

## Corrected Claim – Standard Cover Sheet

**Corrected claim.** Represents a claim that was accepted and finalized by Community Health Plan of Washington (CHPW). The claim is updated with additional information that may potentially impact the payment of the claim. Example: The initial claim submission is accepted and contains a single service line. The provider realizes lab charges were left off of the original claim and submits a corrected claim that contains the original billed services plus the new service lines with the lab charges.

### How to Submit Electronic Corrected Claims

Please complete the following steps when electronically submitting a corrected claim to CHPW in the ANSI-837 professional or institutional format.

- 837P (Professional) and 837I (Institutional) Claims: In Loop 2300 (Claim Information), segment CLM05-3, use Claim Frequency Type Code "7" for "Replacement." The corrected claim will process as a replacement claim and reverse the original claim on file.

### How to Submit Paper Corrected Claims

Please complete this Corrected Claim – Standard Cover Sheet and attach your corrected claim form with your changes. To avoid a denial as a duplicate claim, include the claim indicator as follows:

- CMS 1500 (Professional Claim Form): Submit code 7 in box 22.
- UB-04 (Facility Claim Form): Submit Type of Bill ending in 7 in field 4 (Type of Bill).

Mail your completed cover sheet, corrected claim, and supporting documentation to:

CHP Claims  
PO Box 269002  
Plano, TX 75026-9002

To avoid delays in processing your corrected claims, please do not send corrected claims to our Customer Service department.

## CORRECTED CLAIM INFORMATION

**Privacy Statement:** This document contains confidential information. Any disclosure, copying or distribution is prohibited. If you have received this information in error, please notify the sender and destroy all copies.

**This is NOT a DUPLICATE claim. Please forward to the appropriate area for reprocessing.**

Date cover sheet prepared: \_\_\_\_\_ Product:  Medicare  Medicaid

**Make sure to attach the updated claim form!**



Original claim number (from voucher): \_\_\_\_\_

This claim is a corrected billing of a previously processed claim for the following reason(s):

- Corrected diagnosis
- Corrected date of service
- Corrected charges
- Corrected patient information
- Addition of NDC #
- Other: \_\_\_\_\_
- Corrected procedure code (CPT or CM)
- Addition or correction of modifier
- Corrected provider information
- Addition of NPI

List specific changes/comments/instructions (such as, the claim line that was corrected):

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Supporting Documentation Attached?  Yes  No

**PROVIDER CONTACT INFORMATION**

Name: \_\_\_\_\_

Phone Number (including area code): \_\_\_\_\_

Other Information: \_\_\_\_\_