

Policy Title:	Corrected (Replacement) and Voided Claim Submission		
Policy Number:	000489	Department:	CLM
Effective Date:	04/01/2016		
Review Date:	9/1/2017, 11/30/2017, 11/2/2018, 12/5/18		
Revision Date:	8/17/2017, 11/30/2017, 11/2/2018		
Purpose: To provide a standard process for Providers to submit corrected/replacement and voided claims to Neighborhood Health Plan of Rhode Island (Neighborhood).			
Scope: This policy applies to Participating and Non-Participating Providers who render services to Neighborhood members.			
Policy Statement: Neighborhood will reimburse Providers who have submitted corrected/replacement claims accurately, completely, and in accordance with published timeframes. Claims payment is subject to Neighborhood Health Plan of Rhode Island benefit coverage, member eligibility, claim payment edit rules, coding and documentation guidelines, authorization policies, provider contract agreements and state or Federal regulations.			

Definitions:

1. **Centers for Medicare and Medicaid Services (CMS):** An agency within the United States Department of Health & Human Services that is responsible for the administration of several key Federal health care programs
2. **CMS-1500:** The official standard health insurance claim form, used by *professional* (non-institutional) physicians and other providers, that is required by CMS when submitting bills or claims for reimbursement of health services to Medicare or Medicaid
3. **Corrected Claim:** A change made to an original submitted claim that was previously processed and posted on a Remittance Advice (RA). Examples include, but are not limited to:
 - a. Correcting
 - i. ICD-9 or ICD-10 diagnosis code(s)
 - ii. CPT-4 or HCPCS procedure code(s)
 - iii. Modifier(s)
 - iv. Date(s) of Service
 - b. Amending the original charge(s)
 - c. Adding additional information (i.e. NDC number)
 - d. Voiding a claim
4. **Electronic Data Interchange (EDI):** The computer-to-computer exchange of business data between trading partners

-
5. **Exchange:** The Neighborhood line of business offered to individuals, families and small businesses through Rhode Island's health insurance exchange, HealthSource RI
 6. **INTEGRITY:** The integrated Medicare-Medicaid Plan (MMP) offered to Neighborhood members who are fully eligible for both Medicare and Medicaid benefits
 7. **UB-04 (or CMS-1450):** The official standard health insurance claim form, used by *institutional* physicians and other providers, that is required by CMS when submitting bills or claims for reimbursement of health services to Medicare or Medicaid
 8. **Voided Claim:** A request to completely cancel a claim that was previously processed and posted on a Remittance Advice (RA)

Submission Guidelines:

1. Benefit coverage limits may apply; it is the Provider's responsibility to verify eligibility, coverage and authorization criteria prior to rendering services.
2. The filing limit for submitting a corrected claim is 365 days from the initial Remittance Advice (RA/ERA) or Explanation of Payment (EOP) for both Participating and Non-Participating Providers.
3. Corrected claims can be submitted via paper or electronically. Criteria for different submission types are as follows:
 - a. Correcting or voiding a **Professional (CMS-1500) claim**
 - i. For **paper** claims, a [Corrected \(Replacement\)/Voided Claim Request form](#) must be submitted, along with a completed, original red CMS-1500 claim form.
 1. Failure to provide both forms could cause the claim to be delayed, improperly paid, or denied.
 2. Photocopies of claim forms, as well as forms that are handwritten, unclear, or missing information will be returned to the provider for revision and resubmission.
 - ii. Complete Box 22 on a Professional (CMS-1500) form with the following information:
 1. Resubmission Code
 - a. **Use a 7** (the "Replace" billing code) to identify it as a **corrected or replacement** claim
 - b. **Use an 8** (the "Void" billing code) to identify it as a **voided** claim
 2. Original Ref. No.- the original Neighborhood claim number
 - a. The original claim number is REQUIRED to ensure proper payment.

- b. Forms submitted without this information will be returned for correction and resubmission or denied for missing information.
- iii. For **electronic** claims, submit a claim via EDI, in the applicable loop and segment location:
 - 1. Loop 2300 (Claim Information)
 - 2. Segment: CLM
 - 3. Element: CLM05-3 (Claim Frequency Type Code)
 - a. **Use a 7** (the “Replace” billing code) to identify it as a **corrected or replacement** claim
 - b. **Use an 8** (the “Void” billing code) to identify it as a **voided** claim
 - 4. Please refer to Neighborhood’s **837 Companion Guide** for additional information.
 - 5. **Note:** Please continue to submit corrected and voided Exchange and INTEGRITY (identified by a member ID beginning with “130” or “135”) professional claims only on paper, as Neighborhood is unable to accept them electronically at this time.
- b. Correcting or voiding an **Institutional** (UB-04) claim
 - i. For **paper** claims, a [Corrected \(Replacement\)/Voided Claim Request form](#) must be submitted, along with a completed, original red UB-04 claim form.
 - 1. Failure to provide both forms could cause the claim to be delayed, improperly paid, or denied.
 - 2. Photocopies of claim forms, as well as forms that are handwritten, unclear, or missing information will be returned to the provider for revision and resubmission.
 - ii. Type of Bill (box 4) must indicate the appropriate last digit of the four-digit sequence:
 - 1. Enter the four-digit code, the first of which is a zero, and **use a 7** (the “Replace” billing code) in the fourth position to identify it as a **corrected or replacement** claim
 - 2. Enter the four-digit code, the first of which is a zero, and **use an 8** (the “Void” billing code) in the fourth position to identify it as a **voided** claim
 - 3. Use of an incorrect bill type may cause the corrected claim to be processed incorrectly or denied.
 - iii. Document Control Number (box 64) - the original Neighborhood claim number

1. The original claim number is REQUIRED to ensure proper payment.
 2. Forms submitted without this information will be returned for correction and resubmission or denied for missing information.
- iv. For **electronic** claims, submit a claim via EDI , in the applicable loop and segment location:
1. Loop 2300 (Claim Information)
 2. Segment: CLM
 3. Element: CLM05-3 (Claim Frequency Type Code)
 - a. Enter the four-digit code, the first of which is a zero, and **use a 7** (the “Replace” billing code) in the fourth position to identify it as a **corrected** or **replacement** claim
 - b. Enter the four-digit code, the first of which is a zero, and **use an 8** (the “Void” billing code) in the fourth position to identify it as a **voided** claim
 4. Please refer to Neighborhood’s **837 Companion Guide** for additional information.