

## ELDERPLAN/HOMEFIRST PROVIDER EDUCATION

**ISSUE:** Replacement Claims Submissions

**AUDIENCE:** Elderplan/Homefirst Providers

**DETAILS:** Replacement claims (also known as corrected claims) are Electronic or Paper re-submissions with the intention of correcting or updating a previously submitted claim.

A replacement is sent when a data element on the original claim either needs to be added or needs to be corrected. **To submit a replacement, certain identifying information must remain unchanged including:**

- provider information
- patient/subscriber information

Replacement claims **must be** submitted within timely filing limits (**180 days from DOS or as contractually agreed upon**). **Failure to meet the deadline will result in an untimely filing denial as well as a recoupment of the original payment.**

The best process for submitting a replacement of the original claim, **should** be to submit once you are in receipt of an ERA (Electronic Remittance Advice) or paper EOP (Explanation of Payment).

### Submitting a Replacement Claim

When submitting a replacement claim, the below must be met to qualify for replacement claim processing. A replacement claim **MUST** be submitted in the same claim format as the original; either Institutional or Professional.

1. **Replacement Claims** - frequency code **7** must be submitted. If frequency code **7** is not submitted, the claim will deny as a duplicate and the original claim will remain unchanged.
2. **Voided Claims** - frequency code **8** must be submitted. If a claim was submitted to Elderplan/Homefirst in error and needs to be voided, the claim should be submitted exactly as it was submitted previously.
3. To avoid rejections or financial overlap issues, submit the entire claim and not just the updated line.
4. Please be sure to submit the original reference number (claim number) with the new replacement claim. Only submit the original reference number for the claim that you would like to replace. Failure to do so may result in denials or financial issues.
5. If you are adding or changing clinical information on the claim, attach documentation.

### For Electronic (EDI) Claim Submissions

An institutional electronic claim can only replace an institutional electronic claim and professional electronic claim can only replace a professional electronic claim. If the claim format needs to be changed, please submit as a new claim

Original Reference Number is **required** when CLM05-3 (Claim Frequency Code) indicates this claim is a replacement **(7)** or void **(8)** of a previously adjudicated claim.

Original Reference Number should be submitted in the below 837 Segment Detail which can also be found in the ASC X12 ANSI Standard Guide; **Loop 2300 – Claim Information REF\*F8**

### For Paper Claim Submissions

A UB form can only replace a UB Form and HCFA can only replace a HCFA form. If the claim form needs to be changed, please submit as a new claim.

Original reference number of the original claim must be populated in the appropriate box on the form.

1. For UB claims, the appropriate box is **64A**
2. For HCFA claims, the appropriate box is **22**

**Note** - In box 19, add a note to indicate the reason for the resubmission.  
For Example: Changed CPT, added modifier, corrected EOB, etc.

3. Mail the corrected claim to Elderplan/Homefirst claims processing address:  
**Elderplan Claims Department P.O. Box 73111 Newnan, GA 30271-3111**

**Note** - Replacement claims submitted with modifier **25** and **59** are excluded from this process and may not be submitted electronically as medical records need to be submitted with the corrected claim.

Electronic Claim Reject Code Descriptions		
Code	Denial Reason	Example
<b>A7:495</b>	Requests for re-adjudication must reference the newly assigned payer claim control number for this previously adjusted claim. Correct the payer claim control number and re-submit.	This means you are submitting a Replacement claim number that is invalid or not found on file. (i.e. claim number or other number not consistent with an Elderplan/Homefirst claim number)
<b>A7:481</b>	Claim/submission format is invalid	Indicates you are submitting a Replacement claim in a format which is different from the original claim (i.e. original claim is HCFA and the replacement claim is UB)
<b>A7:732</b>	Information submitted inconsistent with billing guidelines	Indicates the provider is submitting a Replacement claim with a different billing provider from the original claim (i.e. original claim Billing Provider is Dr. Bill Brown...replacement claim Billing Provider is Dr. John Doe)

Paper Claim Reject Code Descriptions		
Code	Denial Reason	Example
<b>152</b>	Missing/Incomplete/invalid replacement claim information/ Number	This means you are submitting a Replacement claim number that is invalid or not found on file (i.e. claim number or other number not consistent with an Elderplan/Homefirst claim number)
<b>481</b>	Claim/Submission format is invalid/Please re-submit as new claim	This means you are submitting a Replacement claim in a format which is different from the original claim (i.e. original claim is HCFA and the replacement claim is UB)
<b>732</b>	Cannot replace Bill Provider on Original Claim. Please submit as a new claim	This means provider is submitting a Replacement claim with a different billing provider from the original claim (i.e. original claim Billing Provider is Dr. Bill Brown...replacement claim Billing Provider is Dr. John Doe)

QUESTIONS? CONTACT ELDERPLAN'S PROVIDER SERVICES CALL CENTER AT (718) 921-7979