Billing Reminder for Submitting Corrected Claims

If you need to submit a correct claim, please use this at-a-glance billing reminder. We want to help make sure network care providers have the information they need when updating a claim that needs a correction. This reminder includes specific details for completing the UB-04 or CMS-1500 forms, or the electronic equivalent of either form.

When to Submit Corrected Claims
Submit a corrected claim when your originally submitted claim was denied by UnitedHealthcare and requires updated information to be processed. Examples of information you can update through a corrected claim include, but aren’t limited to:

- Number of units for a service
- Dates of service
- Procedure code, modifier or diagnosis code

A rejected claim isn’t the same as a denied claim. A denied claim has been accepted by UnitedHealthcare and processed, while a rejected claim hasn’t been accepted and doesn’t enter our claim payment system. Please don’t resubmit rejected claims as a corrected claim.

Electronic or Paper Claim Submissions
For either the electronic or paper claim submission, resubmit the entire claim as originally submitted with corrections including the line items that were previously paid correctly. For electronic claims also complete these steps:

- Submit original claim number in Loop 2300, REF segment, REF02 element where REF01= F8
- Submit the frequency code in Loop 2300, CLM segment, CLM053 element

For the UB-04 or CMS-1500 form, the following boxes require updating for corrected claims.

UB-04 (Institutional or Hospital) Form
- Correct claim bill type in Box 4 and include the 12-digit original claim number in Box 64A.
  - Frequency code 7 Replacement of Prior Claim: Corrects a previously submitted claim.
  - Frequency code 8 Void/Cancel of Prior Claim: Indicates this bill is an exact duplicate of an incorrect bill previously submitted. This code will void the original submitted claim.

CMS-1500 (Physician or Professional) Form
- Correct frequency code in Box 22 and use left justified to enter the code. Include the 12-digit original claim number under the Original Reference Number in this box.
  - Frequency code 7 Replacement of Prior Claim: Corrects a previously submitted claim
  - Frequency code 8 Void/Cancel of Prior Claim: Indicates this bill is an exact duplicate of an incorrect bill previously submitted. This code will void the original submitted claim.
**Additional Reminders**
Timely filing for corrected claims is one year from the processed date. Also, remember:
- Use the correct segment of the claim (e.g., 00, 01, 02)
- Don’t include the invoice number or patient control number
- Don’t put the same claim number on every submission

If an original claim is rejected from the clearinghouse, resubmit it through clearinghouse as an original claim, not a corrected claim.

**Payer ID Number**
Use **Payer ID 87726** for electronic or paper claim submissions. If you’re mailing a paper claim, send it to:

UnitedHealthcare Community Plan  
Attention: Claims  
P.O. Box 5220  
Kingston, NY 12402-5220

**We’re Here To Help**
If you have questions, please call Provider Services at **888-650-3462** or contact your Provider Advocate. Thank you.