

Submitting Electronic Replacement or Corrected Claims

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The Blue Cross and Blue Shield of Illinois (BCBSIL) claim system recognizes claim submission types on electronic claims by the frequency code submitted. The ANSI X12 837 claim format allows you to submit changes to claims that were not included on the original adjudication.

Claim Frequency Codes

The 837 Implementation Guides refer to the National Uniform Billing Data Element Specifications Loop 2300 CLM05-3 for explanation and usage. In the 837 formats, the codes are called “claim frequency codes.” Using the appropriate code, you can indicate that the claim is an adjustment of a previously submitted finalized claim.

Use the below frequency codes for claims that were previously **adjudicated**.

Claim Frequency Codes			
Code	Description	Filing Guidelines	Action
5 Late Charge(s) (Institutional Providers Only)	Use to submit additional charges for the same date(s) of service as a previous claim.	File electronically, as usual. Include only the additional late charges that were not included on the original claim.	BCBSIL will add the late charges to the previously processed claim.
7 Replacement of Prior Claim	Use to replace an entire claim (all but identity information).	File electronically, as usual. File the claim in its entirety, including all services for which you are requesting reconsideration.	BCBSIL will adjust the original claim. The corrections submitted represent a complete replacement of the previously processed claim.
8 Void/Cancel of Prior Claim	Use to entirely eliminate a previously submitted claim for a specific provider, patient, insured and "statement covers period."	File electronically, as usual. Include all charges that were on the original claim.	BCBSIL will void the original claim from records based on request.

Submitting Electronic Replacement Claims

When submitting claims noted with claim frequency code 7 or 8, the original BCBSIL claim number (also referred to as the Document Control Number or DCN) **must** be submitted in Loop 2300 REF02 – Payer Claim Control Number with qualifier F8 in REF01. The DCN can be obtained from the 835 Electronic Remittance Advice (ERA) or Electronic Payment Summary (EPS). * Without the original BCBSIL DCN, adjustment requests will generate a compliance error and the claim will reject. BCBSIL only accepts claim frequency code 7 to replace a prior claim, or claim frequency code 8 to void a prior claim.

Specific information and examples for **Professional** and **Institutional** providers are included below.

Professional Providers:

Claim corrections submitted without the appropriate frequency code will deny and the original BCBSIL claim number will not be adjusted. For additional information on submitting electronic replacement claims please refer to the table and example below.

Code	Action
7 Replacement of Prior Claim	BCBSIL will adjust the original claim. The corrections submitted represent a complete replacement of the previously processed claim.
8 Void/Cancel of Prior Claim	BCBSIL will void the original claim from records based on request.

An example of the ANSI 837 CLM segment containing the claim frequency code 7, along with the required REF segment and Qualifier in Loop ID 2300 - Claim Information, is provided below.

Claim Frequency Code

CLM*12345678*500***11:B:7*Y*A*Y*I*P~
REF*F8*(Enter the Claim Original Document Control Number)

Institutional Providers:

Claim corrections submitted without the appropriate frequency code will deny as a duplicate and the original BCBSIL claim number will not be adjusted. For additional information on submitting electronic replacement claims please refer to the table and example below.

Code	Action
5 Late Charge(s)	BCBSIL will add the late charges to the original claim processed claim.
7 Replacement of Prior Claim	BCBSIL will adjust the original claim. The corrections submitted represent a complete replacement of the previously processed claim. <i>This code is not intended to be used in lieu of late charges.</i>
8 Void/Cancel of Prior Claim	BCBSIL will void the original claim from records based on request.

When submitting corrected **institutional** claims, take note of CLM05-2, the Facility Code Qualifier. In this instance, the CLM05-2 field would require a value of “A” indicating an institutional claim – along with the appropriate frequency code (7) as illustrated in the example below.

Claim Frequency Code

CLM*12345678*500***11:A:7*Y*A*Y*I*P~
REF*F8*(Enter the Claim Original Document Control Number)

Note: If a charge was left off the original claim, submit the additional charge with all of the previous charges as a replacement claim using frequency code 7. All charges for the same date of service should be filed on a single claim.

Frequency Code 5, Late Charge(s) applies strictly to institutional claims.

For more information on professional electronic replacement claims and other claim filing tips, refer to the [Claim Submission](#) section of our Provider website.

**EPS files are not available for Blue Cross Community Health PlansSM (BCCHPSM), Blue Cross Community MMAI (Medicare-Medicaid Plan)SM, Blue Cross Medicare Advantage (HMO)SM and Blue Cross Medicare Advantage (PPO)SM claims.*