
CORRECTED

New Submission Guidelines for Corrected, Replacement or Voided Claims

Update and correction to this notice: Claims denied by Prestige Health Choice (Prestige) should be submitted as a new claim. Denied claims should not be resubmitted as corrected claims. Only paid or partially paid claims that were billed incorrectly should be resubmitted as corrected claims. Prestige had previously miscommunicated that denied claims must be resubmitted as corrected claims.

Effective August 24, 2017, there are new claim requirements for corrected, replacement, or voided claims resubmitted to Prestige. This change does not apply to denied claims. Implementation of these new claim requirements is part of a larger effort to enhance claims processing automation and applies to all claims submitted via electronic (EDI) or paper processes. Non-compliance with these submission requirements may cause a claim rejection. Claims will reject if the following information is not provided:

- Missing a valid, original claim number in addition to the resubmission or frequency code to indicate that the claim is a corrected, replacement, or voided claim.
- Missing a valid Member ID and Billing Provider Tax ID that matches information submitted on the original claim.

Please note, Prestige will NO LONGER accept handwritten notes on resubmitted claims as indicators of a corrected claim.

Action Needed:




To avoid unnecessary claim rejections when resubmitting EDI and paper claims, please follow the guidelines below:

1. Use one of the following resubmission or frequency codes to indicate that the claim is a corrected, replacement, or voided claim:

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- 6 = Correction to prior claim (For CMS-1500 claims only.)
- 7 = Replacement of prior claim
- 8 = Void prior claim

2. Include the **resubmission or frequency code and original claim number** in the correct location(s) on your claim:

SUBMISISON METHOD:	TYPE OF CLAIM:	
	CMS-1500	UB-04
Paper	Include resubmission code <u>and</u> original claim number in Field 22: Resubmission Code and/or Original Ref. No. 	Include frequency code as the last digit in Field 4: Type of Bill.  Include the original claim number in Field 64: Document Control Number (DCN). 
	<i>Please note, for resubmitted paper claims Prestige no longer accepts handwritten notes as indicators of a corrected claim.</i>	
EDI (Electronic)	Include the resubmission code by using bill type in loop 2300, CLM segment (CLM05-03) . Include the original claim number in loop 2300, segment REF01=F8 and REF02=the original claim number ; with no dashes or spaces.	Include the frequency code by using bill type in loop 2300 . Include the original claim number in loop 2300, segment REF01=F8 and REF02=the original claim number ; with no dashes or spaces.

3. When submitting a corrected claim you must ensure that your corrected claim contains a valid Member ID and Billing Provider Tax ID that match the original claim.
4. If the Member ID or Billing Provider Tax ID need to be corrected, the procedure is to VOID the original claim (using resubmission or frequency code 8) and to submit a new, clean claim using the correct Member ID and/or Billing Provider Tax ID.

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Additional Information:

Denied claims are those that were registered in the claim processing system but did not meet requirements for payment under Prestige guidelines. Denied claims should be resubmitted as a new claim. Claims paid or partially paid that were billed incorrectly must be resubmitted as corrected claims.

As a reminder, a claim may be rejected or denied for non-compliance with Prestige's billing guidelines. This communication does not contain a complete set of claim submission guidelines; for more information on filing a claim with the health plan please refer to our website at www.prestigehealthchoice.com > Providers > Claims and Billing > How to submit a claim.

Questions:

If you have questions about this communication, please contact your Provider Account Executive or the Provider Services department at **1-800-617-5727**.