

Submission Process for Replacement Claims (Professional)

Effective January 1, 2015

Providers may submit replacement claims and/or void an original claim as follows:

Professional claims – Claims that were originally submitted within 90 days from original date of service will receive an additional 90 days to submit a replacement claim (180 days total if proper replacement claim guidelines are followed).

Instructions for Professional claims submitted through Provider Direct

Replacement claims

- In Box 22 on the CMS1500, enter 10 and the original claim number as the reference number found on the RA where the claim was paid.

Void claims

- In Box 22 on the CMS1500, enter 12 and the original claim number as the reference number found on the RA where the claim was paid.

Instructions for Professional claims submitted via an 837 transaction set

Replacement claims

- In Loop 2300 – Claim segment/5th element (CLM05-03), 7 (code for replacement) should be submitted along with a REF segment with “F8” as reference code identifier & the original claim number found on the RA where the claim was paid.

Here is an example:

```
CLM*01319300001*500***11::7*Y*A*Y*Y***02*****N~REF*F8*111111~
```

Void claims

- In Loop 2300 – Claim segment/5th element (CLM05-03), 8 (code for reversal) should be submitted along with a REF segment with “F8” as reference code identifier & the original claim number found on the RA where the claim was paid.

Here is an example:

```
CLM*01319300001*500***11::8*Y*A*Y*Y***02*****N~REF*F8*111111~
```

Once a replacement claim has been received your original claim will deny and the replacement claim will be processed according to the billing guidelines. Voided claims will be reverted from our system and the original claim payment will be recouped.

Submission Process for Replacement Claims (Institutional/Hospital)

Effective January 1, 2015

Institutional/Hospital claims – Claims that were originally submitted within 180 days from original date of service will receive an additional 180 days to submit a replacement claim (360 days total if proper replacement claim guidelines are followed).

Instructions for Institutional/Hospital claims submitted through Provider Direct

Replacement claims

- In Box 4 on the UB04, use 7 as the 4th digit which will indicate “replacement of prior claim”. You will reference the original claim number in Box 64A (Document Control Number).

Void claims

- In Box 4 on the UB04, use 8 as the 4th digit which will indicate “reversal of prior claim”. You will reference the original claim number in Box 64A (Document Control Number).

Instructions for Institutional/Hospital claims submitted via an 837 transaction set

Replacement claims

- In Loop 2300 – Claim segment/5th element (CLM05-03), 7 (code for replacement) should be submitted along with a REF segment with “F8” as reference code identifier & the original claim number found on the RA where the claim was paid.

Here is an example:

```
CLM*01319300001*500***11::7*Y*A*Y*Y***02*****N~REF*F8*111111~
```

Void claims

- In Loop 2300 – Claim segment/5th element (CLM05-03), 8 (code for reversal) should be submitted along with a REF segment with “F8” as reference code identifier & the original claim number found on the RA where the claim was paid.

Here is an example:

```
CLM*01319300001*500***11::8*Y*A*Y*Y***02*****N~REF*F8*111111~
```

Once a replacement claim has been received your original claim will deny and the replacement claim will be processed according to the billing guidelines. Voided claims will be reverted from our system and the original claim payment will be recouped.

Submission Process for Replacement Claims (ICF/Residential claims billed on a UB04)

Effective January 1, 2015

ICF/Residential claims billed on a UB04 – Claims that were originally submitted within 90 days from original date of service will receive an additional 90 days to submit a replacement claim (180 days total if proper replacement claim guidelines are followed).

Instructions for ICF/Residential claims billed on a UB04 submitted through Provider Direct

Replacement claims

- In Box 4 on the UB04, use 7 as the 4th digit which will indicate “replacement of prior claim”. You will reference the original claim number in Box 64A (Document Control Number).

Void claims

- In Box 4 on the UB04, use 8 as the 4th digit which will indicate “reversal of prior claim”. You will reference the original claim number in Box 64A (Document Control Number).

Instructions for ICF/Residential claims billed on a UB04 submitted via an 837 transaction set

Replacement claims

- In Loop 2300 – Claim segment/5th element (CLM05-03), 7 (code for replacement) should be submitted along with a REF segment with “F8” as reference code identifier & the original claim number found on the RA where the claim was paid.

Here is an example:

```
CLM*01319300001*500***11::7*Y*A*Y*Y***02*****N~REF*F8*111111~
```

Void claims

- In Loop 2300 – Claim segment/5th element (CLM05-03), 8 (code for reversal) should be submitted along with a REF segment with “F8” as reference code identifier & the original claim number found on the RA where the claim was paid.

Here is an example:

```
CLM*01319300001*500***11::8*Y*A*Y*Y***02*****N~REF*F8*111111~
```

Once a replacement claim has been received your original claim will deny and the replacement claim will be processed according to the billing guidelines. Voided claims will be reverted from our system and the original claim payment will be recouped.