

# Provider Update

## Virginia Premier Provider Update – All Products Date:

July 26, 2018

**Summary:** Virginia Premier no longer asks providers to stamp or write “corrected claim” on the **CMS-1500 paper claim form**. Corrected Claim submissions do need to contain the correct billing code to help us identify when a claim is being submitted to correct or void a claim that we’ve previously processed. Therefore, we are changing our policy for the submission of Virginia Premier conducted a claims audit for Developmental Disability (DD) corrected claims effective services 9/1/2018, aligning in with the CMS guidelines for Corrected Claim submissions. As a reminder, Virginia Premier will only accept which we identified claims that were paid in error. Corrected Claims submitted on the original red forms (CMS-1500 version 02/12 & UB04 claim form.) These claims should also be free of any handwritten verbiage. Virginia Premier will require the use of the **appropriate claim resubmission code and original claim number** when submitting Corrected Claims.

**What this means for our providers:**

### What is Corrected Claim?

A corrected claim is a replacement of a previously submitted claim (e.g., changes or corrections to changes, clinical or procedure codes, dates of service, member information, etc.) A corrected claim is not an inquiry or appeal. Do not submit a Claims Adjustment VPHPO1 Request form with a corrected claim. Effective 9/1/2018 any received Corrected Claim submissions on the Claims Adjustment VPHPO1 will be returned back to the provider.

### What this means to you:

In an effort to better serve you, Virginia Premier has recently configured and updated their OCR (**Optical Character Recognition**) Software that scans paper claims. Submitting future claims in the format listed below will help process your claims more effectively and efficiently, resulting in faster payments. Therefore, Virginia Premier no longer asks providers to stamp or write the word “**Corrected Claim**” on the **CMS-1500 paper claim form**. Corrected Claim submissions however, do need to contain the correct billing code to help us identify when a claim is being submitted to correct or void a claim that we’ve previously processed. Therefore, we are changing our policy to reflect CMS guidelines as it relates to the submission of corrected claims. Effective 9/1/2018. As a reminder, Virginia Premier will only accept Corrected Claims submitted on the original red forms (CMS-1500 version 02/12 & UB04 claim form.) These claims should also be free of any handwritten

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verbiage. Virginia Premier will require the use of the appropriate claim resubmission code and original claim number when submitting corrected claims.

- CMS-1500** should be submitted with the appropriate resubmission code (value of 7) in box 22 of the **paper claim** with the original claim number of the corrected claim and a copy of the original Explanation of Payment (EOP). EDI 837P data should be in the 2300 Loop, segment CLM05 (with value of 7) along with an additional loop in the 2300 loop, segment REF\*F8\* with the original claim number for which the corrected claim is being submitted.
- UB-04** should be submitted with the appropriate resubmission code in the third digit of the bill type (for corrected claim, this will be 7), the original claim number in Box 64 of the paper claim and a copy of the original EOP. EDI 837I data should be sent in the 2300 Loop, segment CLM05 (with value of 7) along with an additional loop in the 2300 loop, segment REF\*F8\* with the original claim number for which the corrected claim is being submitted.

**CMS-1500 Example** (please use red and white claim form for official submission)

14 DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP): MM DD YY	15 OTHER DATE QUAL MM DD YY	16
17 NAME OF REFERRING PROVIDER OR OTHER SOURCE QUAL	17a 17b NPI	18
19 ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20
21 DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service: A L B L C L E L F L G L I L J L K L		22 RESUBMISSION CODE YES NO ORIGINAL REF NO
<div style="border: 1px solid black; padding: 5px; display: inline-block;">             Box 22: Use resubmission code 7 for corrected claim           </div>		<div style="border: 1px solid black; padding: 5px; display: inline-block;">             Box 22: Original claim number. Note: Not to be used if original claim was rejected           </div>
		23 PRIOR AUTHORIZATION NUMBER

  

**UB-04 Example**

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
<div style="border: 1px solid black; padding: 5px; display: inline-block;">             Box 64: Original claim number           </div>		

If the Corrected Claim is submitted without this information, the claim will be processed as a first time claim and will deny as a duplicate. Additionally, this process is for correcting denied claims only, not correcting rejected claims.

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**If you have any questions, please contact Claims Customer Service. We are available Monday through Friday from 8:00 am to 5:00 pm at 804-819-5151 or toll-free 800-727-7536.**

Sincerely,

Claims Department