:		Type: WT
Supervising Provider ID:		Туре:
Auth #: Diagnosis Codes:	Page ID: dgAdjustClamDoc(Clams)	gory: ICD-10-CM 🗹 *
Delay Reason Code:		
Submitted Charges	S12.00 Billed Amount: Approved Ar	nount:
Warrant/EFT Number	RA Number: Pair	Date:
		Adjust



#### 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

🖨 Print	t 🕐 Help							
Header TO	CN:							
Beneficiar	ry ID:			Name:				
								Show *
III He	eader Details						Upload/View Docume	Claim Cutbacks
	TCN:			Claim Type:		Source:	Web	Claim Notes
	Original TCN:			Adjustment Source:		Claim Status:	In Process	Claim Rolevant Dates
	No Of Lines:	1		Medicare:	N	Commercial:	N	Claim Spinal Manipulation
	Related Cause:	NO						Claims Ambulance Info
								Diagnosis Codes
	Beneficiary ID:	*		Last Name:		First Name:	NOAH	Indicators
	Gender:	M-Male 💙 🕷		DOB:	*	Age:	0	Other Payers Information
	Patient Account Number:			Admit Date:				Patient Code List
		TA Dublic Line We Officia		Plaint Date.				Patient Vision Condition
	Place of Service:	71-Public Health Clinic						Related Causes
	Billing Provider ID:	*	Type: NPI 💙 *		Pay To Provider ID:		Type: NPI	Service Line List
	Billing Provider Taxonomy:							Servicing Facility Locations
	Rendering Provider ID:		Type: NPI		Referring Provider ID:		Type: NPI	Situational mormation
	Rendering Provider Taxonomy:	207R00000X			Referring Provider Taxonomy:			
	Supervising Provider ID:		Туре:		Primary Care Referring Provider ID:		Type:	•
					Primary Care Referring Provider			
					Taxonomy:			
	Auth #:			Referra	al #:	CLIA Nu	mber:	
	Diagnosis Codes:	1: Z1388 *	2:	3:	4:	Diagnosis Code Cate	igory: ICD-10-CM	*
		5:	6:	7:	8:			
							Adjust	Void Save O Cancel

3. Click Add

ficiary ID:					Name:							
												(
Service Lines												
er By		And	Filter By	•	(	Go					Save Filters	<b>▼</b> My Filt
CN	Revenue Code	Procedure Code	,	Modifiers	Dental Attribute	From Date	To Date	Units	Submitted Charges	Approved Amount	Claim	Status
. 7	**	83655		QW	A.4	AT 02/21/2017	AT 02/21/2017	1	AT \$12.00		AT In Pro	:055
w Page: 1 O Go	Page Count R SaveToXLS					Viewing Page	n: 1			First	< Prev >	Next >>



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

👼 Print 🔮 Help			
Header TCN: Line TCN: Beneficiary ID:		Name:	
			Show •
III Service Line Detail			🕲 Upload/View Documents 📱 0 🖾 🕈 🛧 🤸
TCN:		Claim Type:	Source: Web
Adjustment Source:		Claim Status:	Pricing Rule:
EPSDT Indicator:		Emergency indicator:	
Beneficiary ID:		Last Name:	First Name:
Gender: Male		DOB:	Age:
Benefit Plan:			
Rendering Provider ID:	Туре:	Referring Pro	vider ID: Type:
Rendering Provider Taxonomy:			
Ordering Provider ID:	Type:	Primary Care Referring Pro	vider ID: Type:
Auth #:		Referral #:	CLIA Number:
From Date: 02/21/2017		To Date: 02/21/2017	
Place of Service:	×		
Procedure Code:		Manual Units:	Billed Units: 1
Submitted Procedure Code: 10500		Manual Price:	Paid Units:
Modifiers: 1:	2:	4: ASC Status:	
Submitted Modifiers: 1:	2: 3:	4: ASC Code:	Procedure Description:
Diagnosis Pointers: 1: 1	2: 3:	4	Characters Remaining 80
Diagnosis Codes: 1: Z1388	2: 3:	4:	
Submitted Charges: \$8,000.00 *		Billed Amount:	Approved Amount:
Medicare Paid:		Medicare Co-Insurance:	Medicare Deductible:
Other insurance:		Outer insurance Co-Pay:	
			Previous Next Save Ocancel

5. Click the Show menu - select Claim Header Detail

🏚 Print 🏾 🛛 Help					
Header TCN: Line TCN: Beneficiary ID:			Name:		
					Show *
III Service Line Detail					Upload/View Docum     ACA Primary Information
TCN:			Claim Type:	Source: Web	Claim Cutbacks
Adjustment Source:			Claim Status: In Process	Pricing Rule:	Claim Ennancement Amounts
EPSDT Indicator			Emergency indicator:		Claim Limit List
					Claim Notes
Beneficiary ID:			Last Name:	First Name:	Claim Relevant Dates
Gender:	Male		DOB:	Age:	Claim Spinal Manipulation
Benefit Plan:					Diagnosis Codes
Rendering Provider ID:		Type:		Referring Provider ID: Type:	Drug Information
Rendering Provider Taxonomy:					Indicators
Ordering Provider ID:		Type:	Primary	y Care Referring Provider ID: Type:	Other Payers Information
Auth #:			Referral #:	CLIA Number:	Patient Code List
From Date:	02/21/2017 📓 🔹		To Date: 02/21/2017 🗮 *		Service Line List
Place of Service:					Servicing Facility Locations
Brocedure Code:	10500		Manua	al Unite: Billed Unite:	Situational Information
Submitted Procedure Code:	J0600 *		Manua	al Drice: Daid Units:	
Modifiers:	1:	2: 3:	4: ASC	Status:	
Submitted Modifiers:	1:	2: 3:	4: ASC	C Code: Procedure Description:	
Diagnosis Pointers:	1: 1 *	2: 3:	4:		Characters Remaining: 80
Diagnosis Codes:	1: Z1388	2:	4:		
	· · · · ·				
Submitted Charges:	20,0000		Billed Amount:	Approved Amount:	
Medicare Paid:			Medicare Co-Insurance:	Medicare Deductible:	
Other insurance:			Outer insulance Co-Pay:	Uther insurance Deductible:	×
					Previous     Next     Save     O     Cancel
)					



- 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

🖨 Print 💿 Help						
Header TCN: Beneficiary ID:			Name:			
III Header Details					Upload/View Documents	show •
TCN:			Claim Type:		Source: Web	
Original TCN:			Adjustment Source:		Claim Status: In Process	
No Of Lines:	2		Medicare:	N	Commercial: N	
Related Cause:	NO					
Beneficiary ID:	*		Last Name:		First Name:	
Gender:	M-Male 💙 *		DOB:	<b>H</b> *	Age: 0	
Patient Account Number:			Admit Date:			
Place of Service:	71-Public Health Clinic	~				
Billing Provider ID:	*	Type: NPI 🖌 *		Pay To Provider ID:	Type: NPI	
Billing Provider Taxonomy:						
Rendering Provider ID:		Type: NPI		Referring Provider ID:	Type: NPI	
Rendering Provider Taxonomy:	207R00000X			Referring Provider Taxonomy:		
Supervising Provider ID:		Туре:		Primary Care Referring Provider ID:	Туре:	
				Primary Care Referring Provider Taxonomy:		
Auth #:			Refer	al #:	CLIA Number:	
Diagnosis Codes:	1: Z1388 *	2:	3:	4:	Diagnosis Code Category: ICD-10-CM	
Delay Reason Code:	5:	6:	7:	8:		
Submitted Charges	s6.012.00		Billed Amo	unt:	Approved Amount:	
Warrant/EFT Number	:		RA Num	iber:	Paid Date:	
					O Adjust	Void Bave O Cancel

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

🖨 Print 🔍 Help						
Header TCN: Beneficiary ID:			Name:			
III Header Details					O Upload/View Documents	Show ▼
TCN Original TCN No Of Lines Related Cause	2 NO		Claim Type: Adjustment Source: Medicare:	N	Source: Web Claim Status: In Process Commercial: N	
Beneficiary ID Gender Patient Account Number Place of Service:	M-Male		Last Name: DOB: Admit Date:		First Name:	
Billing Provider ID: Billing Provider Taxonomy: Rendering Provider ID: Rendering Provider Taxonomy: Supporteing Provider Taxonomy:	*	Type: NPI V		Pay To Provider ID: Referring Provider ID: Referring Provider Taxonomy:	Type: NPI V	
Supervising Fröhrum av: Auth # Diagnosis Codes: Delay Reason Code:	1: Z1386 * 5:	2: 6:	3:7:	Primary Care Referring Provider To: Primary Care Referring Provider Taxonomy: al #: 4: 8:	CLIA Number: Disgnosis Code Category: ICD-10-CMV +	
Submitted Charge Warrant/EFT Numb	s: \$6.012.00		Billed Amo RA Numi	ant:	Approved Amount:	Void Bave OCancel



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

♣ Print ♣ Haln	
Header TCN: Beneficiary ID: Name:	
antitude y lat.	Show
III Header Details	Upload/View Documents     ■ 0      □ 0      ■ •
	- 🗆 X
ongina i CN: A Print O Help	
Header TCN:	
Beneficiary ID: Name:	
Beneficiary ID: 4djust Claim	<b>^</b>
Gender: Please enter the following information	1
Patient Account Number:	
Place of Service: Comment:	
Billing Provider ID:	Type: NPI
Billing Provider Taxonomy:	
Rendering Provider ID:	Type: NPI
Rendering Provider Taxonomy:	Tune
Supervising Provider ID:	1366.
Auth #:	✓ OK O Cancel er:
Diagnosis Codes: Page ID: dlgAdjustClaimDoc(Claims)	ry: ICD-10-CM 🗨 *
5: 6: 7: 8:	
Delay Reason Code:	
Submitted Charges: \$6,012.00 Billed Amount:	Approved Amount:
Warrant/EFT Number: RA Number:	Paid Date:
	Adjust Void Save Cancel

#### 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

🏚 Print 🕑 Help						
Header TCN: Beneficiary ID:			Name:			
						Show *
III Header Details					O Upload/View Docume	Claim Cutbacks
TCN: Original TCN:			Claim Type: Adjustment Source:		Source: Web Claim Status: In Process	Claim Enhancement Amounts Claim Notes Claim Relevant Dates
No Of Lines: Related Cause:	2 NO		Medicare:	Ν	Commercial: N	Claim Spinal Manipulation Claims Ambulance Info
Beneficiary ID: Gender: Patient Account Number:	* M-Male *		Last Name: DOB: Admit Date:		First Name: 0	Diagnosis Codes Indicators Other Payers Information Patient Code List
Place of Service:	71-Public Health Clinic					Patient Vision Condition Related Causes
Billing Provider ID: Billing Provider Taxonomy:	· ·	Type: NPI 🔽 *		Pay To Provider ID:	Type: NPI	Servicing Facility Locations Situational Information
Rendering Provider ID: Rendering Provider Taxonomy:	207R00000X	Type: NPI		Referring Provider ID: Referring Provider Taxonomy:	Type: NPI	
Supervising Provider ID:		Туре:		Primary Care Referring Provider ID: Primary Care Referring Provider Taxonomy:	Type:	
Auth #: Diagnosis Codes:	1: Z1388 * 5:	2: 6:	Refer	al #:	CLIA Number: Diagnosis Code Category: ICD-10-CM	
Delay Reason Code:		~				
Submitted Charges Warrant/EFT Number	: \$6,012.00		Billed Amo RA Num	unt:	Approved Amount: Paid Date:	
					<ul> <li>Adjus</li> </ul>	t Void Save O Cancel



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

eader TCN:					Name							
menciary ib.					Humo.							Show
Service Lin	es											
Filter By			And	Filter By			<b>0</b> Go				Save Filters	▼ My Filters▼
TCN		Revenue Code	Procedure Code	Modifiers	Dental Attribute	From Date	To Date	Units	Submitted Charges	Approved Amount	t Cla	im Status
_ ∧ ₹		**	A.4	**	**	**	**	**	**	**	A7	
3117131111111	1001		83655	QW		02/21/2017	02/21/2017	1	\$12.00		In F	rocess
31171311111111	1002		J0600			02/21/2017	02/21/2017	1	\$6,000.00		In F	rocess
View Page: 1	O Go	Page Count	SaveToXLS			Viewing Pag	e: 1			First</td <td>&lt; Prev &gt; r</td> <td>lext &gt;&gt; Las</td>	< Prev > r	lext >> Las

#### 4. Click **OK**

neficiary ID:				Name:								
Service Lines												Shi
Filter By			And Filter By		(	Go				Save Fil	ters 🖣	My Filters
TCN	Revenue Code	Procedure Code	Modifiers	Dental Attribute	From Date	To Date	Units	Submitted Charges	Approved Amor	unt	Claim S	itatus
Δ	**	A.4	**	**	A.A.	**	<b>*</b>	A.¥	A.4		¥.A.	
31171311111111001		83655	QW		02/21/2017	02/21/2017	1	\$12.00			In Proce	.55
3117131111111002		J0600			02/21/2017	02/21/2017	1	\$6,000.00			In Proce	ss
View Page: 1 O G	Page Count	SaveToXLS			Viewing Pag	e: 1			<b>«</b> First	<pre> Prev</pre>	> Next	>> La
				Message from webpage								
				Are you sure y	rou want to delete service	line?						

5. Click the Show menu - select Claim Header Detail

Header TCN: Beneficiary ID: Service Lines Filter By	Revenue Code		And Filter By	Name:						Show *
Beneficiary ID: Service Lines Filter By	Revenue Code	Recentlying Code	And Filter By	Name:						Show *
III     Service Lines       Filter By     Image: Constraint of the service se	Revenue Code	Broadun Conto	And Filter By							Show -
III         Service Lines           Filter By         Image: Comparison of the service lines           TCN	Revenue Code	Breadure Code	And Filter By							
Filter By	Revenue Code	Breadure Code	And Filter By							Claim Cutbacks
TCN	Revenue Code ≜♥	Breedure Code			6	<b>9</b> Go				Claim Enhancement Amounts
TCN	Revenue Code	Broodure Code								Claim Header Detail
		AT	Modifiers	Dental Attribute	From Date	To Date	Units	Submitted Charges	Approved Amoun	Claim Relevant Dates
		83655	QW		02/21/2017	02/21/2017	1	\$12.00		Claim Spinal Manipulation
View Page: 1	🖸 Go 📗 Page Count	SaveToXLS			Viewing Pag	je: 1			<b>«</b> First	Claims Ambulance Info
										Diagnosis Codes
										Indicators
										Other Payers Information
										Patient Code List
										Patient Vision Condition
										Related Causes
										Servicing Facility Locations
										Situational Information
										Add The Delete Cancel



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

🖨 Print 🛛 Help						
Header TCN: Beneficiary ID:			Name:			show •
III Header Details					O Upload/View Document	
TCN: Original TCN: No Of Lines:	2		Claim Type: Adjustment Source: Medicare:	N	Source: Web Claim Status: In Process Commercial: N	
Related Cause: Beneficiary ID: Gender: Patient Account Number:	M-Male V*		Last Name: DOB: Admit Date:	· · ·	First Name:	
Place of Service:	71-Public Health Clinic					
Billing Provider ID: Billing Provider Taxonomy:	*	Type: NPI Y		Pay To Provider ID:	Type: NPI	
Rendering Provider ID: Rendering Provider Taxonomy:	207R00000X	Type: NP1		Referring Provider ID: Referring Provider Taxonomy:		
Supervising Provider ID:		Type:	D-f-	Primary Care Referring Provider ID: Primary Care Referring Provider Taxonomy:		
Diagnosis Codes:	1: Z1388 * 5:	2:	3:	4:	Diagnosis Code Category: ICD-10-CMV *	
Delay Reason Code:						
Submitted Charges Warrant/EFT Number	: \$12.00		Billed Amo	unt:	Approved Amount: Paid Date:	
					Adjust	Save © Cancel

7. Click Adjust

🌲 Print 🛛 Help						
Header TCN: Beneficiary ID:			Name:			
						Show -
III Header Details					O Upload/View Documents	
ICN Original ICN			Claim Type:		Source: Web	
No Of Lines	2		Medicare:	N	Commercial: N	
Related Cause	NO		incurcare.		Commercial. 11	
Beneficiary ID	•		Last Name:		First Name:	
Gender	M-Male 💌 *		DOB:	iii *	<b>Age:</b> 0	
Patient Account Number			Admit Date:	<b>iii</b>		
Place of Service:	71-Public Health Clinic	$\checkmark$				
Billing Provider ID:	*	Type: NPI 💌 *		Pay To Provider ID:	Type: NPI	
Billing Provider Taxonomy:						
Rendering Provider ID:		Type: NPI		Referring Provider ID:	Type: NPI	
Rendering Provider Taxonomy:	207R00000X			Referring Provider Taxonomy:		
Supervising Provider ID:		Type:		Primary Care Referring Provider ID:	Туре:	
				Primary Care Referring Provider Taxonomy:		
Auth #			Referr	al #:	CLIA Number:	
Diagnosis Codes:	1: Z1388 *	2:	3:	4:	Diagnosis Code Category: ICD-10-CM 🗹 *	
	5:	6:	7:	8:		
Delay Reason Code:		<b>~</b>				
Submitted Charge	s: \$12.00		Billed Amo	unt:	Approved Amount:	
Warrant/EFT Number	r:		RA Num	iber:	Paid Date:	
L					O Adjust	Void Save Cancel



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

a. Click OK

🌲 Print 💿 Help		
Header TCN: Beneficiary ID:	Name:	
III Header Details		© Uplead∿iew Documents ■ 0 🖂 0 🗮 🔹
TCN		
Original TCN:	A Print O Help	In Process
No Of Lines:	Header TCN:	N
Related Cause:	Beneficiary ID: Name:	
Beneficiary ID:	Adjust Claim	
Gender:	Please enter the following information	0
Patient Account Number:	Adjustment Source:	
Place of Service:	Comment:	
Billing Provider ID:		Type: NPI
Billing Provider Taxonomy:		
Rendering Provider ID:		Type: NPI
Rendering Provider Taxonomy:		Tunai
Supervising Provider ID.		Type.
Auth #:	✓ OK @ Cancel	mber:
Diagnosis Codes:	Page ID: dlgAdjustClaimDoc(Claims)	gory: ICD-10-CM 🗹 *
Delay Reason Codes	5: 6: 7: 8:	
Delay Reason Code:		
Submitted Charges	Billed Amount: Approved A	mount:
Warrant/EFT Number	RA Number: Pai	d Date:
		Adjust



#### 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

🔿 Print 💿 Help				
Header TCN: Beneficiary ID:		Name:		
III Header Details TCN Original TCN No Of Lines Related Cause Beneficiary JD Gender Patient Account Number		Claim Type: Adjustment Source: Medicars: N Last Name: DOB: Admit Das:	Outplaad/View Docume     Source: Vab     Claim Status: In Process     Commercial: N     First Name:         Age: 0	Chaim Cuthacks Claim Enhancement Amounts Claim Notos Claim Spinal Manipulation Claim Spinal Manipulation Claims Ambulance Info Diagnosis Codes Indicators Other Payses Information Patient Code List Patient Vision Condition
Place of Service: Billing Provider ID: Billing Provider ID: Rendering Provider ID: Rendering Provider ID: Supervising Provider ID: Auth # Diagnostis Codes:	Y1-Public Health Class         Y           •         Type: NPI         Y           207R00000X         Type: NPI         Y           1:         21300         *         2:           5:         6:	Pey To Provider ID:     Referring Provider ID:     Referring Provider ID:     Referring Provider Taxonomy:     Primary Care Referring Provider Taxonomy:     Referral #:     .	Type: NPI V Type: NPI V Type: VPI V CLIA Number: Diagnosis Code Category: VCD-10 CMV *	Related Causes Service Line List Service Cate List Service Cate List Situational Information
Delay Reason Code: Submitted Charge Warran/EFT Numbe	st \$6.912.00	Billed Amount:	Approved Amount:	Void Bave @Cancel

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

Header TCN:										
Beneficiary ID:				Name:						
										s
III Service Lines										
Filter By		And Filter By	~	O Go					Bsa	ve Filters YMy Filter
TCN Re	evenue Code	Procedure Code	Modifiers	Dental Attribute	From Date	To Date	Units	Submitted Charges	Approved Amount	Claim Status
_ AV	*	<b>▲</b> ▼	**	A.¥	**	**	**	**	A.Y	**
3117131111111001		83655	QW		02/21/2017	02/21/2017	1	\$12.00		In Process
3117131111111002		J0600			02/21/2017	02/21/2017	1	\$6,000.00		In Process
View Page: 1 O Go Page C	Count SaveToXLS				Viewing Page: 1				🛠 First 🔍 Pre	V > Next >> La

The service line information will display

 Click the Show menu - select Drug Information

Help								
Header TCN:								
Line TCN: Beneficiary ID:				Name:				
controllery to:								Shee T
							-	andw
Service Line Detail							O Upload/View Dor	ACA Primary Information
TCN:				Claim Type:		Source: V	Veb	Claim Enhancement Amounts
Adjustment Source:				Claim Status: In Process		Pricing Rule:		Claim Header Detail
EPSDT Indicator				Emergency indicator:				Claim Limit List
								Claim Notes
Beneficiary ID:				Last Name:		First Name:		Claim Relevant Dates
Gender:	Male			DOB:		Age:		Claims Ambulance Info
								Disgnosis Codes
Rendering Provider ID:		Type:	<b>~</b>		Referring Provider ID:		Type:	Drug Information
Rendering Provider Taxonomy:								Indicators
Ordering Provider ID:		Type:	~		Primary Care Referring Provider ID:		Type:	Other Payers Information
Auth #:				Referral #:		CLIA	Number:	Patient Vision Condition
From Date:	02/21/2017			To Date: 02/21/2017				Service Line List
Place of Service:		~						Servicing Facility Locations
Procedure Code:	J0600				Manual Units:	Bi	led Units: 1	Situational Information
Submitted Procedure Code:	J0600 *				Manual Price:	P	aid Units:	
Modifiers:	1:	2:	3:	4:	ASC Status:			
Submitted Modifiers:	1:	2:	3:	4:	ASC Code:	Procedure De	scription:	
Diagnosis Pointers:	1: 1 *	2:	3:	4:			Characters	Remaining: 80
Diagnosis Codes:	1: Z1388	2:	3:	4:				
Submitted Charges:	\$6,012.00 *			Billed Amount:		Approved Amount:		
Medicare Paid:				Medicare Co-insurance:		Medicare Deductible:		
Other Insurance:				Other Insurance Co-Pay:		Other Insurance Deductible:		
							< Pravious	≯ Next Bave ⊗ Cancel



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

Crist O Lisia						
ernin ernep						
Header TCN: 411735470000015000						
Line TCN: 411735470000015002						
Beneficiary ID: 1171680949		Name: THAO, NOAP	H			
						Show -
III Drug Information List						^
Drug Code Quantity	Unit	Prescription Date	Qualifier	Prescription/Link Number	Unit Price	
			×			
View Page: 1 O Go Page Count 🗹 S	SaveToXLS		Viewing Page: 1	K First	Prev Next	>> Last
				B	Save 🖀 Delete	Cancel

6. Click the Show menu - select Claim Header Detail

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Header TCN:					
Line TCN:			Mamai		
Beneficiary ID:			Name:		_
					Show
III Drug Informatio	on List				ACA Primary Information
	0			0.17	 Claim Ambulance Information
	Quantity	UIL MINING	Prescription Date	Quaimer	Claim Cutbacks
	100	ML-Milliters			Claim Enhancement Amounts
View Page: 1	🖸 Go 📗 Page Count	SaveToXLS		Viewing Page: 1	Claim Header Detail
					Claim Limit List
					Claim Notes
					Claim Relevant Dates
					Diagnosis Codes
					Indicators
					Other Pavers Information
					Patient Code List
					Patient Vision Condition
					Service Line Detail
					Service Line List
					Servicing Facility Locations
					Situational Information



7. Click Adjust

🖨 Print 💿 Help								
Header TCN: Beneficiary ID:			Name:					
III Header Details						Upload/View Documents	∎0 ⊠0	Show •
TCN: Original TCN: No Of Lines:	2		Claim Type: Adjustment Source: Medicare: N		Source: W Claim Status: In Commercial: N	leb Process		
Related Cause:	NO							
Beneficiary ID: Gender:	* M-Male ¥		Last Name: DOB:	*	First Name: Age: 0			
Patient Account Number: Place of Service:	71-Public Health Clinic		Admit Date:					
Billing Provider ID: Billing Provider Taxonomy:	*	Type: NPI 💙 *		Pay To Provider ID:		Type: NPI		
Rendering Provider ID: Rendering Provider Taxonomy:	207R00000X	Type: NPI		Referring Provider ID: Referring Provider Taxonomy:		Type: NPI		
Supervising Provider ID:		Туре:	Prim	Primary Care Referring Provider ID: ary Care Referring Provider Taxonomy:		Туре:		
Auth #: Diagnosis Codes:	1: Z1388 * 5:	2: 6:	Referral #: 3:	4: 8:	CLIA Numb Diagnosis Code Catego	er: ny: ICD-10-CMV*		
Delay Reason Code:								
Submitted Charges Warrant/EFT Number	s: \$6,012.00		Billed Amount: RA Number:		Approved Amou Paid Da	int:		
						🛈 Adjust 📗	Void Bave	O Cancel

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

🚔 Print 😮 Help			
Header TCN: Beneficiary ID:		Name:	
III Header Details			© Upload/View Documents ■ 0 🖾 🔺
TCN: Original TCN: No Of Lines: Related Cause:	Print ● Help Header TCN: Beneficiary ID:	Name:	-
Beneficiary ID: Gender: Patient Account Number: Place of Service:	III Adjust Claim Please enter the following information Adjustment Source: Comment:	×	
Billing Provider ID: Billing Provider Taxonomy: Rendering Provider ID:			Type: NPI
Rendering Provider Laxonomy: Supervising Provider ID: Auth #: Diagnosis Codes:	Page ID: digAdjustClaimDoc(Claims)		Туре: ▼ ФСелсе! er: у: ICD-10-CM▼ *
Delay Reason Code:	5: 6:	7:	
Submitted Charge Warrant/EFT Numbe	s: \$6,012.00	Billed Amount:	Approved Amount: Pald Date:
			@ Adjest Level @ 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

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3. Click on Adjust/Void Claim Provider

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

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5. Click Go

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6. The claim will load, click Void

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Header TCN: Beneficiary ID:				Name:						
III Header Details							O Upload/View Documents	<b>0</b>	10 1	show •
TCN: Original TCN: No Of Lines: Related Cause:	1 NO V			Claim Type: Adjustment Source: Medicare:	4 - LHD N	Source: Claim Status: Commercial:	HIPAA Paid Y			
Beneficiary ID: Gender: Patient Account Number: Place of Service:	M-Male X T1-Public Health Clinic		Y	Last Name: DOB: Admit Date:	03/29/2015	First Name: Age:	1			
Billing Provider ID: Billing Provider Taxonomy:		Type: NPI	*		Pay To Provider ID:		Type: NPI			
Rendering Provider ID: Rendering Provider Taxonomy:	207R00000X	Type: NPI			Referring Provider ID:		Type: NPI			
Supervising Provider ID: Auth #:		Type:	¥	Refer	Primary Care Referring Provider ID: Primary Care Referring Provider Taxonomy: ral #:	CLIA Nu	Type:			
Diagnosis Codes:	1: Z1388 * 5:	2: 6:		3: 7:	4:	Diagnosis Code Cate	ngory: ICD-10-CM V *	Void	lave 0	R Cancel

- 7. Select the Void Source from the drop-down menu, enter a comment
  - a. Click OK
  - b. Claim has now been voided

🖨 Print 💿 Help				
Header TCN: Beneficiary ID:	Name:			
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III Header Details	@ Upload/View Documents		30 1	- ^
TCN: Original TCN:	G C C C C C C C C C C C C C C C C C C C			
No Of Lines: Related Cause:	Header TCN: Beneficiary ID: Name:			
Beneficiary ID:	III Void Claim			
Gender: Patient Account Number:	Veld Source:			
Place of Service:	Comment:			
Billing Provider ID:		l .		
Billing Provider Taxonomy:				
Rendering Provider ID:				
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Supervising Provider ID:		J		
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Auth #:	Page ID: digVoidClaimDoc(Claims)			
Diagnosis Codes:	1:     Z1383     *     2:     3:     4:     Diagnosis Code Category:     ICD-10-CM ¥       6:     6:     7:     8:			
	() Adjust	Void	Save	Cancel