Special Bulletin

For professional and facility providers **August 16, 2024**

Tips for Submitting Corrected Claims

For Faster Review, Use Electronic Submission Methods

It is important to file a corrected claim accurately to ensure that Highmark can identify the original claim, understand the correction that is required, and ensure that the corrected claim is not denied as a duplicate.

To reduce errors and possible rejection of your claim resubmission, please follow the guidelines below. Doing so aids Highmark in processing your claim quickly and reimbursing your claim accurately. It also helps your practice avoid billing rework and reduces outstanding open accounts.

Please DO:

- Reference the original claim number.
- Address the denial reason via the correction being made.
- Make changes to the incorrect information on the original claim (i.e., procedure code, diagnosis code, place of service, total charge, total units or additional modifier if needed).
- Submit electronically or online via one of the following methods:
    - Professional: 837(P)
    - Institutional: 837(I)
    - Availity®.
- Share these tips with your billing teams.

Please do NOT:

- Submit it prior to finalizing the original claim.
- Send it more than once. Corrected claims sent more than once will be denied.
- Change the provider or patient information.
- For more complex issues, do not submit a corrected bill. Submit a detailed claim inquiry through Availity.

When to Submit a New Claim

A new claim must be submitted if the following occurs:

- Your claim is denied for enrollment.

- You have already submitted a corrected claim for this claim number.
- You are changing the patient or provider information.
- If your previous claim was rejected to submit as a new claim (check your rejection messages).

IMPORTANT: Ensure you share this information to anyone who submits claims for your practice (i.e., a clearinghouse).

Additional Resources

For more on corrected claims, see the following chapters and units in the *Highmark Provider Manual*:

- **Chapter 6, Unit 3**: **Facility (UB-04/8371) Billing** > *6.3 Claim Adjustments.*
- **Chapter 6, Unit 4**: **Professional (1500/837P) Reporting Tips** > *6.4 Frequency Type Codes and Adjustments.*