



# PROVIDER QUICK TIPS

#119

## PROMISE™ Internet Adjustments, Voids and Resubmissions Beginning January 1, 2012

The Department of Human Services (the department) is updating providers on the procedures for claim adjustments, voids, and resubmissions in PROMISE™ with the ANSI X12 v5010 and NCPDP vD.0 implementation effective January 1, 2012. This change is necessary as claims originally submitted prior to January 1, 2012 cannot be reprocessed using the internet copy claim function on after January 1, 2012.

### Adjustments

Providers who submit claim adjustments on the internet will need to manually re-key the claim information using the new v5010 format if an adjustment is required and the original claim was submitted prior to January 1, 2012. The provider will be able to select the ICN from the claim inquiry window; however the claim cannot be edited. The copy claim function will not be available. When submitting the adjustment, the provider should continue to select claim frequency code 7 for adjustment, or the provider may select the applicable type of bill, enter the ICN of the claim to be adjusted in the original claim number field, and properly complete the claim form.

### Voids

There is no change to the existing process for voiding a claim that was submitted prior to January 1, 2012. The provider should continue to select the ICN of the claim that needs to be voided from the claim inquiry window and change the claim frequency code to 8 for void, or the provider may select the applicable type of bill, enter the ICN in the original claim number field of the claim to be voided, and submit the claim.

### Resubmissions

Claims that were submitted prior to January 1, 2012, can be resubmitted in PROMISE™; however, the claim information must be manually re-keyed using the new v5010 format as a new claim. This is true regardless of how the claim was originally submitted; whether electronically, on paper, or on the internet. Providers will not be able to select the claim from the claim inquiry window, edit the claim and resubmit. The copy claim function will not be available.

Please note the department's policy with regards to invoice submission has not changed. An original claim must be submitted within 180 days from the date of service and within 365 days for adjustment/voids. Remember to enter the ICN of the denied claim in the original claim number field on adjustments and resubmissions to avoid a denial for timely filing. Please refer to Title 55 of the Pennsylvania Code, Human Services Chapter 1101.68, "Invoicing for Services".

Claims and claim adjustments submitted on or after January 1, 2012 using the new v5010 format can be copied or selected from the claim inquiry window and resubmitted on the internet if an adjustment is required.

For additional information on the department's ANSI X12 v5010 and NCPDP vD.0 upgrades and implementation plan, visit the department's website at:

<http://www.dhs.pa.gov/provider/promise/certification/index.htm>

Thank you for your service to our Medical Assistance recipients.  
We value your participation.

Check the department's website often at: [www.dhs.pa.gov](http://www.dhs.pa.gov)