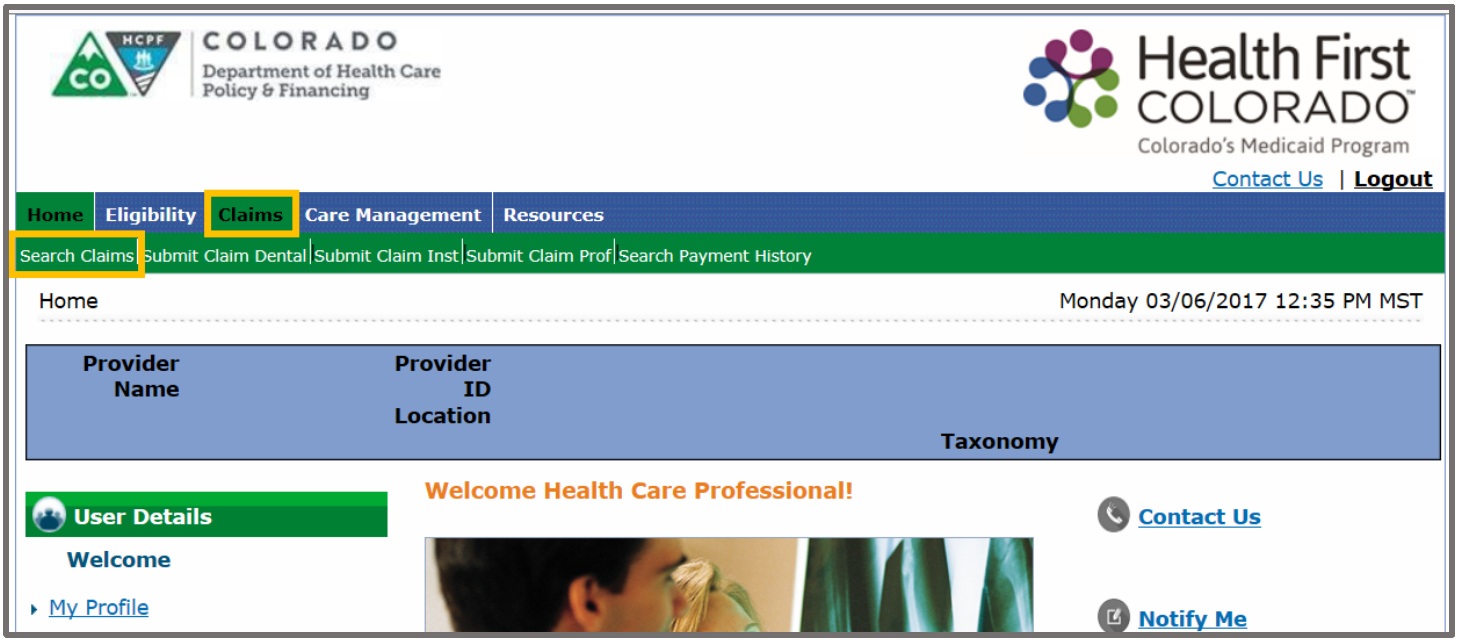
COLORADO
Department of Health Care Policy & Financing

Provider Web Portal Quick Guide - Copy, Adjust, or Void a Claim

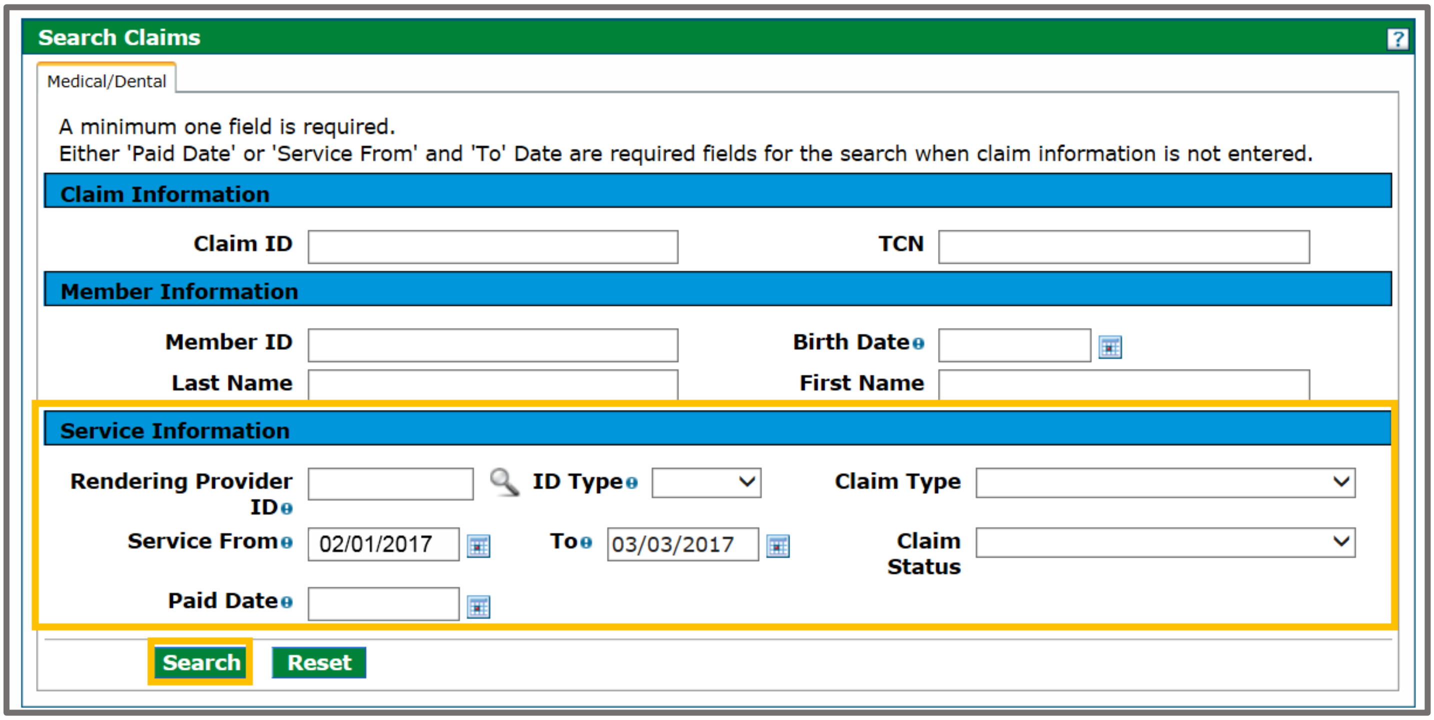
1. Log in to the Provider Web Portal.

2. Click Claims → Search Claims



3. Use the Search Claims tool to find the claim(s) to be copied, adjusted or voided.

Denied or suspended claims cannot be adjusted.



4. Review the Search Results and select the desired claim.

Click the + sign next to a Claim ID for more detail.

Search Results

To see service line information, or to view a remittance advice or request an appeal, click on the '+' next to the claims ID.

Total Records: 143

	Claim ID	TCN	Claim Type	Claim Status	Service Date	Member ID	Rendering Provider ID	Medicaid Paid Amount	Paid Date	Member Responsibility
+	4016085066548	31608500001055948	Professional	Paid	03/21/2016	[redacted]		$106.17	03/28/2016	
+	4016085066550	31608500001055950	Professional	Paid	03/18/2016	[redacted]		$39.45	03/28/2016	
+	4016085066552	31608500001055952	Professional	Paid	03/18/2016	[redacted]		$39.45	03/28/2016	

Claim details will display as shown below:

	Claim ID	TCN	Claim Type	Claim Status	Service Date	Member ID	Rendering Provider ID	Medicaid Paid Amount	Paid Date	Member Responsibility
−	4016085066548	31608500001055948	Professional	Paid	03/21/2016	[redacted]		$106.17	03/28/2016	

Professional Claim Information

Member	[redacted]	**Total Charge Amount**	$226.00
Birth Date		**Total Paid Amount**	$106.17
Rendering Provider		**Paid Date**	03/28/2016
Claim Status	Paid	**Reason Code**	_

Service Information

Service	Service Date	Line Status	Reason Code	Units	Procedure/Modifiers	Charge	Paid
1	03/21/2016	Paid		1	99214	$226.00	$106.17

	Claim ID	TCN	Claim Type	Claim Status	Service Date	Member ID	Rendering Provider ID	Medicaid Paid Amount	Paid Date	Member Responsibility
+	4016085066550	31608500001055950	Professional	Paid	03/18/2016	[redacted]		$39.45	03/28/2016	
+	4016085066552	31608500001055952	Professional	Paid	03/18/2016	[redacted]		$39.45	03/28/2016	

5. Select the claim to be copied, voided or adjusted.

Once the appropriate claim is selected, click on the Claim ID to open the claim.

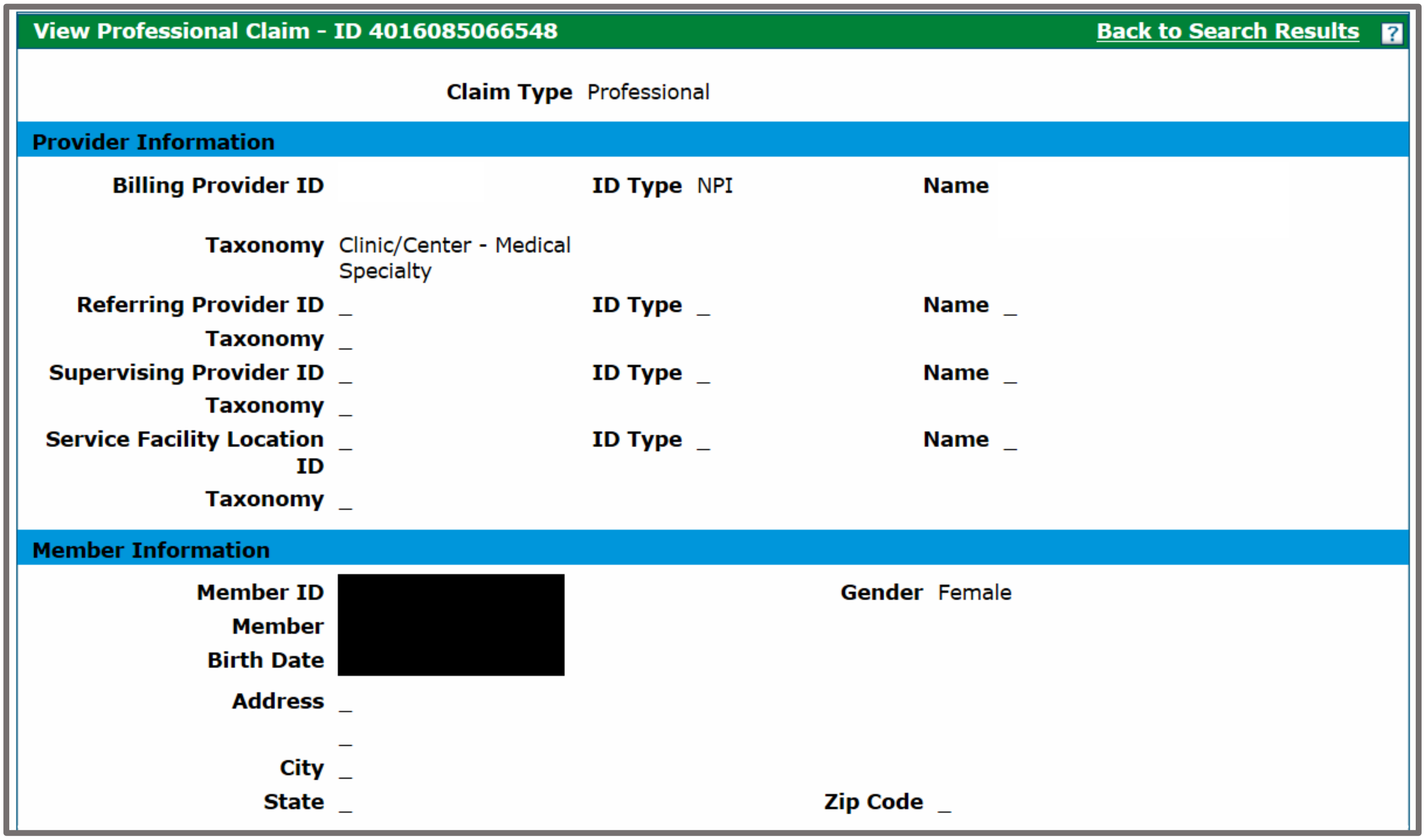
Search Results

To see service line information, or to view a remittance advice or request an appeal, click on the '+' next to the claims ID.

Total Records: 143

	Claim ID	TCN	Claim Type	Claim Status	Service Date	Member ID	Rendering Provider ID	Medicaid Paid Amount	Paid Date	Member Responsibility
+	4016085066548	31608500001055948	Professional	Paid	03/21/2016	[redacted]		$106.17	03/28/2016	
+	4016085066550	31608500001055950	Professional	Paid	03/18/2016			$39.45	03/28/2016	
+	4016085066552	31608500001055952	Professional	Paid	03/18/2016			$39.45	03/28/2016	
+	4016085066551	31608500001055951	Professional	Paid	03/17/2016			$39.45	03/28/2016	
+	4016083013117	31608300001056785	Professional	Paid	03/16/2016			$72.46	03/28/2016	
+	4016085066546	31608500001055946	Professional	Paid	03/16/2016			$164.65	03/28/2016	
+	4016082036778	31608200001044101	Professional	Paid	03/15/2016			$39.45	03/28/2016	

6. Scroll down to the bottom of the page.



View Professional Claim - ID 4016085066548 Back to Search Results ?

Claim Type Professional

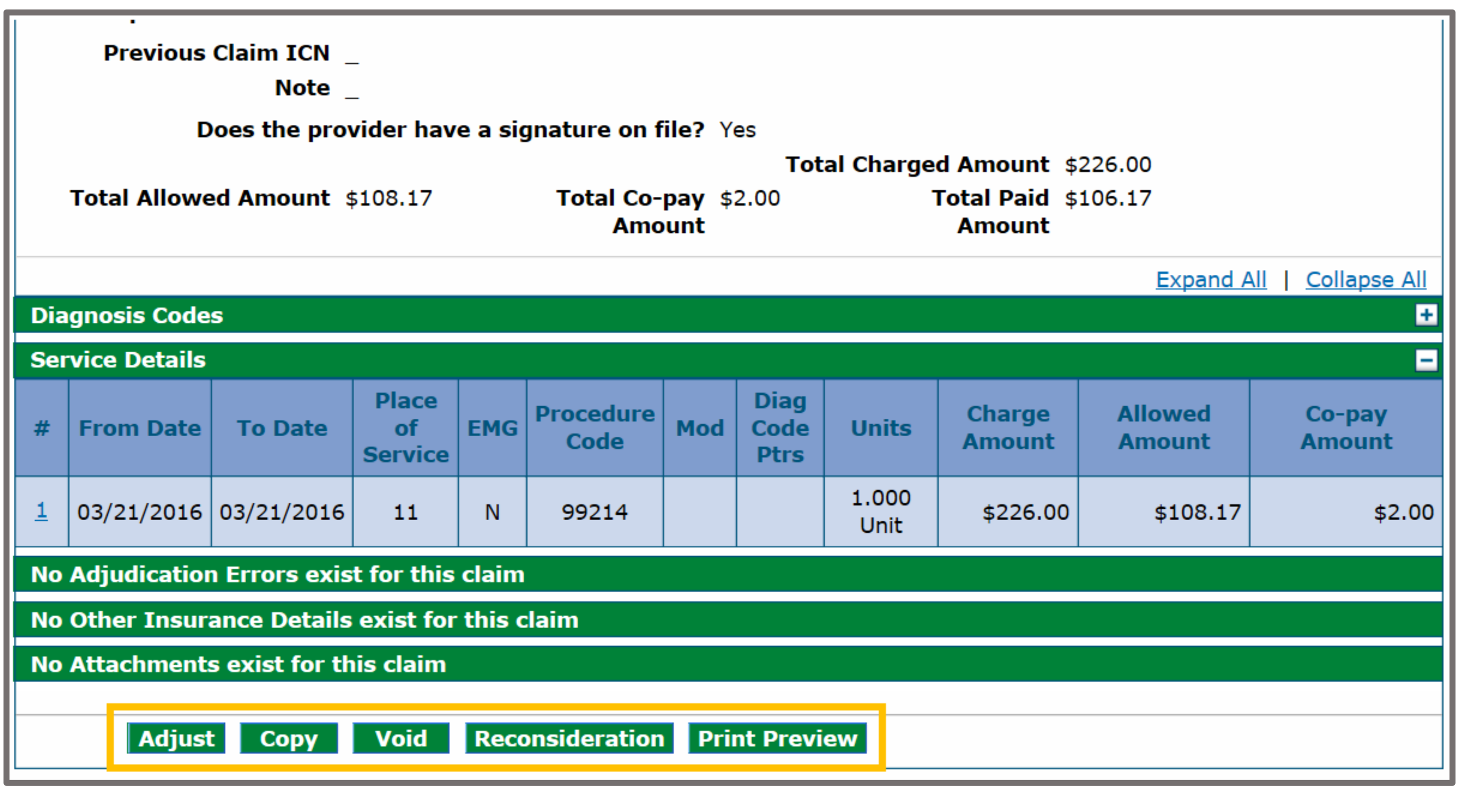
Provider Information

Billing Provider ID		**ID Type**	NPI	**Name**	
Taxonomy	Clinic/Center - Medical Specialty				
Referring Provider ID	_	**ID Type**	_	**Name**	_
Taxonomy	_				
Supervising Provider ID	_	**ID Type**	_	**Name**	_
Taxonomy	_				
Service Facility Location ID	_	**ID Type**	_	**Name**	_
Taxonomy	_				

Member Information

Member ID [redacted] **Gender** Female
Member
Birth Date
Address _
_
City _
State _ **Zip Code** _

7. At bottom of page, click "Adjust," "Copy," "Void," etc.



Previous Claim ICN _
Note _
Does the provider have a signature on file? Yes
Total Charged Amount $226.00
Total Allowed Amount $108.17 **Total Co-pay Amount** $2.00 **Total Paid Amount** $106.17

Expand All | Collapse All

Diagnosis Codes

Service Details

#	From Date	To Date	Place of Service	EMG	Procedure Code	Mod	Diag Code Ptrs	Units	Charge Amount	Allowed Amount	Co-pay Amount
1	03/21/2016	03/21/2016	11	N	99214			1.000 Unit	$226.00	$108.17	$2.00

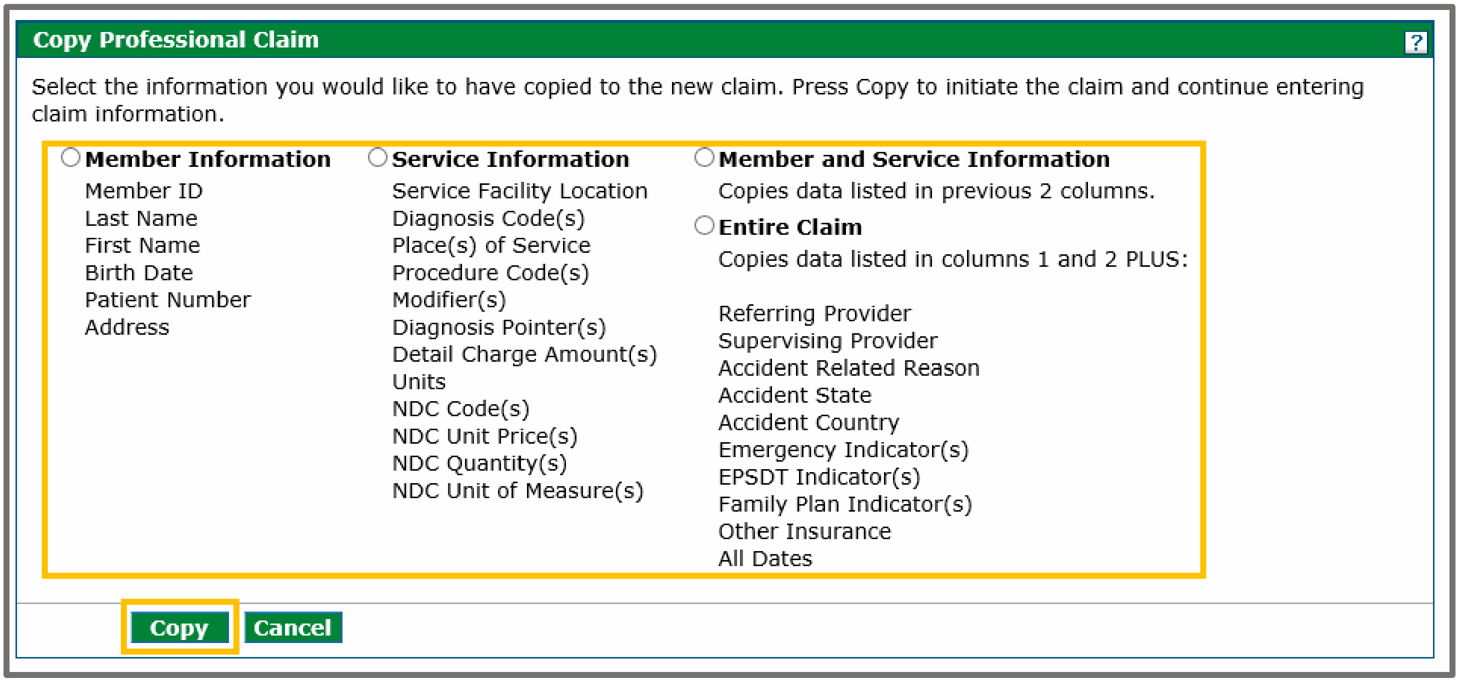
No Adjudication Errors exist for this claim
No Other Insurance Details exist for this claim
No Attachments exist for this claim

Adjust | Copy | Void | Reconsideration | Print Preview

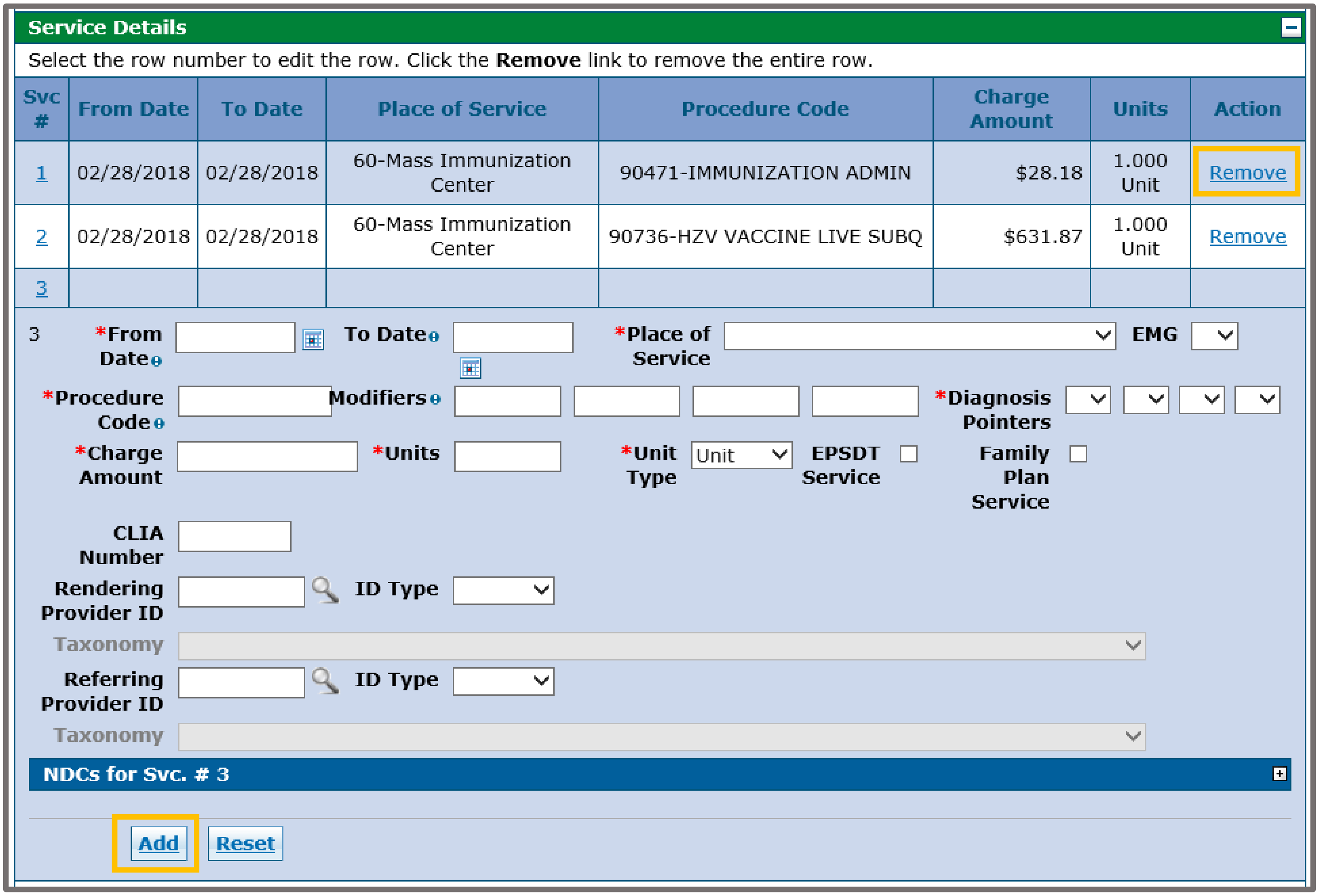
8. Remove service detail lines from copied claims as needed.

After clicking the "Copy" button in the previous step, select which portions should be copied. Not all options will copy over the claim details unless "Entire Claim" is selected from the options below. Once selections have been made, click "Copy."

Service detail lines cannot be removed for reconsiderations or for adjusted claims.



9. After clicking the "Copy" button in the previous step, review the service details which appear on the next page. Click "Remove" to remove detail lines which are not applicable (however, at least one service detail line must be retained, otherwise the claim cannot be submitted). Additional service details can be added using the "Add" button.


Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

Svc #	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
1	02/28/2018	02/28/2018	60-Mass Immunization Center	90471-IMMUNIZATION ADMIN	$28.18	1.000 Unit	Remove
2	02/28/2018	02/28/2018	60-Mass Immunization Center	90736-HZV VACCINE LIVE SUBQ	$631.87	1.000 Unit	Remove
3							

3 *From Date To Date *Place of Service EMG

*Procedure Code Modifiers *Diagnosis Pointers

*Charge Amount *Units *Unit Type Unit EPSDT Service Family Plan Service

CLIA Number

Rendering Provider ID ID Type

Taxonomy

Referring Provider ID ID Type

Taxonomy

NDCs for Svc. # 3

Add Reset

10. Resume claim submission using the standard process.

For further details, refer to the following Provider Web Portal Quick Guides as applicable:

Submitting an Institutional Claim

Submitting a Professional Claim

Need More Help?

Please visit the Quick Guides and Webinars web page to find all Provider Web Portal Quick Guides:

- Aid Code and Benefit Plan Acronyms
- Are You Billing from the Correct Account?
- Copy, Adjust, or Void a Claim
- Delegates
- Delegate Access Definitions
- Entering NDC Information on a Claim
- Provider Maintenance
- Provider Maintenance - License Update
- Pulling your 835- Linking to your own TPID
- Pulling your Remittance Advice (RA)
- Reading your Remittance Advice (RA)
    - Internal Control Number (ICN) Information Sheet
    - Region Code Information Sheet
- Submitting a Claim with Other Insurance or Medicare Crossover Information
- Submitting an Institutional Claim
- Submitting a Professional Claim
- Adding and Updating TPL Information
- Updating your EFT
- Updating your ERA
- Verifying Member Eligibility and Co-Pay
- Viewing Prior Authorizations in the Portal
- Web Portal Registration

Provider Web Portal – Frequently Asked Questions (FAQs)

Please visit the Provider FAQ Central web page and look under the Billing and Web Portal headings to see Provider Web Portal FAQs.

Provider Web Portal – Recorded Webinars

Click the links below to access the recorded webinars:

Session #1	Access the new Portal, Portal Registration, Login, My Profile, Manage Accounts (including delegates)
Session #2	Provider Maintenance (including updates and affiliations), EFT/ERA Enrollment, Disenroll
Session #3	Member Information and Eligibility Verification
Session #4	Remittance Advice (RA), Search Payment History, Search for Accounts Receivable Records, Make a Payment
Session #5	Notify Me, Alerts, Secure Correspondence
Session #6	Files Exchange, Resources
Session #7	Search & Submit CMS 1500, UB-04, Emergency Dental Claims, Prior Authorizations (Nursing Facility PETI PARs only)
Bridge	Bridge training for Community Centered Boards (CCBs) only