# Replacement Claims – NC Medicaid & Other Payers

Use this guide to verify the ICN/DCN, create a replacement claim batch, and confirm the 837 output.

- **Replacement claims** are used when a paid claim was transmitted with missing or incorrect information (e.g., missing visits, wrong hours).
- **Do NOT use a replacement** if the claim **rejected and did not pay**. In that case, just rebuild and resend a new claim.
- Each NC Medicaid claim has a 15-digit **ICN** (Internal Control Number) that uniquely identifies one payment of one claim.
- The same steps can be used for other payers (Medicare, HMOs, BCBS, etc.), but the **ICN/DCN/Claim Number** format and name may differ.

## Manual versus Electronic TIPS

If your agency uses Barnestorm to both generate claims and receive ERAs, the ICN will automatically carry over when submitting a replacement claims.

If charges are entered directly in NCTracks, or if Barnestorm is used only to generate and send claims (without receiving the ERA), the ICN will not automatically populate. In these cases, when submitting a replacement claim through Barnestorm, you must manually enter the ICN for each affected patient/batch.

## Overview

- Step 1 – **Verify or enter** the correct ICN/DCN/Claim Number.
- Step 2 – **Create the replacement claim batch** with matching dates and chart information.
- Step 3 – **Confirm** replacement indicators in the 837 file and on the printed claim (UB-04 or CMS-1500).

## Step 1 – Verify ICN / Claim Number

First, confirm the ICN/DCN/Claim Number in **Accounts Receivable > ICN Edit**. This information is automatically added when the electronic remittance advice is posted using Barnestorm.

1. Go to **Accounts Receivable > ICN Edit**.
2. Enter the patient's **Chart Number**.
3. If the patient has multiple payers, select the correct **Payer**.
4. Review the ICN list on the right, including:
    - **From Date**, **Through Date**
    - **Paid Date**
    - **ICN** (claim number)
5. Identify which ICN needs to be replaced based on the service dates and payment; note the **From** and

**Through** dates.

6. If the dates you need to replace are **not listed**, or the ICN is missing, add it manually (see below).

If the ICN you need is not listed

1. Click **Add a New ICN Entry**.
2. From your paper/electronic remittance, enter:
   - **Payment Date**
   - **Claim From Date**
   - **Claim Through Date**
   - **ICN / DCN / Claim Number**
3. Click **Save**.
4. Confirm your new ICN now appears in the list and note the **From** and **Through** dates for the next step.

### Step 2 – Create the Replacement Claim Batch

Batch Rule:A replacement batch can only generate if **every claim in the batch** has a valid ICN in the system and there is **no existing filename** for that batch.

1. Go to **Billing > All Other Billing**.
2. Enter the **From** and **Through** dates **exactly** as they appeared on the original claim you are replacing.

- The system searches for the ICN using: **Chart#**, **Program**, **Payer**, and the **first visit date**.
- If you changed the first visit date while correcting the claim, you may need to update **From Date** to the new first-visit date.

3. Enter the patient's **Chart Number**.
4. Select **Prepare Charges For Billing**.
5. Check the box **Send as Replacement Claims**.

   **Important:** This step is required for the claim to be marked as a replacement.

6. Click **Create HIPAA Tx** to generate the 837 file.
7. Return to **Accounts Receivable > ICN Edit** and confirm:
   - The **Batch Number** now appears beside the ICN for the claim you just created.
8. Transmit the batch to **Medicaid** (or the appropriate payer) as you normally would.

   The transmission process is the same for replacement and original claims.

## Step 3 – Advanced: Confirm in 837 & on Claim Forms

Once the transmission is created, you can open the 837 file in your claims folder and verify the replacement indicators.

### UB-04 (Institutional) – 837 Details

- Find the line that begins with `CLM*`. After the `::` you will see a number:
  - **1** = Original claim
  - **7** = Replacement claim (if there is no "7", it is not a replacement)
  - **8** = Void claim
- The line immediately after the `CLM*` line contains the **ICN**.
- On the printed UB-04 claim form, the **Type of Bill (TOB)** will show **0327** (top-right corner) for a replacement.

### CMS-1500 (Professional) – 837 Details

- As with UB-04, check the `CLM*` line:
  - **1** = Original claim
  - **7** = Replacement claim (if there is no "7", it is not a replacement)
  - **8** = Void claim
- For replacement claims, you will see an additional line after the `CLM*` line, similar to:

  `REF*F8*1234567890`

  This `1234567890` represents the **ICN**.
- On the printed CMS-1500, the **7** (or **8** for void) and the **ICN** will appear on the same line or beneath the ICD codes.

Tip: Keep a copy of the remittance advice handy when building replacement claims so you can verify the exact ICN and service dates.