

PROCESS FOR CORRECTED CLAIMS OR VOIDED CLAIMS



INSTITUTIONAL CLAIMS PROCESS

- Institutional claims, both EDI* and paper, have bill types to distinguish corrected or voided claims. The bill type code ends with a **7** (Replacement of prior claim) or **8** (Void/cancel of prior claim) and will be identified to follow the Correction or Void Process.

The Correction Process involves two transactions:

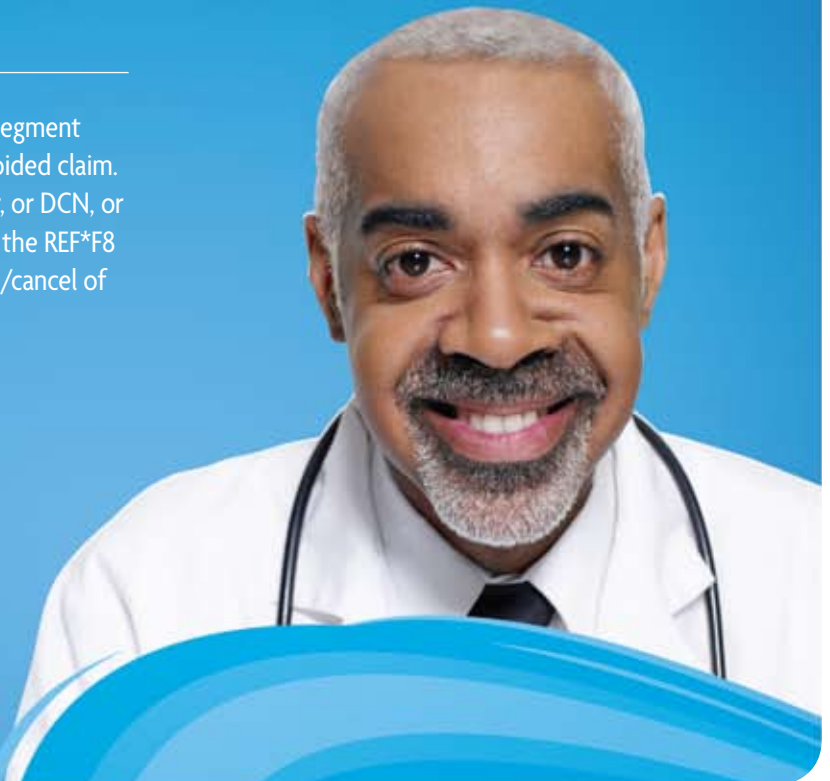
1. The original claim will be reversed and noted with an adjustment reason code **RV059** *“Payment Reversal – Payment lost/voided/missed.”* This process will deduct the prior payment. The Payment Reversal for this process may generate a negative amount, which may be offset from future payments rather than on the EOP that is sent out for the newly submitted corrected claim.

2. The corrected claim will be processed with the newly submitted information and noted with an adjustment code **CL025** *“Adjusted per corrected bill.”* This process will pay out the newly calculated amount on a new claim with a new claim number.

- The Void Process involves two claims. The original claim will be reversed. The subsequent claim submitted with an **8** (Void/cancel of prior claim) will be processed as a zero payment and noted with an adjustment reason code **RV059** *“Payment Reversal – Payment lost/voided/missed.”* This process will deduct the prior payment or zero net amount if applicable.

*For EDI, providers must populate the CLM05-03 segment with a **7** for a corrected claim or with an **8** for a voided claim. Please include the original WellCare claim number, or DCN, or WCN for the claim you are adjusting or voiding in the REF*F8 for any **7** (Replacement of a prior claim) or **8** (Void/cancel of prior claim).

 **WellCare**[®]
of Georgia, Inc.



PROCESS FOR CORRECTED CLAIMS OR VOIDED CLAIMS

PROFESSIONAL CLAIMS PROCESS

If submitting electronically:

- Professional EDI* corrected claims or voided claims have the Frequency Code marked appropriately as 7 (Replacement of prior claim) or 8 (Void/cancel of prior claim) in the standard 837 layout and will be identified to follow the Correction Process.

If submitting via paper:

- Please submit professional paper-corrected claims or voided claims with Box 22 (Medicaid Resubmission Code) populated with the Frequency Code marked appropriately as 7 (Replacement of prior claim) or 8 (Void/cancel of prior claim) and the Original Claim Number in the Original REF Number field. When the Frequency Code is populated, the new claim will follow the Correction or Void Process.

The Correction Process involves two transactions:

1. The original claim will be reversed and noted with an adjustment reason code **RV059** "Payment Reversal – Payment lost/voided/missed." This process will deduct the prior payment. The Payment Reversal for this process may generate a negative amount, which may be offset from future payments rather than on the EOP that is sent out for the newly submitted corrected claim.

PLEASE SUBMIT PROFESSIONAL PAPER-CORRECTED CLAIMS OR VOIDED CLAIMS WITH AN ATTACHMENT STATING "CORRECTED CLAIM" OR "VOID/CANCEL."



2. The corrected claim will be processed with the newly submitted information and noted with an adjustment code **CL025** "Adjusted per corrected bill." This process will pay out the newly calculated amount on a new claim with a new claim number.

- The Void Process involves two claims. The original claim will be reversed. The subsequent claim submitted with an 8 (Void/cancel of prior claim) will be processed as a zero payment and noted with an adjustment reason code **RV059** "Payment Reversal – Payment lost/voided/missed." This process will deduct the prior payment or zero net amount if applicable.

*For EDI, providers must populate the CLM05-03 segment with a 7 for a corrected claim or with an 8 for a voided claim. Please include the original WellCare claim number, or DCN, or WCN for the claim you are adjusting or voiding in the REF*F8 for any 7 (Replacement of a prior claim) or 8 (Void/cancel of prior claim).

