

HOW TO RESUBMIT A REPLACEMENT CLAIM ON AN INSTITUTIONAL CLAIM IN “DENIED” STATUS

Description: This step-by-step guide explains how to **resubmit** an Institutional Claim in **Denied** status when the claim needs to be resubmitted to the MCO for payment processing. During resubmission, adjustments to the **Total Billable Units** can be made if necessary.

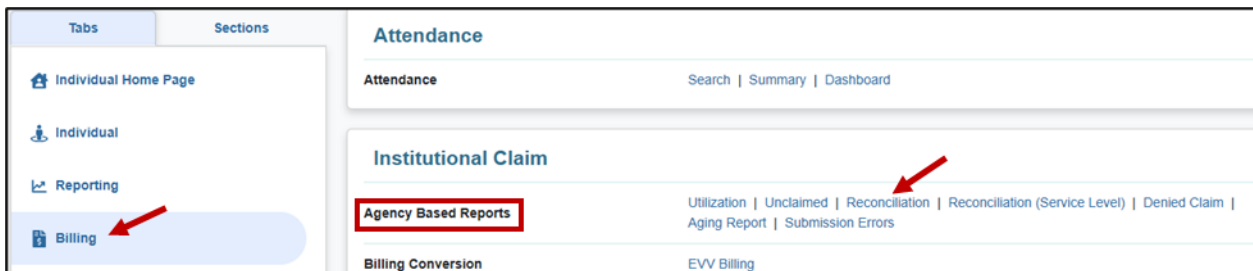
Prevention: To avoid the need to resubmit **“Denied”** claims, it is important to:

- **Verify billing data** to ensure all entries are accurate.
- **Follow waiver rules** consistently.
- **Review each original claim thoroughly** before submission to confirm all details are correct.

Disclaimer: The instructions below describe **one method** for searching claims. Please note that there are multiple search options available to locate claims in **“Denied”** status.

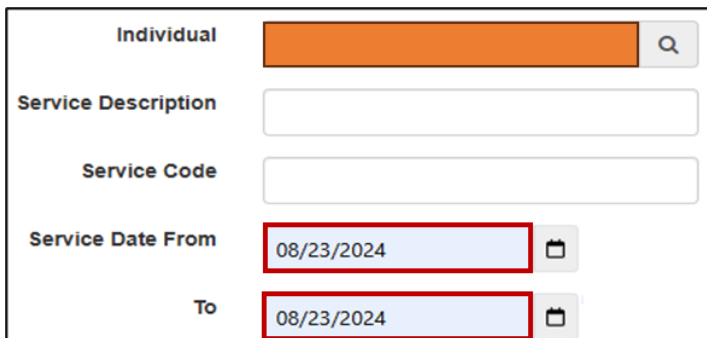
Part One: Locate The Claim

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



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: If there are multiple claims for a “Denied” status, you can enter up to a 3-month “date range.”



The screenshot shows a search form with the following fields:

- Individual:** A text input field with an orange background and a search icon.
- Service Description:** A text input field.
- Service Code:** A text input field.
- Service Date From:** A date input field containing '08/23/2024', highlighted with a red box.
- To:** A date input field containing '08/23/2024', highlighted with a red box.

5. On the **"Payer,"** click on the drop-down and select the **"Payer."** **NOTE:** Multiple 'Payers' can be selected.
6. On the **"Status,"** click on the drop-down and select **"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.
9. 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 "Denied".
- Sent Date From:** A date field with a calendar icon, currently empty.
- To:** A date field with a calendar icon, containing the placeholder "MM/DD/YYYY".
- Check / EFT Issue Date From:** A date field with a calendar icon, containing the placeholder "MM/DD/YYYY".
- To:** A date field with a calendar icon, containing the placeholder "MM/DD/YYYY".
- Output Columns:** A section with two columns: "Available" and "Selected".
 - Available:** A search box and an "Add All" button (highlighted with a red box). Below are five items with plus signs: "Program Name", "Program Cost Center Number", "Site Name", "Site Cost Center Number", and "Authorization Number".
 - Selected:** A search box and a "Remove All" button.
- Clear Selection:** A button with a trash icon.
- Buttons:** "Cancel" and "Search" (highlighted with a red box) buttons at the bottom.

Part Two: Update Claim for Resubmission

1. To open, click on the 'Denied' claim from the **"Billing Reconciliation"** list for the Date of Service (DOS).

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

Program Name	Program Center Number	Site Name	Site Cost 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	Funding Source Vendor ID	Service Date From	Service Date To
East		Greeneville							COMMUNITY PARTICIPATION SUPPORTS (LEVELS 1 - 3)	T2021	U1--		WellPoint		08/23/2024	08/23/2024
East		Greeneville							COMMUNITY PARTICIPATION SUPPORTS (LEVELS 1 - 3)	T2021	U1--		WellPoint		08/23/2024	08/23/2024

2. Scroll down to the bottom and click on the **"Update for Replacement"** button at the bottom of the form.

<< Back
Cancel
Update for Replacement

NOTE: Under the **"Claim Information"** section, the **"Claim Frequency Type Code"** field of the claim form will automatically change to '7-Replacement (Replacement of Prior Claim)'.

Claim Information

Payer BCBST: BCBST - 00390 (Inst.)

Individual Name [REDACTED]

Date of Birth 10/30/1991

Gender Female

Residence Address [REDACTED]

* **Type of Bill**

Claim Frequency Type Code 7-Replacement (Replacement of Prior Claim)

Part Three: Claim(s) Generation

For claims generated for **1915c** services...

1. In the **"Claim Information"** section, click on the (blue) link **"Original TCN/ICN Number List."**

!!!IMPORTANT!!!: DO NOT type anything in the "Original TCN/ICN Number" field ever. Always click on the **"Original TCN/ICN Number List."** Link.

Claim Information

Payer United HealthCare: UnitedHealthcare - 95378 (Inst.)

Individual Name Joe Doe

Date of Birth 10/12/1979

Gender Male

Residence Address 123 Mockingbird Lane

*** Type of Bill**

Claim Frequency Type Code 7-Replacement (Replacement of Prior Claim)

Original TCN/ICN Number [Original TCN/ICN Number List](#)

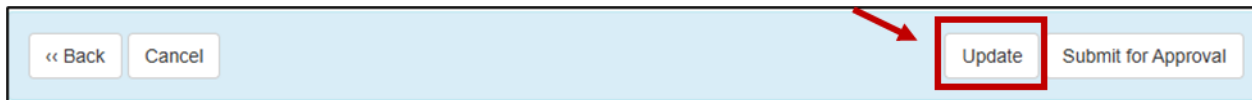
2. On the "Original TCN/ICN Number List..."
 - If only one "TCN/ICN Number" appears, click **"Add."**
 - If multiple "TCN/ICN Number" appear, click the **TOP** record **"Add."**

Original TCN/ICN Number List

TCN #	Queued Date	Sent Date	Action
274232820000061	07/23/2024	07/23/2024	Add
274232820001215	07/23/2024	07/23/2024	Add
274232820000556	07/23/2024	07/23/2024	Add

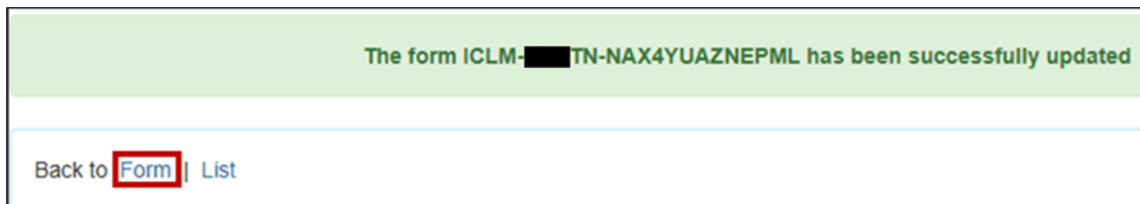
NOTE: For the Claims generated for **KBB and State Funded** services, the Original TCN/ICN Number will be automatically assigned with the latest "Claim Tracking ID" of the claim form. You can skip this step.

3. Scroll down to the bottom and click the **"Update"** button.



« Back Cancel Update Submit for Approval

4. A confirmation message will be shown upon successful updating of the claim form.



The form ICLM: [REDACTED] TN-NAX4YUAZNEPML has been successfully updated

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5. Click on the **"Form"** link to return to the Institutional Claim form.

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



Institutional Claim **Updating** ⓘ

Claim Submission Details

NOTE: The attached Billing Data form is now editable.

(continue to next page)

3. **!!!IMPORTANT!!!: Review** the claim and determine if the ‘Updating’ claim is in the **correct Frequency Type Code**.

Claim Information	
Payer	BCBST: BCBST - 00390 (Inst.)
Individual Name	WASHINGTON, JOSEPH (Social Security Number: 409253793)
Date of Birth	02/09/1966
Gender	Male
Residence Address	3324 STELLA ST, MEMPHIS, TN, 38127-6755
* Type of Bill	<input type="text" value="89"/>
Claim Frequency Type Code	1-Original (Admit thru Discharge Claim)
Original TCN/ICN Number	<input type="text"/> Original TCN/ICN Number List

!!!IMPORTANT!!!: DO NOT use Claim Frequency Type Code: 7-Replacement (Replacement of Prior Claim) to void a claim.

- A. If the **claim** is **intended** to be **VOIDED**, but the ‘current’ Frequency Type Code shows either:
- **FTC7** – Replacement (Replacement of Prior Claim)
OR
 - **FTC1** – Original (Admit thru Discharge Claim)
 - i. **STOP!!!! DO NOT PROCEED.**
 - ii. Email DDA.Business.Services@tn.gov, and in the request, include the **Claim ID (ICLM...)** and state that the Frequency Type Code (FTC) needs to be updated to 8 – Void (Void/Cancel of Prior Claim).
 - iii. Wait for a correction email confirmation from DDA.Business.Services@tn.gov indicating the update has been completed.
 - iv. Once confirmed, continue to **proceed to Page 9, Step 6.**
- B. If the **claim** is for an **adjustment** or **resubmission of a denied claim** with the correct “Frequency Type Code” (FTC7).

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 Page 9, Step 6.**

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- [REDACTED] TN-NB74RWWNE4TM8	08/23/2024	T2021	COMMUNITY PARTICIPATION SUPPORTS (LEVELS 1 - 3)	T2021	U1	Other Professional Fees - 1915c-0969			

- 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?

- Click on the **“Yes”** button to adjust the **“Total Billable Units.”**
- Scroll down to the **“Billing Data Input”** section.
- Locate the **“Total Billable Units”** field and enter the adjusted units.

!!! IMPORTANT !!!

Do **NOT** enter Zero “0” in the **“Total Billable Units”** field. Use the “Update for Void” button to **void** a claim.

Billing Data Input

Service Date 08/23/2024

Total Billable Units

Revenue Code Other Professional Fees - 1915c-0969

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

- I. Click the **“Update”** button.
- J. The warning below will appear. Please read the message and answer ‘Yes’ or ‘No.’

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

- L. Scroll down and click on the **“Back”** button to return to the Institutional Claim form.

M. **IMPORTANT:** Scroll down to the “Service Line” section, scroll to the right to view the “Billable Units” column, and **VERIFY** that 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 [REDACTED] 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

6. Once you have verified all the information on the form, scroll down and click on the “Submit for Approval” button.

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

The form ICLM-DEMO-N782M5V87MULQ has been successfully submitted

Back to [Form](#) | List

8. 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 Amount (\$)
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

NOTE: If the claim is in “Billable” status and you need to adjust the units, please follow the steps below.

1. Click on the "Edit" button on the Billable claim
2. Then click on the "Update" button, which will change the claim status from “Billable” to “Updating”.
3. Once the claim is in “Updating” status, you can then update units
4. Go back and follow the steps in the **Adjustment to “Total Billable Units”** section.

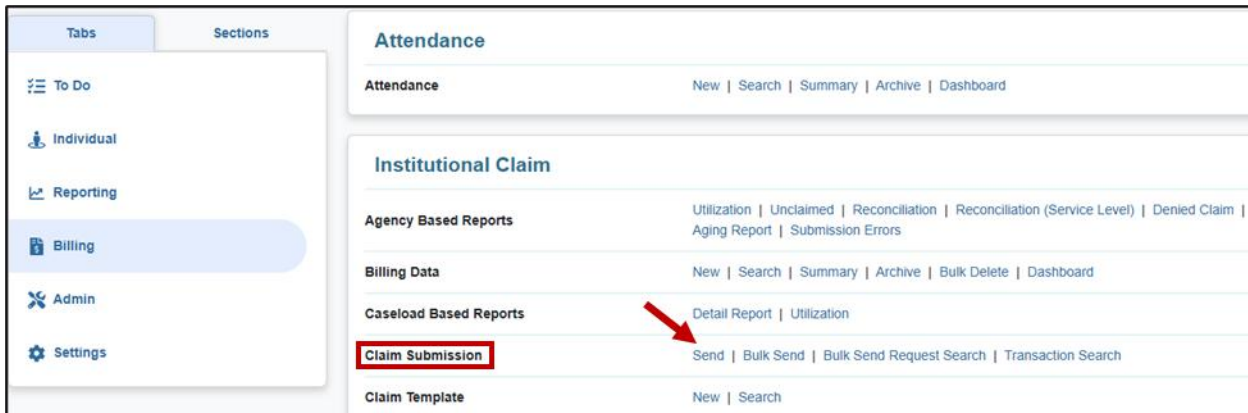
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Part Four - Submit Claim to MCO

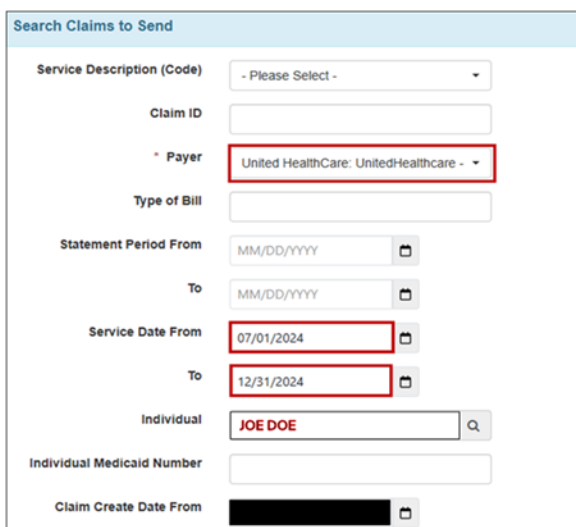
1. Scroll to the top of the screen and click the **“Therap”** icon to return to the main menu.



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



4. On the **“Payer,”** click on the drop-down and select **“Payer.”**
5. Using the DOS **or** DOS 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. **Optional:** 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.



- In the results view, you can select 'individual' checkboxes using the **"Statement Period From (DOS)"** column as a guide for submitting individual claims **or** use the checkbox next to the **"Claim ID"** header to select and submit all claims from this page.

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 if multiple pages are displayed in this view.

If there are additional pages, navigate to each page, select either individual checkboxes **or** the top checkbox in the header.

- Click on the **"Send Claim"** button.
- A **"Claim Send Summary"** will appear.
- IMPORTANT - Review Claim Send Summary**
 - Ensure **all** claims selected, populate with a 'green' checkmark next to each "Claim ID".
 - If a 'red' X appears next to **any** "Claim ID," take a screenshot for investigation.
 - Optional:** To send the report, click **Send report via SComm**.

NOTE: After Submission

- ✓ Claims will show **Queued** status.
- ✓ The top line in **Claim Submission Details** will display today's **Queued Date**.
- ✓ 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 Charq Amou (\$)
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 claims are sent to the MCO:

- ✓ A successfully submitted claim will reflect the **Sent Date**.

Institutional Claim Sent 										
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 [REDACTED] 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)					