

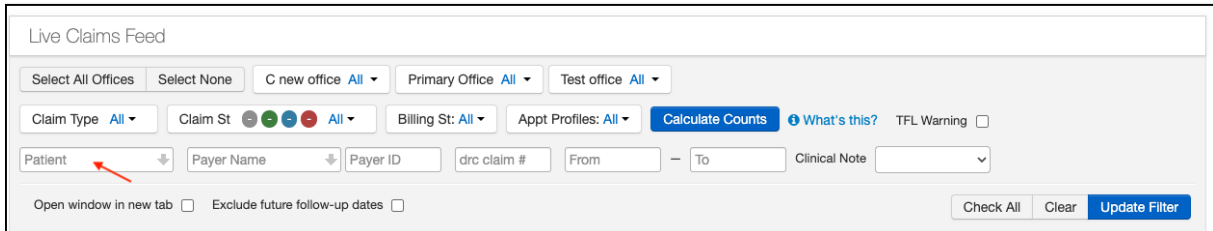
How to Resubmit a Corrected Claim?

Last modified on 12/17/2024 4:07 pm EST

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

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

1. Hover over the **Billing** tab and select **Live Claims Feed**.
2. Search for the patient and select the from the drop-down.



3. Press on the appointment date, and it will take you to the **Billing Detail** screen.

	Info	Claim ID	Patient	Date of Service	Office	Provider	Supervising Provider	Billing Provider
<input type="checkbox"/>		330866937	Jenny (Jen) Harris	11/18/2024 10:35AM	Primary Office			
								Totals:

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

Clone	HCFA/1500	HCFA/1500 (text)	Print Screen
-------	-----------	------------------	--------------

Claim Type	<input checked="" type="checkbox"/> Default <input type="checkbox"/> Re-submission <input type="checkbox"/> Void claim
Emergency Service	
Delay Reason	
Acute Manifestation Date	<input type="text"/>
Onset Date	431: Onse <input type="text"/> (HCFA box 14)
Other Date	- Other Da <input type="text"/> (HCFA box 15 & 19)
Clinical Trial #	<input type="text"/>
	Is patient's condition related to
Employment	No <input type="text"/>
Auto Accident	No <input type="text"/>
Other Accident	No <input type="text"/>
EDI Billing Note	<input type="checkbox"/> (HCFA/CMS-1500 Line 19)
Providers	Ref. <input type="text"/>

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

Claim Type	Default <input type="text"/>
Emergency Service	No <input type="text"/>
Delay Reason	- Not Used - <input type="text"/>
Acute Manifestation Date	<input type="text"/>
Onset Date	- Onset Da <input type="text"/> (HCFA box 14)
Other Date	- Other Da <input type="text"/> (HCFA box 15 & 19)
Clinical Trial #	<input type="text"/>
	Is patient's condition related to
Employment	No <input type="text"/>
Auto Accident	No <input type="text"/>
Other Accident	No <input type="text"/>
EDI Billing Note	<input checked="" type="checkbox"/> (HCFA/CMS-1500 Line 19) <input type="text" value="Custom NTE EDI Billing Note"/>
Providers	

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

