



Process for Submitting Claims Corrections

Please see instructions below for submitting claims for all corrections.

Bill Types

Late charges (xx5)

Late charge bill types represent services occurring after or not charged or credited to a patient account from admission to discharge dates or through the last interim bill, necessitating a resubmission of the claim with only the late charges.

Do not repeat charges listed on the original claim. Late charges will be processed in conjunction with the original claim.

Submitting replacement and cancel bill types

To ensure proper payment, please follow the process below.

For	Instructions
Paper claims	<ul style="list-style-type: none"> Institutional claims enter 7 for replacement or 8 for cancel in box 4 – Type of Bill on the UB-04 with the HAP claim number to replace in field 64 Document Control Number Professional claims enter 7 for replacement or 8 for cancel in box 22 on the CMS-1500 with the HAP claim number to replace in Original Ref No field
Electronic claims	<ul style="list-style-type: none"> Loop 2300 Segment CLM composite element CLM05-3 should be 7 or 8 Loop 2300 Segment REF element REF01 should be F8 indicating the following number in REF02 is the HAP claim number to replace
<p>Important! Be sure to include the original HAP claim number and bill frequency code (7 for replacement; 8 for cancel) per billing standards.</p>	

Replacement (xx7)

Replacement billing should be used when there are data changes to an originally submitted claim which would result in additional payment or corrections to the claim. The replacement claim identifier should be used for any claim that is not the original submission. Claims submitted without the replacement claim identifier may result in the claim being denied as a duplicate to the original claim. When a replacement claim is submitted correctly, HAP will:

- Adjust the original claim submission
- Process the new replacement claim

Example

Original claim								
Line and procedure	Units	Outcome	Line and procedure	Units	Outcome	Line and procedure	Units	Outcome
1. K0003RR	1	Paid	1. K0195RR	1	Denied duplicate	1. K0003RR	1	Paid
1. K0195	1	Denied needs modifier				1. K0195RR	1	Paid

<p>Incorrect resubmission Resubmitted claim with just the denied line and no replacement claim indicator. Claim will deny as a duplicate</p>	<p>Correct resubmission Resubmitted claim with replacement claim indicator. Original claim will be adjusted, and processing consideration will be applied replacement claim</p>
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Important

For reconsiderations on a claim outcome with no update or change in data, you can:

- Contact HAP Provider Inquiry at **(866) 766-4661**
- Follow the online Claims Adjustment process (see process in the HAP Billing Manual)

Cancel (xx8)

Cancel bill types reflect the elimination of a previously submitted claim in its entirety for a specific provider, patient, payer, insured and "Statement Covers Period."

HAP will use the cancelled claim as the indicator to adjust the original claim in full. This indicates the claim should not have been submitted.