

## There are different billing guidelines for your enrollment type, Individual, Provider, Group or Facility.

Billing Provider Type	Rendering Provider	Pay-to	NPI Requirements
Individual to Individual	Rendering Provider NPI and Taxonomy code is required	Rendering Provider information	Rendering Provider Information
Provider-to-Group	Rendering Provider NPI and Taxonomy code is required	Group Information	Rendering provider NPI in box 24J and Group as billing info
Group-to-Group	No rendering NPI in Box 24J/ Leave blank  Taxonomy code is required	Group Information	Group Information
Facility – Facility	Follow the UB04 billing guidelines	Follow the UB04 billing guidelines	Follow the UB04 billing guidelines

### Corrected Claim Tips

A corrected claim is a replacement of a previously billed claim that requires a revision to coding, Prior Authorization, service dates, billed amounts or member information.

There are 2 ways to submit a corrected claim. They are:

1. Electronic (EDI) Claims Submission such as TriZetto Provider Solutions: PCHP's Preferred Electronic Data Interchange (EDI) Source
2. Or by submitting via Paper

Corrected claims must be submitted within 120 days of disposition.

#### Electronic: PCHP Provider Portal or TMHP Claims Portal

Use the proper Bill and Frequency Codes:

- 7 – Replacement of Prior Claim
- 8 – Void/Cancel of Prior Claim

##### Notes

- PCHP does not consider a corrected claim to be an appeal.
- Providers requesting reconsideration of a previously processed claim (whether paid or denied) must file the request using the PCHP Provider Claims Dispute Form.
- Corrected claims must be submitted within 120 days from the date of the provider's EOP.

#### EDI Claims Corrections can be sent in an electronic format

1	In the 2300 loop, the segment (claim information) CLM05-3 Frequency type) must indicate one of the following qualifier codes * "7"- REPLACEMENT (Replacement of Prior Claim) * "8" - VOID (Void/Cancel of Prior Claim)
2	The 2300 Loop, the REF segment (claim Information), Must include the original claim number issued to the claims being corrected. The original claim number can be found on the remittance advise
3	Corrected claim bill type for UB Claims are billed in loop 2300/CLM05-1

#### Paper/Hard Copy Submission

Complete Claim Dispute with all supporting documentation and mail to:  
Parkland Community Health Plan ATTN: Claims Dispute P.O. Box 560327 Dallas, TX 75356  
Submit a copy of the remittance advice with the correction clearly noted.

- Be sure to use the proper Frequency Code in block 22.
- Boldly and clearly mark the claim as "Corrected Claim."

##### CMC 1500 (Professional) Paper Claims

On the CMS-1500 Form, use Corrected Claim Indicator (Medicaid Resubmission Code). Enter the frequency code "7" in the "Code" field and the original claim number in the "Original Ref No" filed. Or to void (VOID, CANCEL of Prior Claim) enter the frequency code "8" in the "Code" field and the original claim number in the "original Ref No" field.

PCHP recommends claims be typed, not handwritten. Handwritten claims are difficult to read, which can cause delays and errors in processing and result in a longer wait for reimbursement.

##### UB04 (Facility) Paper Claims

On the UB-04 (CMS 1450) Form, use Box 4) Type of Bill). Enter "7" (Corrected Claim). "5" (late charges, "8" (Void or cancel a prior claim) as the third digit in Box 4 (Type in Bill). Then in box 64 (Document Control Number), Enter the original claim number.

PCHP recommends claims be typed, not handwritten. Handwritten claims are difficult to read, which can cause delays and errors in processing and result in a longer wait for reimbursement.