



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 runs twice daily:

- Illinois Processing times: 11:30 am to 12:30 pm and 5:00 pm to 7:30 pm CT daily
 - UB Claims Review online corrections should be entered by 11:30 am for the AM run and by 5:00 pm for the PM run
- Montana Processing times: 10:30 am to 11:30 am and 4:00 pm to 6:30 pm MT daily
 - UB Claims Review online corrections should be entered by 10:30 am for the AM run and by 4:00 pm for the PM run
- 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



Click here

UB Claims Review Screen - Index Page

Review Errors

Facility: TEST HOSPITAL- IL, SOMECITY, IL

Patient Type: Inpatient

Quarter: Q117

Build Index

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

Building the Index Page:



The screenshot shows a web application window titled "Review Errors". Inside the window, there is a form with the following elements:

- A "Facility:" label followed by a text box containing "TEST HOSPITAL- IL, SOMECITY, IL" and a small downward arrow icon.
- A "Patient Type:" label followed by a dropdown menu showing "Inpatient".
- A "Quarter:" label followed by a dropdown menu showing "Q117".
- A "Build Index" button.

- **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 web interface titled "Review Errors". It includes a form with the following fields:

- Facility: TEST HOSPITAL- IL, SOMECITY, IL
- Patient Type: Inpatient (dropdown menu)
- Quarter: Q117 (dropdown menu)
- Build Index button

A blue arrow points from the "Build Index" button to a table of results. The table has two columns: "Patient Number Error" and "Error code and Description".

Patient Number Error	Error code and Description
5555566	1204-Length of stay is not equal to R&B units
544445A	2501-The total charges revenue code is missing
322223A	2501-The total charges revenue code is missing
433334A	1204-Length of stay is not equal to R&B units
3333344	1204-Length of stay is not equal to R&B units
4444455	2501-The total charges revenue code is missing
655556A	1204-Length of stay is not equal to R&B units
2222233	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:	

Active Cell

Prev Next Save Index Delete

Action Buttons

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.:	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 2*Urgent 3*Elective 4*Newborn 5*Trauma Center 9*Information not Available
Discharge Disposition:	03 ▼	DX Version Qualifier:	
Accident Date:		Accident State:	
Crime Date:		Accident Code:	
Birth Weight:		Crime Code:	
Admit DX:	S72091A	Birth Code:	
Condition Code2:	P1	Condition Code1:	P7
Condition Code4:	B3	Condition Code3:	AK
Condition Code6:		Condition Code5:	C7
		Condition Code7:	

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 Physician2 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
- 0204 - I - Length of stay is not equal to RAS units
- 0204 - I - Sum of individual charges do not add up to total charges
- 3305 - W - SSN is equal to 9s
- 0204 - I - No RAS revenue code for hospital
- 3803 - I - Verify revenue units
- 3803 - I - Verify revenue units
- 3903 - I - Verify revenue charge
- 9726 - I - Verify other ICD10 diagnosis
- 0204 - I - POA reported, but other ICD10 diagnosis is primary

- ★ 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 State:	3*Elective
		Accident Code:	4*Newborn
			5*Trauma Center
			9*Information not Available
Accident Date:		Crime Code:	
Crime Date:		Birth Code:	
Birth Weight:		Condition Code1:	P7
Admit DX:	S72091A	Condition Code3:	AK
Condition Code2:	P1	Condition Code5:	C7
Condition Code4:	B3	Condition Code7:	
Condition Code6:			

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 Physician2 Qualifier:	
Total Charges:		\$94,363.92	Non-Covered Charges Total:	\$0.00

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	

Add Rev.

- 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 the 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 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

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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:	\$0.00 ×
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- 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 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"/>
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"/>
	<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"/>
<div>Click here → Add Diag. ← New Entry</div>		

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** →
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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 indicates 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"/>



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"/>

Click here

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 - 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
Y92129	

- 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.*

E Codes	E Code POAs
Y9301	
W010XXA	Yes
Y92009	

New Entry line →

--	--

 Add ECode ← Click here

- 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	
98920					

- 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:

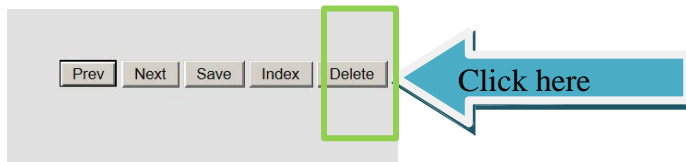
Rsn for Visit
M25551

- 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 it **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:	AMIR, NOE	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	<p>Exiting the UB Claims Review Screen:</p> <p><i>Note: The UB Claims submitted for correction will remain until the evening processing is complete.</i></p>  <ul style="list-style-type: none"> 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	<p>Verification of Accepted Claims:</p> <ul style="list-style-type: none"> Review the Edit Detail Report after the claims have been processed and confirm results.
Resources	<p>Data Submission Resource Links:</p> <p>https://www.team-iha.org/business-resources/compdata/data-submission-services/il-administrative-data/#tabs-horizontal2</p>  <p><i>There you will find many helpful resource links such as the <u>Error Code Reference Sheet</u> which contains additional resource tabs, e.g.: File Format, Bill Types, and Payer Category Codes.</i></p>

Support

Customer Support/Data Submission Services

www.customerservice@team-ihh.org or calls 866-262-6222 Mon.-Fri. 8:30-4:30 CT.