

n05681

**Cancelled Claim/Charges Billed in Error Policy***Values*

Accountability • Integrity • Service Excellence • Innovation • Collaboration

**Abstract Purpose:**

This reimbursement policy outlines Network Health’s process, for all lines of business, when providers request a full or partial recoupment.

**I. Full Recoupment:**

A. Network Health has created the attached form to be used when the request is a full recoupment (the entire claim payment should be recouped).

[https://networkhealth.com/\\_assets/pdf/provider-resources/claims-resources/recoupment-request-form.pdf](https://networkhealth.com/_assets/pdf/provider-resources/claims-resources/recoupment-request-form.pdf)

B. Requests for full recoupments can be **emailed** to the Operations Support department at [operationssupport@networkhealth.com](mailto:operationssupport@networkhealth.com) or **faxed** to 920-720-1868.

**II. Partial Recoupment:**

A. All partial recoupments should follow Network Health’s Claims Submission Policy.

1. HCFA1500/Professional Claims:

a. Professional claims require resubmission code “7” in box 22 along with the original claim number.

2. The provider must indicate what is being corrected in the “Remark or Notes” field.

3. UB04/Facility Claims:

a. Facility claims require bill type xx5, xx7 or xx8 indicating the claim is a correction to a previous claim.

B. Network Health requires the provider submit the entire original claim electronically (EDI) when submitting a corrected claim.

C. Network Health will not accept the corrected claim listing only the corrected line(s).

**Related Policies:**

Claim Submission Policy

**Related Documents:**

[https://networkhealth.com/\\_assets/pdf/provider-resources/claims-resources/recoupment-request-form.pdf](https://networkhealth.com/_assets/pdf/provider-resources/claims-resources/recoupment-request-form.pdf)

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