

May 13, 2019

CORRECTED CLAIM SUBMISSIONS

Incorrect submissions of corrected claims cause additional work for everyone! When a corrected claim is submitted, the original claim is reversed completely and replaced with the new submission, which, if not submitted correctly, can cause **UNDERPAYMENTS**. Corrected claims need to have *new* information on the claim that was not on the original submission, i.e. additional diagnosis, updated CPT code, corrected number of services, etc. Here is a list of do's and don'ts when submitting a corrected claim.

CMS1500 or UB04 – Electronic or Paper

- DO USE Resubmission Code 7 to identify a corrected claim for a CMS1500. This is placed in Box 22 of a CMS1500 paper claim.
- DO USE Frequency Code of 7 to identify a corrected claim for a UB04. This is in Box 4 – fourth digit.
- DO USE Frequency Code of 7 to identify a corrected claim for any electronically submitted claim.
 - Failure to indicate code will result in your claim being denied as a duplicate in error.
- DO INCLUDE Original claim Number to assist in locating the claim to be corrected.
- DO BILL all services for the same date of service by the same provider on the same claim.
 - Splitting claims by submitted different services on different claims will result in duplicate denials in error.
- DO WAIT a period of 48 hours before submitting a corrected claim. This will ensure that both claims are not received on the same day, which causes delays in check issuance.
- DO INCLUDE ALL services that were performed and should be billed.
 - Failure to submit all services will result in underpayments. If the first claim had 3 lines and all were paid but 1, the corrected claim should resubmit all three lines. Otherwise, the corrected claim submission assumes that the first 2 lines that were paid were submitted in error and will be reversed.
 - DO NOT submit only lines that were not originally paid.
- DO NOT place a resubmission code 7 on a new claim. This will cause a denial as the initial claim cannot be located. Initial submissions should be a frequency of 1 for UB04 or electronic claims and blank in box 22 of a CMS 1500.
- DO NOT handwrite any field on the claim, including the resubmission code. This will cause the claim to be denied for resubmission.
- DO NOT submit Corrected claims as disputes. Disputes should be reserved to requests to review processing of a claim due to incorrect payment or dispute with how a claim was paid with all valid information. Disputes are tracked and regulated thus takes additional time for review. Claims that are just Corrected claims will be processed faster as a corrected claim submitted with the rules above.

If you have any questions please contact the KHS Provider Relations Department at Department at (661) 664-5000.

