



ATTENTION: All Providers

Effective 3/1/2010 Unison's policy regarding the submission process for Corrected Claims will change. Unless additional documentation has specifically been requested to support the claim adjudication of a previously processed claim, all claims received after this date will be subjected to the changes listed below. Please note that any Corrected Claims received on or after 3/1/2010 that do not conform to these standards may result in a denial of said claim(s).

For professional and institutional paper claim forms, the only mechanism accepted to indicate the claim is a correction or a void of a previous processed claim will be the following:

Claim Form: CMS 1500
Box Number: 22
Title: Medicaid Resubmission and/or Original Reference Number
Instructions: When resubmitting a claim, enter the appropriate claim frequency code left justified in the left-hand side of the field.
7 – Replacement of prior claim
8 – Void/cancel of prior claim

Claim Form: UB04
Box Number: 4
Title: Type of Bill
Instructions: When resubmitting a claim, enter the appropriate claim frequency code in the 3rd position of the Type of Bill
7 – Replacement of prior claim
8 – Void/cancel of prior claim

For professional, institutional and dental EDI claims, the only mechanism accepted to indicate the claim is a correction or a void of a previous processed claim will be the following:

Loop: 2300
Segment: CLM05-3
Name: Claim Frequency Type Code
Instructions: When resubmitting a claim, enter the appropriate claim frequency code

- 7 – Replacement of prior claim
- 8 – Void/cancel of prior claim

For instructions on the proper completion of the CMS 1500 you may visit <http://www.nucc.org/>, for the UB 04 you may visit <http://www.nubc.org/> or you may go directly to the CMS Claims Processing Manual at <http://www.cms.hhs.gov/Manuals/IOM/list.asp> and refer to the CMS-1450 and CMS-1500 data sets. For electronic claim submission, please refer to the HIPAA Implementation Guides located at <http://www.wpc-edi.com/>

For questions regarding this policy please contact Unison's Provider Services Department at 1.800.600.9007.