



Corrected Claim Submission Process Change Effective: January 1, 2015

Peach State Health Plan is changing our policy as it relates to the submission of corrected claims. As a reminder, effective October 1, 2014, Peach State will only accept the new version of the CMS-1500 claim form, version 02/12. Additionally, both the CMS-1500 and UB-04 claim forms should be free of handwritten verbiage. Effective December 1, 2014, Peach State Health Plan will require the use of the appropriate claim resubmission code and original claim number when submitting a corrected claim.

CMS-1500 version (2/12)

Effective **October 1, 2014**, Peach State Health Plan will only accept version 02/12 of the CMS 1500 form. If other versions of the CMS 1500 claim form are received, you will receive a "B8" front-end rejection indicating:

"Effective 10/01/2014, we only accept the CMS 1500 (02/12) version. Please resubmit the claim via your Health Plan Web Portal, Electronic Clearing House or the correct paper form in accordance with the CMS guidelines.

Corrected Claim Submission

Currently, Peach State Health Plan requires providers to handwrite "corrected claim" at the top of the claim form to indicate a providers request for a denied claim to be reprocessed. Effective **January 1, 2015**, corrected claims should be submitted as follows:

- **CMS-1500** should be submitted with the appropriate resubmission code (value of 7) in Box 22 of the paper claim with the original claim number of the corrected claim and a copy of the original Explanation of Payment (EOP). EDI 837P data should be sent in the 2300 Loop, segment CLM05 (with value of 7) along with an addition loop in the 2300 loop, segment REF*F8* with the original claim number for which the corrected claim is being submitted.
- **UB-04** should be submitted with the appropriate resubmission code in the third digit of the bill type (for corrected claim this will be 7), the original claim number in Box 64 of the paper claim and a copy of the original EOP. EDI 837I data should be sent in the 2300 Loop, segment CLM05 (with value of 7) along with an addition loop in the 2300 loop, segment REF*F8* with the original claim number for which the corrected claim is being submitted.

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

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY		15. OTHER DATE QUAL MM DD YY		16. ICD-9-CM	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE		17a.	18. HICPAC		
		17b. NPI			
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)					
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service				22. RESUBMISSION CODE	
A. _____	B. _____	C. _____	ORIGINAL REF. NO.		
E. _____	F. _____	G. _____	23. PRIOR AUTHORIZATION NUMBER		
I. _____	J. _____	K. _____			

Box 22: Original claim number.
Note: Not to be used if original claim was rejected

Box 22: Use resubmission code 7 for corrected claim

UB-04 Example

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
Box 64: Original claim number		

If a corrected claim is submitted without this information, the claim will be processed as a first time claim and will deny as a duplicate. Additionally, this process is for correcting denied claims only, not correcting rejected claims.

Peach State Health Plan encourages you to submit corrected claims via EDI with the information in the appropriate loop listed above. The Peach State Health Plan provider secure web portal may also be utilized for corrected claim submission. The original EOP indicating the reason for the denial is not required for corrected claim submissions via the Peach State web portal.

For questions regarding this notice, please contact your Peach State Health Plan provider relations representative, or provider services at 1-866-874-0633, Monday – Friday, 7 a.m. – 7 p.m.