



UB Claims Review Screen Guide



OVERVIEW

Purpose:

- This guide provides step by step instruction on how to enter corrections on individual claims that received fatal errors.

UB Claims Available:

- The claim information in the UB Claims Review screen is taken from the data file.
- Only claims that receive a fatal error are included in the UB Claims Review screen.
- The claim fields associated with the rejected claim are color coded for ease of use.
- The claims correspond with those listed on the current Edit Detail Report.

Best Practices:

- You should work through your rejected claims as you normally do within your internal departments and submit corrected claims through normal file submissions.
- Correct claims in the UB Claims Review Screen when your claims corrections cannot be submitted by normal means.

Processing:

UB Claims Review online correction processing runs twice daily.

- 11:30 AM to 12:30 PM CT and 5:00 PM to 7:30 PM CT daily.
- Corrections should be entered by:
10:30 am CT for the AM run and by 4:00 pm CT for the evening run.
- Resume submissions of data files once you have received confirmation by email that the UB Claims Review online corrections have processed.

Meeting a Quarter Close Deadline:

- Claims corrections must be submitted no later than 4pm CT M-F on the *final submission due date to be included in the quarter.*

**Accessing the
UB Claims
Review Screen**

Log into COMPdata
Click on UB Claims Review



**UB CLAIMS
Review Screen
- Index Page**

A screenshot of a web form titled "Review Errors". It contains the following fields and controls:

- Facility: TEST HOSPITAL- IL, SOMECITY, IL (dropdown menu)
- Patient Type: Inpatient (dropdown menu)
- Quarter: Q117 (dropdown menu)
- Build Index (button)

UB Claims Review Screen - Index Page (Cont'd.)

Building the Index Page:



The screenshot shows a web interface titled "Review Errors". It contains three dropdown menus: "Facility" with the value "TEST HOSPITAL- IL, SOMECITY, IL", "Patient Type" with the value "Inpatient", and "Quarter" with the value "Q117". Below these fields is a button labeled "Build Index".

- **Facility:** For multiple facilities reporting, use the drop-down arrow to make your choice. Otherwise, your facility name will already be provided here.
- **Patient Type:** Choose the appropriate Patient Type - Inpatient or Outpatient (ED, OC, IM will be included in the Outpatient setting).
- **Quarter:** Choose the appropriate quarter and year (only open quarters are visible).
- **Build Index:** Click here after making your choices to generate a Patient Number and Error List on the screen (see next screen).

UB Claims Review Screen

- Index Page (Cont'd.)

Built Index View and Features Available:

- Patient Number:** Each rejected claim is identified by the patient's unique ID, which is the active green link.
- Error:** To the right of the active link is the specific fatal error code number and description.

The screenshot shows a 'Review Errors' interface. At the top, there is a search filter with the following fields: Facility: TEST HOSPITAL- IL, SOMECITY, IL; Patient Type: Inpatient (dropdown); Quarter: Q117 (dropdown); and a 'Build Index' button. Below the filter is a table with two columns: 'Patient Number Error' and 'Error code and Description'. The table contains seven rows of data. A blue arrow points from the 'Build Index' button to the first patient number, 5555566. A blue box highlights the first two columns of the table.

Patient Number Error	Error code and Description
5555566	1204-Length of stay is not equal to R&B units
544445A	2501-The total charges revenue code is missing
322223A	2501-The total charges revenue code is missing
433334A	1204-Length of stay is not equal to R&B units
3333344	1204-Length of stay is not equal to R&B units
4444455	2501-The total charges revenue code is missing
655556A	1204-Length of stay is not equal to R&B units
2222233	2501-The total charges revenue code is missing

Accessing a Failed Claim:

- Clicking on an active link provides the complete UB claim.

Claims Detail Screen - Basic Functions

Basic Functions to Know Before Starting:

In the sections that follow, an individual claim screen is broken down into smaller sections with a description of the functions available with detailed steps. Below are basic steps to use throughout the screen as you make corrections.

Activate a Cell:

- Place the cursor within the cell and click to activate it.
- If the cell is currently populated, an X will appear in the upper right corner.
- Click on the X to clear the cell and make your new entry.

Backing Out Changes Made Before Saving:

- Choose Index to close out the claims screen.
- The original data will be restored on accessing the claim again from the Index page.

Saving Entries:

- Complete all updates in each section and review for accuracy before saving.
- Choose Save.
- The corrected claim will be sent to the nightly Que for processing.
- Claim links and detail remain available on the “Built Index” view until nightly processing is complete.

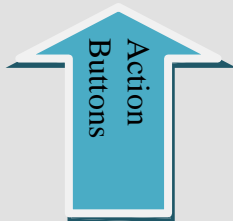
Claims Detail Screen - Basic Functions (Cont'd.)

Overview of Basic Functions Available:

Starting at the top of the screen, the following functions are available.

UB Claims Review			
Pat. Control No.:	IL999997.433334A	Med. Rec. No.:	
Bill Type:	111	Federal Tax ID:	
Patient First Name:	LOOKS	Patient Last Name:	SCHWAG
Patient Address:	1798 N INA LN	Patient City:	BELLE RIVE
State:	IL	Patient Zip Code:	62810
Patient Date of Birth:	7/17/1923	Patient Gender:	Female
Patient Race:	Other	Patient Ethnicity:	Neither Hispanic or Latino
Social Security No.:	0632	Discharge Date:	1/6/2017
Statement From Date:	1/2/2017	Admit Date:	1/2/2017
Admit Hour:	23	Discharge Hour:	14
Point of Origin:	1*Non-Health Care Facility	Priority of Visit:	1*Emergency
Discharge Disposition:	03	DX Version Qualifier:	0
Accident Date:		Accident State:	
Crime Date:		Accident Code:	
Birth Weight:		Crime Code:	
Admit DX:	S72091A	Birth Code:	
Condition Code2:	P1	Condition Code1:	P7
Condition Code4:	B3	Condition Code3:	AK
Condition Code6:		Condition Code5:	C7
Condition Code8:		Condition Code7:	
Condition Code10:		Condition Code9:	
		Condition Code11:	

Prev Next Save Index Delete



Inactive Cells: You will not be able to change the following:

- Patient's Unique ID, Bill Type, and Diagnosis Version Qualifier code.

Active Cells:

- All other boxes are available to modify entries.

Action Buttons: Action buttons stay visible on the page as you scroll up or down.

- **Prev:** Returns you to the prior claim.
- **Next:** Takes you to the next claim.
- **Save:** Allows changes or entries made to override the existing information and sends the claim to the nightly processing Que.
- **Index:** Returns you to the UB claims Build Index home page.
- **Delete:** Removes the claim completely from the system at nightly processing.

Claims Detail Screen - Basic Functions (Cont'd.)

UB04 Code Drop Down Options:

- Some entry boxes have a Drop-Down option indicated by the drop-down arrow.

State: IL ▼

- These data elements have standard coding by UB04 and have been provided as a quick reference and choice option when making corrections in these cells.

UB Claims Review			
Pat. Control No.:	IL999997.433334A	Med. Rec. No.:	
Bill Type:	111	Federal Tax ID:	
Patient First Name:	LOOKS	Patient Last Name:	SCHWAG
Patient Address:	1798 N INA LN	Patient City:	BELLE RIVE
State:	IL ▼	Patient Zip Code:	62810
Patient Date of Birth:	7/17/1923	Patient Gender:	Female ▼
Patient Race:	Other ▼	Patient Ethnicity:	Neither Hispanic or Latino ▼
Social Security No.:	0632	Discharge Date:	1/6/2017
Statement From Date:	1/2/2017	Admit Date:	1/2/2017
Admit Hour:	23 ▼	Discharge Hour:	14 ▼
Point of Origin:	1*Non-Health Care Facility ▼	Priority of Visit:	1*Emergency 2*Urgent 3*Elective 4*Newborn 5*Trauma Center 9*Information not Available
Discharge Disposition:	03 ▼	DX Version Qualifier:	
Accident Date:		Accident State:	
Crime Date:		Accident Code:	
Birth Weight:		Crime Code:	
Admit DX:	S72091A	Birth Code:	
Condition Code2:	P1	Condition Code1:	P7
Condition Code4:	B3	Condition Code3:	AK
Condition Code6:		Condition Code5:	C7
		Condition Code7:	

Claims Detail Screen - Basic Functions (Cont'd.)

Types of Error Codes and Color Key:

Admit DX:	S72142A	Condition Code1:	P7
Condition Code2:	P1	Condition Code3:	06
Condition Code4:	17	Condition Code5:	25
Condition Code6:	47	Condition Code7:	57
Condition Code8:		Condition Code9:	
Condition Code10:		Condition Code11:	
Attending Physician NPI:	1083692347	Operating Physician NPI:	1538272190
Other Physician1 NPI:		Other Physician1 Qualifier:	
Other Physician2 NPI:		Other Physician2 Qualifier:	
Total Charges:	\$94,363.92	Non-Covered Charges Total:	\$0.00

A list of error codes specific to this claim

Errors:

- 0204 - I - Verify discharge date
- 1103 - I - Verify admit date
- 0203 - P - Length of stay is not equal to P99 units
- 0504 - P - Sum of individual charges do not add up to total charges
- 3305 - W - SSN is equal to 9s
- 0102 - P - No P99 revenue code for inpatient
- 8803 - I - Verify revenue units
- 8803 - I - Verify revenue units
- 8903 - I - Verify revenue charge
- 9726 - I - Verify other ICD10 diagnosis
- 0101 - P - POA recorded, but other ICD10 diagnosis present

- ★ Red (fatal) **requires correction for inclusion.**
- ★ Yellow (warning) **errors may become fatal in the future.**
Claims that receive only a warning are accepted into the database and are not provided in the UB Claims Review screens unless associated with a fatal error.
- ★ Blue (informational) **messages are fields related to the fatal error.**
You should use the "Edit Detail Report" to assist in navigating through the associated informational codes on the UB Claims Review screen.

Error Messages are Available within each Color-Coded Cell:

Other Physician2 NPI:		Other Phys
Total Charges:	\$94,363.92	Non-Co
		F - Sum of individual charges do not add up to total charges

Hover over any color-coded entry box with the cursor for a quick view of the error message. This is helpful as you scroll down the page as the error code color key goes out of view.

Claims Detail Screen - Correcting Claims

Completing Corrections: *Error corrections will be completed by your internal departments as you work through error reconciliation and resubmission of a file as you normally do. If you choose to use this feature, please be sure you have guidance from the appropriate department for accurate entries.*

UB Claims Review			
Pat. Control No.:	IL999997.433334A	Med. Rec. No.:	
Bill Type:	111	Federal Tax ID:	
Patient First Name:	LOOKS	Patient Last Name:	SCHWAG
Patient Address:	1798 N INA LN	Patient City:	BELLE RIVE
State:	IL	Patient Zip Code:	62810
Patient Date of Birth:	7/17/1923	Patient Gender:	Female
Patient Race:	Other	Patient Ethnicity:	Neither Hispanic or Latino
Social Security No.:	0632	Discharge Date:	1/6/2017
Statement From Date:	1/2/2017	Admit Date:	1/2/2017
Admit Hour:	23	Discharge Hour:	14
Point of Origin:	1*Non-Health Care Facility	Priority of Visit:	1*Emergency
Discharge Disposition:	03	DX Version Qualifier:	2*Urgent
Accident Date:		Accident State:	4*Newborn
Crime Date:		Accident Code:	5*Trauma Center
Birth Weight:		Crime Code:	9*Information not Available
Admit DX:	S72091A	Birth Code:	
Condition Code2:	P1	Condition Code1:	F7
Condition Code4:	B3	Condition Code3:	AK
Condition Code6:		Condition Code5:	C7
		Condition Code7:	

Correcting a Cell with a Drop-Down Option:

- To view UB04 coding options, click on the drop-down arrow.
 - the options will expand to a list as shown.
- To select, click on an option to bring it into the cell.
- Double check changes made for accuracy before proceeding to save.
- If there is no other change to be made, choose Save to send to the Que for nightly processing.

Claims Detail Screen - Correcting Claims (Cont'd.)

Completing Corrections: *Errors will be completed by your internal departments as you work through error reconciliation and resubmission of a file as you normally do. If you choose to use this feature, please be sure you have guidance from the appropriate department for accurate entries.*

Accident Date:		Accident Code:	
Crime Date:		Crime Code:	
Birth Weight:		Birth Code:	
Admit DX:	S72142A	Condition Code1:	P7
Condition Code2:	P1	Condition Code3:	06
Condition Code4:	17	Condition Code5:	25
Condition Code6:	47	Condition Code7:	57
Condition Code8:		Condition Code9:	
Condition Code10:		Condition Code11:	
Physician NPI:	1083692347	Operating Physician NPI:	1083692347 X
Physician1 NPI:		Other Physician1 Qualifier:	
Physician2 NPI:		Other Physical2 Qualifier:	
Total Charges:	\$94,363.92	Non-Covered Charges Total:	\$0.00

Correcting within General Cells:

- Click on the X to clear the current entry and type in the new information.
- Double check changes made for accuracy before proceeding to save.
- If there is no other change to be made, choose Save to send to the Que for nightly processing.

Correcting Claims - Revenue Code Section

Revenue Code Section: *Revenue Code errors will be completed by your billing department as you work through error reconciliation and resubmission of a file as you normally do. If you choose to use this feature, please be sure you have guidance from your billing department for accurate entries.*

Rev. Code	HCPCS/CPT	Serv. Date	Serv. Units	Charge	Non-Covered Charge	Delete
430			11	\$3,438.26	\$.00	<input type="checkbox"/>
434			1	\$500.82	\$.00	<input type="checkbox"/>
450			4	\$3,061.94	\$.00	<input type="checkbox"/>
460			4	\$673.16	\$.00	<input type="checkbox"/>
710			88	\$3,892.68	\$.00	<input type="checkbox"/>
730			1	\$649.76	\$.00	<input type="checkbox"/>

Add Rev.

Correct a Revenue Code:

- Place your cursor within the Revenue Code and click within the cell to activate it.
- Click on the X to clear the current entry and type in the new code.
- Double check changes made for accuracy before proceeding to save.
- If there is no other change to be made, choose Save to send to the Que for nightly processing.

Correcting Claims - Revenue Codes (Cont'd)

Add a Revenue Code:

- Click on, [Add Rev button](#), a new entry line of boxes appears.
- Complete applicable entries for Inpatient and Outpatient, Service Units and Charges.

*Individual Revenue Charges are cross checked against the **TotalCharges** on the claim for accuracy. If you add Revenue Codes, double check the Total Charges. An adjustment may be needed in **TotalCharges** as well.*

- Make any changes required in **Total Charges**.

Rev. Code	HCPCS/CPT	Serv. Date	Serv. Units	Charge	Non-Covered Charge	Delete
430			11	\$3,438.26	\$0.00	<input type="checkbox"/>
434			1	\$500.82	\$0.00	<input type="checkbox"/>
450			4	\$3,061.94	\$0.00	<input type="checkbox"/>
460			4	\$673.16	\$0.00	<input type="checkbox"/>
710			88	\$3,892.68	\$0.00	<input type="checkbox"/>
730			1	\$649.76	\$0.00	<input type="checkbox"/>
				\$0.00	\$0.00	

- Double check changes made for accuracy before proceeding to save.
- If there is no other change to be made, choose [Save](#) to send to the Que for nightly processing.

Correcting Claims - Revenue Codes (Cont'd.)

Delete Column:

- Each Revenue Code line has a delete option.
- The delete feature removes all the information related to a specific Rev. Code entry line.
- Deleting the Revenue Code may require an adjustment to total charges as well.

Rev. Code	HCPCS/CPT	Serv. Date	Serv. Units	Charge	Non-Covered Charge	Delete
430			11	\$3,438.26	\$0.00	<input type="checkbox"/>
434			1	\$500.82	\$0.00	<input checked="" type="checkbox"/>
450			4	\$3,061.94	\$0.00	<input type="checkbox"/>
460			4	\$673.16	\$0.00	<input type="checkbox"/>
710			88	\$3,892.68	\$0.00	<input type="checkbox"/>
730			1	\$649.76	\$0.00	<input type="checkbox"/>

Delete
<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Delete a Revenue Code:

- Click on the Delete box, a check mark will appear in the revenue code line you wish to delete.
- Double check changes made for accuracy before proceeding.
- If there is no other change to be made, choose Save to send to the Que for nightly processing.

Correcting Missing Total Charges:

Total Charges:	\$00 ×	
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- You will not add a Rev code for total charges 0001.
- Only enter the total of all charges in the Total Charges entry box.
- Click on the X to clear the current entry and type in the amount.
- Double check changes made for accuracy before proceeding to save.
- If there is no other change to be made, choose Save to send to the Que for nightly processing.

Correcting Claims - Diagnosis (DX) Code Section

Diagnosis Code Section: *Diagnosis code errors will be completed by your coding department as you work through error reconciliation and resubmission of a file as you normally do. If you choose to use this feature, please be sure you have guidance from your coding department for accurate entries.*

DX Code	DX POA	Delete
S72091A	Yes	<input type="checkbox"/>
D62	No	<input type="checkbox"/>
I10	Yes	<input type="checkbox"/>
K219	Yes	<input type="checkbox"/>
G44229	Yes	<input type="checkbox"/>
Z9181		<input type="checkbox"/>
M1990	Yes	<input type="checkbox"/>
Z66	Yes	<input type="checkbox"/>
Z85828		<input type="checkbox"/>

Correcting a Diagnosis Code:

- Click within the DX code cell requiring correction to activate the X.
- Click on the X to clear the current entry and type in the new code.
- A change of diagnosis code may require a change of the DX POA (Present on Admission Indicator) answer supplied.

Note: A blank entry DX POA field indicates a code is exempt from providing a POA code. These blank fields should not be changed unless required.

DX POA Section: *When adding, removing, or correcting a diagnosis code, the POA will also need review for the appropriate entry. Please be sure you have guidance from your coding department for accurate entries.*


DX POA	Delete
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Yes	<input type="checkbox"/>
Yes	<input type="checkbox"/>
Yes	<input type="checkbox"/>
Yes	<input type="checkbox"/>
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Information not in Record	<input type="checkbox"/>
Clinically Undetermined	<input type="checkbox"/>
Exempt from POA Reporting	<input type="checkbox"/>
	<input type="checkbox"/>

- Click on the POA drop down box that is indicated as a fatal error.
- Click on the appropriate choice for POA.
- Double check changes made for accuracy before proceeding to save.
- If there is no other change to be made, choose. **Save** to send to the Que for nightly processing.

Correcting Claims - Diagnosis (DX) Code (Cont'd)

Adding a Diagnosis Code: *Diagnosis code errors will be completed by your coding department as you work through error reconciliation and resubmission of a file as you normally do. If you choose to use this feature, please be sure you have guidance from your coding department for accurate entries.*


DX Code	DX POA	Delete
S72091A	Yes	<input type="checkbox"/>
D62	No	<input type="checkbox"/>
I10	Yes	<input type="checkbox"/>
K219	Yes	<input type="checkbox"/>
G44229	Yes	<input type="checkbox"/>
Z9181		<input type="checkbox"/>
M1990	Yes	<input type="checkbox"/>
Z66	Yes	<input type="checkbox"/>
Z85828		<input type="checkbox"/>

Click here  New Entry

- Click on **Add Diag** button, a new entry line of boxes will appear.
- Complete applicable entries; check appropriate POA Indicator as illustrated in prior screen.
- Double check changes made for accuracy before proceeding to save.
- If there is no other change to be made, choose **Save** to send to the Que for nightly processing.

Delete Column: Each diagnosis code (DX Code) line has a delete option. The delete feature removes all the information related to a specific diagnosis code entry line.

DX Code	DX POA	Delete
S72091A	Yes	<input type="checkbox"/>
D62	No	<input type="checkbox"/>
I10	Yes	<input type="checkbox"/>
K219	Yes	<input type="checkbox"/>
G44229	Yes	<input type="checkbox"/>
Z9181		<input type="checkbox"/>
M1990	Yes	<input type="checkbox"/>
Z66	Yes	<input type="checkbox"/>
Z85828		<input type="checkbox"/>

Click here 

Delete

Delete a DX Code:

- Click on the **Delete** box.
- A check mark will appear.
- Double check changes made for accuracy before proceeding.
- If there is no other change to be made, choose **Save** to send to the Que for nightly processing.

Correcting Claims - Procedure Code Section

Procedure Code Correction: *Procedure code errors will be completed by your coding department as you work through error reconciliation and resubmission of a file as you normally do. If you choose to use this feature, please be sure you have guidance from your coding department for accurate entries.*

Correcting a Procedure Code:

Proc. Code	Proc. Date	Delete
30233AB	1/3/2017	<input type="checkbox"/>
30233N1	1/5/2017	<input type="checkbox"/>

- Click on the procedure code that indicates a fatal error.
- Click on the X to clear the current entry and type in the new code
- Proc Code Date should also be checked for correction before proceeding.
- Double check changes made for accuracy before proceeding.
- If there is no other change to be made, choose Save to send to the Que for nightly processing.

Add a Procedure Code:

Proc. Code	Proc. Date	Delete
0SRR0JA	1/3/2017	<input type="checkbox"/>
30233N1	1/5/2017	<input type="checkbox"/>

Add Proc.

Click here

- Click on Add Proc. Code, a new entry line of boxes will appear.
- Complete all applicable entries.
- Double check changes made for accuracy before proceeding.
- If there is no other change to be made, choose Save to send to the Que for nightly processing

Delete a Procedure Code: Each diagnosis code (DX Code) line has a delete option. The delete feature removes all the information related to a specific diagnosis code entry line.

Proc. Code	Proc. Date	Delete
0SRR0JA	1/3/2017	<input type="checkbox"/>
30233N1	1/5/2017	<input type="checkbox"/>

Delete a DX Code:

- Click on the Delete box.

A check mark will appear.

Delete

- Double check changes made for accuracy before proceeding.
- If there is no other change to be made, choose Save to send to the Que for nightly processing.

Correcting Claims - E Codes and POA Section

E Code Corrections: *When adding, removing, or correcting an E code (External Cause of Morbidity) the POA will also need review for the appropriate entry. Please be sure you have guidance from your coding department for accurate entries.*

Correcting ECM Codes:

E Codes	E Code POAs
W1830XAA X	Yes
T92129	

- Click within the E code cell requiring correction to active the X.
- Click on the X to clear the current entry and type in the new code.

A change of an E code may require a change of the E code POA (Present on Admission Indicator) answer supplied.

- Double check changes made for accuracy before proceeding to save.
- If there is no other change to be made, choose Save to send to the Que for nightly processing.

Correcting POAs on ECM Codes:

Note: A blank entry for the POA field indicates a code is exempt from providing a POA code.

These blank fields should not be changed unless required.

E Codes	E Code POAs
Y9301	
W010XXA	Yes
Y92009	No
	information not in Record
	Clinically Undetermined
	Exempt from POA Reporting

- Click on the E Code drop down box that is indicated as a fatal error.
- Click on the appropriate choice for the E code provided.
- Double check changes made for accuracy before proceeding to save.
- If there is no other change to be made, choose Save to send to the Que for nightly processing.

Add an E code: *Please be sure you have guidance from your coding department for accurate entries.*

The diagram illustrates the process of adding a new E code entry. It shows a table with two columns: 'E Codes' and 'E Code POAs'. Below the table, there is a button labeled 'Add ECode'. A blue arrow labeled 'New Entry line' points to a new empty row in the table. Another blue arrow labeled 'Click here' points to the 'Add ECode' button.

- Click on Add E Code, a new entry line of boxes will appear.
- Complete all applicable entries for E Code and appropriate E Codes POA.
- Double check changes made for accuracy before proceeding.
- If there is no other change to be made, choose Save to send to the Que for nightly processing.

Correcting Claims - Payer Code Correction:

Payer Code	Hlth Plan ID	Ins Name	Pat. Relation	Ins. Uniq. ID	Ins. Group Number
98910				355306493A	
98920					

- Click within the Payer code cell requiring correction to activate the X.
- Click on the X to clear the current entry and type in the new code.
- Double check changes made for accuracy before proceeding.
- If there is no other change to be made, choose Save to send to the Que for nightly processing.

Correcting Claims - Reason for Visit Correction:

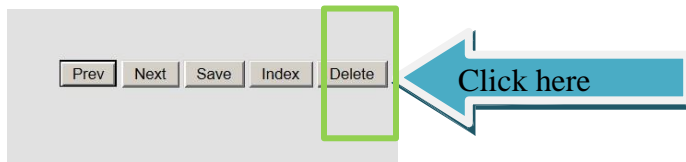
Rsn for Visit
M25551

- Click within the Reason for Visit code requiring correction to activate the X.
- Click on the X to clear the current entry and type in the new code.
- Double check changes made for accuracy before proceeding.
- If there is no other change to be made, choose Save to send to the Que for nightly processing.

Correcting Claims - Deleting a Claim: *If you choose to use this feature, please be sure you have guidance from the appropriate departments.*

Deleting a Claim:

- Use it **with caution. You will not be able to back out the delete option.**
- From the row of action buttons on the far right choose Delete.



- The claim will not be removed from the Edit Error Report or UB Claims Review Screen until nightly processing is complete.

Deleted Claims View:

- The claim's bill type will be changed to DELETE.

UB Claims Review		
Pat. Control No.:	IL999997.4444455T	Med. Rec. No.:
Bill Type:	DELETE	Federal Tax ID:
Patient First Name:	MIKE	Patient Last Name:
Patient Address:	302 LINDA AVE	Patient City:
State:	IL	Patient Zip Code:
Patient Date of Birth:	11/30/1938	Patient Gender:
Patient Race:	Other	Patient Ethnicity:

Verify Deletion:

- To verify the deletion, check the UB Claims Screen or the Edit Detail Report the next day.
- This claim will no longer be in the system.

Exiting UB Claims Review Screen

Exiting the UB Claims Review Screen:

Note: The UB Claims submitted for correction will remain until the evening processing is complete.



Prev Next Save **Index** Delete

- Choose **Index** to return to the main UB Claims Review Screen.
- Choose **Home** to exit the UB Claims Review Screen and log off.

Verifying Claims Corrections

Verification of Accepted Claims:

- Review the **Edit Detail Report** after the claims have been processed and confirm results.

Resources

Data Submission Resource Links:

From the Main Menu Choose:

- **Resources**



Change Password

Resources

- Opens the following screen:

- 
- [COMPdata Data Coordinator Manual](#)
 - File Formats
 - State Mandates
 - System Overview
 - [File Format Tips](#) provides modification details for programming

File Submission

- [Submission Step-by-Step Guide](#)

System

- [Edit Error Code Reference Sheet](#)
- [Error Correction Step by Step Process](#)
- [Revenue Codes Requiring Procedure Codes](#)

There you will find many helpful resource links such as the [Error Code Reference Sheet](#) which contains additional resource tabs, e.g.: File Format, Bill Types, and Payer Category Codes.

Support

Customer Support/Data Submission Services

www.customerservice@team-ihg.org or calls 866-262-6222 Mon.-Fri. 8:30-4:30 CT.
