Claim FAQs

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How do I submit a corrected, voided or replacement claim?

We always recommend contacting contact the payer to understand their billing specifications as CollaborateMD can only provide the instructions on how to make the changes in the application.

Users must always ensure they are following the payers' billing rules to increase the chances of reimbursement. Please Reference our Re-submit a Claim Help Article for more instructions.

Why is the unit price not populating in the Charges tab when creating an Institutional claim?

This is because Revenue codes are required on Institutional Claims. If a HCPCS code is added to a line item without a Rev Code, the Unit Price will not populate until a Rev Code is added to the line item.

Please reference our Create an Institutional Claim Help Article to learn how to add a Rev Code to your claim. Then, reference our Update Fee Schedules Help Article to learn how to set the default price for HCPCS or Revenue Codes.

Why is the alert on a specific code not showing within the claim?

There are some limitations when using Code Alerts. When a code is set as a default within the patient's account, under the Claim Defaults tab, the system will not generate the alert pop-up for the code(s) when adding a new claim.

If you'd like to remove a default code(s)from a patient's account, please reference the Claim Defaults Help Article.

Why is my admitting diagnosis code not sent on the claim?

The reason why a claim's admitting diagnosis code is not be leaving the system is usually that it is not required due to the clam's "Type of Bill."

The admitting code is only required in one of the following scenarios:

- **Type of Bill** is 012x, 022x.
- Inpatient claims with a **Type of Bill** that is not 028x, 065x, 066x, or 086x.

How do I edit/delete a charge that has a patient or insurance payment applied towards it?

Charges that have payments applied towards it cannot be deleted unless the posted payment(s) are deleted. This is not recommended, especially if the payment is associated with a payer.

If the payment was posted accidentally, please move forward with deleting the payment. If you are attempting record a refund or a recoupment, more than likely the payer will either automatically recoup the payment or notify you in writing. Once you receive the notification of the recoupment, please reference the following Help Pages for instructions on how to post the takeback.

- How to refund a patient or insurance payment.
- How to edit a patient payment.
- How to edit an insurance payment.

My claims are being printed on paper and mailed to the payer? What do I need to check for?

1. Check if it's a **paper or electronic CPID** that was sent in the claim file by opening the Payer and looking for the CPID# for your Claim Type. If no CPID# is shown, no electronic connection has been configured. Therefore this would be a paper payer.

2. Check whether the submitter is authorized or not for the electronic CPID by opening the Payer and looking to see if *"agreement required"* is listed. If so, follow the Look Up Payer Agreement steps for the status of your Claims Agreement for this payer. Your agreement will need to have a status of "Authorized" in order for your claims to be submitted electronically. If an agreement is not on file, please reference our Payer Agreement Help Article.

3. Verify the Clearinghouse processing mode for the payer is not set to *"the clearinghouse will print and mail the claims."* if so, follow the Edit a Payer Help Article for steps on how to change this status.

How are the claims that are printed and mailed by the clearinghouse sent to the payer?

Claims printed and mailed by the Clearinghouse are mailed via USPS First Class or USPS Priority packages for larger items.

Are there any fees if the clearinghouse has to drop a claim to paper?

Yes, if the clearinghouse has to drop a claim to paper additional fees will apply (the normal paper claim fee).

Why aren't my claim forms or labels aligning in the printer?

This is usually due to a scaling issue with the print setting in your Computer. You need to adjust your print options by unchecking the fit to scale/page and adjust the scale to 100%

Once the scale has been updated, the existing claim or label screen must be closed and a new print page must be open in order for the changes to take effect.

If your claim forms are still not aligning after setting the scale to 100%, please make adjustments to your print margins under Claim Settings.

To verify Scale to Fit is not selected within your Browser Printer Settings follow these steps:

Chrome

1. Click the **Printer** icon located on the top right side of the Chrome browser.
2. Click the **More Setting** drop-down.
3. Unselect **Fit to Page from the Scale** drop-down and select **Custom**.
4. Set the **Scale** to **100%.**
5. Click **Print**.

Microsoft Edge

1. Click on the **three dots** on the top right of the print screen.
2. Select **Print** from the drop-down menu.
3. Select **Custom Scaling**.
4. Set the **Scale** to **100**%.
5. Click **Print**.

FireFox

1. Click the menu button ☰ .
2. Select **Print** from the drop-down menu.
3. Set the **Scale** to **100%.**
4. Click **Print.**

Safari

1. Click **File.**
2. Select **Print** from the drop-down menu.

3. Click **Show Details.**
4. Set the **Scale** to **100%.**
5. Click **Print.**

Jgh! Why aren't claims leaving the system?

here are many reasons why a claim may not be leaving the system. Use the below options to troubleshoot nd understand what may be preventing your claims from being submitted electronically.

Vas the claim set to be sent today?

1. Open the claim in the Claim section
2. Select the More button and choose to View Charge History
3. Under the **Bill To** column, locate the last submission of **Send to insurance via clearinghouse** and verify the date on this line.

> ⚠ If the date is today's date, the claim will be submitted at 11 PM (EDT), unless you are using Real-Time Claim Submission.

s the claim complete?

1. From the open claim, ensure the Claim is marked as complete.

s the provider set appropriately?

1. From the open claim, locate the Billing Provider line
2. On the right-hand side of this line, click the provider icon to open the provider on the claim
3. On the Provider Information tab, verify that the claim mode drop down(s) have PROD selected.
4. In the Internal Use box, verify that a Submitter # is populated. If a submitter number is not populated, please contact the Support department.

s the payer set appropriately?

1. From the open claim, locate the Primary Insurance line for the payer the claim is being billed to.
2. On the right-hand side of this line, click the payer icon to open the payer.
3. Verify the Clearinghouse Processing Mode drop down **does not say** Do not send claims to the clearinghouse for processing. This option will prevent claims from being sent electronically to the

clearinghouse.

4. If necessary, use this drop down to update the selection for how the clearinghouse should process the claims, either electronically or paper to the payer.

s the Server Processing Mode set appropriately?

1. From the open payer, open the Billing Options from the side panel.
2. Open the Provider tab
3. Ensure the Active drop down has Active selected for your provider.

s the claim agreement authorized?

the payer requires an agreement for the type of claim being billed, follow the steps found here to verify ne agreement has been authorized by the payer. If the agreement is authorized use the Review Form utton to verify the NPI and Tax ID authorized by the payer are the same ones being used on the claim.

s the payer's "Provider Billing Options" status set to active?

> The provider billing options allow you to customize certain configuration settings for one or more providers specific to this payer. The following steps apply ONLY if you have added a customized provider configuration for this payer.

1. From the open claim, locate the Primary Insurance line for the payer the claim is being billed to.
2. On the right-hand side of this line, click the payer icon to open the payer.
3. From the open payer, open the **Billing Options** from the right-hand side panel.
4. Open the Provider tab.
5. Ensure the **Status** drop-down has **Active** selected for your provider.

fter confirming the above do not affect submission, please get in touch with the Support department for rther assistance.

low many procedure codes can be submitted on a claim?

he procedure code line item limits for submitting claims in CMD are as follows:

- **Professional Claims**: For professional claims, you can submit up to **50** line items (this is an industry-wide limitation).
- **Institutional Claims**: For institutional claims, you can add up to **999** charge lines.