Administrative Simplification
Guidelines for Validating Corrected Claims
BPR - Electronic Processing of Corrections to Institutional/Professional Claims (5010)

In validating the health plan's processing of corrected claims, we are interested in two things:

1. Does the health plan process the corrected claim in a timeframe consistent with state guideline?
2. Does their 835 transaction meet the requirements outlined in the BPR?

To help us evaluate those things, here's what we would like you to do.

1. Create a corrected claim(s) (837 transaction) to the health plan, in compliance with the Best Practice Recommendations.
    a. The Claim Frequency Type Code field (CLM05–3) must be set to 7.
    b. The corrected claim must not be for separate submission of "late charges".
    c. The Original Reference Number (ICN/DCN) segment of the 2300 loop will contain the health plan’s Internal Control Number that was assigned to the previously submitted Initial Claim.
    d. The Claim Notes segments of loop 2300 and 2400 must be completed appropriately.

2. Send the corrected claim(s) to the health plan and record the submission date.

3. Review the corresponding 835 transaction(s) that you receive from the health plan to determine if it meets the Best Practice Recommendation, and record the receipt date.

   If the processing of the corrected claim resulted in a take-back,

    a. The reversal of the Initial Claim will be communicated by setting CLP02 = 22 along with the appropriate CAS segments to negate the original charge, payment and adjustment amounts

    b. The processing of the Corrected Claim will be communicated by setting CLP02 = 1,2,3,19,20,21 according to how the claim is processed, along with the appropriate CAS segments

   If you sent in a refund check, the refund will be reflected on the 835 by acknowledging receipt of the check in the PLB segment using offsetting adjustments, PLB03-1 codes 72 (Authorized Return) and WO (Overpayment Recovery).

If the 835(s) do not meet these requirements, contact the health plan and ask them to send you the claim that they received, either from you or the clearinghouse. ***If the 835(s) do meet these requirements, you can skip this step.***

4. In all transactions, replace all patient identifying information and health plan identifying information with "dummy information":
   a. The 837 transaction(s) -- the one(s) you sent to the health plan and the one(s) the health plan received --
   b. The corresponding 835 transaction(s)

5. Complete the attached checklist

6. Send a copy of the checklist and all transactions to me at wec3@viaconsulting.com

Administrative Simplification
Worksheet for Validating Corrected Claims
BPR - Electronic Processing of Corrections to Institutional/Professional Claims (5010)

Contact Name: ____

Organization: ____

Email: ________________________________ Phone: ____________________

Health Plan Trading Partner: ____

Type of Claim that was Corrected: """""""""""Institutional or """"""""""Professional?

Did the health plan process the corrected claims as outlined in the Best Practice Requirements document and described in the Guidelines above? """""""""""""" Ygu/Nq "

If the answer to this question is Y, send a copy of this worksheet to me at wec3@viaconsulting.com. You do not need to answer the following questions or attach any material.

If the answer to this question is N, complete the following questions:

- How do you exchange claim transactions with the health plan, e.g. send direct, send through a clearinghouse, etc. __________________________

  ____

  ____

- Which of the following are you forwarding to me?
  - Initial 837 that you sent to the health plan. """""""""YguIP q
  - Initial 835 that you received from the health plan. """""""""Ygu/Nq""

- Corrected 837 that you sent to the health plan. """""" YguIP q""""""""" "

- 835 associated with the corrected 837 that you received from the health plan.

  """""""""""""Ygu/Nq "

If necessary:

- Corrected 837 received by the health plan. """""""""""Ygu/Nq

- 835 associated with the corrected 837 that was sent by the health plan. """"""""Ygu/Nq "

- Did you record the claim submission date on the corrected 837 and the receipt date on the associated 835? ____________________

- Did you replace all health plan and patient identifying information in all transactions? """""""""""""""[guIP q

Send a copy of this checklist and all transactions to me at wec3@viaconsulting.com