

Corrected Claim Submissions

What is a corrected claim?

A corrected claim is a replacement of a previously submitted claim (e.g., changes or corrections to charges, clinical or procedure codes, dates of service, member information, etc.). The corrected claim will process as a complete replacement of the previous claim. On the EOB, you will see a reversal of the original claim on file and the results of the corrected claim adjudication. You must bill all charges whether paid or denied in prior claims.

Correcting/void — paper HCFA-1500 claims

For professional claims, the provider must include the original claim number and bill frequency code per industry standards. When submitting a corrected or voided claim, enter the appropriate bill frequency code left justified.

Claim Form: CMS 1500

Box Number: 22

Title: Medicaid resubmission and/or original reference number

Instructions: When resubmitting a claim, enter the appropriate claim frequency code left justified in the left-hand side of the field:

7= Replacement of prior claim

8= Void/cancel of prior claim

Example:

| 22. MEDICAID RESUBMISSION CODE | ORIGINAL REF. NO. |
|-----------------------------------|-------------------|
| 7 OR 8 | 1234567890A33456 |

Correcting/void — paper UB04 claims

For institutional claims, the provider must include the original claim number and bill frequency code per industry standards.

Claim form: UB04

Box number: 4

Title: Type of bill

Instructions: When resubmitting a claim, enter the appropriate claim frequency code in the 3rd position of the type of bill.

7= Replacement of prior claim

8= Void/cancel of prior claim

Example:

Box 4- Type of bill: 3rd character represents frequency code

| | | |
|-------------------|--|-------------------|
| 3a PAT. CNTL # | | 4 TYPE OF BILL |
| b. MED. REC. # | | 0117 |

Box 80: Place the claim number of the prior claim

| |
|----------------------------|
| 64 DOCUMENT CONTROL NUMBER |
| 0123456789 |

Original claim numbers can be found on the Provider Portal or on the EOP for the original payment/denial. You must reference the most recent claim ID, for that instance, that was paid or denied when submitting a correction.

How do you submit electronic corrected claims?

Please complete the following steps when electronically submitting a corrected claim to Senior Whole Health in the ANSI-837 professional or institutional format. 837P (Professional) and 837I (Institutional) Claims: In Loop 2300 (Claim Information), Segment CLM05-3, use Claim Frequency Type Code "7" for "Replacement."

Mail your completed corrected claim, and supporting documentation to:

Senior Whole Health Claims
P.O. Box 956
Elk Grove Village, IL 60009-956

Additional information

To learn more, see our [Provider Manual](#) at seniorwholehealth.com. You can also call Provider Relations at 1-877-353-9819.