

Provider Alert

New Corrected CMS-1500 Claim Procedure

September 3, 2020

This alert serves to clarify the process for submitting corrected claims. The information details a slightly different and more efficient procedure for submitting corrected claims than some providers may have previously used. Providers who have already submitted corrected claims do not need to make changes to corrections already submitted, but use the process detailed here moving forward.

Please note: If a provider uses the appeals process to submit a corrected claim, they may forfeit their appeals rights. Please use the procedure explained in this alert to submit corrected claims.

Below we have outlined two scenarios and how providers should submit corrected CMS-1500 claims:

Scenario 1: Provider submitted a claim that was denied – zero dollars paid

If a claim was denied (zero dollars paid) due to a billing error, the provider must create a new claim correcting their original error (e.g., the wrong modifier entered) and re-submit the claim. There is no need to mark it as a “corrected claim”.

If the original claim was denied due to an Optum processing error, and no revisions are necessary on the original claim, then the provider *does not need to resubmit the claim*. Provider should call Optum Customer Service at 1-800-888-1965 to request that the claim be reprocessed.

Scenario 2: Provider submitted a claim that was paid, but the original claim included information that the provider wants corrected.

A corrected claim is only needed if the claim was processed and the claim was paid. For example, a provider submitted a claim with the wrong place of service code, and it was paid, but the provider wants the claim to be corrected to reflect the right place of service.

The provider would complete the following:

- Follow the current claim correction guidelines on the CMS-1500 form
- Enter a new claim with the corrected information in the CMS-1500 form, as well as:
 - 7 in box 22
 - Original claim number in original claim reference box

Submitting Corrected Claims via 837 File

Corrected claims can be submitted on an 837 file using the 2300 loop for an 837P (Professional) or an 837I (Institutional).

When completing this information please note that both items listed below must be completed:

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. In the 2300 Loop, the REF02 segment for Original Reference Number (REF01=F8) must include the Original Claim Number (which **must** be the Optum Incedo Claim Number).

Thank you,

Optum Maryland Team