

Essential information you need to submit EDI corrected claims

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Experience the future and be a part of Anthem's digital-first initiative by submitting your corrected claims using the Availity Portal or through Electronic Data Interchange (EDI).

The corrected claims process begins when a claim has already been adjudicated. Multiple types of errors that occur can typically be corrected quickly with the options below. As a reminder, the corrected claim must be received within the timely filing.

Availity Portal corrected claim submission

You can recreate a claim and submit it as a replacement or cancellation (void) of the original claim, if Anthem Blue Cross and Blue Shield (Anthem) has already accepted the original claim for processing.

Follow these steps:

1. In the Availity Portal menu, select **Claims & Payments**, and then select **Professional Claim or Facility Claim**, depending on which type of claim you want to correct.
2. Enter the claim information, and set the billing frequency and payer control number as follows:
 - **Replacement of Prior Claim or Void/Cancel of Prior Claim**
 - **Billing Frequency (or Frequency Type)** field, in the **Claim Information** section (for professional and facility claims) or **Ancillary Claim/Treatment Information** section (for dental claims).
 - Set the **Payer Control Number (ICN / DCN) (or Payer Claim Control Number)** field to the claim number assigned to the claim by Anthem. You can obtain this number from the 835 ERA or Remittance Inquiry on Payer Spaces.
3. Submit the claim.

EDI corrected claim submission

Corrected claims submitted electronically must also have the applicable frequency code.

Frequency code: Indicates the claim is a correction of a previously submitted and adjudicated claim. Providers should use one of the following:

For corrected professional (**837P**) claims, use one the following frequency codes to indicate a correction was made to a previously submitted and adjudicated claim:

- 7 – Replacement of Prior Claim\Corrected Claim
- 8 – Void/Cancel Prior Claim

For corrected institutional (**837I**) claims, use Bill Type Frequency Codes to indicate a correction was made to a previously submitted and adjudicated claim:

- 0XX7 — Replacement of Prior Claim
- 0XX8 — Void/Cancel Prior Claim

Please confirm with your practice management software vendor, as well as your billing service or clearinghouse, for full details with information for submitting correct claims.

We encourage you and your staff to utilize the digital methods available to submit corrected claims to save costs in mailing, paper, and your valuable time.

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