
Replacement Claim Assignment (CMS-1500) Form Guide

(Primary Providers Only)

Purpose: This guide is intended to orient primary providers on how to replace claims and services using the Replacement Claim Assignment (CMS-1500) form in PCNX.

Please note that screenshots are taken from a test environment and no PHI is shared. Additionally, SAPC and Netsmart are continuing to update the PCNX environment therefore some items may look different in LIVE than in the TRAIN or SBOX environment.

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User Requirements

Creating replacement claims requires the following access in Sage:

- **User Roles:** PCNXFinancialOnly, PCNXFinClinLPHA, PCNXFinClinCounselor, or PCNXCertPeerFinClin
- **PCNX Form:** Replacement Claim Assignment (CMS-1500)
- **Widget:** Provider Billing History

Introduction

This guide is intended to orient Primary Providers on how to utilize the Replacement Claim Assignment (CMS 1500) form in PCNX. This form allows providers to replace existing claims and services, including locally approved or denied claims/services and State denied claims. SAPC recommends Primary Providers use the replacement process instead of voiding and resubmitting claims as this ensures providers have the maximum allowed time to correct services. Replacement claims/services are subject to the same adjudication rules as original services and will go through adjudication in Sage when the batch is submitted.

This guide provides recommendations for various replacement scenarios and intended workflows for when and when not to utilize this Sage function.

Definitions

Original Claim: The first request for payment for a claim.

Replacement Claim/Service: A claim/service that corrects or adjusts information on a previously submitted claim/service.

Voided Service: A service that was originally paid/denied that was later canceled.

Claim level: The claim represents a service or group of services billed for a single patient

Service level: A service includes treatment information including the dates of service, service authorization, procedure code, unit counts, and other service specific details

When to Utilize the Replacement Claim Assignment (CMS-1500) Form

Please refer to the following table to determine if the replacement claim process should be utilized in Sage.

Criteria	Should the Replacement Claim Assignment (CMS-1500) form be used?
Claims denied by the State	Yes
Claims denied locally	Yes
A previously submitted claim where changes or correction to changes are needed. (Procedure codes, date of service, patient information, etc.)	Yes <i>Note: If a claim needs to be voided but no subsequent claim will be submitted, please use the contractor void process.</i>
Approved Local/State claims but information was incorrect (information either within the claim, or outside the claim such as the Financial Eligibility)	Yes
Other Health Coverage – Local or State Denial (Please see OHC section on instructions on updating OHC data)	Yes
Contingency Management denials	No <i>Note: For Contingency Management denials, the claim will need to be voided and rebilled using the Fast Service Entry Submission form</i>

Replacement Claim Assignment (CMS-1500) Replacement Options

When using the Replacement Claim Assignment (CMS-1500) form, users are given the option to perform replacements at the claim or service level. The information below provides information on the difference between replacing a claim versus service as well as scenarios where choosing the claim option or service option is recommended.

The screenshot shows the 'REPLACEMENT CLAIM ASSIGNMENT (CMS-1500)' form. On the left is a sidebar with links: 'Replacement Claim Assignment', 'Claim Processing (CMS 1500)', 'Service Detail', and 'Online Documentation'. The main content area has a dark blue header with a dropdown arrow. Below it, the text 'Replacement Options *' is displayed in red. At the bottom of this section are two radio buttons: 'Claim' and 'Service'.

The **Claim** Replacement Option allows for replacement of the entire claim by accessing all services in a claim for one patient in the Replacement Claim Assignment (CMS-1500) form.

The **Service** Replacement Option allows for the selection of one or multiple services to replace based on a date of service range for one patient in the Replacement Claim Assignment (CMS-1500) form.

Criteria	Replacement Option (Claim/Service)
If a claim received an OHC denial due to missing client Other Healthcare Coverage form only, please complete the Other Healthcare Coverage form and replace the entire claim without making any changes to the services.	Claim
<p>When making changes (updates/additions) to the following:</p> <ul style="list-style-type: none"> a. Client Other Healthcare Coverage (OHC) form b. Women's Health History form c. Financial Eligibility form d. The patient's diagnosis e. Service authorization <p>After changes are completed, create a replacement claim following guidance from the "Replacement Option 1 – "Claim": Replace a Claim Using the Replacement Claim Assignment (CMS-1500) Form" section, but submit the form without making any changes to the claim</p>	Claim
<p>There are times when there are errors in the claim at the service level. In these cases, the replacement form can be used to select and modify individual or multiple services. The replacement form allows any changes that are also available on the Fast Service Entry Submission form. In other words, any option available in the Fast Service Entry Submission form is also available in the replacement form.</p> <p>Choose the "Service" option for the following changes in the service:</p> <ul style="list-style-type: none"> a. Date of Service b. Procedure Code c. Total Charge d. Service Units e. Performing Provider Type f. Location <p>Duration (Minutes)</p>	Service

<p>If OHC data needs to be entered or updated in the service line, please choose the “Service” option.</p> <p>See guidance in the “Adding OHC information to the Service Detail section in a Replacement Claim” section of this job aid for detailed steps.</p>	Service
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Information Required Before Using the Replacement Claim Assignment (CMS-1500) Form

Prior to completing the replacement process, the provider must locate the Batch ID for the service/claim that is intended to be replaced.

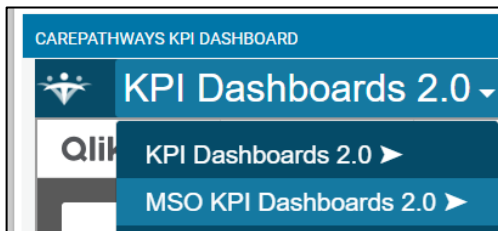
Please note to access KPI Dashboards, a request must be sent to your organizations Sage Liaison or SAPC Sage Access Management Section (SAMS) at sageforms@ph.lacounty.gov.

To locate the **Batch ID**, navigate to the Payment Reconciliation View in MSO KPI Dashboards 2.0:

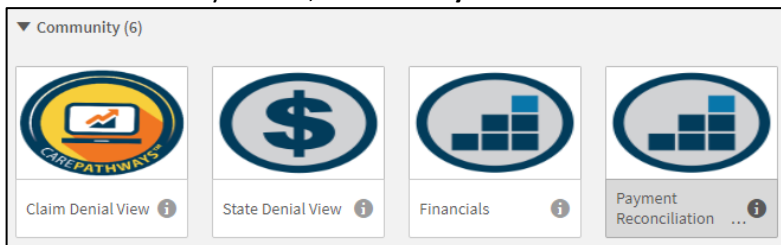
1. Log into ProviderConnect NX.
2. In the Views section in the top banner, select **KPI Dashboards**.



3. Click on KPI Dashboards 2.0 to activate a drop down. Click on **MSO KPI Dashboards 2.0**.



4. Under Community Sheets, Click on **Payment Reconciliation View**.



5. In the Payment Reconciliation view, consider the filters required. To gather the Batch ID information, please filter for Fiscal Year, PATID, and Date of Service(s).
6. For additional guidance, click [here](#) for Payment Reconciliation View Job Aid.

Payment Reconciliation View																
Procedure Overview (1)																
Procedure	Procedure Code	Auth LOC	Auth #	Claim Status	Total Units	Total Charge	Total Disbursed	Procedure Count	Total Takeback	Takeback Date	Retro Reason	Procedure ID	Date Claims Received	Batch ID	MSO Service ID	Unit Cost
Med Case Management, 5 Minutes (U8:SC)	T1017JUR-SC	ASAM 2.1	999999	Approved	4.00	\$216.68	\$0.00	1	\$216.68	2024-08-01	Denial CO 177	12345678	2024-07-11	123456	SVC.00129	\$54.17

Alternatively, if KPI Dashboards access is not available, the **Batch ID** can be found in the **Patient Billing History Widget** in PCNX. This widget is available in PCNX for users with **Financial Only** view.

Patient Billing History - Netsmart - Google Chrome

lasapcpcntrain.netsmartcloud.com/#/undocking/view/QkhJUyoqUEFUSUVOVEJJTExTkdISVNUT1JZ?id=TIhAMzlkODkyOWNAMDMYmUA0ZTI2QDkyMDFANjQxOTRjNzY2YTZt=QmVhcmVylGV5SsmhiR2...

Client: ESTER M PCNX (000160979) | Episode: All

PATIENT BILLING HISTORY

Search:

Name	Program	DOS	Procedure	ProviderName	Status	OriginalDisbursement	UpdatedDisbursement	date_batch_created	TakebackDate	VoidedBy	BATCHID	EOBID	eob_check_number	BilledtoState
Name	Program	DOS	Procedure	ProviderName	Status	OriginalDisbursement	UpdatedDisbursement	date_batch_created	TakebackDate	VoidedBy	BATCHID	EOBID	eob_check_number	BilledtoState
160979	Recovery Facility	2023-08-01	90791:U7	HINDMAN,DAVID	A	91.37	91.37	2023-09-11	N/A	N/A	22900			No
160979	Recovery Facility	2023-08-01	T1013:U7	HINDMAN,DAVID	A	30	30	2023-09-11	N/A	N/A	22900			No
160979	Recovery Facility	2023-08-01	90791:U7	ORELLANA,ESTHER	A	91.37	91.37	2023-08-02	N/A	N/A	22876	12708	123456 Fake	No
160979	Recovery Facility	2023-08-01	T1013:U7	ORELLANA,ESTHER	A	30	30	2023-08-02	N/A	N/A	22876	12708	123456 Fake	No
160979	Recovery Facility	2023-07-31	90846:U7	HINDMAN,DAVID	A	200	200	2023-09-11	N/A	N/A	22900			No

For additional guidance on how to use the Patient Billing History widget, click [here](#) for the PCNX Guide to Widgets.

How To Replace a Claim Using the Replacement Claim Assignment (CMS-1500) Form

Before replacing services for another patient, close the Replacement Claim Assignment (CMS-1500) form, and reopen it.

Use the **Claim** replacement option to perform claim level replacements. All services associated with the claim will be replaced, whether or not the user changes the replacement fields on the form for all services. Follow the steps below to select and replace a claim:

- On the PCNX homepage, search for **Replacement Claim Assignment (CMS-1500)** in the search field. Click on the **Replacement Claim Assignment (CMS-1500)** link in the search results to be taken to the form.

The screenshot shows a search bar with the text "Replacement Claim Assignment (CMS-1500)". Below the search bar, there's a section titled "Here is what I found:" with a close button (X). Underneath, there are tabs for "All 1", "Clients 0", "Staff 0", and "Forms 1". The "Forms" tab is selected, and it shows a table with the following content:

Undock	Name	Menu Option
	Replacement Claim Assignment (CMS-1500)	/ Avatar MSO / Claims Processing

- Select **"Claim"** in the Replacement Options field.

The screenshot shows the "REPLACEMENT CLAIM ASSIGNMENT (CMS-1500)" form. On the left, there's a sidebar with links: "Replacement Claim Assignment", "Claim Processing (CMS 1500)", "Service Detail", and "Online Documentation". The main area has a dropdown menu labeled "Replacement Options *". Below this, there are two radio buttons: "Claim" (which is selected and highlighted with a red box) and "Service".

- Enter the original claim information in the following fields:
 - From Date, Through Date, Client ID, and the Claim Number (using the Batch ID)

Replacement Options *

☒ Claim ☐ Service

From Date *

Through Date *

Client ID *

Contracting Provider Program
Select

Performing Provider
Select

Claim Number *

Procedure Code
Select

Date Replacement Claim Received *
10/07/2024

Note: When using the **Claim** replacement option, the **From Date** and **Through Date** fields are based on the **Date Claim Received** found in the EOB or in the Date Claims Received field in MSO KPI's Payment Reconciliation View. The Date Replacement Claim Received defaults to Today's date. **Do not change this field.**

Claim Number *

Select

Batch: 27521 Claim Number: 1898479 Provider: Recovery, Inc. Charges: 102.75 Uniqueid: HCF.00001

Note: This field includes the batch ID, claim number, agency name, charges, and Unique ID.

- Click on the **"Service Detail"** link.

REPLACEMENT CLAIM ASSIGNMENT

Replacement Claim Assignment
Claim Processing (CMS 1500)

Service Detail

Online Documentation

- Under the **"Claim Service Detail History"** table select the claim that needs to be replaced and click on **"Edit Selected Item."**

Claim Service Detail History *

Date Of Service	Procedure Code	Number Of Counsel...	Group Service Units	Total Charge	Authorization Num...	Location	Duration (Minutes)	Billed Amount	Allowe...
10/06/2024	Alcohol and/or drug...			102.75	115864	11			102.75

Add New Item Edit Selected Item Delete Selected Item

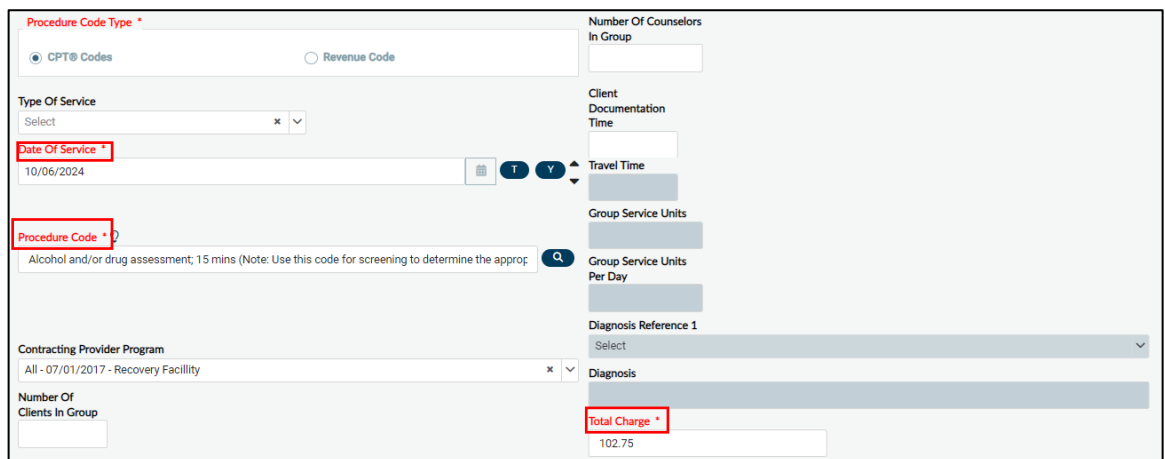
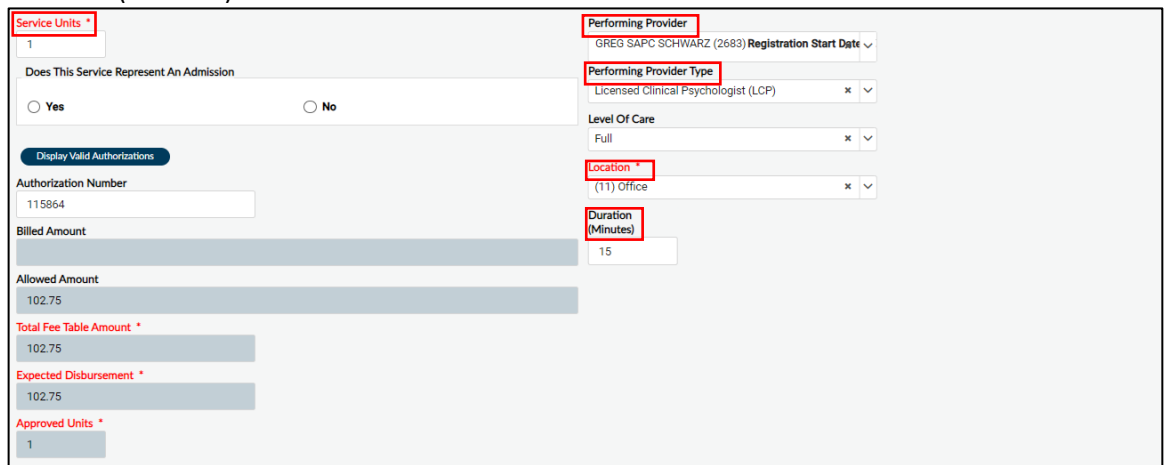
- In the **"Procedure Code Type"** field, **"CPT Codes"** must be selected.

Procedure Code Type *

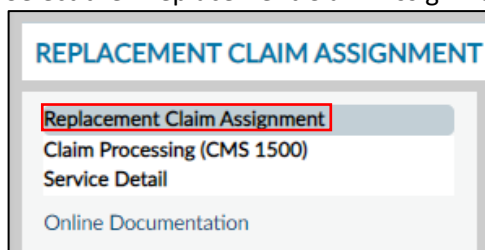
☒ CPT® Codes ☐ Revenue Code

7. When replacing information from the original claim, the fields listed below can be updated as needed. Providers should make the necessary changes and once changes to the **Service Detail** section fields are completed, proceed to step 8 to submit the replacement claim.

- a. Procedure Code
- b. Date of Service
- c. Total Charge
- d. Service Units
- e. Performing Provider
- f. Performing Provider Type
- g. Location
- h. Duration (Minutes)



8. Select the "Replacement Claim Assignment" link.



9. Select the "File" button to save the changes and submit the replacement claim for adjudication.

10. Select "Yes" on the "Void Services" pop-up. Services must first be voided in Sage before the system can replace them with the updated service information.

11. Select "OK" on the "Confirm" pop-up, which displays the batch number for the replacement claim batch.

How To Replace a Service Using the Replacement Claim Assignment (CMS-1500) Form

Use the **Service** replacement option to perform service level replacements. Follow the steps below to select and replace the service(s).

1. On the PCNX homepage, search for **Replacement Claim Assignment (CMS-1500)**. Click on the **Replacement Claim Assignment (CMS-1500)** link in the search results.

2. Select **"Service"** in the Replacement Options field.

REPLACEMENT CLAIM ASSIGNMENT (CMS-1500)

Replacement Claim Assignment
Claim Processing (CMS 1500)
Service Detail
[Online Documentation](#)

Replacement Options *

☐ Claim ☒ **Service**

3. Enter the original claim information in the following fields:

a. From Date, Through Date, and Client ID

Replacement Options *

☐ Claim ☒ **Service**

From Date *
10/16/2024

Through Date *
10/17/2024

Client ID *
HART,KIMBERLY (163186)

Contracting Provider Program
Select

Performing Provider
Select

Claim Number
Select

Procedure Code
Search

Date Replacement Claim Received *
10/17/2024

Contracting Provider
Recovery, Inc. (1)

Select Services To Replace
File

Note: When using the **Service** replacement option, the **From Date** and **Through Date** fields are based on the **Date(s) of Service**. Also, the Date Replacement Claim Received fields defaults to Today's date. **Do not change this field.**

b. Click on “**Select Services to Replace.**”

Date Replacement Claim Received *
10/17/2024

Select Services To Replace
File

4. Services that are available to replace will appear in the “**Select Service(s) To Replace**” box.

? **Select Service(s) To Replace**

Client: HART,KIMBERLY (163186) Performing Provider :
 Contracting Provider: Recovery, Inc. (1) Contracting Provider Program:

Batch	Date Of Service	Claim #	Procedure Code	Charges	Duration	Units	Total Disbursement
<input checked="" type="checkbox"/>							
<input type="checkbox"/>	27536	2024-10-16	1898510	H0007:U7	66.49	15	1 66.49

OK Cancel

- a. Using the **Batch ID**, identify the service(s) to replace by first by BATCH ID, then by Date of Service, then by Procedure Code and finally, Units. If performing a replacement for a roll-up denial (CO 97 M86), select the service at the top of the "Select Service(s) to Replace" list.

5. Mark the checkbox(es) on the lines of the service(s) that need to be replaced and click "**OK.**"

? **Select Service(s) To Replace**

Client: HART,KIMBERLY (163186) Performing Provider :
 Contracting Provider: Recovery, Inc. (1) Contracting Provider Program:

Batch	Date Of Service	Claim #	Procedure Code	Charges	Duration	Units	Total Disbursement
<input type="checkbox"/>							
<input checked="" type="checkbox"/>	27536	2024-10-16	1898510	H0007:U7	66.49	15	1 66.49

OK Cancel

6. Click on the "**Service Detail**" link.

REPLACEMENT CLAIM ASSIGNMENT

Replacement Claim Assignment
 Claim Processing (CMS 1500)
Service Detail
 Online Documentation

7. Under "**Claim Service Detail History**" select the claim that needs to be updated and click on "**Edit Selected Item.**"

This screenshot shows a service detail form with the following fields highlighted in red boxes:

- Service Units ***: 1
- Does This Service Represent An Admission**: Radio buttons for Yes and No.
- Display Valid Authorizations**: A button.
- Authorization Number**: 115864
- Billed Amount**: A bar chart showing a value of 66.49.
- Allowed Amount**: A bar chart showing a value of 66.49.
- Total Fee Table Amount ***: 66.49
- Expected Disbursement ***: 66.49
- Approved Units ***: 1
- Performing Provider**: GREG SAPC SCHWARZ (2683) Registration Start Date
- Performing Provider Type**: Select
- Level Of Care**: Full
- Location ***: (11) Office
- Duration (Minutes)**: 15

10. Select the **"Replacement Claim Assignment"** link

This screenshot shows the 'REPLACEMENT CLAIM ASSIGNMENT' section with the following links:

- Replacement Claim Assignment** (highlighted in a red box)
- Claim Processing (CMS 1500)
- Service Detail
- Online Documentation

11. Select the **"Yes"** button to proceed with voiding the original service(s).

This screenshot shows the 'Void Services' dialog box with the following text and buttons:

- Void Services**
- Selected services will be voided. Continue?
- Yes** (highlighted in a red box)
- No

12. Select the **"File"** button to save the changes and submit the services for adjudication.

This screenshot shows the 'Date Replacement Claim Received' section with the following text and buttons:

- Date Replacement Claim Received ***
- 10/23/2024
- Select Services To Replace
- File** (highlighted in a red box)

13. Select **"OK"** button on the **"Confirm"** pop-up.

This screenshot shows the 'Confirm' pop-up dialog box with the following text and button:

- Confirm**
- Batch Created: Replacement Claim Assignment Drug Medi-Cal 2024-10-17 Recovery, Inc.(1) 27537 (27537)
- OK** (highlighted in a red box)

Adding OHC Information to the Service Detail Section in a Replacement Claim

If a service is missing OHC information, the replacement claim form can be used to add the required information in the service line. This may occur for Local or State denied claims. If no information was entered originally, please follow the entire workflow below. If the service is missing specific information, please confirm all required information below is filled in and enter data into whichever section was missing required information.

1. Navigate to the OHC Information section of the form. This can be found in the second to last section of the form.

2. Under Enter Third Party Adjudication Data, add a New Row.
 - a. Select **Third Party Payer** Field, enter the name or # of your Third-party payer, and click Enter
 - b. Select **Payer Identification #** field, enter the Payer Identifier code for the patient's OHC carrier
 - c. The **Billed Amount** reflects the amount that is billed to the OHC
 - d. In the **Allowed Amount** field, enter the Allowed Amount
 - e. In the **Amount Paid** field, enter the amount paid for the service by the OHC
 - i. If the claim was denied by the OHC, enter a zero in this field
 - ii. If the claim was adjudicated by the OHC and is being billed under the 90-day delay allowance, a zero should be entered
 - f. Select **Amount Paid** field, enter the Amount Paid (Could be a portion of the billed amount or \$0)
 - g. Select **Procedure Code** field, enter the Procedure Code.
 - h. In the **Adjudication or Payment Date**, enter the Adjudication date by the OHC.
 - i. Select **Quantity** field, enter "1" (always must be 1 for each service)
3. Select View field, and Click VIEW (at the far right of the Page)
 - a. Add new Row
 - i. Select **CAS Adjustment Group Code** field, select the appropriate code from the drop-down menu.
 - ii. Select **Adjustment Reason Code** field, enter the Adjustment Reason code associated with the Adjustment Code.
 - iii. Select the **Amount** field, enter the denied amount by OHC.
 - iv. Select the **Quantity** field, enter "1" for quantity.
 - v. Click SAVE
 - vi. Click Exit Grid
 - vii. Click YES
 - b. Click SAVE again. Once the OHC information has been entered for the desired claims and services, proceed with billing by generating a new bill. All entered OHC information will populate in the bill that SAPC will send to the State. When the State adjudicates the claim and notes the OHC information, this action will prevent State denials that are caused by OHC reasons.

Adding an Add-On Code to a Primary Code

1. Navigate to the **Service Detail** section of the **Replacement Claim Assignment** form.
2. Select **Add New Item** to add a new service line.

3. Select **CPT Codes** under **Procedure Code Type**

Date Of Service *

T

Y

Procedure Code *

Total Charge *	Service Units *

Performing Provider

Select

Performing Provider Type

Select

Location *

Page 15 of 17

Display Valid Authorizations

Authorization Number

9. Confirm the **Claim Status** shows **Approved** and that the **Explanation of Coverage** has no warnings.

Explanation Of Coverage

Member Enrolled On Date Of Service

☐ Yes ☐ No

Claim Status *

☒ Approved ☐ Denied ☐ Pending


10. Complete the Replacement process.

How to Identify Replaced Claims

Once the replacement claim process is completed, an EOB will generate with both the original service and the replacement claim. The original service will now show a contractor void while the replacement claim shows the updated values and a (R) by the claim status. The updated values can include changes to the procedure code, date of service, unit count, or billed/paid amount. If no service level changes were made, it will show the new replacement service with no changes.

Please see example images below:


- 1) The original service now has a **Contractor Void** adjustment reason.



**COUNTY OF LOS ANGELES
Public Health**

SUBSTANCE ABUSE PREVENTION AND CONTROL

Remittance Advice
as of 3/19/2025



Remittance Advice

EOB Number: 165747

Check #:

Check Date:

RECOVERY, INC. (1)
3250 WILSHIRE BLVD #1709
LOS ANGELES, CA 90010-9998

Amount Approved: \$513.75

Page: 1

Adjustment Notice
An adjustment of \$ 0.00 has been applied to this payment.

Detail Adjustment Information for EOB Number: 165747

Original Service Information


Orig EOB
165503

Current Claims: 513.75
Adjustment: 0.00
Adjusted EOB Total: 513.75

Adjustment Information

Client Name (ID): TEST, CARLA MRS (148387)				DOB: 1/1/2001		Gender: F			
Batch SvcRef#	DOS	Proc	Auth #	Status	Billed	Paid	Adj Date	Adj Amt	Adjustment Reason
371436SVC.00001	3/4/2025	H0019:U1	P10094	A	223.05	223.05	3/11/2025	\$0.00	Contractor Void
					223.05	223.05	0.00		
					Total Adjustments: \$0.00				


2) The replacement service now shows the updated values and an (R) by the claim status.



**COUNTY OF LOS ANGELES
Public Health**

SUBSTANCE ABUSE PREVENTION AND CONTROL

Remittance Advice
as of 3/19/2025



Remittance Advice *EOB Number: 165747* **Check #:** **Check Date:**

RECOVERY, INC. (1)
3250 WILSHIRE BLVD #1709
LOS ANGELES, CA 90010-9998

Page: 2

Adjustments

Contract #

Client Name (ID): TEST,CARLA MRS (148387) **DOB:** 01/01/2001 **Gender:** F

Date Claim Received: 03/11/2025

Batch SvcRef#	Auth #	Contract #	Contract Type	Date of Service	Status	CPT Code	Claimed Units	Claimed Amount	Allowed Amount	Denied/Adjusted	Member Co-PAY	Amount Paid
378762SVC.000	P10094	341234	DMC	03/04/2025	A	(R) T1017:U1	5.0	\$513.75	\$513.75	\$0.00	\$0.00	\$513.75
							5.0	\$513.75	\$513.75	\$0.00	\$0.00	\$513.75

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Additionally, providers can use the Cost of Services by Client report to confirm service level changes for their replacement service(s). This report will show that the original service has a contractor void and the date the replacement was completed. Replacement service changes can include changes to the procedure code, date of service, unit count, or billed/paid amount.

In this example, the original service shows Contractor Void in the Retro Reason with the retro amount and

03/24/2025

COUNTY OF LOS ANGELES SAPC
1000 S FREMONT AVE
ALHAMBRA, CA 91803

Cost Of Services By Client Report
PATIENT,TRAINING, Services Dated 7/1/2024 To 7/1/2024

Provider	Program	Patient	PATID	Date of Service	EOB	BATCHID	Proc Code	Performing Provider	Units Billed	A/P/D	Tot Fee Table Amount	Amnt Billed	Expected Disbursement	Member Copay	Member Deductible	Auth Number	Retro Reason 1	Retro Date 1	Retro Amt 1	Retro EOBID 1	Retro Reason 2	Retro Date 2	Retro Amt 2	Retro EOBID 2	Updated Expected Disbursement			
Recovery, Inc.	Recovery Facility	PATIENT, RAINING	163337	7/1/2024	17556	27799	H0004:U7	SMITH,JOHN	1.00	A	255.47	255.47	255.47	0.00	0.00	116306	Contractor Void	03/23/2025	255.47	17557				0.00				
Recovery, Inc.	Recovery Facility	PATIENT, RAINING	163337	7/1/2024	17557	27800	H0004:U7	SMITH,JOHN	1.00	A	255.47	255.47	255.47	0.00	0.00	116306								255.47				
Recovery, Inc. (1) TOTALS :																												
Total Amount Billed:				\$510.94				Original Expected Disbursement:				\$10.94																
								Updated Expected Disbursement:				255.47																