



## BILLING A CORRECTED CLAIM SUBMISSION REQUIREMENTS

In an effort to ensure our providers receive appropriate reimbursement and avoid denied claims, Health Plans request you adhere to the following billing requirements outlined in this document when submitting a corrected claim(s).

### WHAT IS A CORRECTED CLAIM?

A corrected claim is a replacement of a previously billed claim that requires a revision to coding, service dates, billed amounts or member information.

### CORRECTED CLAIM BILLING REQUIREMENTS

When submitting a claim for corrected billing on a CMS-1500, UB04, and/or electronically (EDI) your practice should include the following information to allow for accurate processing of your corrected claim:

#### CMS-1500 or UB04 CORRECTED CLAIM SUBMISSION

##### For CMS-1500 Claim Form

On **box 19** please include "Revised coding - Corrected Claim"

Use billing code "7" in **box 22** (Resubmission Code field)

Payers original claim number should also be included in box 22 under the "Original Ref No." field.

20. OUTSIDE LAB?		\$ CHARGES	
<input type="checkbox"/> YES	<input type="checkbox"/> NO		
22. MEDICAID RESUBMISSION CODE		ORIGINAL REF. NO.	
7		180XXXXXXXXXX	
23. PRIOR AUTHORIZATION NUMBER			

##### For UB04 Claim Form

The fourth digit of the "Type of Bill" (field 4) should be "7"

1	2	3a PAT. CNTL #	4 TYPE OF BILL	
		b. MED REC. #	0117	
		5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	7 THROUGH

For any questions and assistance, please do not hesitate to contact Risk Adjustment department at (626) 943-6158 or e-mail to [HCC@nmm.cc](mailto:HCC@nmm.cc)