



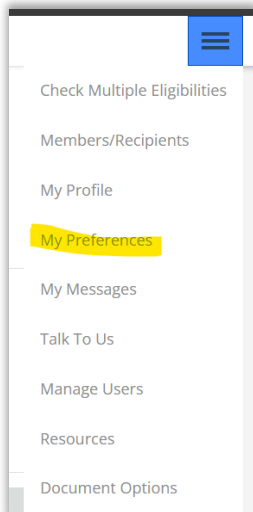
THE PROCESS FOR SUBMISSION OF REPLACEMENT AND VOIDED CLAIMS FOR MEDITRAC

Providers may submit replacement or voided claims for originally approved claims as needed using the instructions below. Replacement claims for originally approved claims submitted outside of timely filing guidelines will be denied and cannot be resubmitted. The timely filing guidelines will be available in a provider's contract with Trillium Health Resources. Any denied claims will need to be resubmitted as a new claim and cannot be submitted as a replacement claim.

REPLACEMENT AND VOID CLAIMS

CMS1500 and UB04 Claim Instructions

On the top right corner, open the drop-down menu and select My Preferences



- Select the appropriate Vendor, Provider, and Site for the claim details. Then select save.

Vendor's Preferences Page

1. How many checks to display per page: 100
2. How many days back for checks lookup: Last Month
3. How many claims/authorizations to display per page: 50
4. How many days back for claims/authorizations lookup: Last Month
5. Select provider type: ☐ Physical/Behavioral ☒ Institutional
6. Show EOP after submitting a claim: ☒ Yes ☐ No
7. Default to Assignment of Benefits: ☒ Yes ☐ No
8. Place of Service on Claim Submission page: 11-office
9. Member/Recipient Number Search Option: Member/Recipient #
10. Submit a claim default options: None
11. To select a site and provider, first select the desired Vendor then the desired provider and desired site. Once the selection is made please select Continue or Save to apply these changes.

Select a Vendor:

Select	Vendor NPI	Vendor Number	Vendor Name
Select	All	All	All
Selected	123456789	123456789	Testing Vendor
Select	234567890	234567890	Testing Vendor
Select	345678901	345678901	Testing Vendor
Select	456789012	456789012	Testing Vendor
Select	567890123	567890123	Testing Vendor
Select	678901234	678901234	Testing Vendor
Select	789012345	789012345	Testing Vendor
Select	890123456	890123456	Testing Vendor
Select	901234567	901234567	Testing Vendor

Select a Provider:

Select	Provider NPI	Provider Number	Provider Name
Selected	123456789	123456789	Testing Provider
Select			

- Select the Vender's Claims Tab by the search option to pull the original claim to be replaced and select Claim Summary Number for replacement. The Claims Summary Number is equivalent to the Claim Number.
- View Claims Details, will populate a Provider Claim Summary screen

View Claim Details

Attach Document Resubmit Claim Correct Claim Void Claim

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PROVIDER CLAIM SUMMARY
Trillium

GROUP NAME: Tailored Plan Medicaid
GROUP NUMBER: EPMEDZERO

PROVIDER NAME: [REDACTED]
PROVIDER ADDRESS: [REDACTED]
RENDERING PROVIDER: [REDACTED]

PATIENT: [REDACTED]
PATIENT NUMBER: [REDACTED]
CLAIM NUMBER: [REDACTED]

#	Service	Code	Total Charges	Balance	Over Contract	Net Contract	CoPay	Balance	Co Insurance	COB	Amount Paid	Patient Liability
1	04090200	90032	225.00	140.00	0.00	185.00	0.00	0.00	0.00	0.00	0.00	0.00
Totals:			225.00	140.00	0.00	185.00	0.00	0.00	0.00	0.00	0.00	0.00

Service Line Explanation
1 COB Paid

- Select the appropriate option
 - Attach document
 - Resubmit Claim
 - Correct Claim
 - Void Claim
- The selected claim data will pull for updates. Make changes as needed and select Submit.
 - Service Date From
 - Service Date To
 - Procedure Code
 - All claim modifiers (1-4)
 - Diagnosis Pointer
 - POS Number of Billed Units
 - Service Line amount

Remove Line Serv. Date From Serv. Date To Procedure Code Mod 1 Mod 2 Mod 3 Mod 4 Diag Ptr NDC Code NDC Units POS Units Amount Description

of lines: 1 Total Charge: \$0.00

Add service line(s)

Hide Procedure Description

Add File

☒ I Agree PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE
I authorize the release of any medical or other information necessary to process the claim. I also request payment of government benefits either to myself or to the party who accepts assignment above.

☒ I Agree INSURED'S OR AUTHORIZED PERSON'S SIGNATURE
I authorize payment of medical benefits to the undersigned physician or supplier for services described above.

Submit Claim

REPLACEMENT CLAIMS SUBMITTED ON AN 837

837 Transaction Set

In Loop 2300, Claim segment/5th element (CLM05-03), 7 (code for replacement) should be submitted along with an REF segment with "F8" as reference code identifier and the original claim number found on the RA where the claim was paid.

- Here is an example:

```
CLM*01319300001*500***11::7*Y*A*Y*Y***02*****N~REF*F8*111111~
```

Once a replacement claim has been received, the original claim will be reverted and any payment previously made will be recouped. The replacement claim will be processed according to all Trillium billing guidelines.

VOID A CLAIM SUBMITTED ON AN 837

837 Transaction Set

In Loop 2300, Claim segment/5th element (CLM05-03), 8 (code for reversal) should be submitted along with an REF segment with "F8" as reference code identifier and the original claim number found on the RA where the claim was paid.

- Here is an example:

```
CLM*01319300001*500***11::8*Y*A*Y*Y***02*****N~REF*F8*111111~
```

Voided claims will be reverted from the Trillium system, and the original claim payment will be recouped.