

## SUBMITTING CORRECTED CLAIMS

Corrected claims should only be submitted when information has changed. For example:

- Errors were found involving diagnosis, procedure, date, or modifier.
- Claims contained missing, incorrect, or incomplete data according to our claim submission criteria
- Services were missed in original submission.
- Post-adjudication audits detected incorrect diagnosis-related group or other billing errors.

## CORRECTING ELECTRONIC CLAIMS

Corrected Professional and Institutional claims may be submitted electronically by entering the original claim number in the notes and indicating Frequency code 7 as follows:

- Professional claims CMS -1500: Enter Frequency code 7 in Loop 2300 Segment CLM05-3
- Institutional claims UB-0 4: Submit with the last character of the Type of Bill as 7, to indicate Frequency code 7.

## CORRECTING PAPER CLAIMS

Corrected Professional and Institutional claims may be submitted on paper in the following way:

- Professional claims CMS -1500: Stamp or write “Corrected” on the CMS 1500 form.
- Institutional claims UB-04: Submit with the third digit of the Type of Bill as 7 (Replacement of Prior Claim) to indicate Frequency code 7.

## SUBMITTING CLAIMS

Claims may be submitted using a CMS-1500 or UB-04 claim form. All paper claims should be submitted to:

- Community Health Options, Mail Stop 200 (Medical Claims), Or Mail Stop 300 (Behavioral Health Claims), PO Box 1121, Lewiston, ME 04243.

Providers may also submit claims electronically through their clearinghouse or at [www.Emdeon.com](http://www.Emdeon.com)

- The Emdeon Payor ID to be used on medical claims submissions is 45341.
- The Emdeon Payor ID to be used on pediatric dental 02027

## CHECKING CLAIM STATUS AND ELIGIBILITY

Providers can contact Member Services for information about claim status, eligibility, and a variety of other services.

Member Services:

Business Hours Monday—Friday: 8:00AM—6:00PM

IVR available 24 hours a day/7 days per week.

Tele: (855)624-6463