

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
- B. Requests for full recoupments can be **emailed** to the Operations Support department at 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

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