



Submitting Corrected Paper Claims

Corrected Bills

A claim that has been processed (providers receive a Remittance Advice that includes the claim) and is paid incorrectly because of an error or omission on the claim may be filed as a "Corrected Bill." A true corrected bill includes additional/changed dates of service, codes, units, and/or charges that were not filed on the original claim.

There are two methods that can be used to submit corrected claims. The first method listed below is preferred because it allows the automatic scanning of the new claim for quicker turnaround. The alternate method requires marking on the original claim and can result in returns if the handwritten information is not clear or extends beyond the form fields.

Preferred Method for Filing Corrected Paper Claims:

- Submit a **new** claim form with the corrected data.
- Attach correspondence **behind** the claim form indicating what information was originally submitted and what was changed on the new claim form.

Example:

Procedure code in Block 24D of first line item was submitted as 99201; corrected to 99202 on new claim

- Write (using pen with black ink), stamp or type "CORRECTED BILL" in Block 19 or "CC" in Block 22 on the CMS-1500 claim form. Our Optical Character Recognition (OCR) equipment will not recognize red ink. Do not use a thick marker or crayon that may cover other form fields.
- On the CMS-1450 claim form, if the third digit in the type of bill (located in Form Locator 4) ends in a 6, 7 or 8, the claim is considered a corrected bill. Definitions of these codes are as follows:
 - "6" – Adjustment of Prior Claim
 - "7" – Replacement of Prior Claim
 - "8" – Void/cancel of prior claim

Alternate Method for Filing Corrected Paper Claims

- Draw a thin line through the original information and **clearly** list the new information above, below or beside the original information.
- Keep within the boundaries of the form field when adding the correct information. Do not use a thick marker or crayon that may cover other form fields.
- Do not use correction tape or fluid (White Out) – the original information **MUST** be visible.
- Write (using pen with black ink), stamp or type "CORRECTED BILL" in Block 19 or "CC" in Block 22 of the CMS-1500 Claim form. Use the appropriate type of bill on the CMS-1450 claim form to identify the claim as a corrected bill. (See code definitions above.)

Incomplete Claims

Incomplete claims are claims that do not conform to the billing guidelines. These claims have not been processed (will not appear on the Remittance Advice) and will be returned to the provider. When these claims are returned, providers will receive a black and white reproduction of the claim submitted with the error(s) listed on the form. For CMS-1500 claims, errors will be listed at the top of the form and for CMS-1450 claims, the errors will be listed at the bottom of the form. Providers should correct the error(s) and resubmit the claim as a new claim on a new claim form. Do not write or stamp "corrected bill" on the new claim. Correcting the error(s) and resubmitting on a new claim form will help ensure quicker turnaround.



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