Duplicate Submissions

Claims and Billing Guide

Submitting Replacement and Void/Cancelled Claims

The claim adjudication process will evaluate billed claims to determine if there is a previously paid claim for the same enrollee and provider in history that is a duplicate to the billed claim. The claims will be reviewed across different providers to determine if another provider was paid for the same procedure, for the same enrollee on the same date of service. Additionally, the review will analyze multiple services within the same range of services performed on the same day. Please review the billing guidance below if submitting a corrected claim to avoid duplicate claim denials.

1500 HCFA Form Type

- Replacement and Void/Cancel of Prior claims is identified by the resubmission code and original reference number in Field 22.
  - List the original reference number for resubmitted claims in the right-hand side of the field. Please refer to the most current instructions for use of this field.
  - When resubmitting a claim, enter the appropriate bill frequency code in the left-hand side of the field:
    - 7 – Replacement of prior claim
    - 8 – Void/cancel of prior claim

1450 UB Form Type

- Replacement and Void/Cancel of Prior claims is identified by type of bill in Field 4.
  - **0XX7 Replacement of Prior Claim**
    - This TOB code is used when a specific claim needs to be restated in its entirety, except for the identifying information.
    - The original bill is considered null and void, and the information on this bill completely replaces the previous claim.
  - **0XX8 Void/Cancel of a Prior Claim**
    - This code indicates that this claim eliminates and cancels a previously submitted claim.
    - Use this code to indicate that this bill is an exact duplicate of an incorrect bill, previously submitted. A code 0XX7 claim must be submitted to show the corrected information.

Additional Guidance

- If a Replacement and/or Void/Cancelled Claims are billed, the original claim will recycle through payables with a 'denied' status applied to the claim and a new claim number will be generated when applicable.

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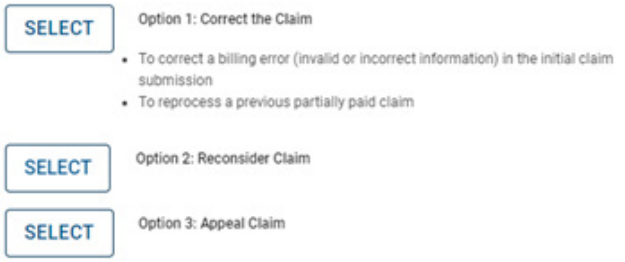
Additional Guidance, continued

TO CORRECT/DISPUTE A CLAIM IN THE SECURE PROVIDER PORTAL

- To correct a claim in the Secure Provider Portal, view the claim details and click the **DISPUTE** button, then select Option 1: Correct the Claim. When correcting a claim please include all fields related to the original claim, this can include authorization numbers, CLIA numbers, taxonomy codes, and services lines with a paid status.

Step 1	Click 'Dispute' 
Step 2	Select 'Option 1: Correct the Claim' 

Where can I find more details?

- Billing Instructions, including instructions for adjustments/voids, can be found in the CCH Billing Manual.

Support

Please view the Provider section of our website at **network.carolinacompletehealth.com** for additional tools and resources. You may also contact the Provider Network Support Specialist Team directly via Email at NetworkRelations@cch-network.com, or contact Provider Services for assistance at **1-833-552-3876 (TTY 711)**.

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