

## Replacement Claim Billing (UB-04 & CMS-1500)

Information in this policy does not apply to members with the Choice or Choice Plus products offered through Passport Connect<sup>SM</sup>. For UnitedHealthcare's related policies/procedures, please go to [www.UnitedHealthcareOnline.com](http://www.UnitedHealthcareOnline.com) or call 866-314-8166.

### Policy

- A replacement claim is billed when a specific claim needs to be restated in its entirety, except for the identifying information. The original claim is considered null and void. The information on the replacement claim submission replaces the previous claim.
- Submit the following as replacement claims:
  - Corrections that need to be made to a professional or institutional claim.
  - Late charges are for services that were omitted from the original bill and are submitted after the initial submission of the claim.
- Continuing services are not reported as late charges. Refer to [\*Interim Billing Payment Policy\*](#).

### Provider Billing Guidelines and Documentation<sup>1</sup>

- Replacement claims are only accepted for individual claims. If a single replacement claim is submitted to replace multiple claims, all claims will deny.
- Replacement claims must be submitted 90 days from the date of the first Explanation of Payment of the original claim.
- Replacement claims may be submitted electronically or on paper.
- Electronic filing may be done via *e-services and online solutions*. Electronic filing offers the following benefits: Ease of use, quick turnaround time, and claims tracking capability.
- Submit paper claims corrections using the UB-04 or CMS-1500 forms. Please **do not** include a Request for Claim Review form.

### Replacement of Prior Claim

- Submit the entire claim as a replacement claim if you have omitted charges or changed claim information (i.e., diagnosis codes, dates of service, member information, etc.), including all previous information and any corrected or additional information.
- Please include the information noted in the chart below.

Type	Professional Claim	Institutional Claim
EDI	To indicate the claim is a replacement claim: <ul style="list-style-type: none"> <li>• In Element CLM05-3 "Claim Frequency Type Code"</li> <li>• Use Claim Frequency Type: 7 or 8</li> </ul> To confirm the claim which is being replaced: <ul style="list-style-type: none"> <li>• In Segment "REF – Payer Claim Control Number"</li> <li>• Use F8 in REF01 and list the original payer claim number in REF02.</li> </ul>	To indicate the claim is a replacement claim: <ul style="list-style-type: none"> <li>• In Element CLM05-3 "Claim Frequency Type Code"</li> <li>• Use Claim Frequency Type: 7 or 8</li> </ul> To confirm the claim which is being replaced: <ul style="list-style-type: none"> <li>• In Segment "REF – Payer Claim Control Number"</li> <li>• Use F8 in REF01 and list the original payer claim number in REF02.</li> </ul>
Paper	To indicate the claim is a replacement claim: <ul style="list-style-type: none"> <li>• In Item Number 22: "Resubmission and/or Original Reference Number"</li> <li>• Use Claim Frequency Type: 7 or 8 under "RESUBMISSION CODE"</li> </ul> To confirm the claim which is being replaced:	To indicate the claim is a replacement claim: <ul style="list-style-type: none"> <li>• In Form Locator 04: "Type of Bill"</li> <li>• Use Claim Frequency Type: 7 or 8 (third character of Bill Type)</li> </ul> To confirm the claim which is being replaced:

**BILLING AND REIMBURSEMENT-RESUBMITTING A CLAIM**

<b>Type</b>	<b>Professional Claim</b>	<b>Institutional Claim</b>
	<ul style="list-style-type: none"> <li>In the right-hand side of Item Number 22 under "ORIGINAL REF. NO." list the original payer claim number for the resubmitted claim.</li> </ul>	<ul style="list-style-type: none"> <li>In Form Locator 64: "Document Control Number (DCN)" list the original payer claim number for the resubmitted claim.</li> </ul>

**PUBLICATION HISTORY**

09/15/00	original documentation
07/01/03	annual review; added denial information
01/01/12	removed First Seniority Freedom information from header
12/15/13	annual review; edits for clarity and reformatting
08/15/14	revised title of policy; added additional language for late charge submission as a replacement claim
01/15/15	annual review; 'type of bill grid' added for clarification; 'UB' added to title for clarification; administrative edits
01/15/16	annual review; updated EDI billing information
09/15/16	changed title from "Late Charge Billing" to "Replacement Claim Billing;" included replacement claim criteria; updated grid with professional and institutional replacement claims info for EDI and paper claims
01/15/17	annual review; no changes
12/15/17	annual review; no changes
10/01/18	updated the replacement claims filing limit submission information
12/01/21	annual review; administrative edits

<sup>1</sup>This policy applies to the products of Harvard Pilgrim Health Care and its affiliates—Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health Care of New England, and HPHC Insurance Company—for services performed by contracted providers. Payment is based on member benefits and eligibility, medical necessity review, where applicable, and provider contractual agreement. Payment for covered services rendered by contracted providers will be reimbursed at the lesser of charges or the contracted rate. (Does not apply to inpatient per diem, DRG, or case rates.) HPHC reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated annually. Always use the most recent CPT and HCPCS coding guidelines.