

# FACILITY REMINDER

For HHO Facilities

## Submitting a Corrected Claim

Facilities must use resubmission indicators when resubmitting a corrected claim. The information on how to resubmit correctly is provided below.

## Paper Claims

Box 4: Submit the appropriate resubmission code in the third digit of the bill type. The **original claim number** goes in Box 64.

- **Bill Type ending in 7** – Replacement or resubmission of a prior claim.
- **Bill type ending in 8** – Withdrawal of the claim.

|                            |   |   |   |                  |  |
|----------------------------|---|---|---|------------------|--|
| 64 DOCUMENT CONTROL NUMBER |   |   |   | 65 EMPLOYER NAME |  |
| C                          | D | E | F | G                |  |
| L                          | M | N | O | P                |  |

## Electronic Claims

On the Claim Level Information Loop page, the appropriate resubmission code will be the third digit of the bill type. If a claim is a resubmission, the last digit will be a 7 or 8 and the original claim number will go beside ORIG CLAIM NO.

- **Bill Type ending in 7** – Replacement or resubmission of a prior claim.
- **Bill type ending in 8** – Withdrawal of the claim.

2300 CLAIM LEVEL INFORMATION LOOP:

PATIENT ACCOUNT NBR: \_\_\_\_\_ CLAIM TOTAL CHARGE: 8588.49 **TYPE OF BILL: 111**

MEDICARE ASG CD: A BENEFITS ASG CD: Y RELEASE INFO CD: Y DELAY REASON CD: \_\_\_\_\_

DISCHARGE HOUR: 14 ADMISSION DT: \_\_\_\_\_ ADMISSION TYPE CD: 2  
 STATEMENT BEGIN DT: \_\_\_\_\_ ADMISSION HR: 23 ADMISSION SOURCE CD: 1  
 STATEMENT END DT: \_\_\_\_\_ ADMISSION MIN: 00 PATIENT STATUS CD: 01

PRINCIPAL DIAGNOSIS QUAL: \_\_\_\_\_ CD: \_\_\_\_\_ POA: Y REPRICER RECEIPT DT: \_\_\_\_\_  
 ADMITTING DIAGNOSIS QUAL: \_\_\_\_\_ CD: \_\_\_\_\_  
 REASON FOR VISIT NONE

EXTERNAL CAUSE OF INJURY (QUAL, CODE, POA. CAN OCCUR UP TO 12 TIMES):

OTHER DIAGNOSIS INFO (QUAL, CODE, POA. CAN OCCUR UP TO 24 TIMES):  
 AEF \_\_\_\_\_ N AEF \_\_\_\_\_ AEF \_\_\_\_\_

PRINCIPAL PROCEDURE QUAL: \_\_\_\_\_ CD: \_\_\_\_\_ DATE: \_\_\_\_\_ DRG CODE: \_\_\_\_\_  
 OTHER PROCEDURE INFO (QUAL, CODE, DATE. CAN OCCUR UP TO 24 TIMES):

REFERRAL NO: \_\_\_\_\_  
**PRIOR AUTH NO: \_\_\_\_\_**  
**ORIG CLAIM NO: \_\_\_\_\_** CLEARINGHOUSE TRACE NO: \_\_\_\_\_