

providerTIDBIT

a guide to understanding our processes



Submitting Corrected Claims

Sometimes providers need to submit corrected claims for services that have already been processed by Blue Cross and Blue Shield of Louisiana. To avoid your claims being denied as a duplicate, use the guidelines outlined in this document.

- When a claim is refiled for any reason, **all** services should be reported on the claim. It is inappropriate to refile a claim with only one procedure when more than one procedure was reported on the initial claim. Splitting the claim may cause your claim to be adjusted incorrectly.

Should My Corrected Claim Be an Adjustment or Void?

Submit an adjustment or void to correct any claim that has completed the processing cycle as follows:

- Adjustment Claim - requests that a previously processed claim be changed (information or charges added to, taken away or changed).
- Void Claim - requests that the entire claim be removed and any payments or rejections be retracted from the member's and provider's records.

General Guidelines

- The claim form should reflect a clear indication as to what information has been changed.
- All procedures performed on a single date of service should be filed on one claim even when submitting corrected claims with changed (i.e., added or deleted) codes or differing units.
- The original claim reference number assigned on your Louisiana Blue provider payment register/remittance advice is required when resubmitting the claim.
- A corrected claim submitted to void or adjust a claim should **not** include an Appeal and Claims Dispute Form, letter of appeal, Appeal Request Form or medical records.

Note: Adjustments can be submitted electronically for all changes except those to the member ID or pay-to-provider number. If these fields require change, the provider can void the processed claim and submit a new claim with correct member ID or pay-to-provider information.

Claim Disputes involve separate processes. For more information, please view our Disputing Claims tidbit, available at www.lablue.com/providers > Resources > Tidbits.

For information on Timely Filing Guidelines, please refer to section 7 in our *Professional Provider Office Manual*.

More →

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Submitting Corrected Claims (continued)

837I & 837P (Electronic) Corrected Claims

Corrected claims submitted in the 837 format should include the following:

In Loop 2300 Segment CLM05-03, enter the applicable frequency code:

7 - Adjustment Claim 8 - Void Claim

In Loop 2300 in the REF segment, use "F8" as the qualifier and enter the original claim reference number.

If filing a corrected claim through iLinkBlue, please include the following:

- iLinkBlue Professional 1500
 - In Field 19a, enter the applicable Professional Claim Adjustment/Void Indicator:
A - Adjustment Claim V - Void Claim
 - In Field 19b, enter the Internal Control Number (ICN Number)

Paper Corrected Claims

Clearly indicate "Corrected Claim" on your claim form. Corrected claims submitted on paper should also include the following:

CMS-1500

- In Block 22, Resubmission Code, enter the applicable frequency code:
7 - Adjustment Claim 8 - Void Claim
- In Block 22, Original Ref No., enter the original claim reference number

UB-04

- In Block 4, Type of Bill, enter the applicable frequency code:
7 - Adjustment Claim 8 - Void Claim
- In Block 64, Document Control Number, enter the original claim reference number

Mailing Addresses

Please mail any paper corrected claims forms to one of the following addresses:

For Louisiana Blue, HMO Louisiana Inc., OGB, Blue Connect, BlueHPN®, Community Blue, Precision Blue & Signature Blue Claims:

Louisiana Blue Claims Department
P.O. Box 98029
Baton Rouge, LA 70898-9029

For FEP Claims:

Louisiana Blue Claims Department
P.O. Box 98028
Baton Rouge, LA 70898-9028

For Blue Advantage Claims:

Blue Advantage
130 DeSiard St, Ste 322
Monroe, LA 71201

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