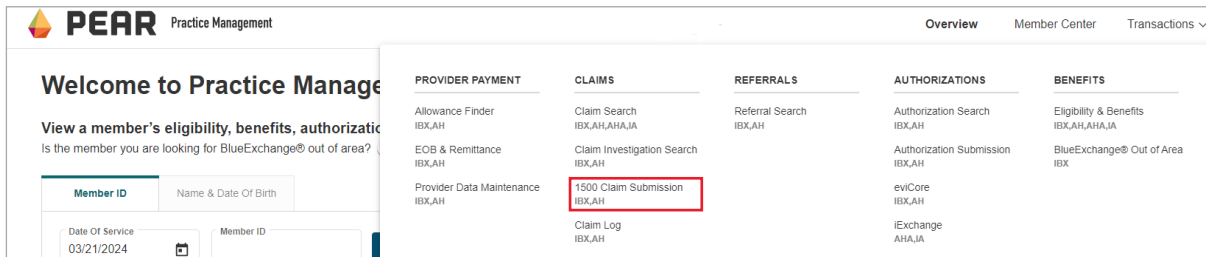


PEAR Practice Management: Submitting a Corrected Claim for Missing Servicing/Rendering Provider Taxonomy Code

If a claim denied for a missing or unavailable servicing provider, please submit a corrected claim through the 1500 Claim Submission transaction on PEAR Practice Management.

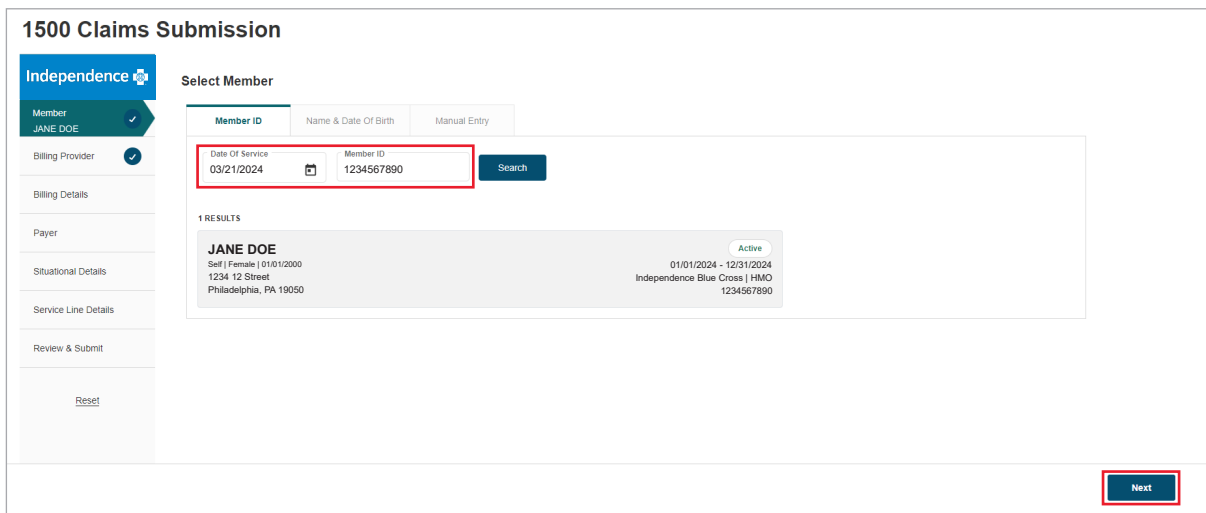
Note: The member/provider data shown is used for training purposes only and does not reflect actual member/provider data. You may see minor screen variations when logging onto the portal. Process steps remain the same and applicable to Independence Blue Cross and AmeriHealth in New Jersey and Pennsylvania.

1. Select *1500 Claim Submission* from the Transactions menu.



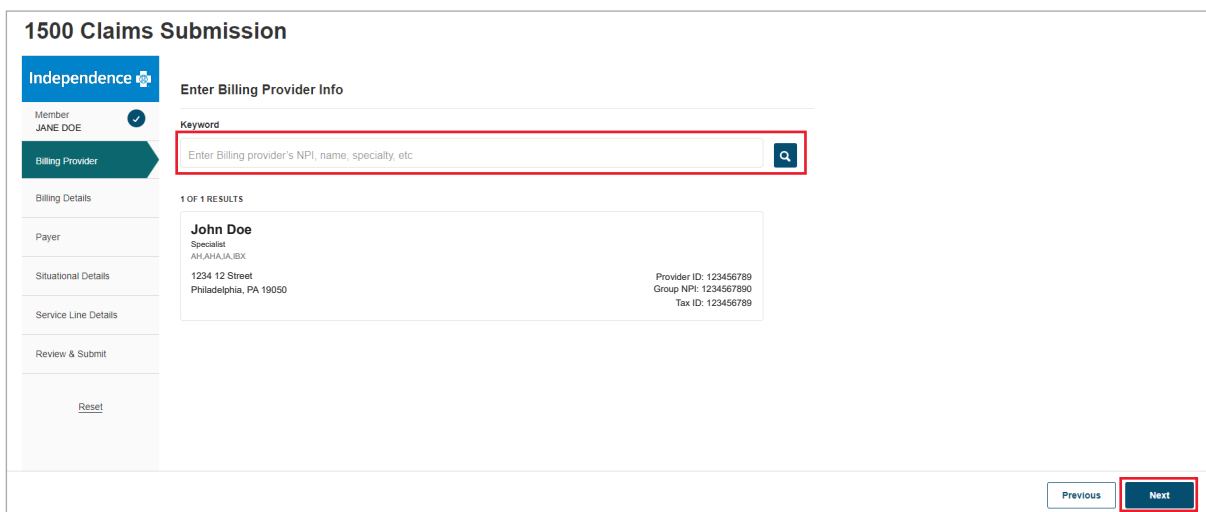
The screenshot shows the PEAR Practice Management Transactions menu. The '1500 Claim Submission' option is highlighted with a red box.

2. Enter the original claim date of service and the member identification number.
Click the appropriate member card and select **Next**.



The screenshot shows the '1500 Claims Submission' screen. The 'Select Member' section is active. The 'Date Of Service' is entered as 03/21/2024 and the 'Member ID' is entered as 1234567890. The 'Search' button is highlighted with a red box. Below the search results, a card for 'JANE DOE' is shown. The 'Next' button is highlighted with a red box.

3. Enter the billing provider's group NPI and search.
Click the appropriate provider card noting the correct taxonomy code and select **Next**.



The screenshot shows the '1500 Claims Submission' screen. The 'Enter Billing Provider Info' section is active. The 'Keyword' field is highlighted with a red box. Below the search results, a card for 'John Doe' is shown. The 'Next' button is highlighted with a red box.

4. Indicate the *NAIC code* and *Place of Service* using the provided drop-down menus.

1500 Claims Submission

Independence

Member
JANE DOE

Billing Provider

Billing Details

Payer

Situational Details

Enter Billing Details

Billing Provider Taxonomy Code
123XX1234X

NAIC Code

95056

Place Of Service

11 - Office

5. Enter your patient account number and indicate a response to the *Signature on File* and *Accept Assignment* questions.

Service Line Details

Review & Submit

Reset

Patient Account Number

Signature on File?

☒ Yes
 ☐ No

Accept Assignment?

☒ Yes
 ☐ No

6. Under *Claim Frequency Type Code* select **7 – Replacement** from the drop-down menu.

Claim Frequency Type Code

7 - Replacement

7. Enter the original claim number found on the remittance of the denied claim.

Original Claim #

8. Enter the authorization number and referral number if needed. Select **Next**.

Claim Frequency Type Code

7 - Replacement

Original Claim #

Authorization # (optional)

Referral # (optional)

Previous

Next

9. Indicate Primary Payer A, release of information and assignment of benefits. Select **Next**.

1500 Claims Submission

Independence

Member
JANE DOE

Billing Provider

Billing Details

Payer

Situational Details

Service Line Details

Review & Submit

Reset

Payer

Primary Payer A
Independence

Payer Name
Independence

Release of Information
☒ Provider has signed statement
☐ Informed consent

Assignment of Benefits
Yes

Previous

Next

10. The rendering provider detail including taxonomy code is required on all claims. This information can be noted under *Situational Details* or *Service Line Details*. If entered through *Service Line Details*, the rendering provider with taxonomy must be noted on each individual service line.

Member
JANE DOE

Billing Provider

Billing Details

Payer

Situational Details

Service Line Details

Review & Submit

a. Situational Details

Enter the rendering practitioner's NPI and select the provider card.

Situational Details

[Depending on the types of services you're submitting for this claim, some of the details below may not be needed]

PROVIDER AND FACILITY INFORMATION

SERVICING/RENDERING PROVIDER (OPTIONAL)

Enter Billing provider NPI, name, specialty, etc.

John Doe
Specialist
Practitioner NPI: 1234567890
Taxonomy Code: 123XX1234X

NPI

Complete the balance of Situational Details as needed and select **Next**.

REFERRING PROVIDER		
Last Name	First Name	NPI
<input type="text"/>	<input type="text"/>	<input type="text"/>
SERVICE FACILITY		
Select a facility		
ADDITIONAL DATES		
CONDITION CODES		
RELATED CAUSES		
REMARKS		
AMBULANCE INFO		
ADD ATTACHMENT		
ANESTHESIA RELATED PROCEDURES		
		<input type="button" value="Previous"/> <input type="button" value="Next"/>

b. Service Line Details

Enter the diagnosis, then the first procedure code.

Enter Service Line Details	
Diagnoses	
You can enter a maximum of 12 codes	
<input type="text" value="Start typing diagnosis..."/>	
Service Line Group 1	
[delete group]	
Procedures (CPT/HCPCS)	
You can enter a maximum of 50 codes	
<input type="text" value="Start typing procedure..."/>	

Indicate the DX Pointers, quantity, and charges and additional detail as needed.

Enter Service Line Details						
Diagnoses						
You can enter a maximum of 12 codes						
<input type="text" value="Start typing diagnosis..."/>						
A - (G50.1) atypical facial pain PRIMARY						
Service Line Group 1						
[delete group]						
Procedures (CPT/HCPCS)						
You can enter a maximum of 50 codes						
<input type="text" value="Start typing procedure..."/>						
Date(s) of Service	POS	Procedure	DX Pointers	Units	Qty	Charges
1 03/21/2024 03/21/2024	11	99213	Select	Units		
Add modifiers Add a drug Add Ambulance Add Line Note Add Additional Info						
SERVICING/RENDERING PROVIDER (OPTIONAL)						
Enter Billing provider NPI, name, specialty, etc						

Enter the rendering provider's NPI and select the appropriate provider card.

SERVICING/RENDERING PROVIDER (OPTIONAL)

Enter Billing provider NPI, name, specialty, etc.

John Doe

Specialist

Practitioner NPI: 1234567890

Taxonomy Code: 123XX1234X

If billing for more than one procedure, the rendering provider is required for each individual service line.

11. Select **Next** after entering all service line detail.

Previous

Next

12. Review the corrected claim and edit as needed. Select **Submit** when complete.

Review & Submit

View Form

Member Info

PATIENT

Name: Jane DoeGender: Female1234 12 St
Member ID: XXX 1234567890DOB: 01/01/2000Philadelphia, PC 19050
Relation To Insured: Self

SUBSCRIBER

Name: Jane DoeGender: Female1234 12 St
Member ID: XXX 1234567890DOB: 01/01/2000Philadelphia, PA 19050

Billing Provider

John Doe
1234 12 St
Philadelphia, PA 19050
NPI: 1234567890
Provider ID: 123456789
Tax ID: 123456789

Billing Details

Billing Provider Taxonomy Code: 123XX1234X
NAIC Code: 12345
Place of Service: Office
Patient Account #: 12345678901234567
Signature on File?: Yes
Accept assignment?: Yes
Claim Frequency Type Code: 7 - Replacement
Original Claim #: 12345678901234567

Payer

Primary Payer A: Independence
Payer Name: Independence
Release of Information: Provider has signed statement
Assignment of Benefits: Yes

Situational Details

Service Line Details

Diagnoses

A G50.1 - atypical facial pain - PRIMARY

Service Lines

SERVICE LINE GROUP 1

1 99213 - office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making, when using total time on the date of the encounter for code selection, 20 minutes must be met o
DATE: 03/21/2024 - 03/21/2024 POS: 11 UNIT: UN QTY: 1 CHARGES: \$10.00
DX POINTERS: A

SERVICING/RENDERING PROVIDER
Doe, John
Specialty
Practitioner NPI: 1234567890
Taxonomy Code: 123XX1234X

Total Service Charges: \$10.00
Patient Amount Paid: \$0.00

Previous

Submit