*e*Med**NY**   **ePACES - Edit a Claim Function**

Edit Claim - Draft, Errors, or Complete

There are many reasons why you may need to edit an existing claim. For example, you may not have had all of the information when initially entering the claim and therefore saved it in Draft status. You also may have finished the claim, but when it went through the validation process, errors were found that need to be fixed in order to successfully submit the claim for processing. Additionally, you now have the ability to edit and resend a claim that is in a Sent status.

When in edit mode, all data on the claim may be edited except for the Submission Type, Client ID and Date of Birth, Gender and Type of Claim, which are located on the General Information Tab. The process of editing a claim and entering a claim are very similar in navigation. Depending on the status of the claim, the editing process differs slightly.

DRAFT: Editing a claim that has been saved as a Draft is a continuation of the Claim Entry process. If a claim is saved as a draft, no validation has been done to the data entered. Once you complete entering information and click Finish, the data will be sent through the standard claim validation and will either have a status of "Complete" or "Errors", depending on the outcome.

ERRORS: A claim in Error status has been entered and Finished, thus triggering the validation process. When errors exist, a table will be displayed on the confirmation page indicating the error and its location on the claim. Once the errors have been fixed and you click Finish the claim will be sent through the validation process again to confirm the errors have been resolved.

COMPLETE: Editing a claim that has been fully entered and passed all validation, therefore has a status of Complete, is similar to editing a claim in Draft. You may change any data on any of the tabs, with the exception of the General Information Tab, and then Finish the claim, thereby initiating the validation process. Assuming all changes made were valid, the claim will once again have a status of Complete, awaiting the batching process; otherwise, it will be placed in Error status.

BATCHED: A Batched claim MAY NOT be edited. In order to edit a claim that has been batched, you must find the batch containing the claim and delete the batch, which will reset the status of all the claims in that batch to Complete. You may then edit the claim as it is now in a Complete status. Once you have completed the editing of this claim, you may re-batch the claims.

SENT: A claim that has already been sent for processing and therefore has a status of Sent may not be edited; it may however be replaced or edited as an Original claim and resent. If a sent claim must be replaced, clicking the Replace Claim button will generate a new claim with a Claim Submission Reason of "Replacement". You may then make any edits necessary to the new claim. A Replacement claim requires the Payer Claim Control Number to be populated. These new claims will go through the standard validation, batching, and submittal process to be sent to the Payer. If a sent claim must be edited and resent, clicking the **Edit Claim button will generate a new claim with a Claim Submission Reason of "Original". You may then make any edits necessary to the new claim and it does not require the Payer Claim Control Number to be populated.** (See below for expanded instructions on editing a Sent claim.)

REPLACED: Once a Replacement claim is generated to replace a Sent claim, the Sent claim will have a status of Replaced. A Replaced claim may not be edited, it may only be viewed.

VOIDED: Once a Void claim is generated to replace a Sent claim (see Deleting a Sent Claim for more details) the Sent claim will have a status of Voided. A Voided claim may not be edited, it may only be viewed.

eMedNY   ePACES - Edit a Claim Function

EDITING A SENT CLAIM

The Edit Claim button only appears on claims in a Sent status at the bottom of the screen next to the Void Claim and Replace Claim buttons. Sent claims may be accessed through the Find Claims function. This function allows you to edit and resubmit a claim that was previously sent for processing.

When the Edit Claim function is selected, the Submission Reason will change to Original. All of the information on the claim may be modified except for the Submission Reason, Client ID, DOB and Gender. Unlike a void or an adjustment, **there is no association to the previously sent claim**. You will not need the Payer Claim Control Number to resubmit the claim. All of the information on the sent claim is copied to the new claim **except** for the More Details information on the Service Lines. However, any line adjudication information will be copied over to the new claim.

eMedNY — ePACES - Edit a Claim Function

This screen will display once the provider clicks the Edit Claim button. They will need to click YES if they want to edit the claim. If they click NO they will be brought back to the previous screen.

Do you wish to edit and resend this claim?

Yes   No

| General Claim Information | Institutional Claim Information | Provider Information | Diagnosis/ Procedure | Other Payers | Service Line(s) |

* Indicates required field(s)

Submission Reason: Original   NPI Number:

* Patient Control Number: TEST2

Location Information

Address Line 1:
Address Line 2:
City:
State: NY
Zip Code: 10522 - 1924

Client Information

* Enter a Client ID: LL12345X   ▶ Replicate Claim For New Client

Jane Doe
Address Line 1
Address Line 2
City, State Zip

* DOB: 01/01/0001

* Gender: F

* Type of Claim: Institutional   Next ▶

Void Claim   Replace Claim   Edit Claim

Again, the following fields **cannot** be changed.

- Submission Reason
- Client ID
- Date Of Birth
- Gender
- Type of Claim (e.g. Professional, Institutional & Dental)

A provider can use one claim repeatedly for the same recipient to save time. As long as they change the information such as Date of Service and Procedure codes. It is also their responsibility to make sure the eligibility information is still the same such as other insurance.

Phone Contact

- eMedNY Call Center: (800) 343-9000
  Hours of Operation:
  For provider inquiries pertaining to non-pharmacy billing or claims, or provider enrollment: Monday through Friday: 7:30 a.m. - 6:00 p.m., Eastern Time (excluding holidays)

  For provider inquiries pertaining to eligibility, DVS, and pharmacy claims: Monday through Friday: 7:00 a.m. - 10:00 p.m., Eastern Time (excluding holidays)   Weekends and Holidays: 8:30 a.m. - 5:30 p.m., Eastern Time