Provider Connect (PCONN) Replacement Claim Training

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Optum Salt Lake County
**What is a replacement/corrected claim?**

Replacement/Corrected claim is used to entirely modify a previously submitted claim for a specific provider, patient and service.
Claim Types: Original, Replacement, Void

- **Original** claims are subject to 90-day timely filing rule.
  - 90-days is calculated from date of service or date eligibility granted, whichever is later.

- **Replacement** claims may be submitted for up to 365 days from the date of service.
  - Allows for the correction of a service that was previously submitted.
  - 365-days is calculated from date of service to claim submission date.
  - Ensures that clean-up/replacement claim is not inappropriately denied for 90-day timely filing.

- **Void** claims allow for 365-day clean up.
  - Allows for a provider to electronically communicate to Optum SLCO that a service should not have been approved.

*Please Note: Claims that were originally denied for exceeding 90-day timely filing, are not eligible for 365-day clean up.*
How to determine which claim is being replaced

A claim can only be replaced once. Therefore, if a claim was denied multiple times, each replacement claim must be reference the claim that immediately proceeded it.

For example:

Claim #1: “Original” claim submitted. Claim denied because service was not authorized. Payer claim control number 000001.

Claim #2: “Replacement” claim submitted. Claim denied because the client does not have SLC Medicaid eligibility. Payer claim control number 000002.

Claim #3: “Replacement” claim submitted. Claim approved because client paid spend down and now has eligibility. Payer claim control number 000003.

In the example above, claim #2 is replacing claim #1… and claim #3 is replacing claim #2. So logistically, when submitting #3, the payer claim control number from #2 is required as this tells the system what claim is being replaced.
How to create a replacement claim in Provider Connect

1. Select Treatment from the left navigation bar.
2. Click the button 'Add Professional Claim'.
How create a replacement claim in Provider Connect con’t

Enter Funding Source and Principal diagnosis codes, then click ‘Add Claim’

Click ‘Add professional Service’
How create a replacement claim in Provider Connect con’t

Enter Date, authorization number, CPT code, clinician information and units.

Select ‘Yes’ button on question “Is this service a replacement.
Next, select the service being replaced, from the drop down, then select ‘Set Treatment’.
How create a replacement claim in Provider Connect con’t

- Claim needs to be previously adjudicated, including EOB issued.

- Replacement claim can only contain services that are being replaced. i.e. if replacement claim contains 2 claims, both claims must be replacing previously adjudicated claims.

- A claim can only be replaced once.
Questions?
Thank you!

Contract and Provider Connect Questions
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