



# PROVIDER *bulletin*

October 1, 2021

## Split Billing

Dear Provider:

When billing for more than one service performed on the same date, all charges **must** be billed at the same time on the same claim. If you find that you missed billing for services, you must submit a corrected claim with all of the charges. If a corrected claim is submitted without all charges, KHS will not be able to process the claim.

### Corrected Claim Submission:

- DO USE Resubmission Code 7 to identify a corrected claim for a CMS1500. This is placed in Box 22 of a CMS1500 paper claim.
- DO USE Frequency Code of 7 to identify a corrected claim for a UB04. This is in Box 4 – fourth digit.
- DO USE Frequency Code of 7 to identify a corrected claim for any electronically submitted claim.
  - Failure to indicate code will result in your claim being denied as a duplicate in error.
- DO INCLUDE Original claim Number to assist in locating the claim to be corrected.
- DO BILL all services for the same date of service by the same provider on the same claim.
  - Splitting claims by submitted different services on different claims will result in duplicate denials in error.
- DO WAIT a period of 48 hours before submitting a corrected claim. This will ensure that both claims are not received on the same day, which causes delays in check issuance.
- DO INCLUDE ALL services that were performed and should be billed.
  - Failure to submit all services will result in underpayments. If the first claim had 3 lines and all were paid but 1, the corrected claim should resubmit all three lines. Otherwise, the corrected claim submission assumes that the first 2 lines that were paid were submitted in error and will be reversed.
  - DO NOT submit only lines that were not originally paid.
- DO NOT place a resubmission code 7 on a new claim. This will cause a denial as the initial claim cannot be located. Initial submissions should be a frequency of 1 for UB04 or electronic claims and blank in box 22 of a CMS 1500.
- DO NOT submit Corrected claims as disputes. Disputes are reserved for requests to review a denied claim due to incorrect payment amount or with how a claim was paid. Disputes are tracked and regulated thus takes additional time for review. Claims that are just Corrected claims will be processed faster as a corrected claim submitted with the rules above.

For additional information, please contact your KHS Provider Relations Representative at (661) 664-5000.

Thank you,

Melissa Lopez  
Provider Relations Manager