How to Submit a Corrected Claim
Electronic & Paper Claims

Professional Claims (837p)

- You need to obtain the original claim number from the Explanation of Payment (EOP) located in the Center Header of the EOP called "CLAIM #" (see yellow highlighted below)

PATIENT:	CLAIM #:	PATIENT CONTROL #:
DOE, JOHN	0146-000-000-0000-00 (1)	123456

- In Box 22 (Loop 2300, Element 05-3) input a code "7" for the Resubmission Code
    - 1 = Original Claim
    - 7 = Replacement Claim
    - 8 = Void Claim
- In Box 22 (Loop 2300, Element 02) input the original claim number
    - If you are correcting the claim for the first time, you need to include the suffix **"-00"** at the end of the claim number to indicate that you want to replace the original claim sequence
        - **-00** is sequence 1 (the original claim)
        - **-01** is sequence 2 (the corrected claim and newly active claim)
        - **-02** is sequence 3 (a corrected claim replacing the first corrected claim)
    - Every time you submit a corrected claim, it will void the original and replace with the new claim, that new claim will have a **"-01"** after the original 14 digit claim number
    - If you are sending a 2nd corrected claim, you **cannot reference the "-00"** as this claim was already voided and no longer exists in the system, you need to reference the next sequence **"-01"** to adjudicate correctly
        - Failure to input this information **will result in an invalid claim**

Examples:

Submitting the first corrected claim

22. RESUBMISSION CODE	ORIGINAL REF. NO.
7	0146-000-000-0000-00

Submitting another corrected claim to change the first corrected claim

22. RESUBMISSION CODE	ORIGINAL REF. NO.
7	0146-000-000-0000-01

Submitting another corrected claim to change the second corrected claim

22. RESUBMISSION CODE	ORIGINAL REF. NO.
7	0146-000-000-0000-02

- When submitting the corrected claim, make sure to *only change the information on the claim that needs to be changed for the claim to reprocess and pay*, leave all other fields the same
  - Example: If a claim denies for an expired authorization, only change the information on the original claim in Box 23 (Loop 2300, Element 02) to correct the denial and then resubmit the claim
    - Make sure to still reference the resubmission code and the original reference number before submitting
    - All other information that was deemed valid and clean, can remain the same when resubmitting

Institutional Claims (837i)

- You need to obtain the original claim number from the Explanation of Payment (EOP) located in the Center Header of the EOP called "CLAIM #" (see yellow highlighted below)

PATIENT:	CLAIM #:	PATIENT CONTROL #:
DOE, JOHN	0146-000-000-0000-00 (1)	123456

- In Box 4 (Loop 2300 - CLM) Input a code "217" for the Resubmission Code
  - 213 = Original Claim
  - 217 = Replacement Claim
  - 218 = Void Claim
- In Box 64 (Loop 2300 – REF F8) input the original claim number
  - If you are correcting the claim for the first time, you need to include the suffix **"-00"** at the end of the claim number to indicate that you want to replace the original claim sequence
    - **-00** is sequence 1 (the original claim)
    - **-01** is sequence 2 (the corrected claim and newly active claim)
    - **-02** is sequence 3 (a corrected claim replacing the first corrected claim)
  - Every time you submit a corrected claim, it will void the original and replace with the new claim, that new claim will have a **"-01"** after the original 14 digit claim number
  - If you are sending a 2nd corrected claim, you **cannot reference the "-00"** as this claim is already voided and no longer exists in the system, you need to reference the next sequence **"-01"** to adjudicate correctly
    - Failure to input this information **will result in an invalid claim**

Examples:

Submitting the first corrected claim

4 TYPE OF BILL	64 DOCUMENT CONTROL NUMBER
417	0146-000-000-0000-00

Submitting another corrected claim to change the first corrected claim

4 TYPE OF BILL	64 DOCUMENT CONTROL NUMBER
417	0146-000-000-0000-01

Submitting another corrected claim to change the second corrected claim

4 TYPE OF BILL	64 DOCUMENT CONTROL NUMBER
417	0146-000-000-0000-02

- When submitting the corrected claim, make sure to *only change the information on the claim that needs to be changed for the claim to reprocess and pay*, leave all other fields the same
  - Example: If a claim denies for an expired authorization, only change the information on the original claim in Box 63 (Loop 2300, REF G1) to correct the denial and then resubmit the claim
    - Make sure to still reference the resubmission code and the original reference number before submitting
    - All other information that was deemed valid and clean, can remain the same when resubmitting

Dental Claims (837d)

- You need to obtain the original claim number from the Explanation of Payment (EOP) located in the Center Header of the EOP called "CLAIM #" (see yellow highlighted below)

PATIENT:	CLAIM #:	PATIENT CONTROL #:
DOE, JOHN	0146-000-000-0000-00 (1)	123456

- If you are resubmitting electronically, you need to use code "7" in Loop 2300, Element 05-3
- If you are resubmitting on a paper claim, you need to indicate on the top of the ADA claim form – **CORRECTED CLAIM** – so the claims department can adjudicate the claim correctly to avoid the claim denying for duplicate

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Note: You have 60 days from the Remittance Date to resubmit a Corrected Claim. Any claim received outside of the claim resubmission window, will be denied for Timely Filing.

Common Corrected Claim Scenarios

Scenario 1: A claim was submitted referencing multiple codes assigned to multiple authorizations on one claim referencing only one authorization.

- If the authorization is referencing (1) CPT/HCPC/Rev code and the claim references that said code plus another code, the claim will deny/partial pay based on what is on the authorization
- In order to be paid for both codes that have separate authorizations, you will need to send in a VOID (code 8 or 218) claim for the original claim and then send in two separate original claims (code 1 or 213) within timely filing limits per your contract
- If you send in a corrected claim, the claim will only pay out the codes that are referenced on the authorization on the claim form
    - Each Claim Sheet can only hold one authorization per insurance billed

Scenario 2: A claim was submitted for multiple dates and units and the claim paid in full but you need to send in a corrected claim to obtain more units that were done after the original claim was submitted.

- Example: If the claim came over with a date range of 1/1/2018 – 1/6/2018 for 4 units each day and you only need to obtain 2 more units for date of service 1/6/2018
    - You cannot send in an original claim for date of service 1/6/2018 for 2 units, the system will deny the claim for duplicate
    - You need to resubmit a corrected claim changing the units for that day (1/6/2018) from 4 units to 6, leaving all the other dates the same
        - Do not submit referencing the original claim and only putting the date of service 1/6/2018 on the claim, because the others will retract and then the claim will only pay the 1/6/2018 claim alone
    - When the corrected claim comes through, the system will void the original and replace with the corrected claim and pay out the difference as long as it is within timely filing limits

Scenario 3: A claim was submitted with a series of dates within the claim and were paid in full but you need to send in a claim for a missing date from the original claim.

- You do not need to send in a corrected claim, if the date of service was never billed for
- You can put it on its own claim and send in that claim as an original claim to be adjudicated on its own

Note: Corrected claims do run the risk of retracting the entire amount that was originally paid on the claim if the claim is not submitted within timely filing or the claim is submitted incorrectly and denied. The claim will void, retract the original amount and will reprocess contingent on the replacement claim if it is a valid clean claim.