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Menasha, WI 54952
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Procedure 1232- Corrected Claims

Lines of Business: All

Purpose: This guideline outlines Network Health's process for submission of corrected claims.

Procedure: A corrected claim is any claim that has a change to the original (for example, changes or corrections to charges, procedure or diagnosis codes, dates of service, etc.). Providers who may need to submit a corrected claim must do so within 18 months of the remittance advice.

The following guidelines have been established for submitting corrected claims to Network Health:

- Network Health requires that the provider submit the entire claim either via paper or EDI/Electronically when submitting a corrected claim. Network Health will not accept a corrected claim listing only the corrected line/lines.

- The line and/or lines being corrected must have "CC" listed in the modifier section of the CMS-1500 and UB04 forms.

- The provider must indicate what is being corrected. (Providers have a "Remark or Notes" field when submitting EDI claims or else if via paper, box 19- Reserved for Local Use) This information should be indicated in the appropriate field of the corrected claim or the claim will be denied as a duplicate claim to the original claim.

- If a diagnosis code, procedure code, and/or a modifier is being changed or added, the corrected claim must be submitted via paper and supporting documentation must be submitted with the claim for Network Health to review for coverage of benefits.

When submitting a corrected claim to Network Health, if any of the above guidelines are not followed the claim will be denied until such time that a corrected claim has been received meeting all the requirements. Corrected claim submissions should be sent to Network Health, P.O. Box 568, Menasha, WI 54952.

Please be aware that when a provider fails to submit a claim timely, rights to payment from Network Health are forfeited and the provider may not seek payment from the member as compensation for these covered services. Refer to Network Health's Procedure 1230 -Timely Filing for complete details. Network Health may request additional information as necessary in order to make a determination on all corrected claims.

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