

Navigating the Birth to Three Fiscal Portal: Claims Needing Attention

Identifying responsibility for claim edits for successful submission. Best practice is for this report to be viewed daily.

6 Steps [View most recent version](#) 

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Log in to your account on the Portal

6 Steps 

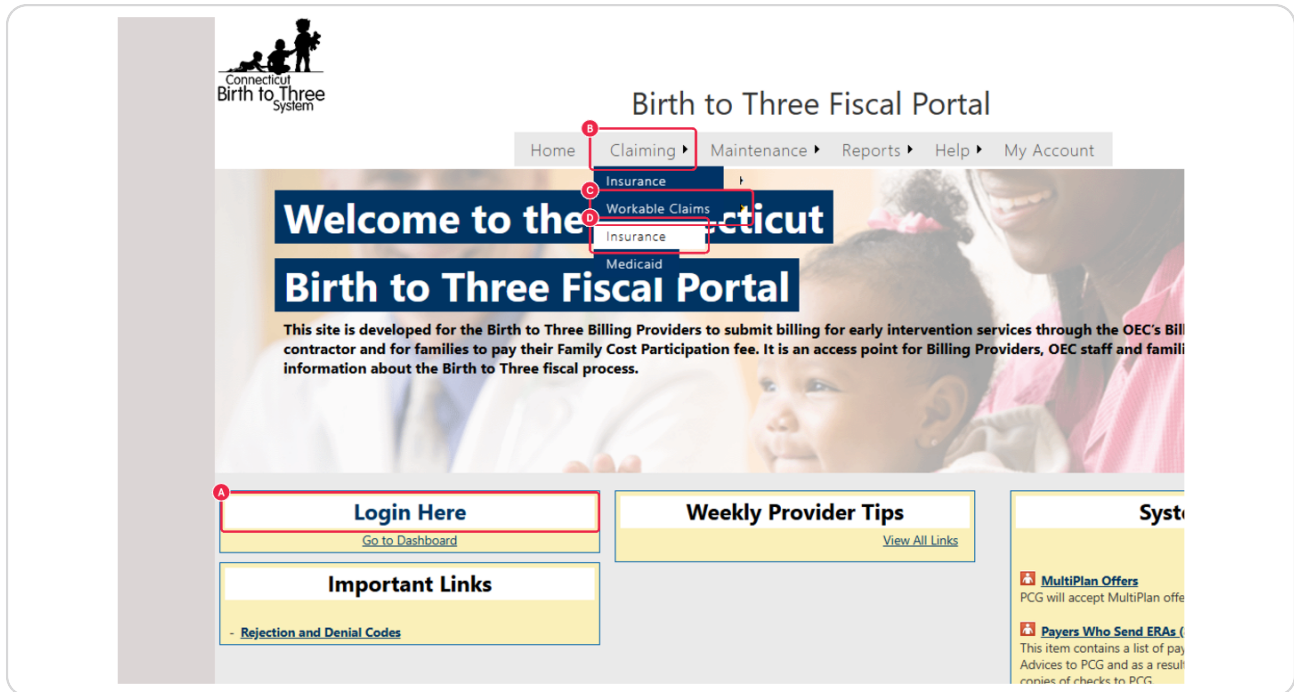
STEP 1

A. Click on Login Here

B. Select Claiming

C. Select Workable Claims

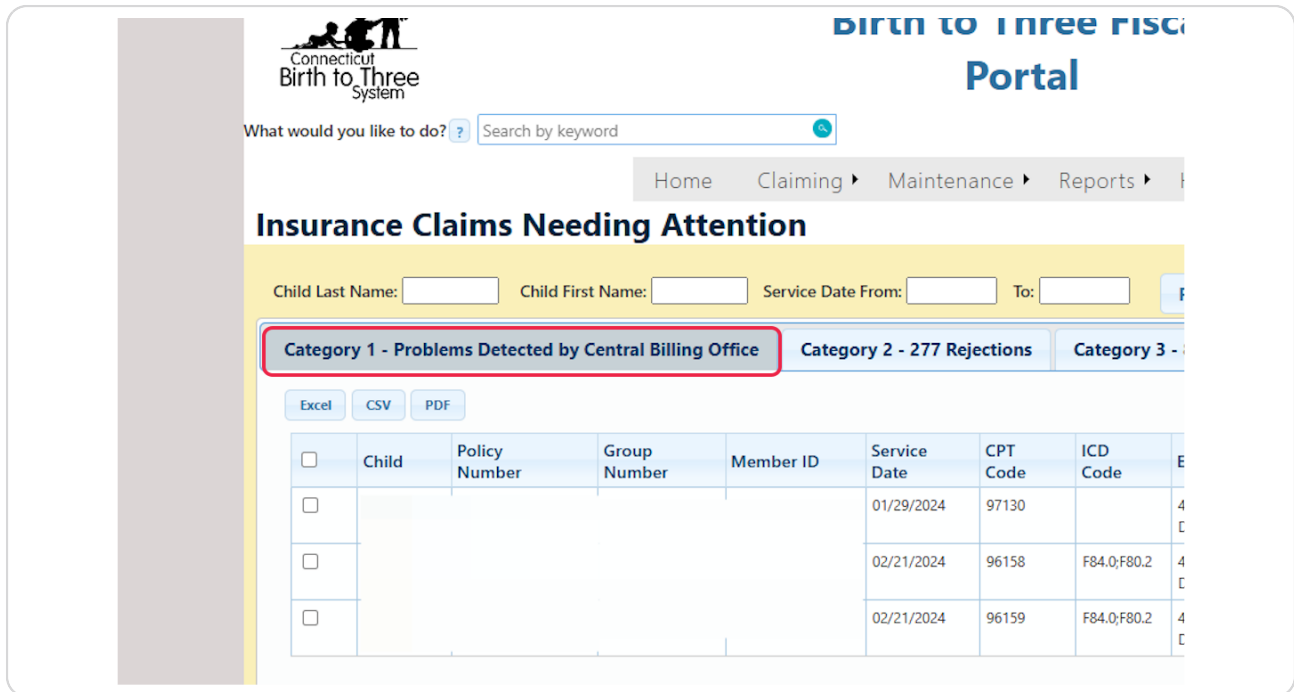
D. Select Insurance



STEP 2

Select on Category 1 - Problems Detected by Central Billing Office

Category 1 will show errors detected by CBO. Claim has not been sent to Insurance. These will always be agency responsibility.



Connecticut Birth to Three System

What would you like to do?

Home Claiming Maintenance Reports

Insurance Claims Needing Attention

Child Last Name: Child First Name: Service Date From: To:

Category 1 - Problems Detected by Central Billing Office Category 2 - 277 Rejections Category 3 -

Excel CSV PDF

☐	Child	Policy Number	Group Number	Member ID	Service Date	CPT Code	ICD Code	E
☐					01/29/2024	97130		4
☐					02/21/2024	96158	F84.0;F80.2	4
☐					02/21/2024	96159	F84.0;F80.2	4

STEP 3

Select Category 2 - 277 Rejections

This provides information about submitted claims to insurance companies that have been rejected and why.



[Home](#) [Claiming](#) [Maintenance](#) [Reports](#) [Help](#) [My Account](#)

Claims Needing Attention

Child First Name:

Service Date From:

To:

[Filter](#)

Rejected by Central Billing Office

Category 2 - 277 Rejections

Category 3 - 835 Errors

Member	Group Number	Member ID	Service Date	CPT Code	ICD Code	Errors
			01/29/2024	97130		4 MISSING/INVALID DIAGNOSIS (ICD)
			02/21/2024	96158	F84.0;F80.2	4 MISSING/INVALID DIAGNOSIS (ICD)

STEP 4

Select Category 3 - 835 Errors

This provides information about claims submitted to insurance companies that have been returned and why.



Birth to Three Fiscal Portal



What would you like to do?

Home Claiming Maintenance Reports Help My Account

Insurance Claims Needing Attention

Child Last Name: Child First Name: Service Date From: To:

Category 1 - Problems Detected by Central Billing Office

Category 2 - 277 Rejections

Category 3 - 835 Errors

☐	Child	Policy Number	Group Number	Adjustment Reason Code	Remark Code	Service Date	CPT Code	ICD Code	Description	SBAID	Responsibility		
☐				CO-226	M127	01/12/2024	97129	F84.0/F80.2	Information requested from the Billing/Rendering Provider was not provided or was insufficient/incomplete. Missing patient medical record for this service.	2723922	Agency	Edit/Fix Claim	Billing History
☐				CO-226	M127	01/12/2024	97130	F84.0/F80.2	Information requested from the Billing/Rendering Provider was not provided or was insufficient/incomplete. Missing patient medical record for this service.	2723922	Agency	Edit/Fix Claim	Billing History
☐				CO-226	M127	01/19/2024	97129	F84.0/F80.2	Information requested from the Billing/Rendering Provider was not provided or was insufficient/incomplete. Missing patient medical record for this service.	2731448	Agency	Edit/Fix Claim	Billing History
☐				CO-226	M127	01/19/2024	97130	F84.0/F80.2	Information requested from the Billing/Rendering Provider was not provided or was insufficient/incomplete. Missing patient medical record for this service.	2731448	Agency	Edit/Fix Claim	Billing History

STEP 5

Review on Description Box

This new feature allows the provider to see why a claim was denied and how to rectify the claim for resubmission.

To:

Filter

- 277 Rejections

Category 3 - 835 Errors

Service Date	CPT Code	ICD Code	Description	SBAID	Responsibility
01/12/2024	97129	F84.0;F80.2	Information requested from the Billing/Rendering Provider was not provided or was insufficient/incomplete. Missing patient medical record for this service.	2723922	Agency
01/12/2024	97130	F84.0;F80.2	Information requested from	2723922	Agency

STEP 6

Review Responsibility box

This new feature allows the provider to see who is responsible for addressing the denied claim. It will PCG or Agency. Once the provider has the information they need, edit the claim and resubmit.



filter

335 Errors

Description ▲	SBAID	Responsibility	Edit/Fix Claim	Billing History
n attachment/other documentation is required to adjudicate this claim/service. Missing patient medical record for this service.	2677484	Agency	Edit/Fix Claim	Billing History
n attachment/other	2677484	Agency	Edit/Fix	Billing

