



NETWORK *Notification*

Notice Date: December 17, 2021
To: Indiana Providers
From: CareSource
Subject: Reminder for Provider Claim Adjustment Submission Process

Summary

CareSource would like to remind providers that if a claim paid incorrectly due to the provider's incorrect or inaccurate claim information, the provider may submit a claim adjustment via paper or a claim void/replacement electronically with corrections on either the professional (CMS-1500 claim form) or (837P); and the institutional (UB-04) or (837I).

Impact

- For corrected professional claims, use one the following frequency codes to indicate a correction was made to a previously submitted and adjudicated claim:
 - 7 – Replacement of Prior Claim\Corrected Claim
 - 8 – Void/Cancel Prior Claim

- For corrected institutional claims, use bill type frequency codes to indicate a correction was made to a previously submitted and adjudicated claim:
 - 0XX7 — Replacement of Prior Claim
 - 0XX8 — Void/Cancel Prior Claim

Questions?

For questions about claims submitted, please contact your Provider Engagement Specialist or Provider Services:

- Medicaid: **1-844-607-2831**
- D-SNP: **1-833-230-2176**
- Marketplace: **1-866-286-9949**
- Medicare Advantaged: **1-844-679-7865**

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