Corrective claims and billing guidance

Aetna

- Claims can be re-submitted through the Availity portal or by mail
    - Corrected claims may also be submitted through provider clearinghouse using standard resubmission codes
- If electronically re-submitting a claim,
    - Corrected claims (e.g., changes to CPT codes, diagnosis codes or billed amounts) should be resubmitted with **submission code 7**
    - Resubmissions for voided claims (e.g., claims with incorrect/invalid member ID, incorrect/invalid provider NPI, claims submitted on the incorrect claim form such as UB04 vs. CMS 1500) should be submitted with **submission code 8**
- If mailing the corrected claims, providers must also submit:
    - An updated copy of the claim; all lines must be rebilled
    - For resubmissions, providers must submit a frequency code of 7 or 8
    - A copy of the remittance advice on which we denied or incorrectly paid the claim
    - A brief note describing requested correction
    - Any additional documentation required
    - Clear label at the top of the claim in black ink denoting it as "Resubmission;" mail to appropriate claims address
- More guidance can be found at the link below:
    - https://www.aetnabetterhealth.com/newjersey/providers/file-submit-claims.html

Fidelis

- If a provider needs to submit a corrected claim, it should be submitted using Submission Code 7 in box 22 of the CMS-1500 claim form.
- Corrected claims must be submitted using submission code 7 in box 22 of the CMS-1500 claim form
    - This indicates the claim is a correction of a previously submitted one.
- Providers can submit multiple corrected claims using Submission Code 7 in box 22 of the CMS-1500 claim form and each claim will be adjudicated without being denied as a duplicate.
- To submit a corrected or voided claim electronically:
    - Loop 2300 Segment CLM composite element CLM05-3 should be '7' or '8'– indicating to replace '7' or void '8'
    - Loop 2300 Segment REF element REF01 should be 'F8' indicating the following number is the control number assigned to the original bill (original claim reference number)
    - Loop 2300 Segment REF element REF02 should be 'the original claim number'–the control number assigned to the original bill (original claim reference number for the claim intended to be replaced.)
- To submit a corrected or voided claim via paper:
    - For Institutional claims, the Provider must include the original Fidelis Care claim number and bill frequency code per industry standards.
        - Box 4 – Type of Bill: the third character represents the "Frequency Code"
        - Box 64 – Place the Claim number of the Prior Claim in Box 64

- For Professional claims, the Provider must include the original Fidelis Care claim number and bill frequency code per industry standards. When submitting a corrected or voided claim, enter the appropriate bill frequency code left justified in the left-hand side of Box 22.
- Detailed information, instructions, and example photos of how to submit a corrected claim can be found in Fidelis Care NJ Medicaid Provider Manual, section 5, pages 99-101.
  - https://www.fideliscarenj.com/content/dam/centene/wellcare/nj/pdfs/Prov/NJ_Caid_Prov_Provider_Manual_9.25_R.pdf

Horizon
- For CMS-1500 claims, corrected or voided claims must be submitted with the appropriate resubmission code in box 22
  - Corrected claims should be resubmitted with **submission code 7**
  - Resubmissions for voided claims should be submitted with **submission code 8**
- For corrected CMS-1500 claims, providers must also submit
  - Original claim number of the most recently adjudicated claim
  - A copy of the original explanation of payment (EOP)
  - (adjustment) or Frequency 8 (void)
- For UB-04 claims, corrected claims should be submitted with the appropriate resubmission code in the third digit of the bill type
  - Corrected claims should be resubmitted with submission code 7
  - Resubmissions for voided claims should be submitted with submission code 8
- For corrected UB-04 claims, providers must also submit
  - Original claim number of the most recently adjudicated claim in box 64
  - A copy of the original explanation of payment (EOP)
- Detailed information and instructions on how to submit a corrected claim can be found in Horizon NJ Health Provider Manual, sections 9.1.5 and 9.3.5.
  - https://www.horizonnjhealth.com/securecms-documents/605/ProviderManual_5.pdf

United
- Use the claims reconsideration application on the UnitedHealthcare Provider Portal. You may also submit the claim by mail with a claim reconsideration request form. To submit a corrected claim, update the incorrect information on the claim, update the "bill type," and add the original claim number on the corrected claim.
- When correcting or submitting late charges on 837 institutional claims, use bill type xx7: Replacement of Prior Claim. Do not submit corrected or additional information charges using bill type xx5: Late Charge Claim. To void a claim, use bill type xx8.
- More guidance can be found in UnitedHealthcare Community Plan of NJ Provider Manual, chapter 15, page 155.
  - https://www.uhcprovider.com/content/dam/provider/docs/public/admin-guides/comm-plan/NJ-Care-Provider-Manual.pdf

Wellpoint
- For corrected claim submission:
  - Electronic claim submission must have the applicable submission code (aka frequency code) of 7.
  - Paper corrected claims must be clearly marked as a corrected claim.

- You have the option to submit a corrected claim electronically using EDI or by entering the corrected claim on Availity Essentials using the Professional Claim or Facility Claim option under the Claims & Payments menu. Select Replacement of Prior Claim in the Claim Information section.
- To request void/cancel, a claim must be submitted using submission code (aka frequency code) of 8.
- More guidance can be found in Wellpoint NJ Provider Manual, pages 164-165, and in Wellpoint NJ Reimbursement Policy, Corrected Claims.
  - https://www.provider.wellpoint.com/docs/gpp/NJ_WLP_Provider_Manual.pdf?v=202408061925
  - https://www.provider.wellpoint.com/docs/gpp/NJ_WLP_CAID_RP_CorrectedClaims.pdf?v=202312261655