

## **Corrected Claim Submission**

Corrected claims must clearly indicate they are corrected in one of the following ways:

- Submit corrected claim electronically via Clearinghouse
  - Institutional Claims (UB): Field CLM05-3 = 7 and REF\*F8 = Original Claim Number
  - Professional Claims (HCFA): Field CLM05-3 = 6 and REF\*F8 = Original Claim Number
- Mail paper corrected claims to:
  - o Silver Summit Healthplan
    - Attn: Corrected Claim PO Box 5090 Farmington MO 63640- 5090
  - Paper claims must include the original claim number in field number 22 of a CMS 1500 form or field 64 of the UB04.
  - Paper claim also has to have the appropriate frequency code listed on the corrected claim.
  - Failure to include the original claim number and frequency code may result in the claim being denied as a duplicate, a delay in the reprocessing, or denial for exceeding the timely filing limit.
- Submit corrected claim via the secure Provider Portal
  - Follow the below instructions on the portal for submitting a correction to an individual claim



## **Corrected Claims via Secure Provider Portal**

1. Select claims. A list of individual claims appears.

silver summit health plan			Eligibility	<u> 8</u> 🔁 Patients Authori:	zations Claims	Messaging
wing Claims Fo	r: TIN	TIN Plan Type Silver Summit		0	Uploz	
Claims	= Individual	Saved Submitted	Batch Payment Histor	y Claims Audit Too		
Claims: Re Search: Date	ecent Range : 02/02/2023	to 03/02/2023 Change date	es			
CLAIM NO.	CLAIM TYPE	MEMBER NAME	SERVICE DATE(S)	BILI	ED/PAID	CLAIM STATUS
	CMS-1500		02/02/202	23 - 02/02/2023		😣 Denied
	CMS-1500		02/03/202	23 - 02/03/2023		😣 Denied
	CMS-1500		02/03/202	23 - 02/03/2023		😣 Denied
	CMS-1500		02/03/202	23 - 02/03/2023		😣 Denied
	Institutional	-	02/04/202	23 - 02/04/2023		Denied

- 2. From the Individual tab, click the blue claim number to open that claim.
- 3. The following screen appears. You can see which services were covered or denied, view the payment amount, date, and check number.

+ Copy Claim / Correct Claim		im (	Ø Void/Recoup Claim		C Reconsider Claim					
			$\bigcirc$		0		R			
			Claim Accep	ted	In Proces	5	Denied			
Member P		Provi	Provider		Claim		Most Recent Payment			
Member Name: Re		Ref/Act	Ref/Acct No.:		DOS Range: 02/02/2023 - 02/02/2023		Payment Date:		Paid Claim Amount:	
Member ID: Ser		Servicir	Servicing Provider:		Received Date: 02/13/2023		Check/EFT Number:		Total Check Amount:	
Member DOB: Se		Servicir	arvicing NPI:		Billed Amount:		Check Dated:			
Service Lines	5									
Line DOS	Proc	Dx	Modifiers	Place of Service	f Charged	Paid Amoun	Payment t Date	Check/EF T Number	Status	Payment Codes

4. Click the Correct Claim button.



- 5. Proceed through the claim's screens correcting the information that you may have omitted when the claim was originally submitted.
- 6. Continue clicking Next to move through the screens required to resubmit.
- 7. Review the claim information and click Submit.

**Note:** Claim Corrections are not available if the provider data on the first submission is different from the corrected claim submission

If you have any questions, please contact your Provider Representative directly, or you may outreach to our Provider Services Team at 1-844-366-2880. You may also email Provider Relations directly at NVSS\_ProviderRelations@SilverSummitHealthPlan.com