

Security Health Plan enforces claim change reason codes on adjustment and void claims

This article applies to Security Health Plan Medicare and Medicaid products for all network and non-network physicians and provider groups, as well as other qualified health care professionals.

Effective for claims processed on or after Jan. 1, 2026, Security Health Plan's claim editing will require claim change reason codes to be submitted in the Condition Code fields on adjustment or void facility claims (UB-04/CMS-1450 or the electronic equivalent). If the appropriate claim change reason code is not submitted, claims will be denied.

- Claim change reason codes = Condition code D0, D1, D2, D3, D4, D5, D6, D7, D8, D9 or E0.
- Correction or adjustment claims = facility claims with frequency code "7" or "Q"
- Void claims = facility claims with frequency code "8"

Per the Medicare Claims Processing Manual Chapter 1 - General Billing Requirements, providers should submit a claim change reason code when submitting an adjustment or void claim to explain the reason for the adjustment or void submission. Providers may not submit more than one claim change reason code per adjustment or void request; choose the reason that best describes why the adjustment or void is submitted.

- For reason codes D0-D4 and D7-D9, submit an adjustment request with bill type xx7.
- For reason codes D5 and D6, submit a void-only adjustment request with bill type xx8.

Bill type	Reason code	Explanation
Xx7	D0 (zero)	Change to service dates
Xx7	D1	Change in charges
Xx7	D2	Change in revenue codes/HCPCS - HIPPS
Xx7	D3	Second or subsequent interim PPS bill - PPS inpatient hospital only
Xx7	D4	Change in GROUPER input (diagnoses or procedures) - PPS inpatient hospital.
Xx7	D7	Change to make Medicare the secondary payer
Xx7	D8	Change to make Medicare the primary payer
Xx7	D9	Any other change
Xx7	E0 (zero)	Change in patient status
Xx8	D5	Cancel-only to correct a Medicare beneficiary identifier or provider identification number
Xx8	D6	Cancel-only to repay a duplicate payment or OIG overpayment (includes cancellation of an outpatient bill containing services required to be included on the inpatient bill).