

## SCENARIO: RESUBMIT AN INSTITUTIONAL CLAIM IN A “VOIDED” OR “DENIED” STATUS

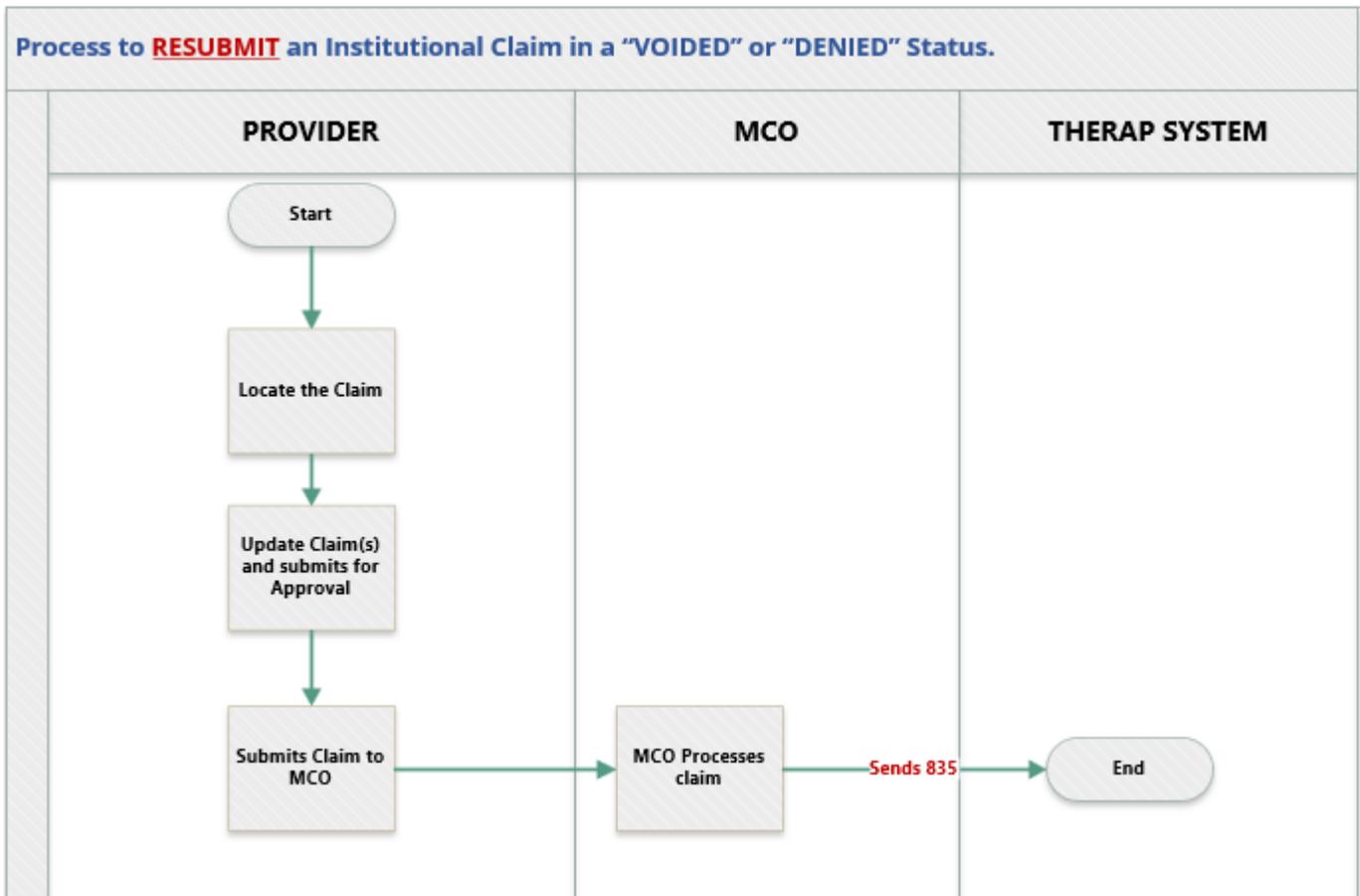
**Description:** The process to **RESUBMIT** an Institutional Claim in “Voided” or “Denied” status because the claim(s) need to be **resent** to the MCO for payment processing. Adjustments to the “**Total Billable**” units can be adjusted during the resubmission if required.

**Prevention:** To **PREVENT** voiding or receiving “**Denied**” claims, it is **important** to...

- Proof billing data to ensure it is entered correctly.
- Adhere to the waiver rules.
- Review **EACH** original claim before submission to ensure the submission is “correct.”

**Disclaimer:** The below instructions include one way to search for claims. However, multiple search options can be used to identify the claim(s) in voided or denied status when searching for claims.

### Overview Workflow



## Part One: Locate The Claim

1. On the Therap dashboard, click on the **"Billing"** tab, locate the **"Agency Based Reports"** subsection, and click the **"Reconciliation"** link.

Individual	<b>Attendance</b>	
Agency	Attendance	Search   Summary
<b>Billing</b>	<b>Institutional Claim</b>	
Admin	Service Authorization	Search   Renewal Search
Agency Reports	Billing Data	Search   Summary
Individual Home Page	Billing Conversion	EVV Billing
Settings	Claim Template	Search
	Institutional Claim	Search
	Agency Based Reports	Utilization   Unclaimed   <b>Reconciliation</b>   Reconciliation (Service Level)   Denied Claim   Aging Report   Submission Errors
	Caseload Based Reports	Detail Report   Utilization

2. In the **"Individual"** field, enter the person's name and select from the drop-down.
3. Enter the Date of Service (DOS) in the **"Service Date From"** field.
4. Under the "Service Date From" field, in the **"To"** field, enter the Date of Service (DOS).

**NOTE:** You can enter up to a 3 month "date range" if there are multiple claims for a single "Status."

Individual	<input type="text"/>	Q
Service Description	<input type="text"/>	
Service Code	<input type="text"/>	
Service Date From	<input type="text" value="08/23/2024"/>	📅
To	<input type="text" value="08/23/2024"/>	📅

5. On the **"Payer,"** click on the drop-down and select the **"Payer."**
6. On the **"Status,"** click on the drop-down and select **"Voided"** or **"Denied."**
7. In the **"Sent Date From"** field, remove the date.
8. Under the 'Output Columns' section, you can **"Add All"** or select the columns you want to display. Click the **"Search"** button.

The screenshot shows a search filter interface with the following elements:

- \* Payer:** A dropdown menu showing "3 items selected". Below it are three selected items: "BCBST: BCBST - 00390 (Inst.)", "United HealthCare: UnitedHealthcare - 95378 (Inst.)", and "Amerigroup: WellPoint - TNIDD (Inst.)".
- Latest Submitted Claims Only:** Radio buttons for "Yes" (selected) and "No".
- Status:** A dropdown menu showing "2 items selected". Below it are two selected items: "Voided" and "Denied".
- Sent Date From:** A date input field that has been cleared (black box).
- To:** A date input field with the placeholder "MM/DD/YYYY".
- Check / EFT Issue Date From:** A date input field with the placeholder "MM/DD/YYYY".
- To:** A date input field with the placeholder "MM/DD/YYYY".
- Output Columns:** A section with two columns: "Available" and "Selected".
  - Available:** A search input field and an "Add All" button (highlighted with a red box).
  - Selected:** A search input field, a "Remove All" button, and a list of columns: "Program Name", "Program Cost Center Number", "Site Name", "Site Cost Center Number", and "Authorization Number".
- Clear Selection:** A link with a trash icon.
- Buttons:** "Cancel" and "Search" (highlighted with a red box) buttons at the bottom.

9. To open, click on one of the **“Billing Reconciliation”** records for a Date of Service (DOS).

**NOTE:** If you displayed multiple Date of Service (DOS), click on the **“Service Date From”** header to put the claims in date order.

Billing Reconciliation Report Save As Quick

Filter 50

Program Name	Program Center Number	Site Name	Site Center Number	Authorization Number	Individual	Individual ID	Individual Medicaid Number	Additional ID Number	Service Description	Service Code	Procedure Modifiers	Description/Code Account Number	Funding Source	Service Vendor ID	Service Date From	Service Date To
East		Greenville							COMMUNITY PARTICIPATION SUPPORTS (LEVELS 1 - 3)	T2021	U1---		WellPoint		08/23/2024	08/23/2024
East		Greenville							COMMUNITY PARTICIPATION SUPPORTS (LEVELS 1 - 3)	T2021	U1---		WellPoint		08/23/2024	08/23/2024

10. Scroll down to the bottom and click on the **“Update for Resubmission”** button at the bottom of the form.

Service Lines

#	Billing Data ID	Date of Service	Service Code	Service Description	Procedure Code	Procedure Modifiers	Revenue Code	Rate Code	Rate Value	Locator Code
1	BILL- NB740VWNE4TMB	08/23/2024	T2021	COMMUNITY PARTICIPATION SUPPORTS (LEVELS 1 - 3)	T2021	U1	Other Professional Fees - 1915c-0969			

Total Claim Amount (\$) 50.00  
Amount Paid (\$) 0.00

← Back Cancel Update for Resubmission Release Units

**NOTE:** The billing information on the Claim form is now editable. The Claim Frequency Type Code of the claim will automatically change to '1-Original (Admin Thru Discharge Claim)'.

11. Scroll down to the bottom and click the **“Update”** button.

Claim Information

Payer TN DIDD, TN DIDD State Funded - StateFunded (Prof. & Inst.)

Individual Name [REDACTED]

Date of Birth [REDACTED]

Gender Male

Residence Address 123 Main Street, Anytown, TN, 12345

Type of Bill 89

Claim Frequency Type Code 1-Original (Admin thru Discharge Claim)

Original TCN/ICN Number [REDACTED]

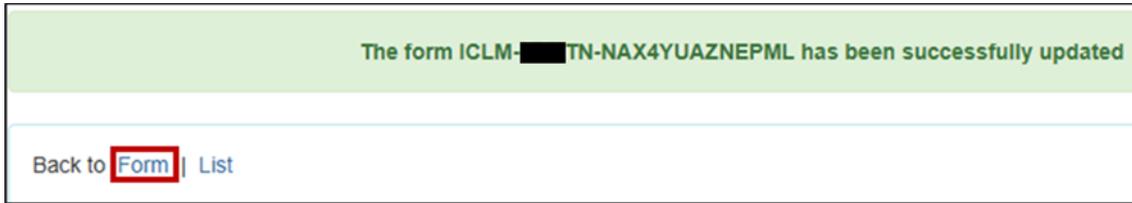
Service Lines

#	Billing Data ID	Date of Service	Service Code	Service Description	Procedure Code	Procedure Modifiers	Revenue Code	Rate Code	Rate Value	Locator Code	Unit Rat (\$)
1	BILL-DEMO- N7HQ68WCMJULF	01/24/2024	ST-0009	EMERGENCY HOUSING			State Funded-0000				\$10.00

Total Claim Amount (\$) 58.00  
Amount Paid (\$) 0.00

← Back Cancel Update Submit for Approval Release Units

12. A confirmation message will be shown upon successfully updating the claim form.



13. Click on the "Form" link to go back to the Institutional Claim form.

**IMPORTANT:** The claim will now be in a "Updating" status.



**NOTE:** The attached Billing Data form is now editable.

### **DETERMINE THE NEXT STEP...**

- If you need to adjust the "Total Billable Units," follow the "Adjustment to Total Billable Units" section below.
- If **NO** adjustments are needed to the "Total Billable Units," or if it is a **daily** service, skip the "Adjustment" to "Total Billable Units" section and **proceed to step 14.**

#### Adjustment to "Total Billable Units"

- Scroll down to the "Service Lines" section.
- Click on the "Billing Data ID" link to open the record.

Service Lines										
#	Billing Data ID	Date of Service	Service Code	Service Description	Procedure Code	Procedure Modifiers	Revenue Code	Rate Code	Rate Value	Locator Code
1	BILL-████TN-NB74RWWNE4TM8	08/23/2024	T2021	COMMUNITY PARTICIPATION SUPPORTS (LEVELS 1 - 3)	T2021	U1	Other Professional Fees - 1915c-0969			

C. A pop-up message will appear asking if you wish to proceed with this action.

If you navigate to Billing Data, any changes made in Claim will be discarded. Do you want to continue?

No

- D. Click on the **“Yes”** button if you want to adjust the **“Total Billable Units.”**
- E. Scroll down to the **“Billing Data Input”** section.
- F. Locate **“Total Billable Units”** field and enter the adjusted number.

**Billing Data Input**

Service Date 08/23/2024

**Total Billable Units** 10

Revenue Code Other Professional Fees - 1915c-0969

- G. Scroll down to the **“Comments”** section.
- H. You **must** enter the reason for adjustment in the **“Comments”** box.

**Comments**

Comments

About 3000 characters left

Required

**System Message**

Used Direct Billing Units from Attendance.

**References**

Attendance Data Reference

<< Back Cancel **Update**

- I. Click the **“Update”** button.

K. The warning below will appear, please read the message and answer 'yes' or 'no.'

**Billing Data** ⓘ

Warning!

- This Billing Data has been generated from Attendance. Any change made to the Billing Data will not be reflected back to the Attendance.

Are you sure you want to continue?

L. Click on the "Form" link will take you back to the Institutional Claim form.

The form ICLM-██████TN-NAX4YUAZNEPML has been successfully updated

Back to [Form](#) | [List](#)

M. Scroll down and click on the "Back" button.

N. **IMPORTANT:** Scroll down to the "Service Line" section, scroll to the right to view the "Billable Units" column and **VERIFY** the adjusted "Billable Units" is correct.

**Service Lines**

#	Billing Data ID	Date of Service	Service Code	Service Description	Procedure Code	Procedure Modifiers	Revenue Code	Rate Code	Rate Value	Locator Code
1	BILL ████████TN-N9Q4T4YZMEKQ8	07/04/2024	T2021	COMMUNITY PARTICIPATION SUPPORTS (LEVEL 4)	T2021	U2	Other Professional Fees - 1915c-0969			

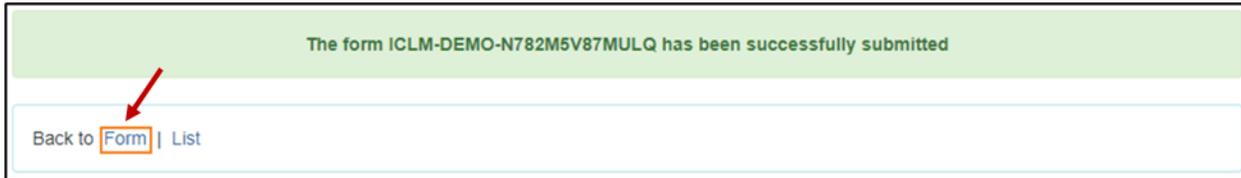
**Service Lines**

Date of Service	Service Code	Service Description	Procedure Code	Procedure Modifiers	Revenue Code	Rate Code	Rate Value	Locator Code	Unit Rate (\$)	Billable Units	Unit Code
07/04/2024	T2021	COMMUNITY PARTICIPATION SUPPORTS (LEVEL 4)	T2021	U2	Other Professional Fees - 1915c-0969				\$6.00	16	UN

14. Click on the **“Submit for Approval”** button once you have verified all the information on the form.



15. A confirmation message will be shown on the following page upon successfully submitting the claim form.



16. Click on the **“Form”** link to return to the Institutional Claim form.

**IMPORTANT:** The claim will now be in a “Billable” status.

Institutional Claim **Billable** ⓘ

Claim Submission Details

Transaction ID	Claim Tracking ID	Claim Frequency Type Code	TCN/ICN #	Queued Date	Sent Date	Check / EFT Issue Date	Check / EFT Number	Payer Charge Amour (\$)
IBTR [REDACTED] TN-N9L4Q4YZBELQR	I24101376	1-Original (Admit thru Discharge Claim)	24L329031700	07/18/2024 05:38:46 PM	07/18/2024 09:18:21 PM (More than 90 days ago)	07/28/2024	[REDACTED]	\$497.2

## Part Three- Submit Claim to MCO

1. Scroll to the top of the screen and click the **“Therap”** icon to return to the main menu.



2. Click on the **“Billing”** tab.
3. Locate **“Claim Submission”** subsection and click on **“Send.”**

Attendance	
Attendance	New   Search   Summary   Archive   Dashboard
Institutional Claim	
Service Authorization	New   Search   Renewal Search   Applied Rate History Search   Archive   Dashboard
Billing Data	New   Search   Summary   Archive   Bulk Delete
Billing Conversion	EVV Billing
Claim Template	New   Search
Institutional Claim	New   Search   Archive
Claim Submission	<b>Send</b>   Bulk Send   Transaction Search

4. (See screenshot below) On the **“Payer,”** click on the drop-down and select **“Payer.”**
5. Using the Service Authorization date range...
  - i. Enter the **“From Date”** in the **“Service Date From”** field.
  - ii. Under the **“Service Date From”** field, in the **“To”** field, enter the **“To Date”**.
6. In the **“Individual”** field, enter the person’s name and select from the drop-down.
7. In the **“Claim Create Date From”** field, remove the date.
8. Scroll down and click the **“Search”** button.

Search Claims to Send

Service Description (Code)

Claim ID

\* Payer

Type of Bill

Statement Period From

To

Service Date From

To

Individual

Individual Medicaid Number

Claim Create Date From

9. On the result's view, click on the top **"checkbox"** in the header to submit all claims.

Search Claims to Send

Filter You have selected 0 items.

<input type="checkbox"/>	Claim ID	Payer	Type of Bill	Statement Period From	Statement Period To	Individual
<input type="checkbox"/>	ICLM-████TN-NAX4████YDEQLV	UnitedHealthcare	89	07/30/2024	07/30/2024	██████████
<input type="checkbox"/>	ICLM-████TN-NAX4████YAEQL7	UnitedHealthcare	89	07/27/2024	07/27/2024	██████████
<input type="checkbox"/>	ICLM-████TN-NAX4████ZNEPML	UnitedHealthcare	89	08/01/2024	08/01/2024	██████████
<input type="checkbox"/>	ICLM-████TN-NAR4TQ3ZFEQL9	UnitedHealthcare	89	08/11/2024	08/11/2024	██████████

**IMPORTANT:** Check to make sure you don't have multiple pages on this view. If so, you will have to go to each page, select the top **"checkbox"** in the header, and send claims.

10. Click on the **"Send Claim"** button.

11. A **"Claim Send Summary"** will appear.

- It is **important** to review the claims listed to ensure there are no claims with (red) "X".
  - i. If so, please take a screenshot for you to investigate the issue of the claim.
- If you want to send the report, click on the "Send report via SComm" button.

**NOTE:** After the claims are successfully submitted in Therap, if you go back and look up the claim(s)...

- the claims will be in a **"Queued"** status.
- the top line in the **"Claim Submission Details"** will have a **"Queued Date"** of today.
- Therap will send an 837i file to the MCO.

Institutional Claim Queued ⓘ

Claim Submission Details

Transaction ID	Claim Tracking ID	Claim Frequency Type Code	TCN/ICN #	Queued Date	Sent Date	Check / EFT Issue Date	Check / EFT Number	Payer Charge Amount (\$)
IBTR-████TN-P4F42X3YFMULT	I26112324	8-Void (Void/Cancel of Prior Claim)		02/13/2025 04:02:00 PM				
IBTR-████TN-N9L4Q4YZBELQR	I24101376	1-Original (Admit thru Discharge Claim)	24L329031700	07/18/2024 05:38:46 PM	07/18/2024 09:18:21 PM (More than 90 days ago)	07/28/2024	██████████	\$497.

**NOTE:** When the claims are sent to the MCOs, the **“Sent Date”** will be displayed and if the claim is **“accepted”** by the MCO the claims will update to a **“Sent”** status and says, **“Claim Status in 999: Accepted.”**

Institutional Claim <span>Sent</span>										
Claim Status in 999 : Accepted										
Claim Submission Details										
Transaction ID	Claim Tracking ID	Claim Frequency Type Code	TCN/ICN #	Queued Date	Sent Date	Check / EFT Issue Date	Check / EFT Number	Payer Charged Amount (\$)	Payer Paid Amount (\$)	Claim Status
IBTR- <span style="background-color: black; color: black;">██████</span> TN-NB83TYDB74TLT	I27729716	1-Original (Admit thru Discharge Claim)		09/06/2024 04:28:59 PM	09/06/2024 05:33:40 PM(More than 90 days ago)					