

Corrected Claims or Voided Claims Process

Corrected and voided claims are subject to timely claims submission guidelines.

Corrected or Voided Claim electronic (EDI) Submission:

- For both Institutional and Professional claims, providers must include the original Lighthouse Health Plan 15-digit claim number in Loop 2300 segment REF*F8 and the appropriate claim Frequency Code (CLM053) of 7 (Replacement of prior claim) or 8 (Void/cancel a prior claim). Please refer to the [5010 Implementation Guides](#).

To submit a Corrected or Voided Claim on paper:

- For Institutional claims, the provider must include the original Lighthouse Health Plan 15-digit claim number and bill frequency code per industry standards.

Example:

Box 4 – Type of Bill: the third character represents the “Frequency Code”

3a PAT. CNTL #			4 TYPE OF BILL
b. MED REC. #			117
5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM _____ THROUGH _____	7	

Box 64 – Place the Claim number of the Prior Claim in Box 64

64. DOCUMENT CONTROL NUMBER

For Professional claims, the provider must include the original Lighthouse Health Plan claim number and bill frequency code per industry standards. When submitting a Corrected or Voided claim, enter the appropriate bill frequency code left-justified in the left-hand side of Box 22.

The resubmission codes are:

- 7 – Replacement of prior claim
- 8 – Void/cancel of prior claim

Example:

22. RESUBMISSION
CODE 7 OR 8 ORIGINAL REF. NO. 2019123T0012300
23. PRIOR AUTHORIZATION NUMBER

Important Note: Missing, incomplete, or invalid information in any field may cause the claim to reject. Handwriting, stamping, or typing "Corrected Claim" on a claim form without the appropriate Frequency Code "7" or "8" and the original claim number, see example above, the claim will be considered a first-time claim submission and is subject to the duplication edit.

Correction Process:

Correcting claims is a two-step process:

1. **Original Claim** – The claim is reversed, and a payment reversal is on the EOP where the prior payment is deducted.
2. **Adjudication of corrected claim** – The corrected claim is processed with the newly submitted information and noted with a remark code JCCC *“Recoupment Made Due To Receipt Of Corrected Claim and/or Additional Information From Provider.”* with a payout of the newly calculated amount on a new claim with a new claim number

Void Process:

1. **Reversal of the original claim** – The original claim is voided, and the subsequent claim submitted with an 8 (Void/cancel of a prior claim) is processed as a zero payment and noted with an adjustment reason code JCCC *“Recoupment Made Due To Receipt Of Corrected Claim and/or Additional Information From Provider”* and will deduct the prior payment or zero net amount if applicable.