

Process for Submitting Claims Corrections

Please see instructions below for submitting claims for all corrections.

To ensure proper payment, please follow the process below.

For	Instructions
Paper claims	<ul style="list-style-type: none"> Institutional claims enter 7 for replacement or 8 for cancel in box 4 – Type of Bill on the UB-04 with the HAP Empowered claim number to replace in field 64 Document Control Number Professional claims enter 7 for replacement or 8 for cancel in box 22 on the CMS-1500 with the HAP Empowered claim number to replace in Original Ref No field
Electronic claims	<ul style="list-style-type: none"> Loop 2300 Segment CLM composite element CLM05-3 should be 7 or 8 Loop 2300 Segment REF element REF01 should be F8 indicating the following number in REF02 is the HAP claim number to replace
Important! Be sure to include the original HAP Empowered claim number and bill frequency code (7 for replacement; 8 for cancel) per billing standards.	

Replacement (xx7)

Replacement billing should be used when there are data changes to an originally submitted claim which would result in additional payment or corrections to the claim. The replacement claim identifier should be used for any claim that is not the original submission. Claims submitted without the replacement claim identifier may result in the claim being denied as a duplicate to the original claim. When a replacement claim is submitted correctly, we will:

- Adjust the original claim submission
- Process the new replacement claim

Example

Original claim								
Line and procedure	Units	Outcome	Line and procedure	Units	Outcome	Line and procedure	Units	Outcome
1. K0003RR	1	Paid	1. K0195RR	1	Denied duplicate	1. K0003RR	1	Paid
1. K0195	1	Denied needs modifier				1. K0195RR	1	Paid

<p>Incorrect resubmission Resubmitted claim with just the denied line and no replacement claim indicator. Claim will deny as a duplicate</p>	<p>Correct resubmission Resubmitted claim with replacement claim indicator. Original claim will be adjusted, and processing consideration will be applied replacement claim</p>
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Important

For reconsiderations on a claim outcome with no update or change in data, you can:

- Contact HAP Provider Inquiry at **(866) 766-4661**
- Follow the online Claims Adjustment process (see process in the HAP Empowered Provider Manual)

Cancel (xx8)

Cancel bill types reflect the elimination of a previously submitted claim in its entirety for a specific provider, patient, payer, insured and "Statement Covers Period."

HAP will use the cancelled claim as the indicator to adjust the original claim in full. This indicates the claim should not have been submitted.