Points for Provider Claims Education

On Corrected, Voided and Late Charges

Facility UB04 Claims:

Corrected claims must have a bill type of XX7 in Field Locator 4. In addition, the original claim number must be documented in Field Locator 64.

> If the resubmitted claim does not contain all of the required information, the corrected claim will be denied indicating to resubmit claim with all required information.

If MedStar Family Choice is unable to identify the original claim, the claim submitted with the XX7 Bill Type will be denied indicating that we received a replacement claim with no original on file.

All corrected claims must be received within the 180 days from the date of service.

Late Charges must be submitted with a claim type of XX5 to indicate late charges. The date of service date(s) must match exactly to what was submitted on the original claim. If the dates do not match, the late claim will be denied requesting that you resubmit with all of the corrected information present.

If the Rev Codes billed on the late claim are the same as what was billed on the original claim, we will deny the late charges and request that the provider submit a corrected claim with all of the charges on a single claim. If the Rev Codes are different or used with different HCPCs codes, MFC will accept the late charges.

For Providers billing for contracted services that will be paid as a Per Diem or an APR-DRG, MFC will deny the late charges requesting that a corrected claim be submitted with all of the charges on a single claim.

MFC requests that all of the facilities bill the Corrected, Late Charges or Voided claims electronically. Please refer to the EDI billing companion for any questions concerning which loop and segments need to be completed. MFC recognizes and accepts all valid electronic claims following the standards that were set for EDI billing.

Professional CMS1500 Claims:

When submitting corrected or voided claims, MFC prefers to receive them electronically. When submitting these claims, in the 2300Loop using the CLM segment 3rd digit should be a 7 for a corrected claim or an 8 for a voided claim. REF Segment Original must contain the original claim number.

> If billing a corrected claim by paper, use Claim type in field locator 22: Left side will contain either a 7 for corrected claim or 8 for a voided or cancelled claim. Right side will contain the original claim number entered on the claim. If this information is missing from the corrected claim, MFC will deny requesting the provider resubmit with all of the corrected information.

MFC requests that all of the providers bill the Corrected, Late Charges or Voided claims electronically. Please refer to the EDI billing companion for any questions concerning which loop and segments need to be completed. MFC recognizes and accepts all valid electronic claims following the standards that were set for EDI billing.