

# Entering a Corrected Claim

Log into the CSP as if you are submitting a claim for payment. Enter into the “Provider Claim Submission”.

## 1) Select Member and Service Authorization

Member Ctrl Num	First Name	Last Name	Entity Service Location	Authorization	Start	End	Service	Code	Mod	Submission
1234	Test	Patient	Test Provider	000500005971	05/01/2012	10/31/2012	ROOM & BOA/General	0120		
1234	Test	Patient	Test Provider	000500005972	05/01/2012	10/31/2012	ROOM & BOA/Other	0159		
1234	Test	Patient	Test Provider	000500005971	05/01/2012	10/31/2012	ALL-INCLUS/General	0240		
1234	Test	Patient	Test Provider	000500005972	05/01/2012	10/31/2012	ALL-INCLUS/Specialty	0243		
1234	Test	Patient	Test Provider	000500005973	05/01/2012	10/31/2012	OUTPATIENT/General	0670		
1234	Test	Patient	Test Provider	000500005973	05/01/2012	10/31/2012	ASSISTED LIVING WAIVER/PER DIEM	T2031		

[Submission Key: I = INCOMPLETE, meaning you have a claim entered without service dates; C = COMPLETE, claim and service dates are input]

Claim Submission History

Select the service line in which you would like to submit a “Corrected Claim . Then using the Pencil symbol you will want to edit the claim.

## 1) Select Member and Service Authorization

Member Ctrl Num	First Name	Last Name	Entity Service Location	Authorization	Start	End	Service	Code	Mod	Submission
1234	Test	Patient	Test Provider	000500005971	05/01/2012	10/31/2012	ROOM & BOA/General	0120		
<div style="border: 1px solid gray; padding: 5px;"> <p><b>Category:</b> AFH, CBRF and RCAC TOB</p> <p><b>Bill Type:</b> 863 Billing a continuing claim (on going stay)</p> <p><b>Admit Date:</b> 01/01/2012</p> <p><b>Admission Source:</b> 9 Information not available</p> <p><b>Discharge Code:</b> 30 Still patient or expected to return for outpatient services.</p> <div style="border: 1px solid gray; padding: 5px; margin: 5px 0;"> <p style="text-align: center;"><b>Diagnosis Code</b></p> <p><b>Principal:</b> V60.4    <b>Other 1:</b>    <b>Other 4:</b></p> <p><b>Other 2:</b>    <b>Other 5:</b></p> <p><b>Other 3:</b>    <b>Other 6:</b></p> </div> <p><b>Claim Status:</b> Not Submitted</p> <p><b>Created By:</b> TylerK</p> <p><b>Last Updated By:</b> TylerK</p> </div>										
1234	Test	Patient	Test Provider	000500005972	05/01/2012	10/31/2012	ROOM & BOA/Other	0159		
1234	Test	Patient	Test Provider	000500005971	05/01/2012	10/31/2012	ALL-INCLUS/General	0240		



Once you have clicked the Pencil Icon, it will bring you to the below page. Change the “Bill Type” to 867 for residential services or 337 for Outpatient Home Health TOB. Then click the “Update” tab.

**Edit Claim Data**

Category: AFH, CBRF and RCAC TOB 35254

Bill Type: , CBRF and RCAC TOB, 867 Corrected claim (replacement of prior claim)

Admit Date: 1/1/2012

Admission Source: Information not available

Discharge Code: Still patient or expected to return for outpatient services.

Claim Status: Not Submitted

**Diagnosis Code**

Principal: V60.4    Other 1:    Other 4:   

Other 2:    Other 5:   

Other 3:    Other 6:   

[Code Help](#)

Update    Cancel

Notice the “Bill Type” below has changed. Click on the down arrow and enter the corrected information into the service dates or enter the correct rate. Click on the “Calculate billed Service” then click “Accept Billed services”.

1234    Test    Patient    Test Provider    000500005971    05/01/2012    10/31/2012    ROOM & BOA/General    0120    C

+ Enter Claim Data    + Copy Claim Data

Category: AFH, CBRF and RCAC TOB

Bill Type: 867 Corrected claim (replacement of prior claim)

Admit Date: 01/01/2012

Admission Source: 9 Information not available

Discharge Code: 30 Still patient or expected to return for outpatient services.

**Diagnosis Code**

Principal: V60.4    Other 1:    Other 4:   

Other 2:    Other 5:   

Other 3:    Other 6:   

Claim Status: Not Submitted

Created By: TylerK

Last Updated By: grussell

+ Add New Claim Date(s) of Service

Start Date	End Date	Units	Contract Rate	Total Billed
10/01/2012	10/31/2012	31	\$45.00	\$1,395.00
				\$1,395.00

Click on the “Submit Claims” button on the bottom left. Then “Accept” the submission. Once you “Accept” the submission you have submitted your “Corrected Claim” electronically to CCI.