



# PROVIDER ALERT

Alert #18- 10-10-2008 HCAL HCY/A, HCB, HCCH, HCNE, HCNC, HCMP, ALDA

## **Corrections on Remit Copies NOT Accepted After October 31, 2008**

After October 31, 2008, Community Care *will no longer accept claim corrections submitted by Providers on remittance advice pages.* After October 31, 2008 Community Care requests that Providers submit claim corrections via *the 837 file process or Provider Online.*

The 837 claim correction process is available to those providers who currently submit original claims via an 837.

The Provider Online claim correction process is completed via our web-based application. The application allows the provider real-time access to their claims. Providers who bill via the 837, Clearinghouse or Paper, *can* complete the claim correction process via Provider Online. *Any remittance-advice-claim-corrections received after October 31, 2008, will be returned to the provider.*

### **Submitting via an 837 file**

Claim corrections submitted via an 837 file require the use of the appropriate Claim Frequency Type Code/Claim submission Reason Code **in Loop 2300, the CLM Segment, Data Element: CLM05-3. Please refer to the 837 HIPAA Implementation guide for further information.** The following codes are accepted by Community Care for claim corrections:

- "7" - Replacement of prior claim
- "8" - VOID (Void/Cancel of a prior claim)

The original reference number (ICN/DCN) must also be submitted in the 837 file **in Loop 2300, Segment REF. Data Element REF01 must contain "F8" and REF02 must contain the original reference number. Please refer to the 837 HIPAA Implementation guide for further information.**

### **Submitting via Provider Online**

Community Care has recently updated our Provider Online Website. The update enables the Provider Online website to accept all claim corrections. In order to complete a claim correction online you must hand key in your claim as you want it to be processed along with the following in the "Additional Header Field" of your claim:

Enter the value of 'CC' in this field for a **corrected** HCFA claim.

Enter the value of 'CV' in this field to **negate** a previously submitted HCFA.

Claim note - One field must also contain the original claim/form number from your Community Care remittance advice.

You can reference these directions on page 10 of the Provider Online User Guide which can be accessed on our Provider Online Website under the Reference Library.



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## Paper CMS-1500 – Claim Corrections

- A copy of the original claim with “*Corrected Claim*” written at the top of the form, is a must
- Draw a line through the incorrect information and write the correct information directly on the claim form

## Paper UB-04 - Claim Corrections Type of Bill (Form Locator 4)

- A copy of the original claim with “*Corrected Claim*” written at the top of the form, is a must
- Type of Bill (Form Locator 4) must be changed to the appropriate 3-digit code, 117
- Draw a line through the incorrect information and write the correct information directly on the claim form

## Mail Paper Claim Corrections To:

Community Care Behavioral Health Organization  
Attn: Claims Corrections  
112 Washington Place  
One Chatham Center, Suite 700  
Pittsburgh, PA 15219

**PLEASE NOTE:** It is the intent of Community Care to discontinue the acceptance of paper claims in the future. While this is not going to happen in the next few months, providers should be preparing to submit by one of the electronic options. Electronic claims process with fewer errors and result in quicker cash turnaround for the provider.

## Please direct questions to your respective Project Coordinator:

Darlene Bruce (412) 454-2627      Adams, York, Berks & Chester  
Eileen Sninsky (412) 667-5578      North Central  
Patti Wypch (412) 454-2644      North East & Carbon, Monroe, Pike  
Marianne Pavlovic (412) 667-5536      Allegheny