



## Submitting Corrected Claims

Sometimes providers need to submit corrected claims for services that have already been processed by Blue Cross. 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 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 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.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 →**

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This publication is provided by the Health Services Division of Blue Cross and Blue Shield of Louisiana. If you have a question regarding this document, please email [providercommunications@bcbsla.com](mailto:providercommunications@bcbsla.com) and reference the Tidbit number and title listed on this publication.

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## Submitting Corrected Claims (continued)

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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.

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 Blue Cross, HMO Louisiana Inc., Blue Connect, Community Blue, Signature Blue & OGB Claims:

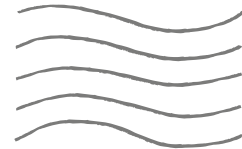
BCBSLA Claims Department  
P.O. Box 98029  
Baton Rouge, LA 70898-9029

For FEP Claims:

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

For Blue Advantage Claims:

Blue Cross and Blue Shield of Louisiana/HMO Louisiana, Inc.  
P.O. Box 7003  
Troy, MI 48007



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