

Claims Corrected Guidelines



Corrected claims are necessary when an error is identified on an originally submitted claim. These errors often involve billing or coding issues that do not align with established coding guidelines. Following the appropriate procedures when submitting a corrected claim can help prevent duplicate denials, payment recoupments, and processing delays.

Before submitting a corrected claim, keep the following guidelines in mind:

1. Confirm the original claim has been finalized.

Before submitting a corrected claim, verify that the original claim has been adjudicated and that you have received the remittance advice or explanation of benefits (EOB).

If the claim has not been finalized, wait until adjudication is complete before submitting a correction.

Exception: If the claim was rejected by the clearinghouse or payer, rather than denied after adjudication, it will not finalize. Correct the identified error and resubmit the claim as a new, original claim as opposed to a corrected claim.

2. Identify the original claim.

To prevent the corrected claim from being denied as a duplicate, reference the original claim number and include the appropriate resubmission code.

- **Paper claims:** Enter the resubmission code, generally code 7 for a replacement claim, in Box 22.

20. OUTSIDE LAB?		\$ CHARGES
☐ YES	☐ NO	
22. RESUBMISSION CODE 7		ORIGINAL REF. NO. 15437528535
23. PRIOR AUTHORIZATION NUMBER		

- **Electronic claims:** Report the resubmission code in Loop 2300, segment CLM05-3, and the original claim number in Loop 2300, REF segment, using the F8 qualifier in REF01.

3. Submit the corrected claim through the original submission method.

If the original claim was submitted electronically, submit the corrected claim electronically. If the original was submitted on paper, submit the correction on paper.

4. Include all applicable original claim line items.

A corrected claim should include all line items from the original claim, except those that were billed in error. Do not submit only the line items being corrected. Omitting previously billed lines may cause the payer to interpret them as billed in error on the original claim potentially resulting in a refund request or payment recoupment.

5. Do not submit a corrected claim while an appeal is pending.

If the original claim has been appealed, do not submit a corrected claim. Doing so will void the claim in appeal and as such, the appeal cannot be processed.

6. Observe timely filing requirements.

Corrected claims are subject to payer-specific timely filing requirements. For many payers, the filing deadline is measured from the date of service whether the claim is an original or corrected. Verify the applicable payer policy and submit corrections within the required timeframe. Most policies can be found in the payer's provider manual.

Important Reminder

Do not resubmit a claim that has already been received by the payer unless a correction is necessary. Resubmitting such a claim may void the original claim, result in a duplicate denial, trigger timely filing, or have some other unintended consequence. Unnecessary resubmissions can delay the processing of a claim and trigger an audit.

Following these guidelines can help reduce avoidable denials, prevent unnecessary payment adjustments, and support timely claim resolution. Always consult the applicable payer's billing and corrected-claim policies as requirements vary.

