



FINANCE
245 LEPHILLIP COURT, NE
CONCORD, NC 28025

PBH Finance Communication Bulletin

FY-0910-FN-33

To: PBH Community of Network Providers
From: Renee Snipes-PBH Finance Director
Date: August 24, 2009
RE: Process for Submission of Replacement and Voided Claims for Paid Claims

Submission of Replacement Claims

Providers may submit replacement claims for originally paid claims. Billing days for a replacement claim is **90 days** from the service date. Replacement claims submitted past 90 days from the service date will be denied for exceeding billing days and cannot be resubmitted.

Instructions for claims submitted through Provider Direct

- In Box 22 on the CMS1500, key 10 and the original claim number found on the RA where the claim was paid as the reference number.
- In Box 4 on the UB04, use 7 as the 4th digit which will indicate “replacement of prior claim”. You will reference the original claim number in box 64A (Document Control Number).

Instructions for claims submitted via an 837 transaction set

- In Loop 2300 – Claim segment / 5th element (CLM05-03), 7 (code for resubmission) should be submitted along with a REF segment with “F8” as reference code identifier & the claim # found on the RA as the reference number. Here is an example:

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CLM*01319300001*500***11::7*Y*A*Y*Y***02*****N~REF*F8*111111~
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Once the replacement claim has been received your original claim will deny and the replacement claim will be processed according to all PBH billing guidelines.

Submission of Voided Claims

Providers may submit voided claims for originally **paid** claims. Billing days for a void claim is **90 days** from the service date.

Instructions for claims submitted through Provider Direct

- In Box 22 on the CMS1500, key 12 and the original claim number found on the RA where the claim was paid as the reference number.
- In Box 4 on the UB04, use 8 as the 4th digit which will indicate “reversal of prior claim”. You will reference the original claim number in box 64A (Document Control Number).

Instructions for claims submitted via an 837 transaction set

- In Loop 2300 – Claim segment / 5th element (CLM05-03), 8 (code for reversal) should be submitted along with a REF segment with “F8” as reference code identifier & the claim # found on the RA as the reference number. Here is an example:

CLM*0131930001*500***11::8*Y*A*Y*Y***02*****N~REF*F8*111111~

Voided claim will be reverted from our system and the original claim payment will be recouped. If you have any questions regarding a replacement or void claim contact your claims specialist listed below.

Provider Agency name begins with:

A-D	Sheila Morton	704-721-7038	sheilam@pamh.com
E-H	Deana Harkey	704-721-7081	deanah@pamh.com
I-Q	Beth Thompson	704-721-7077	bethp@pamh.com
R-Z	Annette James	704-721-7078	annettej@pamh.com

Thank you

cc: Network Operations Department
PBH Claim Staff
Renee Snipes
Lisa Hathcock, Executive Assistant to the Area Director