

# How to Resubmit a Corrected Claim?

09/16/2024 12:05 pm EDT

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.

Live Claims Feed

Select All Offices Select None C new office All D Inpatient Hospital All Primary Office All

Claim Type All Claim St All Billing St: All Appt Profiles: All Calculate Counts What's this? TFL Warning

Patient Payer Name Payer ID drc claim # 11/18/2023 - 12/18/2023 Clinical Note

Open window in new tab Exclude future follow-up dates

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

<input type="checkbox"/>	158141998	Jenny (Jen) Harris	10/05/2020 09:00AM	Primary Office
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4. Click 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.)

Jenny (Jen) Harris - 10/05/2020  
Primary Office [111] - Exam 1

View Service + EOB SuperBill Clinical Note Clone HCFA/1500 HCFA/1500 (text) Print Screen

Billing Status Bill Insurance ICD Version ICD-10 Pt Payment \$ 0 Copay: \$20.00 Payment Profile Insurance Pt Payment Due

Claim Type Default Re-submission Void claim Delay Reason - Not Used - Acute Manifestation Date Onset Date 431: Onse 07/10/2020 (HCFA box 14)

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

The screenshot shows a form with the following fields:

- Claim Type: Default
- Emergency Service: No
- Delay Reason: - Not Used -
- Acute Manifestation Date: [Empty]
- Onset Date: - Onset Dc [Empty] (HCFA box 14)
- Other Date: - Other Da [Empty] (HCFA box 15 & 19)
- Is patient's condition related to:
  - Employment: No
  - Auto Accident: No
  - Other Accident: No
- EDI Billing Note**:  (HCFA/CMS-1500 Line 19)  
 Custom NTE EDI Billing Note
- Providers: [Edit icon]

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

GP	From date	To date	1.00	1	2	3	0	75.00	/531.84	\$75.00	\$75.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$75.00	\$0.00	ERA Denied
C	97110	GP																	
	07/01/2016	07/01/2016	Check #							Adjmt Reas: 18: Duplicate claim	75.00	0	[1] NATIONAL	19: Processed	QA: Other				DENIAL
	07/01/2016	07/01/2016	Check #							Adjmt Reas: -3: Payment	0	0	[1] NATIONAL	19: Processed					
H	G8984	CJ	GP																Paid In Full
	07/01/2016	07/01/2016	Check #							Adjmt Reas: -3: Payment	0	0	[1] NATIONAL	19: Processed					
H	G8985	CI	GP																Paid In Full
	07/01/2016	07/01/2016	Check #							Adjmt Reas: -3: Payment	0	0	[1] NATIONAL	19: Processed					
H	G8730																		Paid In Full
	07/01/2016	07/01/2016	Check #							Adjmt Reas: -3: Payment	0	0	[1] NATIONAL	19: Processed					
H	G8539																		Paid In Full
	07/01/2016	07/01/2016	Check #							Adjmt Reas: -3: Payment	0	0	[1] NATIONAL	19: Processed					
C	97112	GP																	ERA Denied
	07/01/2016	07/01/2016	Check #							Adjmt Reas: 18: Duplicate claim	75.00	0	[1] NATIONAL	19: Processed	QA: Other				DENIAL
	07/01/2016	07/01/2016	Check #							Adjmt Reas: -3: Payment	0	0	[1] NATIONAL	19: Processed					
U	00011																		Paid In Full
H	G8986	CJ																	Paid In Full
	06/24/2016	06/24/2016	Check #							Adjmt Reas: -3: Payment	0	0	[1] NATIONAL	1: Processed					
	06/29/2016	06/29/2016	Check #							Adjmt Reas: -3: Payment	0	0	[1] NATIONAL	1: Processed					

Buttons at the bottom: + Add Line Item, X Delete Selected, **Resubmit Claim**, Reparse ERA, i Claim Info, Verify & Save

7. Please select the billing status as **\*\*Bill insurance\*\*** for primary and **\*\*bill secondary\*\*** for secondary claims and click on **Verify & Save**.

Please note you will not be able to bill only the partial code alone that was denied.