BlueCross BlueShield of New Mexico

Electronic Replacement/Corrected Claim Submissions

ELECTRONIC REPLACEMENT/CORRECTED CLAIM SUBMISSIONS

The Blue Cross and Blue Shield of New Mexico (BCBSNM) claim system recognizes claim submission types on electronic claims by the frequency code submitted. The ANSI X12 837 claim format allows you to submit changes to claims that were not included on the original adjudication.

CLAIM FREQUENCY CODES

The 837 Implementation Guides refer to the National Uniform Billing Data Element Specifications Loop 2300 CLM05-3 for explanation and usage. In the 837 formats, the codes are called "claim frequency codes." Using the appropriate code, you can indicate that the claim is an adjustment of a previously submitted finalized claim.

Use the below frequency codes for claims that were previously **adjudicated**.

Claim Frequency Codes			
Code	**Description**	**Filing Guidelines**	**Action**
5 Late Charge(s) (Institutional Providers Only)	Use to submit additional charges for the same date(s) of service as a previous claim.	File electronically, as usual. Include only the additional late charges that were not included on the original claim.	BCBSNM will add the late charges to the previously processed claim.
7 Replacement of Prior Claim	Use to replace an entire claim (all but identity information).	File electronically, as usual. File the claim in its entirety, including all services for which you are requesting reconsideration.	BCBSNM will adjust the original claim. The corrections submitted represent a complete replacement of the previously processed claim.
8 Void/Cancel of Prior Claim	Use to entirely eliminate a previously submitted claim for a specific provider, patient, insured and "statement covers period."	File electronically, as usual. Include all charges that were on the original claim.	BCBSNM will void the original claim from records based on request.

SUBMITTING ELECTRONIC REPLACEMENT CLAIMS

When submitting claims noted with claim frequency code 7 or 8, the original BCBSNM claim number, also referred to as the Document Control Number (DCN) ***must*** be submitted in Loop 2300 REF02 – Payer Claim Control Number with qualifier F8 in REF01. The DCN can be obtained from the 835 Electronic Remittance Advice (ERA) or Electronic Payment Summary (EPS). Without the original BCBSNM DCN, adjustment requests will generate a compliance error and the claim will reject. BCBSNM only accepts claim frequency code 7 to replace a prior claim or 8 to void a prior claim.

Specific information and examples for **Professional** and **Institutional** providers are included below.

Professional Providers:

Claim corrections submitted without the appropriate frequency code will deny and the original BCBSNM claim number will not be adjusted. For additional information on submitting electronic replacement claims please refer to the table and example below.

Code	Action
7 Replacement of Prior Claim	BCBSNM will adjust the original claim. The corrections submitted represent a complete replacement of the previously processed claim.
8 Void/Cancel of Prior Claim	BCBSNM will void the original claim from records based on request.

An example of the ANSI 837 CLM segment containing the Claim Frequency Code 7, along with the required REF segment and Qualifier in Loop ID 2300 – Claim Information, is provided below.

Claim Frequency Code

CLM*12345678*500***11:B:**7***Y*A*Y*I*P~

REF*F8*(Enter the Claim Original Document Control Number)

Institutional Providers:

Claim corrections submitted without the appropriate frequency code will deny as a duplicate and the original BCBSNM claim number will not be adjusted. For additional information on submitting electronic replacement claims please refer to the table and example below.

Code	Action
5 Late Charge(s)	BCBSNM will add the late charges to the original claim processed claim.
7 Replacement of Prior Claim	BCBSNM will adjust the original claim. The corrections submitted represent a complete replacement of the previously processed claim. *This code is not intended to be used in lieu of late charges.*
8 Void/Cancel of Prior Claim	BCBSNM will void the original claim from records based on request.

When submitting corrected **institutional** claims, take note of CLM05-2, the Facility Code Qualifier. In this instance, the CLM05-2 field would require a value of **"A"** indicating an institutional claim – along with the appropriate frequency code (7) as illustrated in the example below.

Claim Frequency Code

CLM*12345678*500***11:**A**:7*Y*A*Y*I*P~

REF*F8*(Enter the Claim Original Document Control Number)

Note: If a charge was left off the original claim, submit the additional charge with all of the previous charges as a replacement claim using frequency code 7. All charges for the same date of service should be filed on a single claim.

Frequency Code 5, Late Charge(s) applies strictly to institutional claims.

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