



## Network Notification

---

**Date:** July 7, 2010

**Number:** MI-P-2010-05

**To:** Michigan Network Providers

**From:** CareSource

**Subject:** Corrected Claims

---

As part of our ongoing commitment to “Make it Easier for You,” we would like to remind our provider network:

CareSource accepts electronic corrected Professional (CMS 1500) and Facility (UB 04) claims. To make it easier for you to submit corrected claims electronically, please follow these instructions:

- Submit via the nationally recognized 837 file format
- Use the CareSource payer ID number, 38325
- The EDI 837 Loop 2300 **CLM 05-3** value has to be “7” (Replacement)
- The **Original Reference No/Claim No** (12 character data) should be carried over on the **REF 02** data element with a Qualifier “F8” on Loop 2300.

When submitting corrected paper claims, the top of the claim must be stamped or marked as “CORRECTED.”