

THE PROCESS FOR SUBMISSION OF REPLACEMENT AND VOIDED CLAIMS

Providers may submit replacement or voided claims for originally approved claims as needed using the instructions below. Replacement claims for originally approved claims submitted outside of timely filing guidelines will be denied and cannot be resubmitted. The timely filing guidelines will be available in a provider’s contract with Trillium Health Resources. Any denied claims will need to be resubmitted as a new claim and cannot be submitted as a replacement claim.

REPLACEMENT CLAIMS

CMS1500 Instructions

- ▲ Perform a Claim Search using the original claim number
- ▲ Open the claim
- ▲ Scroll to the bottom of the claim and select 

Find Box 22 of the CMS 1500 claim form



22. RESUBMISSION CODE	ORIGINAL REF. #
<input type="text"/>	<input type="text"/>

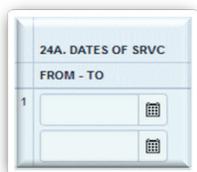
Place code “10” in the Resubmission Code box of block 22 –
Code 10 lets the system know you are submitting a “replacement claim”.



22. RESUBMISSION CODE	ORIGINAL REF. #
10	123456

Place the original claim number in the Original Ref# box of block 22; use the CI claim number that is generated on your Remittance Advice (RA), not the claim number in Provider Direct 3.0. The original claim number can also be found on the Claims Status Report (Column I).

The majority of the original entries submitted on the claim are intact when the copy feature is selected at the bottom of the claim form. Some information will not generate on the copy to prevent duplication of that data. The dates of service in Row 24 will have to be re-entered (this prevents a duplicate date of service from being submitted):



24A. DATES OF SRVC	
FROM	TO
1	

- 🔄 Please review all the fields on your original claim.
- 🔄 Override any data that is incorrect and enter the correct data.

The date in block 31 should be overridden to reflect the date of the claim correction.

Block 32 will have to be re-selected:

Save & Continue

After these steps are completed, select

If the claim is error free, scroll back to the bottom of the page and submit the claim.

UB04 Instructions (Replacement Claim)

Perform a Claim Search using the original claim number

Open the claim

Scroll to the bottom of the claim and select

Copy Claim

In Form Locator (FL) 4, "Type of Bill" of the UB04 claim form uses "7" as the 4th digit which will indicate "replacement of prior claim".

Example: The “type of bill” for an Inpatient claim is 0114. The replacement claim would be 0117. “7” becomes the 4th digit to indicate this is a replacement claim.

Place the original claim number in FL 64 (Document Control #). This is the “original” CI claim number generated on the Remittance Advice (RA), not the claim number in Provider Direct 3.0. This claim number can also be found on the Claims Status Report (Column I).

 A screenshot of a form field with the label "64. DOCUMENT CONTROL NUMBER" in blue text. Below the label is a white rectangular input box. A red arrow with a white outline points from the left towards the input box.

When submitting a replacement claim, the data elements that caused the claim to pay in error will need to be corrected.

The majority of the original entries submitted on the claim are intact when you select the copy feature at the bottom of the claim form. Some information will not generate on the copy to prevent duplication of that data. The dates of service in FL 6 will have to be re-entered (this prevents a duplicate date of service from being submitted):

 A screenshot of a form field with the label "6. STATEMENT COVERS" in blue text. Below the label is a white rectangular input area containing two date pickers (calendar icons) separated by a hyphen. Each date picker has a red asterisk to its right. A red arrow with a white outline points from the left towards the first date picker.

Please review all fields on your original claim.

Override any data that is incorrect and enter the correct data.

After these steps are completed select

Save & Continue

If the claim is error free, scroll back to the bottom of the claim and select submit.

REPLACEMENT CLAIMS SUBMITTED ON AN 837

837 Transaction Set

In Loop 2300, Claim segment/5th element (CLM05-03), 7 (code for replacement) should be submitted along with an REF segment with “F8” as reference code identifier and the original claim number found on the RA where the claim was paid.

Here is an example:

```
CLM*01319300001*500***11::7*Y*A*Y*Y***02*****N~REF*F8*111111~
```

Once a replacement claim has been received, the original claim will be reverted and any payment previously made will be recouped. The replacement claim will be processed according to all Trillium billing guidelines.

VOIDED CLAIMS

CMS1500 Instructions

Perform a Claim Search using the original claim number

Open the claim

Scroll to the bottom of the claim and select

Copy Claim

Find Box 22 of the CMS 1500 claim form –

Place code “12” in the first box of block 22

22. RESUBMISSION CODE	ORIGINAL REF. #
<input type="text"/>	<input type="text"/>

Code 12 lets the system know you are submitting a “voided claim”.

22. RESUBMISSION CODE	ORIGINAL REF. #
12	123456

Place the original claim number in the Resubmission Code box of block 22; use the CI claim number that is generated on Remittance Advice, not the claim number in Provider Direct 3.0. The original CI claim number can also be found on the Claims Status Report (Column I).

The majority of the original entries submitted on the claim are intact when the copy feature is selected at the bottom of the claim form. Some information will not generate on the copy to prevent duplication of that data. The dates of service in Row 24 will have to be re-entered. Remember to keep the data in the void claim exactly as it appeared on the original claim.

24A. DATES OF SRVC	
FROM	TO
1 <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

The date in block 31 should be overridden to reflect the date the claim was voided.

Block 32 will have to be re-selected:

Save & Continue

After these steps are completed select

If the claim is error free, scroll back to the bottom of the claim and submit it.

UB04 INSTRUCTIONS (VOIDED CLAIM)

Perform a Claim Search using the original claim number

Open the claim

Scroll to the bottom of the claim and select

Copy Claim

In FL 4 "Type of Bill" of the UB04 claim form uses 8 as the 4th digit which will indicate "reversal of prior claim".

Example: They "type of bill" for an Inpatient claim is 0114. The voided claim would be 0118. "8" becomes the 4th digit to indicate this is a voided claim.

Place the original CI claim number in FL 64 (Document Control #). Place the original claim number in FL 64 (Document Control #). This is the "original" CI claim number that is generated on the Remittance Advice not the claim number received in Provider Direct 3.0. This claim number can also be found on the Claims Status Report Column I.

A screenshot of a form field with the label "64. DOCUMENT CONTROL NUMBER" at the top. Below the label is a large, empty rectangular input box. A red arrow points from the left towards the input box.

The majority of the original entries submitted on the claim are intact when the copy feature is selected at the bottom of the claim form. Some information will not generate on the copy to prevent duplication of that data. The dates of service in FL 6 will have to be re-entered. Remember to keep the data in the void claim exactly as it appeared on the original claim.

A screenshot of a form field with the label "6. STATEMENT COVERS" at the top. Below the label are two date input fields separated by a hyphen. Each date field has a calendar icon and an asterisk. A red arrow points from the left towards the first date input field.

After these steps are completed select 

If the claim is error free, scroll back to the bottom of the claim and submit it.

VOID A CLAIM SUBMITTED ON AN 837

837 Transaction Set

In Loop 2300, Claim segment/5th element (CLM05-03), 8 (code for reversal) should be submitted along with an REF segment with "F8" as reference code identifier and the original claim number found on the RA where the claim was paid.

🌱 Here is an example:

```
CLM*01319300001*500***11::8*Y*A*Y*Y***02*****N~REF*F8*111111~
```

Voided claims will be reverted from the Trillium system and the original claim payment will be recouped.