



## ***Network Notification***

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**Date:** February 16, 2015

**To:** Ohio Health Partners

**From:** CareSource®

**Subject:** EDI Submission of Corrected Claims

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For faster processing and payment, you can submit corrected claims electronically. CareSource accepts electronically submitted, corrected Professional EDI 837P 005010X222A1 (CMS 1500 equivalent) and 837I 005010X223A2 Facility (UB 04 equivalent) claims.

To make it easier to submit corrected claims electronically, please use the following instructions:

- Submit the corrected claim in the nationally-recognized Electronic Data Interchange (EDI) 837 file format.
- Use the CareSource payer ID number: 31114
- Use an EDI 837 Loop 2300 CLM 05-3 value of "7" (Replacement).
- **Carry over the Original Reference No./Claim No. (12-character data) on the REF 02 data element with a Qualifier "F8" on Loop 2300.** Inclusion of the original claim number allows your corrected claim to auto adjudicate, resulting in faster payment.

Please Note: If you submit corrected claims on paper, the top of the claim must be stamped or marked as "CORRECTED". Paper claims not prominently marked as "Corrected" may be rejected/denied as a duplicate claim.

CareSource is providing this information as part of our ongoing commitment to timely and clearly-articulated communication of policy and process changes. The information in this notification supplements current policies, including those listed in the CareSource Provider Manual.