

ForwardHealth Portal Copying a Claim

February 17, 2017

Copying a Claim

Providers may copy a claim if it is in *Pay* status. All the information on the claim will be copied to a new claim. Providers can then make any desired changes to the claim and submit it as a new claim. After submission, ForwardHealth will assign the claim a new internal control number (ICN) and status.

To copy a claim, complete the following steps:

1. Search for a claim following the procedures in the ForwardHealth Portal Claim Search Instruction Sheet, which is located on the <u>Portal User Guides page</u> of the ForwardHealth Portal.

Note: If the claim is already open, you will not need to search for the claim.

2. Click **Copy claim** at the bottom of the Claim Information page.

| Claim Status Information | | | | | | | | |
|--------------------------|---------|---|-----|--|--|--|--|--|
| Claim Status | PAY | Claim must be in Pay | | | | | | |
| Claim ICN | 221322 | status | | | | | | |
| Paid Date | 08/13/2 | 2013 | | | | | | |
| Paid Amount | \$4,987 | .45 | | | | | | |
| EOB Informa | ation | | | | | | | |
| Detail Numbe | er Code | Description | | | | | | |
| 0 | 9932 | Pricing Adjustment - DRG pricing applied. | | | | | | |
| 0 | 9001 | Pricing Adjustment - Reimbursement reduced by the member's copayment amount. | | | | | | |
| 0 | 9008 | Pricing Adjustment - Payment amount decreased based on Pay for Performance poli | | | | | | |
| 0 | 9816 | Pricing Adjustment - Payment amount increased based on hospital access payment | | | | | | |
| 1 | 9932 | Pricing Adjustment - DRG pricing applied. | | | | | | |
| | | Cancel Adjust Void Copy cla | aim | | | | | |

Figure 1 Copy Claim Button on Claim Information Page

A new Claim Information page showing the copied claim's information will be displayed. The ICN field will be blank.

| Institutional Claim | 1 | | | | 3 | | | | |
|--|------------------|----------------------------|-------------------------------------|----------------|------------------------------------|--|--|--|--|
| Required fields are in | ndicated with an | asterisk (*). | | | | | | | |
| ICN | | | | | | | | | |
| Provider ID | 0987654321 NP | I | Туре О | f Bill* | 213 [Search] | | | | |
| Member ID* | 1234567890 | | From Date of Ser | vice* (| 01/01/2015 | | | | |
| Last Name | MEDICAID | | To Date of Ser | vice* (| 01/12/2015 | | | | |
| First Name, MI | MARY | R | Patient Sta | atus* | 30 [Search] | | | | |
| Date of Birth | 10/01/1938 | | Point of O | rigin* | 1 [Search] | | | | |
| Patient Account # | | | Admission | Date | 01/01/2015 | | | | |
| Medical Record # | | | Pric | ority* | 3 [Search] | | | | |
| Attending Provider* | 111111111 | | Admission Diag | onosis Code | L89609 [Search] | | | | |
| Rendering Provider | | [Search] | Covered D | Days* | 12 | | | | |
| Referring Provider | | [Search] | Non Covered | Days | 0 | | | | |
| Other Provider | | | Medicare Discl | laimer [| no disclaimer 🗸 | | | | |
| | | ^ | Other Insurance Indi | icator [| × | | | | |
| Notes | | \sim | Total Cha | arge* | \$2,340.00 | | | | |
| Diagnosis Condition Medicare Payer Procedure Occurrence/Span Value External Cause of Morbidity Other Insurance | | | | | | | | | |
| Detail | | | | | | | | | |
| Line Number Re | evenue Code Re | endering Provider Referrin | <u> Provider</u> <u>Procedure</u> C | Code Ur | Inits Charge Status Allowed Amount | | | | |
| 1 19 | 92 | | | 12 | 2.00 \$2,340.00 \$0.00 | | | | |
| | | Select row above | to update -or- click Ad | ld butto | on below. | | | | |
| L | ine Number | | F | Revenue | e Code [Search] | | | | |
| From Date of Service | | Rendering | | | [Search] | | | | |
| To Date of Service | | | Refe | erring Pr | Provider [Search] | | | | |
| Proc | edure Code | [Search] | | | Units | | | | |
| | | | | C | Charge | | | | |
| | Modifiers | [Search] | [Search] | [Sea | earch] [Search] | | | | |
| Professional Service Description | | | | | Status | | | | |
| | Amount | | | | | | | | |
| | | | | | Delete Add | | | | |
| | | | | | | | | | |
| NDCs for JCode | | | | | | | | | |
| Attachments | | | | | | | | | |
| *** No rows found | *** | Coloris de | | | | | | | |
| | | Select row above | to update -or- click Ad | IG DUTTO | on below. | | | | |
| Attachment Control Number | | | | | | | | | |
| Des | cription | | | | | | | | |
| | | | | | Delete Add | | | | |
| | | | | | | | | | |
| Claim Status Inform | mation | | | | | | | | |
| Claim Status Not submitted yet | | | | | | | | | |
| | , | | | | | | | | |
| | | | | | Submit Cancel | | | | |

Figure 2 New Claim Information Page with Copied Information

Note: When copying a claim that has an attachment, the attachment information will not be retained. To indicate an attachment on the copied claim, users must add a row to the Attachments panel. For information about adding attachments to a claim, refer to the ForwardHealth Portal Uploading Claim Attachments Instruction Sheet, which is located on the <u>Portal User Guides page</u> of the ForwardHealth Portal.

- 3. Make applicable changes to the claim.
- 4. Click Submit.

If there is a problem and the claim does not process, an ICN will not be assigned, and an error message indicating what needs to be corrected will be displayed at the top of the panel.

If the claim processes, the Claim Status Information panel will display the ForwardHealthassigned ICN and the claim's status. In addition, the EOB Information panel, which indicates how the claim was processed by ForwardHealth, will be displayed.