

# TIPS & TRICKS IN CONNECT:

## Rebilling Claims

### Types of Rebills Available in Connect

<i>Rebill</i>	<i>Action</i>
REBILL 1	New Original Claim
REBILL 2	Corrected Claim
REBILL 2	Voided Claim



#### Key Points

- ❖ Rebill 2 & 3 ALWAYS requires a payment posted to the original/current active claim, and the Payer Control Number entered on the payment.

### Getting Resubmission Code 7 or 8 onto the Claim

The system automatically adds the 7 or 8 to the claim, but does require a payment with the Payer Control Number to be posted to the claim ID being rebilled.

- Electronic claims have the 7 or 8 added along with the REF02 segment and the Payer Control Number listed.
- Paper claims print the 7 or 8 code in box 22a with the Payer Control Number listed in 22b. These settings need to be updated on the Paper Claim Options in the insurance plan in Connect.

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### Entering the Payer Control Number

The Payer Control Number is entered into the **Control Number** field (under the **Payment Rank** field) on the Payment's **Distribution** page. Imported ERA payments have the Payer Control Number automatically filled from the remit file. Manually posted payments need to have this field filled out by a user.



#### Navigation: **Payer Control Number**

- **Payment [ID]** page > click **Add Next** in **Service Lines** section > **Distribution** page

Claim Information	
Claim ID: <input type="text" value="4770"/>	Patient: SMITH, VAUGHN
Payment Rank: <input type="text" value="1 - BCBSATLANTA"/>	Account: <a href="#">SMITH, VAUGHN</a>
Control Number: <input type="text" value="75121321312"/>	Expected Fee Schedule: <input type="text"/>
Network Status:	

If the number wasn't entered during payment entry, it can be added to a posted payment.

1. If you have the permission, select the *IPYMT* line from the **Active AR** tab in an account.
2. Click **View Transaction** and the posted payment distribution will open in a new tab.
3. The user can then add the **Payer Control Number** and **Save** the payment.
4. Proceed in rebilling the claim, as needed.

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### Determining Rebill Type

Utilize the list below as a helpful starting place in determining the type of Rebill to perform. It depends on what information needs to be changed on the claim.

<i>Rebill 1</i>	<i>Rebill 2</i>
<ul style="list-style-type: none"> <li>• Patient</li> <li>• Guarantor</li> <li>• Date of Service</li> <li>• Facility</li> <li>• Procedure Code</li> <li>• Provider</li> <li>• Provider Time</li> </ul>	<ul style="list-style-type: none"> <li>• Patient Demographic Information</li> <li>• Guarantor Demographic Information</li> <li>• Subscriber Demographic Information</li> <li>• Subscriber ID</li> <li>• Member ID</li> <li>• Group ID</li> <li>• Coverage Confirmed</li> <li>• Referral Information</li> <li>• Pre-Auth #</li> <li>• Referral #</li> <li>• Adding Additional Payers</li> <li>• Generating a Medigap Plan Claim</li> <li>• Paper Work Attachments</li> <li>• Referring Provider</li> <li>• Hospitalization Dates</li> <li>• Paper Claim Local Use Fields</li> <li>• Work Comp/Accident Information</li> <li>• Emergency Indicator</li> <li>• Medicare Secondary Insurance Type</li> <li>• Type of Service (Except for 7)</li> <li>• Procedure Description (Override Procedure Description)</li> <li>• Modifiers</li> <li>• ICD-10 Code</li> <li>• NDC Information</li> <li>• Place of Service</li> <li>• Additional Dates</li> <li>• Reason for Delayed Submission of Claim</li> <li>• Signature &amp; Release</li> <li>• Programs &amp; Exceptions</li> <li>• Additional Identifiers</li> </ul>



### Key Points

- ❖ The following case information can be updated without needing a rebill done: Facility Case ID, External Case ID, Room #, Case Reporting Type, Quality Outcomes, and Notes.

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### Frequently Asked Questions

***Why isn't my additional payer available in the Rebill To dropdown on a Rebill 2, even though it's checked on the case?***

- Check to see if a payment has been posted to the primary payer claim.

***How do I generate a claim to a plan secondary to Medicare when the responsibility in the account shows that plan, but there wasn't a claim generated?***

1. Highlight the claim for Medicare and choose *Rebill 2* and click **Next**.
2. Select the plan from the **Bill To** dropdown options.

***How do I generate a voided claim?***

1. Verify a payment with a payer control number has been posted to current claim id.
2. Highlight claim line and click **Rebill**.
3. Select the **Rebill 3** option (Void Claim).
4. Click **Next**.



### Key Points

- ❖ Electronically voided claims need time to be transmitted to the clearinghouse from Connect before the Rebill 1 can be completed on the service line. Doing a Rebill 1 before the claim is transmitted will result in the voided claim being cancelled.

***Why doesn't my Rebill 2 for Medicare show as corrected claim (7)?***

- Medicare doesn't accept resubmission codes 7 & 8. All corrected claims are sent with a submission code 1 (original).