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Electronic Claim Correction Process – Clarification

Effective Date:
July 29, 2023

This Claim Correction process is used for electronic claims processed on the BCBSWY platform. Details are outlined below for correcting irofessional and institutional claims in the system, including specific information on out-of-state BCBS member claims. The below instructions are subject to change, so stay tuned for future *Provider Update* emails on this topic.

Professional Claims

Claim/Billing Frequency Type codes are used when billing to indicate whether a claim is a new/original claim or a replacement of a previously adjudicated (approved or denied) claim.

Valid frequency types	There are three valid Billing Frequency Types: **Frequency Type 1** is an original claim. All new claims are submitted with this value. **Frequency Type 7** is a replacement of a prior claim. Frequency Type 7 is used to correct data reported incorrectly on the original claim. The original claim number assigned by BCBSWY is required on this type of submission. **Frequency Type 8** is a void/cancellation of a prior claim. Frequency Type 8 is used to completely void a claim that was reported in error. The original claim number assigned by BCBSWY is required on this type of submission.
Electronic 837P correction	The 837P allows an electronically submitted claim correction using a valid Frequency Type code. Corrected claims can be submitted through office or facility billing software. Additionally, the Professional or Facility Claim direct claim entry function can be used in the Availity Provider Portal by selecting the Billing Frequency Type 7 and providing the original claim number.
1500 paper claim correction	To submit a claim correction request for a paper claim, use the paper form found here on the bcbswy.com website. **Note**: If the original claim was submitted on paper, the corrected replacement claim must also be submitted on paper.

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Institutional Claims

To make changes to claims that have already been submitted electronically, facility providers are to use correction Bill Types XX7 or XX8.

Correction bill types

Guidelines for correction Bill Types XX7 and XX8:

XX7 Replacement of prior claim: This code is to be used when a specific claim or line has been issued and needs to be restated in its entirety. When this code is used, BCBSWY will operate on the principle that the original claim is null and void, and that the information present on this claim represents a complete replacement of the previously issued claim.

XX8 Void/Cancel Prior Claim: This code reflects the elimination in its entirety of a previously submitted claim. Use of XX8 will cause the claim to be completely canceled from the BCBSWY system.

The original claim number is required when submitting correction claim types XX7 and XX8 on claims and 837I batch and real-time submissions. The original claim number should be reported in the Adjustment Claim Link (ACL) field.

Note: If the original claim was submitted on paper, the corrected replacement claim must also be submitted on paper.

When BCBSWY providers see Blue Cross Blue Shield patients from other states (i.e., BCBSNE, Wellmark, Anthem, etc.) these claims are sent to BCBSWY. For these out-of-state member claims, the process for Claim Correction will follow the process outlined above except in the case of fully rejected claims.

Fully rejected claims may be related to benefits, non-covered services under the member's plan, or services applied to member liability. Instead of submitting a claim correction in these situations, providers must submit a brand-new claim (Frequency Type 1) that corrects the billing error(s) from the first claim. By submitting a new claim there will be no duplication concerns as the original claim was never identified in the system.

**Please note, if there are some lines that paid, the claim would *not* be classified as fully rejected.

If providers try to submit a claim correction (rather than a new claim) for a fully rejected out-of-state BCBS member claim, they will receive a denial code of CO16 (CO = Contractual Obligation, 16 = Claim/service lacks information or has submission/billing error(s)).

For questions, reach out to the Provider Relations team at Provider.Relations@BCBSWY.com.