



March 6, 2025

## Reminder: Proper Claim Submission

Dear Provider,

This bulletin serves as a reminder of the appropriate and most efficient methods for submitting claims that require documentation. Proper submission helps to ensure timely processing and minimizes denials due to missing or incorrect information.

### Electronic Claims and Requested Documentation

As a reminder, **paper claims are only accepted when specific documentation is required**. If an electronic claim is submitted and documentation is needed, the claim will be **denied** with a request for the necessary documents. To avoid unnecessary delays, **please follow the guidelines below**:

#### Denied Claims Due to Missing Documentation

When a claim is denied with a request for documentation, providers must submit a **corrected claim** with the required documentation attached. Please consider the following:

- Submit a **corrected claim** (instructions below).
- Include **only** the documentation that was requested. This may include, but is not limited to:
  - Invoice
  - Explanation of Benefits (EOB)
  - PM330 (Sterilization Consent Form)
  - Paper EOB (if specifically requested by the Health Plan)
  - CCS NOA Letters

#### Corrected Claims Submission Guidelines

When submitting a corrected claim, please ensure the following:

- Use **Resubmission Code** or **Frequency Code 7** to indicate a corrected claim.
- Include the **claim number** of the original claim or the most recent claim that includes payment information.
- Submit **all services performed**, regardless of prior payment status. A corrected claim replaces the original claim entirely.
- **Do not submit corrected claims as disputes**. Claims submitted inappropriately as disputes will be returned unprocessed.

#### Disputes

As a reminder, providers **should not** submit corrected claims as disputes.

#### Claim Informational Guides

Claim Informational Guides have also been developed for the below. Please see link to access:

- [Coding, Modifiers, and Billing Guidelines](#)
- [Medi-Cal Non-Split-Billable Laboratory Codes](#)

[Provider Bulletins](#) are available on the [KHS website](#). Please visit the site regularly to stay informed about the latest updates and announcements.

If you have any additional questions, please contact your Provider Relations Representative at 1-800-391-2000, silent prompt option #5.