



*We heal and inspire the human spirit.*

**To:** All IEHP Providers  
**From:** IEHP – Provider Relations  
**Date:** September 11, 2024  
**Subject:** **Provider Billing Education: Corrected or Voided Claim Submissions**

We have **identified multiple claim errors for services** due to missing required information when billed with corrected claim Bill Type on UB-04 or Resubmission Code on CMS-1500. **Please share this information with your billers.**

**What is a Corrected or Replacement Claim?**

A corrected or replacement claim is a replacement of a previously submitted claim (e.g., changes or corrections to charges, clinical or procedure codes, dates of service, member information, etc.). The new claim will be considered as a replacement of a previously processed claim.

**What is a Voided or Canceled Claim?**

A voided or canceled claim is appropriate when a previously submitted claim needs to be **eliminated in its entirety**. This would be necessary if the claim submitted was completely erroneous and was not appropriate for submission for any reason.

Please follow the guidance below when submitting either a voided or replacement claim.

**Institutional claims:**

**UB-04 paper claim**, please use appropriate bill type in box 4

- XX7 is submitting a replacement/corrected claim.
- XX8 if submitting a void/cancel of a previous claim.
- The IEHP assigned claim number should be submitted in Box 64 (Document Control Number).

3a PAT. CNTL. #		4 TYPE OF BILL	
b. MED. REC. #			
5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM THROUGH		7

64 DOCUMENT CONTROL NUMBER

**UB04 electronically:**

- Loop 2300
- CLM05-3 (Claim Frequency Type Code) must be entered as 7 for Replacement or 8 for Void.
- Include REF segment with the IEHP assigned claim number from the remittance advice, REF01 = “F8”, REF02 = IEHP assigned claim number.

**Professional Claims:**

**CMS-1500 paper claim, Box 22:**

- **For replacement or corrected claim**, enter resubmission code 7 **and** enter the original IEHP claim number that is being replaced.
- **If submitting a void/cancel claim**, enter resubmission code 8 **and** enter the original IEHP claim number that is being replaced.
- Original Ref No.

22. RESUBMISSION CODE	ORIGINAL REF. NO.
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**CMS-1500 electronically:**

- Loop 2300
- CLM05-3 (Claim Frequency Type Code) must be entered as 7 for Replacement or 8 for Void/Cancel.
- Include REF segment with the IEHP assigned claim number from the remittance advice, REF01 = "F8", REF02 = IEHP assigned claim number.

ACTION NEEDED for electronic CMS-1500	REQUIRED SUBMISSION CODE
Adjustment of the original claim submitted is needed due to corrections made. The new claim will be considered as a replacement of a previously processed claim.	7: Correction/Replacement of Prior Claim
A previously submitted claim needs to be eliminated in its entirety. This would be necessary if the claim submitted was completely erroneous and was not appropriate for submission to the Plan for any reason.	8: Void/Cancel of Prior Claim

**NOTE: If the above guidance is not followed for a corrected or voided claim submission, the claim WILL be denied as a duplicate.**

If you have any questions, please contact the IEHP Provider Call Center at (909) 890-2054, (866) 223-4347 or email [ProviderServices@iehp.org](mailto:ProviderServices@iehp.org)

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