



Network Notification

Date: March 3, 2016

To: Kentucky Health Partners

From: Humana - CareSource

Subject: Requirements for Corrected Claims Submissions

In order to provide faster claims processing and payment times, Humana – CareSource requires the original claim number on all corrected claims.

Accepted standards for corrected claim submissions require that the original claim number is populated on both EDI 837 transactions and paper forms. Including the original claim number allows your corrected claim to auto adjudicate, resulting in the fastest payment.

Humana – CareSource rejects both EDI and paper form corrected claims that are received without the original claim number.

EDI Billing Instructions:

We strongly encourage use of electronic claim submission for all standard claim transactions, including corrected claims.

- Submit the corrected claim in the nationally-recognized Electronic Data Interchange (EDI) 837 file format.
- Use an EDI 837 Loop 2300 CLM 05-3 value of "7" (Replacement).
- Carry over the Original Reference No./Claim No. (12-character data) on the REF 02 data element with a Qualifier "F8" on Loop 2300.

Paper Form Billing Instructions

Professional Claims:

For Professional claims, the health partner must include the original Humana – CareSource claim number and a frequency code of "7" per industry standards. When submitting a Corrected claim, enter a "7" in the left-hand side of Box 22 and the original claim number in the right-hand side of that box as shown below.



Example:

22. RESUBMISSION CODE	7	ORIGINAL REF. NO.	22334455YZ00
23. PRIOR AUTHORIZATION NUMBER			

Institutional Claims:

For Institutional claims, the health partner must include the original Humana – CareSource claim number in Box 64 and a valid bill frequency code in Box 4 per industry standards (shown below).

Example:

Box 4 – Type of Bill: the third character represents the “Frequency Code”

3a PAT. CNTL #				4 TYPE OF BILL
b. MED. REC.#				117
5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM		THROUGH	7

Box 64 – Place the Original Humana – CareSource claim number in Box 64

11223344YZ00

Please Note: If a corrected claim is submitted without this information, the claim will be processed as an original claim and rejected or denied as a duplicate. Additionally, this process is for correcting denied claims only, not for resubmission of rejected claims (rejected claims are defined as EDI claims not accepted by Humana – CareSource).

If you have any questions regarding the information in this communication, please contact our Provider Services at 1-855-852-7005. Hours of operation are Monday to Friday, 8 am – 6pm Eastern Standard Time (EST).

KY-P-416