

## **Process explained for submitting corrected claims or adjustment request forms**

Corrected claims are required when facilities have found a charge or charges that need to be added or corrected. Adjustment request forms are required when facilities need to delete, report duplicate payment, or provide a refund. Please specify dates of service involved when submitting an adjustment. A corrected claim is also required with the adjustment request form.

For purposes of claims payment, Security Health Plan will not accept an addendum, amendment, correction or late entry to a medical record dated after a claim denial date. If an addendum, amendment, correction or late entry to a medical record is legally dated prior to a claim denial, it may be considered for claim payment.

Here are some examples of when to submit a corrected claim:

- Incorrect patient
- Incorrect date of service
- Incorrect provider
- Incorrect billed amount
- CPT/modifier changes
- Other insurance payments/corrections (include a copy of the primary EOB)

**CMS 1500:** Corrections need to be submitted electronically with a frequency code of “7” or on a paper CMS 1500 claim form with “correction/resubmission” identified in box 19.

**UB-04:** Corrections need to be submitted electronically with a frequency code of “7” or on a paper UB-04 claim form with the appropriate type of bill in box 4. All late charges for UB claims must be consolidated into one claim for submission. If the late charges are received separately, they will be denied as a billing error.

**Timely Filing:** Corrected claims or adjustment requests must be received within normal timely filing limits or 60 days from date of payment/denial/rejection.

### **Electronic claim submission:**

Electronic Payer ID: 39045

### **Paper claim submission:**

Security Health Plan  
Attn: Claims Department  
P.O. Box 8000  
Marshfield, WI 54449-8000  
Fax: 715-221-9767