Guidelines for submitting electronic claim corrections

To avoid a claim rejection, please use these electronic indicators when submitting **837I** and **837P** corrected claims electronically:

- Loop 2300 (Claim Information), Segment CLM:
    - Use **CLM05-3 – "7" or "H"** to process as a replacement claim and reverse the original claim on file
    - Use **CLM05-3 – "8"** to void the original claim on file. We'll recoup any previous payments made on the voided claim.
- REF*F8 must include the original claim number ID:
    - Don't include additional characters within the original claim ID. The original claim ID is 22A23xxxxxxx. Additional characters, such as CLM22A23XXXXXXX, are incorrect.
    - You can locate claim numbers on the corresponding remittance advice

Electronic field requirements for institutional (837I) claims

2300		Claim loop	
CLM		**Claim information**	
CLM05-3	Claim frequency type code	**1, 2, 3, 4, 7, H, 8**	1=Original claim submission 2=Interim – first claim 3=Interim – continuing claim 4=Interim – last claim **7=Replacement** **H=Replacement** **8=Void**

Electronic field requirements for professional (837P) claims

2300		Claim loop	
CLM		**Claim information**	
CLM05-3	Claim frequency type code	**1, 7, H, 8**	1=Original claim submission **7=Replacement** **H=Replacement** **8=Void**

You can see rejected claims on your **277 Rejection Report**. Rejected claims missing the required information will have a status code of "A7: Acknowledge/Rejection for Invalid Information – The claim/encounter has invalid information as specified in the Status Details." Corrected claims submitted without the most current claim ID will be rejected.

We're here to help

If you have questions, call Provider Services at **800-445-1638** for Arizona Health Care Cost Containment System Complete Care and developmental disabilities, or **800-293-3740** for Arizona Long Term Care System.

United Healthcare® Community Plan