



CORRECTED AND VOIDED CLAIM REQUIREMENTS MARYLAND HEALTHCHOICE (MEDICAID)

REMINDER DECEMBER 5, 2019

The purpose of this notice is to remind all providers of MedStar Family Choice's corrected and voided claim requirements to avoid any delays or denials of claim payments.

837P (Professional) Electronic Claims

When submitting a corrected or voided claim, MedStar Family Choice prefers to receive a corrected or voided claim electronically. Follow the Loop and CML segment as instructed below when submitting a corrected or voided claim.

In Loop 2300 (Claim Information), the CLM segment must have one of these qualifier codes:

- CLM05-3 – include the number “7” (Replacement); the corrected claim will process as a replacement claim and reverse the original claim on file.
- CLM05-3 – include the number “8” (Void); the original claim on file will be voided and any previous payments will be recouped.

The REF*F8 segment must include the original claim number, exactly as it appeared in the original claim being corrected—no additional characters.

CMS 1500 Professional Paper Claims

When submitting a corrected or voided claim by paper using the CMS 1500 form follow the below instructions.

In Field Locator 22 include the number “7” as the Resubmission Code to indicate the claim is a replacement claim or the number “8” to indicate the claim is a voided claim. Include the original claim number in Field Locator 22 labeled “Original Ref No”.

837I (Institutional) Electronic Claims

When submitting a corrected or voided claim, MedStar Family Choice prefers to receive a corrected or voided claim electronically. Follow the Loop and CML segment as instructed below when submitting a corrected or voided claim.

In Loop 2300 (Claim Information), the CLM segment must have one of these qualifier codes:

- CLM05-3 – include the number “7” (Replacement); the corrected claim will process as a replacement claim and reverse the original claim on file.
- CLM05-3 – include the number “8” (Void); the original claim on file will be voided and any previous payments will be recouped.

The REF*F8 segment must include the original claim number, exactly as it appeared in the original claim being corrected—no additional characters.

UB-04 Institutional Paper Claims

When submitting a corrected or voided claim by paper using the UB-04 form follow the below instructions.

In Field Locator 4 update the Bill Type using the number “7” as the third digit (XX7) to indicate the claim is a replacement claim or the number “8” as the third digit (XX8) to indicate the claim is a voided claim. Include the original claim number in Field Locator 64.

If the above required information is missing from the corrected or voided claim, MedStar Family Choice will deny the corrected or voided claim and request the claim be resubmitted with all the necessary information to adjudicate the claim.

All corrected and voided claims must be received within one hundred and eighty (“180”) days from the date of service or ninety (“90”) days from the date of the original claim denial.