

# PROVIDER TIDBITS



# Louisiana

## Submitting Corrected Claims

Providers sometimes must submit corrected claims for services that are already processed by Blue Cross. To avoid your claims from 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.
- Never enter a corrected claim through iLinkBlue unless instructed to do so by a Blue Cross representative.

### 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.

*Note: Adjustments and voided claims can be submitted electronically for all changes except those to the member ID or pay-to-provider number. If these fields require change, you must submit the claim on paper, clearly indicating the old information and new information (pay-provider number or member ID).*

### 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 Blue Cross and Blue Shield of Louisiana provider payment register/remittance advice is required when resubmitting the claim.
- A corrected claim submitted to void or adjust a claim should not include a Claims Dispute Form, letter of appeal, Appeal Request Form or medical records.

**Claim Disputes** involve separate processes. For more information, please view our Guide for Disputing Claims tidbit, available at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) > Resources > Tidbits.

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

**More** →

This publication is provided by the Network Administration Division of Blue Cross and Blue Shield of Louisiana. If you have a question regarding this communication, please email [provider.communications@bcbsla.com](mailto:provider.communications@bcbsla.com) or call 1-800-922-8866. Please be sure to reference the Tidbit number listed at the top of this publication.

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## 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.

Only if a Blue Cross representative instructs you to file a corrected claim through iLinkBlue, please include the following:

- iLinkBlue Professional 1500
  - In Block 19a, enter the applicable Professional Claim Adjustment/Void Indicator:
    - A - Adjustment Claim    V - Void Claim
  - In Block 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 Blue Cross, HMO Louisiana Inc., Blue Connect, Community Blue, Signature Blue & OGB Claims:**

BCBSLA  
P.O. Box 98029  
Baton Rouge, LA 70898

**For FEP Claims:**

BCBSLA  
P.O. Box 98028  
Baton Rouge, LA 70898

**For Blue Advantage (HMO) Claims:**

Blue Advantage HMO Louisiana  
P.O. Box 32406  
St. Louis, MO 63132

**End** →