



# UB Claims Review Screen Guide



## OVERVIEW

### Purpose:

- This guide provides step by step instruction on how to enter corrections on individual claims that received fatal errors.

### UB Claims Available:

- The claim information in the UB Claims Review screen is taken from the data file.
- Only claims that receive a fatal error are included in the UB Claims Review screen.
- The claim fields associated with the rejected claim are color coded for ease of use.
- The claims correspond with those listed on the current Edit Detail Report.

### Best Practices:

- You should work through your rejected claims as you normally do within your internal departments, and submit corrected claims through normal file submissions.
- Correct claims in the UB Claims Review Screen when your claims corrections cannot be submitted by normal means.

### Processing:

UB Claims Review online correction processing runs twice daily

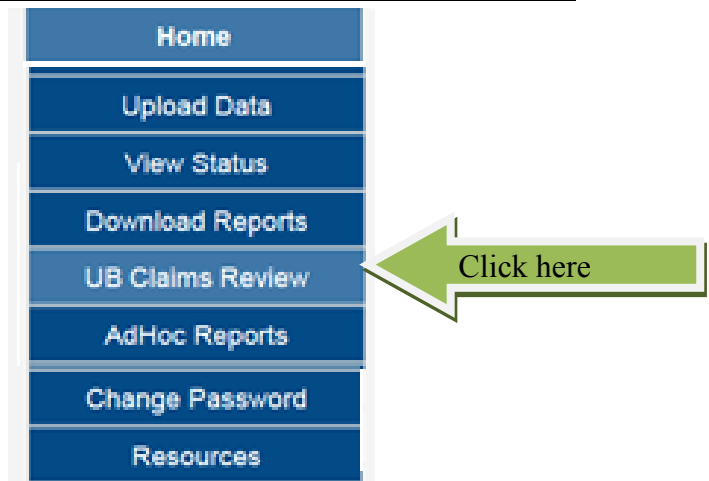
- 11:30 AM to 12:30 AM CT and 5:00 PM to 7:30 PM CT daily.
- Corrections should be entered by:  
10:30 am CT for the AM run and by 4:00 pm CT for the evening run
- Resume submissions of data files once you have received confirmation by email that the UB Claims Review online corrections have processed.

### Meeting a Quarter Close Deadline:

- Claims corrections must be submitted no later than 4pm CT M-F on the final submission due date to be included in the quarter.

## Accessing the UB Claims Review Screen

- **Log into COMPdata**  
Click on UB Claims Review



## UB Claims Review Screen - Index Page

- **Brings you to the Index page**

### Index Page: Features Available:

A screenshot of the 'Review Errors' page. It features a form with the following fields: Facility (TEST HOSPITAL- IL, SOMECITY, IL), Patient Type (Inpatient), and Quarter (Q117). There is a 'Build Index' button below the Quarter field.

- **Facility:** Provides a drop down arrow for those who report for more than one facility.
- **Patient Type:** Choice of Inpatient or Outpatient (ED, OC, IM will be included in the Outpatient setting).
- **Quarter:** Provides a choice of timeframe of open quarters available.
- **Build Index:** Action button used to create a list of claims provided on the current Edit Detail Report.

## UB Claims Review Screen - Index Page (Cont'd.)

### Building the Index Page:



The screenshot shows a web form titled "Review Errors". It contains three dropdown menus: "Facility" with the text "TEST HOSPITAL- IL, SOMECITY, IL", "Patient Type" with the text "Inpatient", and "Quarter" with the text "Q117". Below these fields is a button labeled "Build Index".

- **Facility:** For multiple facilities reporting, use the drop down arrow to make your choice. Otherwise, your facility name will already be provided here.
- **Patient Type:** Choose the appropriate Patient Type - Inpatient or Outpatient (ED, OC, IM will be included in the Outpatient setting).
- **Quarter:** Choose the appropriate quarter and year (only open quarters are visible).
- **Build Index:** Click here after making your choices to generate a Patient Number and Error List on the screen (see next screen).

# UB Claims Review Screen

## - Index Page (Cont'd.)

### Built Index View and Features Available:

- **Patient Number:** Each rejected claim is identified by the patient's unique ID, which is the active green link.
- **Error:** To the right of the active link is the specific fatal error code number and description.

The screenshot shows a 'Review Errors' interface with the following elements:

- Facility: TEST HOSPITAL- IL, SOMECITY, IL
- Patient Type: Inpatient (dropdown)
- Quarter: Q117 (dropdown)
- Build Index button
- A blue arrow labeled 'Active Link by Patient ID' points to the patient numbers in the table.
- A blue box highlights the 'Error code and Description' column.

Patient Number	Error
<a href="#">5555566</a>	1204-Length of stay is not equal to R&B units
<a href="#">544445A</a>	2501-The total charges revenue code is missing
<a href="#">322223A</a>	2501-The total charges revenue code is missing
<a href="#">433334A</a>	1204-Length of stay is not equal to R&B units
<a href="#">3333344</a>	1204-Length of stay is not equal to R&B units
<a href="#">4444455</a>	2501-The total charges revenue code is missing
<a href="#">655556A</a>	1204-Length of stay is not equal to R&B units
<a href="#">2222233</a>	2501-The total charges revenue code is missing

### Accessing a Failed Claim:

- Clicking on an active link provides the complete UB claim.

## Claims Detail Screen - Basic Functions

### Basic Functions to Know Before Starting:

*In the sections that follow, an individual claim screen is broken down into smaller sections with a description of the functions available with detailed steps. Below are basic steps to use throughout the screen as you make corrections.*

#### Activate a Cell:

- Place the cursor within the cell and click to activate it.
- If the cell is currently populated, an X will appear in the upper right corner.
- Click on the X to clear the cell and make your new entry.

#### Backing Out Changes Made Before Saving:

- Choose Index to close out the claims screen.
- The original data will be restored on accessing the claim again from the Index page.

#### Saving Entries:

- Complete all updates in each section and review for accuracy before saving.
- Choose Save.
- The corrected claim will be sent to the nightly Que for processing.
- Claim links and detail remain available on the “Built Index” view until nightly processing is complete.

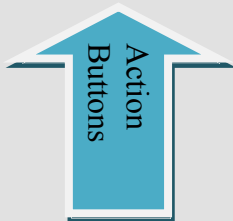
# Claims Detail Screen - Basic Functions (Cont'd.)

## Overview of Basic Functions Available:

- Starting at the top of the screen, the following functions are available.

UB Claims Review			
Pat. Control No.:	IL999997.433334A	Med. Rec. No.:	
Bill Type:	111	Federal Tax ID:	
Patient First Name:	LOOKS	Patient Last Name:	SCHWAG
Patient Address:	1798 N INA LN	Patient City:	BELLE RIVE
State:	IL	Patient Zip Code:	62810
Patient Date of Birth:	7/17/1923	Patient Gender:	Female
Patient Race:	Other	Patient Ethnicity:	Neither Hispanic or Latino
Social Security No.:	0632	Discharge Date:	1/6/2017
Statement From Date:	1/2/2017	Admit Date:	1/2/2017
Admit Hour:	23	Discharge Hour:	14
Point of Origin:	1*Non-Health Care Facility	Priority of Visit:	1*Emergency
Discharge Disposition:	03	DX Version Qualifier:	0
Accident Date:		Accident State:	
Crime Date:		Crime Code:	
Birth Weight:		Birth Code:	
Admit DX:	S72091A	Condition Code1:	P7
Condition Code2:	P1	Condition Code3:	AK
Condition Code4:	B3	Condition Code5:	C7
Condition Code6:		Condition Code7:	
Condition Code8:		Condition Code9:	
Condition Code10:		Condition Code11:	

Prev Next Save Index Delete



### **Inactive Cells:** You will not be able to change the following:

- Patient's Unique ID, Bill Type, and Diagnosis Version Qualifier code.

### **Active Cells:**

- All other boxes are available to modify entries.

### **Action Buttons:** Action buttons stay visible on the page as you scroll up or down.

- Prev:** Returns you to the prior claim.
- Next:** Takes you to the next claim.
- Save:** Allows changes or entries made to override the existing information and sends the claim to the nightly processing Que.
- Index:** Returns you to the UB claims Build Index home page.
- Delete:** Removes the claim completely from the system at nightly processing.








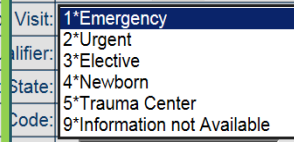

# Claims Detail Screen - Basic Functions (Cont'd.)

## UB04 Code Drop Down Options:

- Some entry boxes have a Drop Down option indicated by the drop down arrow.

State:  

- These data elements have standard coding by UB04 and have been provided as a quick reference and choice option when making corrections in these cells.

UB Claims Review			
Pat. Control No.:	<input type="text" value="IL999997.433334A"/>	Med. Rec. No.:	<input type="text"/>
Bill Type:	<input type="text" value="111"/>	Federal Tax ID:	<input type="text"/>
Patient First Name:	<input type="text" value="LOOKS"/>	Patient Last Name:	<input type="text" value="SCHWAG"/>
Patient Address:	<input type="text" value="1798 N INA LN"/>	Patient City:	<input type="text" value="BELLE RIVE"/>
State:	<input type="text" value="IL"/> 	Patient Zip Code:	<input type="text" value="62810"/>
Patient Date of Birth:	<input type="text" value="7/17/1923"/>	Patient Gender:	<input type="text" value="Female"/> 
Patient Race:	<input type="text" value="Other"/> 	Patient Ethnicity:	<input type="text" value="Neither Hispanic or Latino"/> 
Social Security No.:	<input type="text" value="0632"/>	Discharge Date:	<input type="text" value="1/6/2017"/>
Statement From Date:	<input type="text" value="1/2/2017"/>	Admit Date:	<input type="text" value="1/2/2017"/>
Admit Hour:	<input type="text" value="23"/> 	Discharge Hour:	<input type="text" value="14"/> 
Point of Origin:	<input type="text" value="1*Non-Health Care Facility"/> 	Priority of Visit:	
Discharge Disposition:	<input type="text" value="03"/> 	DX Version Qualifier:	<input type="text"/>
Accident Date:	<input type="text"/>	Accident State:	<input type="text"/>
Crime Date:	<input type="text"/>	Accident Code:	<input type="text"/>
Birth Weight:	<input type="text"/>	Crime Code:	<input type="text"/>
Admit DX:	<input type="text" value="S72091A"/>	Birth Code:	<input type="text"/>
Condition Code2:	<input type="text" value="P1"/>	Condition Code1:	<input type="text" value="P7"/>
Condition Code4:	<input type="text" value="B3"/>	Condition Code3:	<input type="text" value="AK"/>
Condition Code6:	<input type="text"/>	Condition Code5:	<input type="text" value="C7"/>
		Condition Code7:	<input type="text"/>



# Claims Detail Screen - Basic Functions (Cont'd.)

## Types of Error Codes and Color Key:

Admit DX:	S72142A	Condition Code1:	P7
Condition Code2:	P1	Condition Code3:	06
Condition Code4:	17	Condition Code5:	25
Condition Code6:	47	Condition Code7:	57
Condition Code8:		Condition Code9:	
Condition Code10:		Condition Code11:	
Attending Physician NPI:	1083692347	Operating Physician NPI:	1538272190
Other Physician1 NPI:		Other Physician1 Qualifier:	
Other Physician2 NPI:		Other Physical2 Qualifier:	
Total Charges:	\$94,363.92	Non-Covered Charges Total:	\$0.00

A list of error codes specific to this claim

Errors:

- 0204 - I - Verify discharge date
- 1103 - I - Verify admit date
- 1204 - F - Length of stay is not equal to R&B units
- 2504 - F - Sum of individual charges do not add up to total charges
- 3305 - W - SSN is equal to 9s
- 3709 - F - No R&B revenue code for inpatient
- 3803 - I - Verify revenue units
- 3803 - I - Verify revenue units
- 3903 - I - Verify revenue charge
- 9726 - I - Verify other ICD10 diagnosis
- 9808 - F - POA reported, but other ICD10 diagnosis is exempt

- ★ Red (fatal) **requires correction for inclusion.**
- ★ Yellow (warning) **errors may become fatal in the future.**  
*Claims that receive only a warning are accepted into the database and are not provided in the UB Claims Review screens unless associated with a fatal error.*
- ★ Blue (informational) **messages are fields related to the fatal error.**  
*You should use the "Edit Detail Report" to assist in navigating through the associated informational codes on the UB Claims Review screen.*

### Error Messages are Available within each Color Coded Cell:

Other Physician2 NPI:		Other Phys
Total Charges:	\$94,363.92	Non-Co
		F - Sum of individual charges do not add up to total charges

- **Hover over any color coded entry box with the cursor for a quick view of the error message.** This is helpful as you scroll down the page as the error code color key goes out of view.

# Claims Detail Screen - Correcting Claims

**Completing Corrections:** *Error corrections will be completed by your internal departments as you work through error reconciliation and resubmission of a file as you normally do. If you choose to use this feature, please be sure you have guidance from the appropriate department for accurate entries.*

UB Claims Review			
Pat. Control No.:	IL999997.433334A	Med. Rec. No.:	
Bill Type:	111	Federal Tax ID:	
Patient First Name:	LOOKS	Patient Last Name:	SCHWAG
Patient Address:	1798 N INA LN	Patient City:	BELLE RIVE
State:	IL	Patient Zip Code:	62810
Patient Date of Birth:	7/17/1923	Patient Gender:	Female
Patient Race:	Other	Patient Ethnicity:	Neither Hispanic or Latino
Social Security No.:	0632	Discharge Date:	1/6/2017
Statement From Date:	1/2/2017	Admit Date:	1/2/2017
Admit Hour:	23	Discharge Hour:	14
Point of Origin:	1*Non-Health Care Facility	Priority of Visit:	1*Emergency
Discharge Disposition:	03	DX Version Qualifier:	2*Urgent
Accident Date:		Accident State:	3*Elective
Crime Date:		Accident Code:	4*Newborn
Birth Weight:		Crims Code:	5*Trauma Center
Admit DX:	S72091A	Birth Code:	9*Information not Available
Condition Code2:	P1	Condition Code1:	F7
Condition Code4:	B3	Condition Code3:	AK
Condition Code6:		Condition Code5:	C7
		Condition Code7:	

## Correcting a Cell with a Drop Down Option:

- To view UB04 coding options, click on the drop down arrow.
  - The options will expand to a list as shown.
- To select, click on an option to bring it into the cell.
- Double check changes made for accuracy before proceeding to save.
- If there is no other change to be made, choose Save to send to the Que for nightly processing.

## Claims Detail Screen - Correcting Claims (Cont'd.)

**Completing Corrections:** *Errors will be completed by your internal departments as you work through error reconciliation and resubmission of a file as you normally do. If you choose to use this feature, please be sure you have guidance from the appropriate department for accurate entries.*

Accident Date:			Accident Code:	
Crime Date:			Crime Code:	
Birth Weight:			Birth Code:	
Admit DX:	S72142A		Condition Code1:	P7
Condition Code2:	P1		Condition Code3:	06
Condition Code4:	17		Condition Code5:	25
Condition Code6:	47		Condition Code7:	57
Condition Code8:			Condition Code9:	
Condition Code10:			Condition Code11:	
Physician NPI:	1083692347		Operating Physician NPI:	1083692347 X
Physician1 NPI:			Other Physician1 Qualifier:	
Physician2 NPI:			Other Physical2 Qualifer:	
Total Charges:		\$94,363.92	Non-Covered Charges Total:	\$ .00

### Correcting within General Cells:

- Click on the X to clear the current entry and type in the new information.
- Double check changes made for accuracy before proceeding to save.
- If there is no other change to be made, choose Save to send to the Que for nightly processing.

## Correcting Claims - Revenue Code Section

**Revenue Code Section:** *Revenue Code errors will be completed by your billing department as you work through error reconciliation and resubmission of a file as you normally do. If you choose to use this feature, please be sure you have guidance from your billing department for accurate entries.*

Rev. Code	HCPCS/CPT	Serv. Date	Serv. Units	Charge	Non-Covered Charge	Delete
430			11	\$3,438.26	\$ .00	<input type="checkbox"/>
434			1	\$500.82	\$ .00	<input type="checkbox"/>
450			4	\$3,061.94	\$ .00	<input type="checkbox"/>
460			4	\$673.16	\$ .00	<input type="checkbox"/>
710			88	\$3,892.68	\$ .00	<input type="checkbox"/>
730			1	\$649.76	\$ .00	<input type="checkbox"/>

Add Rev.

### Correct a Revenue Code:

- Place your cursor within the Revenue Code and click within the cell to activate it.
- Click on the X to clear the current entry and type in the new code.
- Double check changes made for accuracy before proceeding to save.
- If there is no other change to be made, choose Save to send to the Que for nightly processing.

## Correcting Claims - Revenue Codes (Cont'd)

### Add a Revenue Code:

- Click on, Add Rev button, a new entry line of boxes appears.
- Complete applicable entries for Inpatient and Outpatient, Service Units and Charges.

*Individual Revenue Charges are cross checked against the **Total Charges** on the claim for accuracy. If you add Revenue Codes, double check the Total Charges. An adjustment may be needed in **Total Charges** as well.*

- Make any changes required in Total Charges.

Rev. Code	HCPCS/CPT	Serv. Date	Serv. Units	Charge	Non-Covered Charge	Delete
430			11	\$3,438.26	\$0.00	<input type="checkbox"/>
434			1	\$500.82	\$0.00	<input type="checkbox"/>
450			4	\$3,061.94	\$0.00	<input type="checkbox"/>
460			4	\$673.16	\$0.00	<input type="checkbox"/>
710			88	\$3,892.68	\$0.00	<input type="checkbox"/>
730			1	\$649.76	\$0.00	<input type="checkbox"/>
				\$0.00	\$0.00	

- Double check changes made for accuracy before proceeding to save.
- If there is no other change to be made, choose Save to send to the Que for nightly processing.

## Correcting Claims - Revenue Codes (Cont'd.)

### Delete Column:

- Each Revenue Code line has a delete option.
- The delete feature removes all the information related to a specific Rev. Code entry line.
- [Deleting a Revenue Code may require an adjustment to total charges as well.](#)

Rev Code	HCPCS/CPT	Serv Date	Serv Units	Charge	Non-Covered Charge	Delete
430			11	\$3,438.26	\$0.00	<input type="checkbox"/>
434			1	\$500.82	\$0.00	<input checked="" type="checkbox"/>
450			4	\$3,061.94	\$0.00	<input type="checkbox"/>
460			4	\$673.16	\$0.00	<input type="checkbox"/>
710			88	\$3,892.68	\$0.00	<input type="checkbox"/>
730			1	\$649.76	\$0.00	<input type="checkbox"/>

### Delete a Revenue Code:

- Click on the Delete box, a check mark will appear in the revenue code line you wish to delete.
- Double check changes made for accuracy before proceeding.
- If there is no other change to be made, choose [Save](#) to send to the Que for nightly processing.

### Correcting Missing Total Charges:

Total Charges:	<input type="text" value="\$0.00 x"/>
----------------	---------------------------------------

- [You will not add a Rev code for total charges 0001.](#)
- Only enter the total of all charges in the Total Charges entry box.
- Click on the X to clear the current entry and type in the amount.
- Double check changes made for accuracy before proceeding to save.
- If there is no other change to be made, choose [Save](#) to send to the Que for nightly processing.

## Correcting Claims - Diagnosis (DX) Code Section

Diagnosis Code Section: *Diagnosis code errors will be completed by your coding department as you work through error reconciliation and resubmission of a file as you normally do. If you choose to use this feature, please be sure you have guidance from your coding department for accurate entries.*

DX Code	DX POA	Delete
S72091A	Yes	<input type="checkbox"/>
D62	No	<input type="checkbox"/>
I10	Yes	<input type="checkbox"/>
K219	Yes	<input type="checkbox"/>
G44229	Yes	<input type="checkbox"/>
Z9181		<input type="checkbox"/>
M1990	Yes	<input type="checkbox"/>
Z66	Yes	<input type="checkbox"/>
Z85828		<input type="checkbox"/>

Correcting a Diagnosis Code:

- Click within the DX code cell requiring correction to activate the X.
- Click on the X to clear the current entry and type in the new code.
- A change of a diagnosis code may require a change of the DX POA (Present on Admission Indicator) answer supplied.

*Note: A blank entry DX POA field indicates a code is exempt from providing a POA code. These blank fields should not be changed unless required.*

DX POA Section: *When adding, removing, or correcting a diagnosis code, the POA will also need review for the appropriate entry. Please be sure you have guidance from your coding department for accurate entries.*

DX POA	Delete
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Yes	<input type="checkbox"/>
Yes	<input type="checkbox"/>
Yes	<input type="checkbox"/>
Yes	<input type="checkbox"/>
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Information not in Record	<input type="checkbox"/>
Clinically Undetermined	<input type="checkbox"/>
Exempt from POA Reporting	<input type="checkbox"/>

- Click on the POA drop down box that is indicated as a fatal error.
- Click on the appropriate choice for POA.
- Double check changes made for accuracy before proceeding to save.
- If there is no other change to be made, choose Save to send to the Que for nightly processing.

## Correcting Claims - Diagnosis (DX) Code (Cont'd)

**Adding a Diagnosis Code:** *Diagnosis code errors will be completed by your coding department as you work through error reconciliation and resubmission of a file as you normally do. If you choose to use this feature, please be sure you have guidance from your coding department for accurate entries.*

DX Code	DX POA	Delete
S72091A	Yes	<input type="checkbox"/>
D62	No	<input type="checkbox"/>
I10	Yes	<input type="checkbox"/>
K219	Yes	<input type="checkbox"/>
G44229	Yes	<input type="checkbox"/>
Z9181		<input type="checkbox"/>
M1990	Yes	<input type="checkbox"/>
Z66	Yes	<input type="checkbox"/>
Z85828		<input type="checkbox"/>

Click here → **Add Diag.** ← New Entry

- Click on **Add Diag** button, a new entry line of boxes will appear.
- Complete applicable entries; check appropriate POA Indicator as illustrated in prior screen.
- Double check changes made for accuracy before proceeding to save.
- If there is no other change to be made, choose **Save** to send to the Que for nightly processing.

**Delete Column:** Each diagnosis code (DX Code) line has a delete option. The delete feature removes all the information related to a specific diagnosis code entry line.

DX Code	DX POA	Delete
S72091A	Yes	<input type="checkbox"/>
D62	No	<input type="checkbox"/>
I10	Yes	<input type="checkbox"/>
K219	Yes	<input type="checkbox"/>
G44229	Yes	<input type="checkbox"/>
Z9181		<input type="checkbox"/>
M1990	Yes	<input type="checkbox"/>
Z66	Yes	<input type="checkbox"/>
Z85828		<input type="checkbox"/>

Click here → **Delete**

→

### Delete a DX Code:

- Click on the **Delete** box.
- A check mark will appear.
- Double check changes made for accuracy before proceeding.
- If there is no other change to be made, choose **Save** to send to the Que for nightly processing.



## Correcting Claims - Procedure Code Section

**Procedure Code Correction:** *Procedure code errors will be completed by your coding department as you work through error reconciliation and resubmission of a file as you normally do. If you choose to use this feature, please be sure you have guidance from your coding department for accurate entries.*

### Correcting a Procedure Code:

Proc. Code	Proc. Date	Delete
30233AB	1/3/2017	<input type="checkbox"/>
30233N1	1/5/2017	<input type="checkbox"/>

- Click on the procedure code that is indicated as a fatal error.
- Click on the X to clear the current entry and type in the new code
- Proc Code Date should also be checked for correction before proceeding.
- Double check changes made for accuracy before proceeding.
- If there is no other change to be made, choose Save to send to the Que for nightly processing.

### Add a Procedure Code:

Proc. Code	Proc. Date	Delete
0SRR0JA	1/3/2017	<input type="checkbox"/>
30233N1	1/5/2017	<input type="checkbox"/>

Add Proc.

Click here

- Click on Add Proc. Code, a new entry line of boxes will appear.
- Complete all applicable entries.
- Double check changes made for accuracy before proceeding.
- If there is no other change to be made, choose Save to send to the Que for nightly processing

**Delete a Procedure Code:** Each diagnosis code (DX Code) line has a delete option. The delete feature removes all the information related to a specific diagnosis code entry line.

Proc. Code	Proc. Date	Delete
0SRR0JA	1/3/2017	<input type="checkbox"/>
30233N1	1/5/2017	<input type="checkbox"/>

### Delete a DX Code:

- Click on the Delete box.

- A check mark will appear.

Delete

- Double check changes made for accuracy before proceeding.
- If there is no other change to be made, choose Save to send to the Que for nightly processing.

## Correcting Claims - E Codes and POA Section

**E Code Corrections:** *When adding, removing, or correcting an E code (External Cause of Morbidity) the POA will also need review for the appropriate entry. Please be sure you have guidance from your coding department for accurate entries.*

### Correcting ECM Codes:

E Codes	E Code POAs
W1830XAA X	Yes
T92129	

- Click within the E code cell requiring correction to active the X.
- Click on the X to clear the current entry and type in the new code.

*A change of an E code may require a change of the E code POA (Present on Admission Indicator) answer supplied.*

- Double check changes made for accuracy before proceeding to save.
- If there is no other change to be made, choose Save to send to the Que for nightly processing.

### Correcting POAs on ECM Codes:

*Note: A blank entry for the POA field indicates a code is exempt from providing a POA code.*

*These blank fields should not be changed unless required.*

E Codes	E Code POAs
Y9301	
W010XXA	Yes
Y92009	No
	Information not in Record
	Clinically Undetermined
	Exempt from POA Reporting

- Click on the E Code drop down box that is indicated as a fatal error.
- Click on the appropriate choice for the E code provided.
- Double check changes made for accuracy before proceeding to save.
- If there is no other change to be made, choose Save to send to the Que for nightly processing.

**Add an E code:** *Please be sure you have guidance from your coding department for accurate entries.*

The diagram illustrates the process of adding a new E code. A blue arrow labeled "New Entry line" points to a new row in the "E Codes" table. A green box highlights the "Add ECode" button, and a blue arrow labeled "Click here" points to it.

E Codes	E Code POAs
Y9301	
W010XXA	Yes
Y92009	

Add ECode

- Click on Add E Code, a new entry line of boxes will appear.
- Complete all applicable entries for E Code and appropriate E Codes POA.
- Double check changes made for accuracy before proceeding.
- If there is no other change to be made, choose Save to send to the Que for nightly processing.

## Correcting Claims - Payer Code Correction:

Payer Code	Hlth Plan ID	Ins Name	Pat. Relation	Ins. Uniq. ID	Ins. Group Number
98910				355306493A	
988920					

- Click within the Payer code cell requiring correction to activate the X.
- Click on the X to clear the current entry and type in the new code.
- Double check changes made for accuracy before proceeding.
- If there is no other change to be made, choose Save to send to the Que for nightly processing.

## Correcting Claims - Reason for Visit Correction:

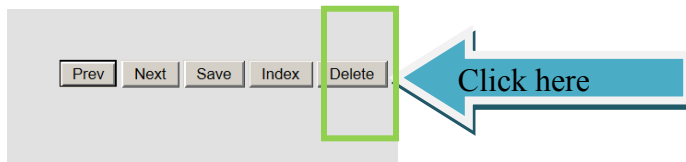
Rsn for Visit
M25551

- Click within the Reason for Visit code requiring correction to activate the X.
- Click on the X to clear the current entry and type in the new code.
- Double check changes made for accuracy before proceeding.
- If there is no other change to be made, choose Save to send to the Que for nightly processing.

**Correcting Claims - Deleting a Claim:** *If you choose to use this feature, please be sure you have guidance from the appropriate departments.*

### Deleting a Claim:

- Use with caution. You will not be able to back out the delete option.
- From the row of action buttons on the far right choose Delete.



- The claim will not be removed from the Edit Error Report or UB Claims Review Screen until nightly processing is complete.

### Deleted Claims View:

- The claim's bill type will be changed to DELETE.

UB Claims Review			
Pat. Control No.:	IL999997.4444455T	Med. Rec. No.:	
Bill Type:	DELETE	Federal Tax ID:	
Patient First Name:	JIMMY	Patient Last Name:	
Patient Address:	302 LINDA AVE	Patient City:	
State:	IL	Patient Zip Code:	
Patient Date of Birth:	11/30/1938	Patient Gender:	
Patient Race:	Other	Patient Ethnicity:	

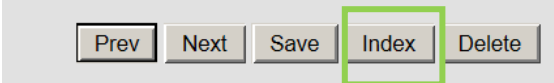
### Verify Deletion:

- To verify the deletion, check the UB Claims Screen or the Edit Detail Report the next day.
- This claim will no longer be in the system.

## Exiting UB Claims Review Screen

### Exiting the UB Claims Review Screen:

*Note: The UB Claims submitted for correction will remain until the evening processing is complete.*



Prev Next Save **Index** Delete

- Choose **Index** to return to the main UB Claims Review Screen.
- Choose **Home** to exit the UB Claims Review Screen and log off.

## Verifying Claims Corrections

### Verification of Accepted Claims:

- Review the **Edit Detail Report** after the claims have been processed and confirm results.

## Resources

### Data Submission Resource Links:

#### From the Main Menu Choose:

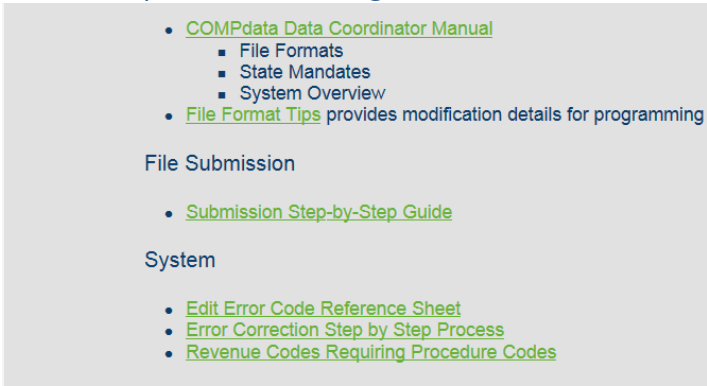
- **Resources**



Change Password

**Resources**

- Opens the following screen:

- 
- [COMPdata Data Coordinator Manual](#)
    - File Formats
    - State Mandates
    - System Overview
  - [File Format Tips](#) provides modification details for programming

#### File Submission

- [Submission Step-by-Step Guide](#)

#### System

- [Edit Error Code Reference Sheet](#)
- [Error Correction Step by Step Process](#)
- [Revenue Codes Requiring Procedure Codes](#)

*There you will find many helpful resource links such as the **Error Code Reference Sheet** which contains additional resource tabs, e.g.: File Format, Bill Types, and Payer Category Codes.*

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**Support**

Customer Support/Data Submission Services

[www.customerservice@team-ihg.org](mailto:www.customerservice@team-ihg.org) or call 866-262-6222 Mon.-Fri. 8:30-4:30 CT.

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