

ForwardHealth Portal Copying a Claim

May 5, 2016

Instruction Sheet

Copying a Claim

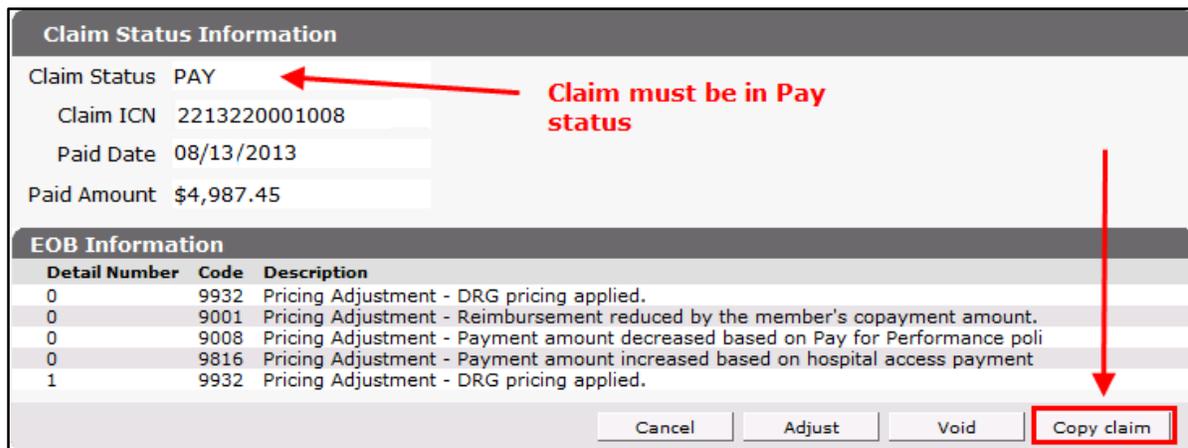
Providers may copy a claim if it is in *Pay* status. All the information on the claim will be copied to a new claim. Providers can then make any desired changes to the claim and submit it as a new claim. After submission, ForwardHealth will assign the claim a new internal control number (ICN) and status.

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 [Portal User Guides page](#) 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 ICN	2213220001008
Paid Date	08/13/2013
Paid Amount	\$4,987.45

EOB Information

Detail Number	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.

Buttons: Cancel, Adjust, Void, **Copy claim**

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 ?

Required fields are indicated with an asterisk (*).

ICN <input type="text" value="0000000000000"/>	Type Of Bill* <input type="text" value="721"/> [Search]
Provider ID <input type="text" value="1234567890"/> NPI <input type="text" value=""/>	From Date of Service* <input type="text" value="09/10/2011"/>
Member ID* <input type="text" value="9876543210"/>	To Date of Service* <input type="text" value="09/10/2011"/>
Last Name <input type="text" value="MEMBER"/>	Patient Status* <input type="text" value="30"/> [Search]
First Name, MI <input type="text" value="IMA"/> <input type="text" value="A"/>	Point of Origin* <input type="text" value="D"/> [Search]
Date of Birth <input type="text" value="01/01/1901"/>	Admission Date <input type="text" value=""/>
Patient Account # <input type="text" value="00000"/>	Priority* <input type="text" value="3"/> [Search]
Medical Record # <input type="text" value=""/>	Admission Diagnosis Code <input type="text" value=""/> [Search]
Attending Provider* <input type="text" value="0000000000"/>	Covered Days <input type="text" value="0"/>
Rendering Provider <input type="text" value=""/> [Search]	Non Covered Days <input type="text" value="0"/>
Referring Provider <input type="text" value=""/> [Search]	Medicare Disclaimer <input type="text" value="no disclaimer"/>
Other Provider <input type="text" value=""/>	Other Insurance Indicator <input type="text" value=""/>
Notes <input style="height: 30px;" type="text"/>	Total Charge* <input type="text" value="\$100.00"/>

[Diagnosis](#) [Condition](#) [Medicare](#) [Payer](#) [Procedure](#) [Occurrence/Span](#) [Value](#) [Patient Reason for Visit](#) [External Cause of Morbidity](#) [Other Insurance](#)

Detail

Line Number	Revenue Code	Rendering Provider	Referring Provider	Procedure Code	Units	Charge	Status	Allowed Amount
1	250			J1800	100.00	\$100.00	PAY	\$94.76

Select row above to update -or- click Add button below.

Line Number <input type="text" value=""/>	Revenue Code <input type="text" value=""/> [Search]
From Date of Service* <input type="text" value=""/>	Rendering Provider <input type="text" value=""/> [Search]
To Date of Service* <input type="text" value=""/>	Referring Provider <input type="text" value=""/> [Search]
Procedure Code <input type="text" value=""/> [Search]	Units <input type="text" value=""/>
Modifiers <input type="text" value=""/> [Search] <input type="text" value=""/> [Search] <input type="text" value=""/> [Search]	Charge <input type="text" value=""/>
Professional Service Description <input style="height: 30px;" type="text"/>	Status <input type="text" value=""/>
	Allowed Amount <input type="text" value=""/>

[NDCs for JCode](#)

Attachments

*** No rows found ***

Select row above to update -or- click Add button below.

Attachment Control Number <input type="text" value=""/>	
Description <input type="text" value=""/>	

Claim Status Information

Claim Status

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 [Portal User Guides page](#) of the ForwardHealth Portal.

3. Make applicable changes to the claim.
4. Click **Submit**.
 - If the claim processes, the Claim Status Information panel will display the ForwardHealth-assigned ICN and the claim's status. In addition, the EOB Information panel, which indicates how the claim was processed by ForwardHealth, will be displayed.
 - If there is a problem and the claim does not process, an ICN will not be assigned, and an error message indicating the items that need to be corrected will be displayed at the top of the panel. Once all indicated items are corrected, click **Submit**.