

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 Process:**

- A. Network Health developed the form below 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 Payment Integrity department at [paymentintegritycorrespondence@networkhealth.com](mailto:paymentintegritycorrespondence@networkhealth.com) or **faxed** to 920-720-1868.

**II. Partial Recoupment Process:**

- A. All partial recoupments should follow Network Health's Claim Submission Policy.
- B. A corrected claim should be submitted according to the guidelines below:
  1. HCFA1500/Professional Claims:
    - a. Professional claims require resubmission code "7" in box 22 along with the original claim number.
    - b. The provider must indicate what is being corrected in the "Remark or Notes" field.
  2. UB04/Facility Claims:
    - a. UB04/Facility claims require bill type XX7 or XX8 indicating the claim is a correction to a previous claim .
    - b. UB04/Facility claims submitted with bill type XX7 must include condition code(s) D0-D4, D7-D9 or E0.
      - i. If one of these condition code(s) is not listed, the claim will be denied with Claim Adjustment Reason Code (CARC) 5 "The procedure code/type of bill is inconsistent with the place of service."

- c. UB04/Facility claims submitted with bill type XX8 must include condition code(s) D5 or D6.
    - i. If one of these the condition code(s) are not listed, the claim will be denied with CARC Code 5 “*The procedure code/type of bill is inconsistent with the place of service.*”
- C. Providers must submit the entire original claim electronically (EDI) when submitting corrected claims and late charges.
- 1. The corrected claim will **not** be accepted if the claim is 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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