How to submit a corrected claim

A corrected/replacement claim is a correction or replacement of a previously submitted claim, such as changes or corrections to charges, dates of service or member information. A void/cancel claim is used when a previously submitted claim needs to be eliminated in its entirety.

If you need to submit a corrected claim, wait for the original claim to be processed before doing so. Be sure to bill all lines, not only the corrected line(s).

See the chart below for details. **If you resubmit your claim without following the instructions below, your claim will be denied as a duplicate claim.**

Claim submission type	Instructions
Electronic We prefer to receive via EDI transaction in: • Loop 2300 of an 837I (Institutional) claim • Loop 837P of a Professional claim	**Frequency Code field (required field)** In CLM segment for CLM05-3, enter one of the below indicators: • 7 for replacement of prior claim • 8 for void/cancel of prior claim **Original claim number field (required field)** In REF segment Payer Claim Control Number field: • REF01 must contain F8 • REF02 must contain the payer's original claim number (the Aetna® claim number)
Paper	**Frequency Code field (required field)** CMS-1500 professional claim form — In box 22 Resubmission Code, enter one of these: • 7 for replacement of prior claim • 8 for void/cancel prior claim

	UB-04 facility claim form — In box 4 Claim Frequency Type Code, enter one of these as the 4th digit: • 7 for replacement of prior claim. Example 0137 — correction to a hospital outpatient claim • 8 for void/cancel prior claim **Original claim number field (required field)** CMS-1500 professional claim form — In the Original Ref. No field of box 22, enter the payer's original claim number. UB-04 facility claim form — In box 64 Document Control Number, enter the payer's original claim number.