

Submitting Electronic Replacement and/or Void Claims

For electronic professional and institutional claims (837P and 837I transactions), it is important to use the appropriate Claim Frequency Code in CLM05-3 to indicate the claim is a correction of a **previously adjudicated (approved or denied) claim**. The valid claim frequency codes are:

1	Indicates the claim is an original claim
7	Indicates the new claim is a replacement or corrected claim – the information present on this bill represents a complete replacement of the previously issued bill.
8	Indicates the claim is a voided/canceled claim

Additional information on replacement, void and duplicate claims – along with important updates on upcoming changes -- is included below for your reference.

UPCOMING CHANGES EFFECTIVE IN FIRST QUARTER 2015

Blue Cross and Blue Shield of Montana (BCBSMT) will reject replacement, corrected, voided and cancelled claims that do not contain the Document Control Number (DCN) of the original claim you are replacing, correcting, voiding or cancelling.

REPLACEMENT CLAIMS

Replacement claims (sometimes referred to as corrected claims) submitted electronically reduce the potential for a claim to deny as a duplicate. Submit the corrected claim electronically with the appropriate claim frequency code (7) for the Claim Frequency Code (Loop 2300, CLM05-3) and include the original claim's DCN for the Payer Claim Control Number (Loop 2300, REF02*F8).

An example of a replacement claim, along with the required REF segment and Qualifier in Loop ID 2300 – Claim Information, is provided below.

Claim Frequency Code

CLM*12345678*500***11:B:7*Y*A*Y*I*P~
REF*F8*(Enter the Payer Claim Control Number)

In the above example, "11" (CLM05-1) indicates the place of service on a professional claim. "B" (CLM05-2) is the Facility Code Qualifier and "7" (CLM05-3) is the Claim Frequency Code.

The replacement claim will replace the **entire** previously processed claim. Therefore, when submitting a corrected claim, send the claim with all changes **exactly** how the claim should be processed. **Here is an example:**

- A claim was previously submitted with procedure codes 99213, 88003 and 77090. The 88003 should have been 88004. An electronic replacement claim should be submitted for the line that needs to be corrected, along with the appropriate frequency code: 7, 99213, 88004 and 77090. This indicates to BCBSMT that all charges need to be deleted, and the claim will then be processed with 99213, 88004 and 77090.

Note: If a charge was left off the original claim, please submit the additional charge with all of the previous charges as a replacement claim using frequency code 7. All charges for the same date of service should be filed on a single claim.

VOID CLAIMS

If a claim was submitted to BCBSMT in error and should be voided, submit the claim to be voided **exactly** as it was originally submitted, along with the appropriate claim frequency code (8) to indicate that the claim should be voided. Also include the Payer Claim Control Number.

Claim Frequency Code

CLM*12345678*500***11:B:8*Y*A*Y*I*P~
REF*F8*(Enter the Payer Claim Control Number)

DUPLICATE CLAIMS

Duplicate claims are defined by BCBSMT as follows: Any claim submitted by a physician or provider for the same service provided to a particular individual on a specified date of service that was included in a previously submitted claim. This does not include corrected claims.

Please note that the majority of claims submitted to BCBSMT are processed within 30 days. In fact, most electronically submitted claims are processed within 14 days. Before resubmitting a claim, it is very important to ensure that it is not a duplicate claim, as duplicate claims can result in delays and potential confusion for our members. Here are additional reasons not to submit duplicate claims:

- The member will receive multiple EOBs for the same service, often resulting in a call to your office and/or ours.
- Your staff will spend additional time preparing, submitting and reconciling the duplicate claim.
- By resubmitting your service(s) a second time, BCBSMT must conduct additional investigative steps which will delay claim processing.
- If you resubmit a claim to BCBSMT, we will ultimately deny the claim as a duplicate.

For greater efficiency, we encourage you to utilize electronic options to check the status of your original claim prior to submitting a second claim. Contact your clearinghouse for additional information, if needed.

If you have any questions regarding the above information, please contact our Electronic Commerce Center at 800-746-4614.

HeW is a separate company that operates a health information network to provide electronic information exchange services to medical professionals. HeW provides administrative services to BCBSMT. BCBSMT makes no endorsement, representations or warranties regarding any products or services offered by third party vendors. If you have any questions or concerns about the products or services the vendor offers, you should contact the vendor directly.

[Reminder: Insert corporate tagline, if posting as a PDF on the MT Provider website]