



Network Notification

Date: February 10, 2010

Number: OH-P-2010-07

To: Network Providers

From: CareSource

Subject: Corrected Claims

As part of our ongoing commitment to timely and clearly articulated communication of policy or process changes, the information listed below supplements current policies to include those listed in the CareSource Provider Manual.

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 the following instructions.

- Submit via the nationally recognized 837 file format
- Use the CareSource payer ID number, 31114
- 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".