



Provider Billing Education: Corrected or Voided Claim Submissions

What is a Corrected or Replacement Claim?

A corrected or replacement claim is a replacement of a previously submitted claim (e.g., changes or corrections to charges, clinical or procedure codes, dates of service, member information, etc.). The new claim will be considered as a replacement of a previously processed claim. A corrected claim is not an inquiry or appeal.

What is a Void or Cancel Claim?

A voided or cancel claim is appropriate when a previously submitted claim needs to be eliminated in its entirety. This would be necessary if the claim submitted was completely erroneous and was not appropriate for submission for any reason.

Submitted Corrected/Voided Claims

NOTE: If the below guidance is not followed for a corrected or voided claim submission, the claim **WILL** be denied as a duplicate.

Institutional claims:

If you are submitting a void/replacement **paper** UB-04 claim, please use appropriate bill type ending in either "XX7" or "XX8"

- XX7 is submitting a replacement/corrected claim.
- XX8 if submitting a void/cancel of a previous claim.
- The original claim number should be submitted in field 64 of the paper claim.
 - If at all possible, include the original claim number on the form. This is **NOT** required, however will ensure greater speed and accuracy when reprocessing.



If you are submitting a void/replacement claim UB04 **electronically**, please provide this information:

- Loop 2300
- CLM05-3 (Claim Frequency Type Code) must be entered as 7 for Replacement or 8 for void.
- Include REF segment with the original claim number from the remittance advice, REF01 = "F8", REF02 = Original claim number

Note, resubmission of a corrected claim must include the entire episode of care, not just a single claim line. Upon resubmission, the original claim will be recouped, and the corrected XX7 will replace the initial episode.

ACTION NEEDED	BILL TYPE REQUIRED
Adjustment of the original claim submitted is needed due to corrections made. The new claim will be considered as a replacement of a previously processed claim.	XX7: Correction/Replacement of Prior Claim
A previously submitted claim needs to be eliminated in its entirety. This would be necessary if the claim submitted was completely erroneous and was not appropriate for submission to the Plan for any reason.	XX8: Void/Cancel of Prior Claim

Professional Claims

If you are submitting a void/replacement paper CMS 1500 claim, please complete box 22.

- For replacement or corrected claim enter resubmission code 7 in the left side of item 22 and enter the original claim number of the claim you are replacing in the right side of item 22.
- If submitting a void/cancel claim, enter resubmission code 8 in the left side of item 22 and enter the original claim number of the paid claim you are voiding/canceling in the right side of item 22.

CMS-1500 Example (please use red form for official submission)

If you are submitting a void/replacement HCFA 1500 claim electronically, please provide this information:

- Loop 2300
- CLM05-3 (Claim Frequency Type Code) must be entered as 7 for Replacement or 8 for void.
- Include REF segment with the original claim number from the remittance advice, REF01 = "F8", REF02 = Original claim number

ACTION NEEDED	REQUIRED SUBMISSION CODE
Adjustment of the original claim submitted is needed due to corrections made. The new claim will be considered as a replacement of a previously processed claim.	7: Correction/Replacement of Prior Claim
A previously submitted claim needs to be eliminated in its entirety. This would be necessary if the claim submitted was completely erroneous and was not appropriate for submission to the Plan for any reason.	8: Void/Cancel of Prior Claim

Claim Submission Timelines and Information

INITIAL CLAIM FOR SERVICES RENDERED	REQUESTS FOR CLAIM RECONSIDERATION OR SUBMISSION OF CORRECTED CLAIM
A180 calendar days from date of service rendered	60 calendar days from the date of the Explanation of Payment (EOP)
MAILING ADDRESS FOR PAPER CLAIMS SUBMISSION	PAYOR ID FOR ELECTRONIC CLAIMS SUBMISSION:
CountyCare Health Plan P.O. Box 211592 Eagan, MN 55121-2892	PAYOR ID 06541