

**To:** PerformCare HealthChoices Providers  
**From:** Rob Labatch, Director of Provider Network Operations  
**Date:** November 1, 2013  
**Subject:** AD 12 110R Electronic Submission of Corrected Claims

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This notice serves to update AD 12 110 Electronic Submission of Corrected Claims distributed November 1, 2012; corrected claims may be submitted on paper through ACS or electronically through Emdeon (or PerformCare if qualified as a direct submitter).

**Any claim that is resubmitted must be billed as a corrected or replacement claim and must include the original PerformCare claim number.**

It is important to understand the difference between denied claims and rejected claims. Rejected claims are those that were returned without being processed or adjudicated. Rejected paper claims have a letter attached with a document control number (DCN). A DCN is **NOT** a PerformCare claim number. **Billing of a rejected claim should be done as an original claim.** If the claim was rejected, it is as if it never existed.

You can find the PerformCare Claim number from the 835 ERA, the paper Remittance Advice or from the Claim Status Search in eCura ProviderConnect. If you do not have the PerformCare Claim number, then you may need to wait for the original claim to be processed or conduct further research on eCura ProviderConnect to get the PerformCare claim number.

Corrected/Replacement and Voided claims may be sent electronically or on paper. If sent electronically, the **Claim Frequency Code** (found in the 2300 Claim Loop in the field CLM05-3 of the HIPAA Implementation Guide for 837 Claim Files) may only contain the values '7' for the Replacement (Correction) of a Prior Claim and '8' for the Void of a Prior Claim. The value '6' should no longer be sent. In addition, the submitter must also provide the original PerformCare Claim Number in **Payer Claim Control Number** (found in the 2300 Claim Loop in the REF\*F8 segment of the HIPAA Implementation Guide for 837 Claim Files). This is not a special requirement of PerformCare but rather a requirement of the mandated HIPAA Version 5010 Implementation Guide.

If the corrected claim is being submitted on paper, the claim needs to clearly have the word **Corrected** on it along with the original claim number. On a Professional CMS 1500 Claim, the PerformCare Original Claim Number is required in Field 22 – Original Ref Number. On an Institutional UB04 Claim, the PerformCare Original Claim Number is required in Form Locator 64A Document Control Number.

**Unless you have an original PerformCare Claim number, you may not resubmit a claim. Billing of a rejected claim is not considered a resubmission. Duplicate billing is not acceptable.**

Please be certain that this notice is shared with staff in your organization that is responsible for claims submission. Please contact your assigned Account Executive or the Claims Helpdesk at 888-700-7370 with questions.

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