

Modifying a Claim submitted on the Empower Portal

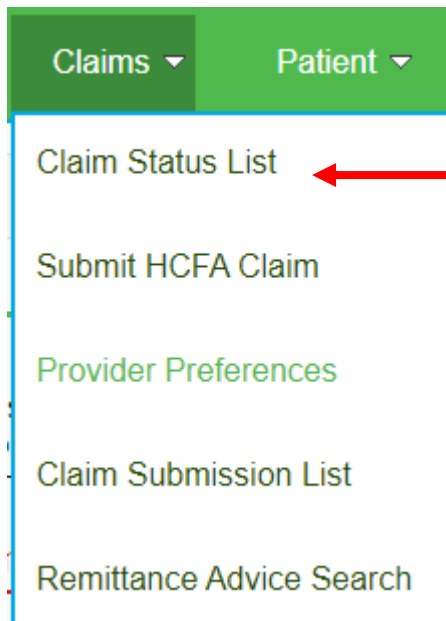
Beginning October 15, 2020, providers can submit claim adjustments to “finalized” Professional claims (CMS 1500) submitted on the Empower Provider portal.

Only claims originally submitted on the Empower Portal can be modified via the Portal.

Please Note: Providers are not able to VOID a claim on the portal.

STEP ONE

Navigate to the Claims Status List in the claims drop down and search for the claim that needs to be modified.



STEP TWO

Click on the Claim # [hyperlink](#) to get to the Claim Detail page.
From Claim Status List

Results										Export	Download PDF	
Claim #	Claim type	Member	PASSE ID#	Medicaid ID#	Svc date	Provider	Claim status	Charge amt	Patient resp	Payment		
View EOB XXXXXXXXXXXX	Professional				09/19/2020		Finalized/Payment		\$ 00	\$3,427.20		

STEP THREE

If a claim is in the Finalized, Finalized/Payment, Finalized/Adjudication Complete status a 'Modify Claim' button will appear. Click 'Modify Claim' to open the claim entry form.

Patient Information Printer Friendly Format View EOB

Member [REDACTED]


PASSE ID# [REDACTED]

Medicaid ID#

DOB [REDACTED]

Gender [REDACTED]

Patient Control No

Servicing Provider Information 

Provider [REDACTED]

STEP FOUR

When modifying a claim all information can be changed (i.e. correcting an existing service line, adding additional service lines, deleting service lines, adding and deleting file attachments). After a claim has been modified and submitted it will be processed. After modifying a claim, please allow 24 hours before checking the status. Claims in the Pending/In Process status contain remark codes that are subject to change and should not be considered final until the claim has reached the Finalized/Payment status.

Member Information

Patient Id Code*

Patient Last Name*

Patient First Name*

Patient DOB*

Provider Information

Billing Provider Name*

Provider Specialty - Taxonomy

Location*

Other Identifier*

Treating Same As Billing

Treating Provider Name*

Provider Specialty - Taxonomy

Location*

Diagnosis Codes - Enter up to 12

Diagnosis Code Set*

Diagnosis Code 1*

Diagnosis Code 2

Diagnosis Code 3

Diagnosis Code 4

Claim Information

Claim type*

Service Line(s)

From Service Date**	To Service Date**	Facility Type Code**	Procedure**	NDC's	Procedure Modifiers	Diagnosis Pointers**	Quantity**	Charge Amt**	
01/08/2020 <input type="button" value="Add"/>	01/08/2020 <input type="button" value="Add"/>	Office	0007M <input type="button" value="Add"/>	0 <input type="button" value="Add"/>	<input type="text"/>	<input type="text"/>	1	\$658.00	<input type="button" value="Add"/> <input type="button" value="Delete"/>

Other Claim Information - Click on a checkbox to expand a section for entry

Enter Referring Provider

Enter File Attachments

Enter Patient Related Causes

Hospitalization Dates Related to Current Services

Outside Lab

Enter Illness/Injury/Pregnancy/Ability to Work

Enter Unable to Work in Current Occupation Dates

Enter Medicaid Resubmission

Please Note:

A claim can be modified more than once. However, the claim number will not change when a claim is modified.