Corrected Claim Submission:

EDI Claims

Corrections can be sent in an electronic format.

1. In the 2300 Loop, the CLM segment (claim information), CLM05-3 (claim frequency type code) must indicate one of the following qualifier codes:
   - "7" – REPLACEMENT (Replacement of Prior Claim)
   - "8" – VOID (Void/Cancel of Prior Claim)
2. The 2300 Loop, the REF segment (Claim Information), must include the original claim number issued to the claim being corrected. The original claim number can be found on the remittance advice.
3. Corrected claim bill type for UB claims are billed in loop 2300/CLM05-1

CMS 1500 (Professional) Paper Claims

On the CMS-1500 Form, use Corrected Claim Indicator (Medicaid Resubmission Code). Enter the frequency code "7" in the "Code" field and the original claim number in the "Original Ref No." field. Or to void (VOID/Cancel of Prior Claim) enter the frequency code "8" in the "Code" field and the original claim number in the "Original Ref No." field.

UB04 (Facility) Paper Claims

On the UB-04 (CMS 1450) Form, use Box 4 (Type of Bill). Enter either "7" (corrected claim), "5" (late charges), or "8" (void or cancel a prior claim) as the third digit in Box 4 (Type of Bill). Then in box 64 (Document Control Number), enter the original claim number