

SECTION 6 ADJUSTMENTS & RESUBMISSIONS

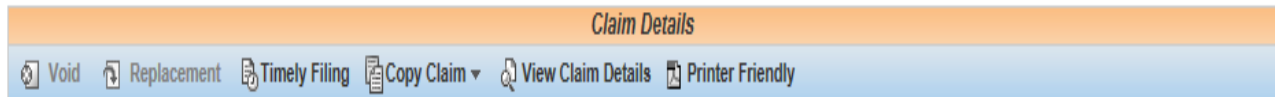
Providers who are paid incorrectly for a claim should submit an individual adjustment via the web portal at, www.emomed.com. [Behavioral Health Provider Manual](#) Section 6 details the adjustment process.

Adjustments for claim credits submitted via the Internet receive an immediate confirmation after submission to confirm the acceptance and indicate the status of the adjustment.

Refer to [Behavioral Health Provider Manual](#), Section 4 for timely filing requirements for adjustments and claim resubmissions.

PAID CLAIM OPTIONS on www.emomed.com

Paid claim(s) on the MO HealthNet emomed system can be either replaced or voided.

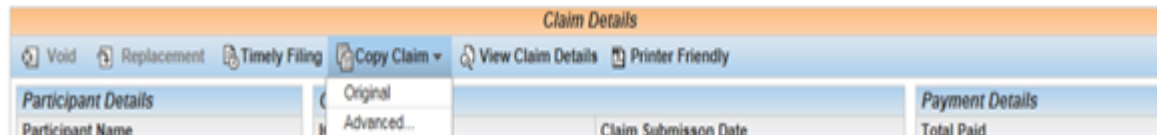


VOID - To void a claim from the claim status screen on emomed, choose the void option. This will bring up the paid claim in the system; scroll to the bottom of the claim and click on the highlighted 'submit claim' tab. The claim now has been submitted to be voided or credited in the system.

REPLACEMENT – To replace a claim from the claim status screen on emomed, choose the replacement option. This will bring up the paid claim in the system; corrections can be made to the claim by selecting the appropriate **edit (pencil icon)**, then saving the changes. Scroll to the bottom of the claim and select the highlighted 'submit claim' tab. The replacement claim with corrections has now been submitted.

DENIED CLAIM OPTIONS on www.emomed.com

Denied claim on the MO HealthNet emomed system, can be resubmitted as a New Claim or can be resubmitted by choosing Timely Filing, Copy Claim-original, or Copy Claim-advanced.



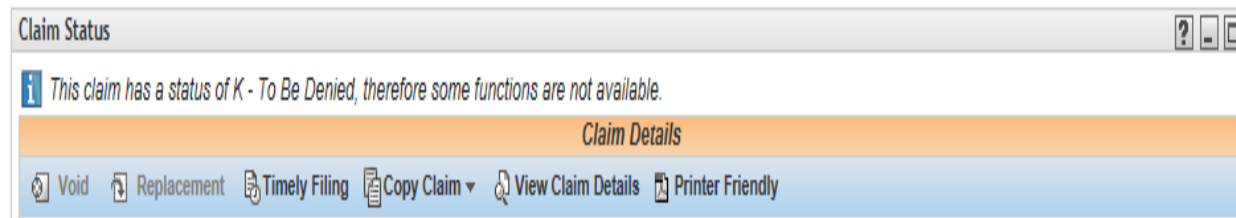
TIMELY FILING – To reference timely filing, choose the Timely Filing tab on the claim status screen on emomed. This function automatically plugs the Original Internal Control Number (ICN) of the claim retrieved (process within the timely filing guidelines).

Scroll to the bottom and select the highlighted 'submit claim' tab to prompt the claim to reprocess for payment.

COPY CLAIM- Original- This option is used to retrieve the original claim and recopy so corrections can be made to the claim by selecting the appropriate **edit (pencil icon)**, and then saving the changes. Scroll to the bottom of the claim and select the highlighted submit claim tab. The claim has now been submitted with the corrections made.

COPY CLAIM – Advanced- This option is used when the claim was filed using the **wrong NPI number or wrong claim form**. Example would be if the claim was entered under the individual provider NPI and should have been submitted under the clinic provider NPI. If the claim was originally filed under the wrong claim form, only the participant DCN and Name information will transfer over to the new claim form. Example would be if the claim was submitted on a Medical claim and should have been submitted as a Crossover claim.

CLAIM STATUS IS REPORTED AFTER THE CLAIM IS SUBMITTED



C – This status indicates that the claim has been **captured** and suspends process. This claim should not be resubmitted until it has a status of I or K.

K – This status indicates that the claim is to be **Denied**. This claim can be corrected and resubmitted immediately.

I – This status indicates that the claim is to be **Paid**.