

PROVIDER REMINDER

For HHO Providers and Clinicians

Submitting a Corrected Claim

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

Paper Claims

Box 22: Put the appropriate resubmission code with the original claim number of the corrected claim.

- Resubmission Code 7 – Replacement or resubmission of a prior claim.
- Resubmission Code 8 – Withdrawal of the claim.

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION					
FROM	MM	DD	YY	TO	MM DD YY
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES					
FROM	MM	DD	YY	TO	MM DD YY
20. OUTSIDE LAB?			\$ CHARGES		
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO		
22. RESUBMISSION CODE			ORIGINAL REF NO.		
7					
23. PRIOR AUTHORIZATION NUMBER					

Electronic Claims

The FREQ TYPE CD is the resubmission code. If a claim is a resubmission, the code will be a 7 and the original claim number will be beside ORIG CLAIM NO. The FREQ TYPE CD will be an 8 if it is a withdrawal.

- Resubmission Code 7 – Replacement or resubmission of a prior claim.
- Resubmission Code 8 – Withdrawal of the claim.

```

2300 CLAIM LEVEL INFORMATION LOOP:
PATIENT ACCOUNT NBR:
FREQ TYPE CD: 1 MEDICARE ASG CD: A BENE
ACCIDENT/EMPL RELATED CAUSE CD: ACC
ONSET OF ILLNESS DT: INITIA
LAST MENSTRAL PD DT: HEAR/VISION
DISABII
ADMISSION DT: DISAB
DISCHARGE DT: DISAB
DIAGNOSIS QUALIFIERS AND CODES (CAN OCCUR U
AEK M9903 AEF M5441 AEF M9903
ANESTHESIA SURG PROC CD: ANESTHES
CONDITION CODES (CAN OCCUR UP TO 24 TIMES)
PATIENT AMT PAID QUAL: PATIENT AMT PAID
REFERRAL NO:
PRIOR AUTH NO:
ORIG CLAIM NO:
    
```