Replacement Claim Assignment (CMS-1500) Training

Substance Abuse Prevention and Control
Los Angeles County Department of Public Health

- **Please ask any questions during this training in the Q&A**

- **Replacement claim deadlines, benefits, limitations, requirements**

- **Replacement claim options – when to use each option**

- **Five live demonstrations of different replacement claim scenarios**

- **How to identify replaced claims**

- **Next steps after attending this training**

Replacement Claim Form Effective Date & Deadlines

Effective **Monday, March 31, 2025**, Primary Sage Users/Providers will be able to submit replacement claims in PCNX using the **Replacement Claims Assignment (CMS-1500)** form

Fiscal Year	Deadline to Submit Original & Replacement Claims
22-23	06/30/2025
23-24	06/30/2025

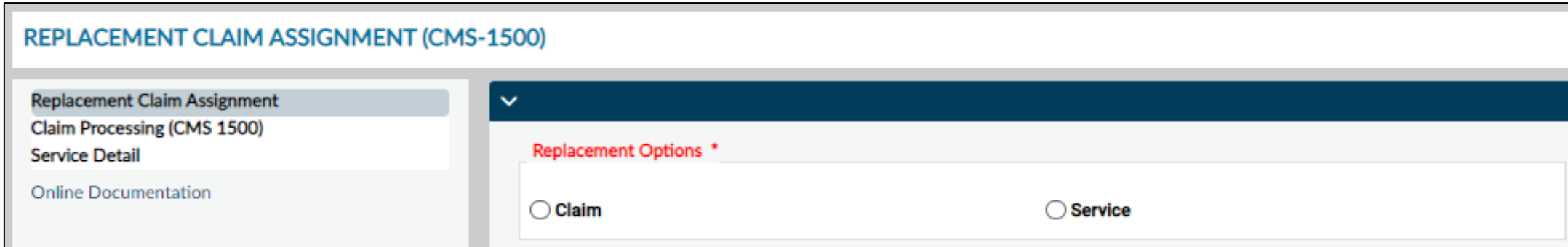| Fiscal Year	Notes
24-25	Starting July 1, 2025 Providers/Users have 12 months from the date of service to replace a service(s). How does this work? Let's look at the example below: • On 7/1/2025, DOS 7/1/2024 and newer can be replaced. • However, on 7/2/2025, DOS 7/1/2024 cannot be replaced anymore.

Providers needing support in resolving denials or other billing issues related to these fiscal years should open Help Desk tickets **NOW** and not wait until the aforementioned billing deadlines.

- **Benefits**

  - **Extends the amount of time to bill to the State**

    - **Replacement claim deadline 365 days from date of service**

  - **Voids and rebills simultaneously, saving time**

- **Limitations**

  - **Cannot replace a voided claim**

  - **Cannot replace claims across multiple batches at the same time**

  - **Replacements can only be performed on one patient at a time, one service line at a time**

  - **Cannot replace Recovery Incentives – Contingency Management (H0050) at U7, U8, and UA:HG**

  - **Cannot submit a replacement claim past the submission deadline for each fiscal year**

- **Requirements**

  - **The State requires that the replacement claim must have at least <u>two</u> of the <u>four</u> data elements below that matches the corresponding service line in the original claim:**

    - **Procedure Code or Revenue Code (as appropriate)**

    - **Date of Service**

    - **Place of Service**

    - **Service Facility NPI**

Replacement Claim Options

REPLACEMENT CLAIM ASSIGNMENT (CMS-1500)

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

Replacement Options *

○ Claim   ○ Service

- The **Claim** Replacement Option allows for replacement of the entire claim by accessing all services in a batch 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.

When should a claim be replaced?

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 *Note: If a claim needs to be voided but no subsequent claim will be submitted, please use the contractor void process.*
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 *Note: For Contingency Management denials, the claim will need to be voided and rebilled using the Fast Service Entry Submission form*

Claim Replacement Option Criteria

REPLACEMENT CLAIM ASSIGNMENT (CMS-1500)

Replacement Claim Assignment
Claim Processing (CMS 1500)
Service Detail

Online Documentation

Replacement Options *

○ Claim   ○ Service

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
When making changes (updates/additions) to the following: 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 After changes are completed, submit the form without making any changes to the original claim.	Claim

Service Replacement Option Criteria

Criteria	Replacement Option (Claim/Service)
There are times when there are errors in the claim at the service level which lead to Local/State denials. In these cases, the replacement form can be used to select and modify individual or multiple services. Choose the "Service" option for the following changes in the service: a. Date of Service b. Procedure Code c. Total Charge d. Service Units e. Performing Provider Type f. Location g. Duration (Minutes)	Service
CO 97 M86 denials where services need to be rolled-up into one single service	Service

Demo: Scenario 1 – Claim Replacement Option

- SCENARIO: Patient received a State denial of CO 16 N327, which occurs when the Patient's date of birth in the Sage Financial Eligibility form does not match the date of birth (month and year) in the State eligibility system.

- Provider Action Steps

  - Get the Batch ID from either KPI Payment Reconciliation View, **OR**

Procedure Count	Total Takeback	Takeback Date	Retro Reason	Proce... ID	Date Claims Received	Batch ID	MSO Service ID	Claim ID	Unit Cost
10	$1,168.49								-
1	$55.00	2023-10-30	Contractor Void	31160378	2023-09-28	145937	SVC.00001	15994572	$55.00
1	-	-	-	31050193	2023-09-18	144477	SVC.00001	15919971	$0.00
1	-	-	-	31050194	2023-09-18	144478	SVC.00001	15919972	$0.00
1	$223.05	2025-03-04	Contractor Void	39314759	2025-03-04	371436	SVC.00002	20554465	$223...
1	$55.00	2023-10-30	Contractor Void	31160379	2023-09-28	145937	SVC.00002	15994573	$55.00

Demo: Scenario 1 – Claim Replacement Option

- Get the Batch ID using the "Provider Billing History" widget

Demo: Scenario 1 – Claim Replacement Option

- <u>SCENARIO:</u> Patient received a State denial of CO 16 N327, which occurs when the Patient's date of birth in the Sage Financial Eligibility form does not match the date of birth (month and year) in the State eligibility system.

- Provider Action Steps Continued…

  - Fix the date of birth in the Patient's financial eligibility form

  - Open the service(s) in the Replacement Claim Assignment (CMS-1500) form, using the "Claim" replacement option

  - Resubmit the denied services without making any changes to the service data on the claim

- <u>SCENARIO:</u> H0004:U7 service was billed for a patient with the wrong number of units and wrong performing provider. While the claim did approve, the claim service details needed to be changed to reflect what actually happened clinically.

- Provider Action Steps

  - Open the service(s) in the Replacement Claim Assignment (CMS-1500) form, using the "Service" replacement option

  - Change the number of units and performing provider

  - Resubmit the services

- SCENARIO: The Provider billed Individual counseling (H0004:U7) and the service was approved by the State. However, the Provider forgot to bill T1013:U7.

- Provider Action Steps

  - Open the approved service using the "Service" replacement option in the Replacement Claim Assignment (CMS-1500) form

  - Add T1013:U7 as a new service line

  - Resubmit the services

- <u>SCENARIO:</u> The Provider billed 99202:U7 which was denied. Rebilling as H0034:U7 instead (15 min unit of service).

- Provider Action Steps

  - Open the approved service using the "Service" replacement option in the Replacement Claim Assignment (CMS-1500) form

  - Change the procedure code from 99202:U7 to H0034:U7

  - Resubmit the services

- Scenario: The Provider submitted claims received State denials for CO 97 M86 for failure to rolling-up H0004:U7.

- Provider Action Steps

  - Open the approved service using the "Service" replacement option in the Replacement Claim Assignment (CMS-1500) form

  - Select the Performing Provider

  - Select the first service listed

  - Roll-up the number of units from all matching services (DOS, Procedure Code, Performing Provider)

  - Resubmit the denied services

SUBSTANCE ABUSE PREVENTION AND CONTROL

Remittance Advice

as of 3/19/2025

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

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

Page: 2

Adjustments

Contract #

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

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

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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03/24/2025

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

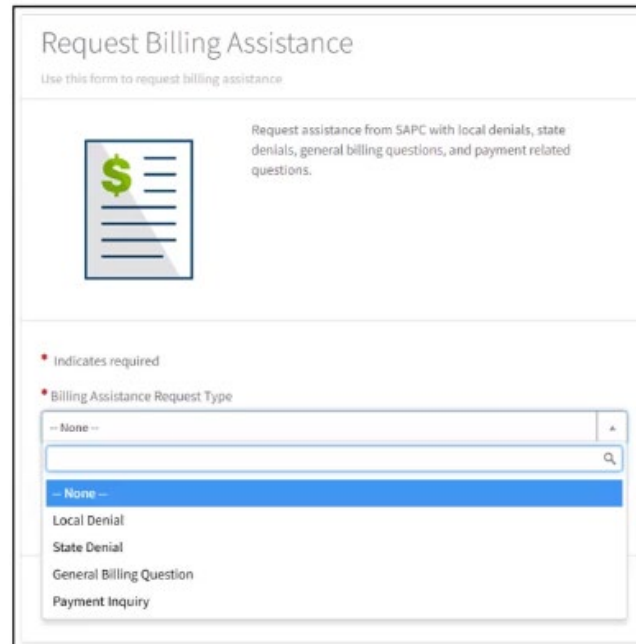**Cost Of Services By Client Report**

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	Amt 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 Facillity	PATIENT,T 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 Facillity	PATIENT,T 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: 510.94
                                                          Updated Expected Disbursement: 255.47

Things to note

- **Services Denied in MSO Report**

    - **Denials will remain on the report and will not drop off after a claim/service has been replaced**

- **MSO KPI Payment Reconciliation View**

    - **Order of services billed are displayed in descending order by Process ID**

- **However, in "Select Service(s) to Void" screen of the Replacement Claim Assignment (CMS-1500) form:**

    - **The services are displayed in ascending order, with the most recent service at the top of the list**

    - **Total Disbursement currently does not reflect any voids/denials. Please ignore this column as it is showing the disbursement amount from Locally adjudicated approvals.**

- **Providers can test the Replacement Claim Assignment (CMS-1500) form in PCNX TRAIN starting on 3/26/2025**

- **Provider will be able to submit replacement claims for actual patients in PCNX on 3/31/2025**

- **This training's resources: Job Aid, Slides, and Recording will be uploaded to the SAPC website soon**

  - **Keep an eye out for a Sage Provider Communication in the next couple of days for the training resources link**

- **We'll address any questions in the next tutoring lab on 4/3/2025**

- **While testing in TRAIN, please submit a help desk ticket [here](#) using the Request Billing Assistance form, General Billing Question option**