

The corrected claims process begins when you receive a notification of payment or explanation of payment from AdventHealth Advantage Plans detailing the claims processing results. A corrected claim should only be submitted for a claim that has already been paid, was applied to the patient's deductible/copayment or was denied by the Plan, or for which you need to correct information on the original submission.

## **Electronic Corrected Claims**

To submit a corrected claim electronically, providers will need to add a type of bill that contains a frequency type code of 5, 7 or 8, as well as the original AdventHealth Advantage Plans claim ID number in their 837 file.

### Frequency Type Codes Accepted

5-Late Charges (Institutional Claim use)

7-Replacement (replacement of a prior claim)

8-Void (void/cancel of prior claim)

The type of bill should be submitted in the 2300 loop; CLM05-1 thru CLM05-3 (CLM05-3 is the frequency type code). The original AdventHealth Advantage Plans claim ID number should be submitted in 2300 loop; REF\*F8 segment. Please note that when the frequency codes are 5, 7 or 8, the original ID should be the AdventHealth Advantage Plans claim ID number.

## **Paper Corrected Claims**

All corrected claims submitted on paper should be clearly marked "corrected": in blue or black ink in Box 19 of the 1500 form. **DO NOT USE RED INK.** Corrected claims must be signed by the provider or requested by AdventHealth Advantage Plans.

Corrected claims are not accepted via fax or as a dispute. They should be submitted to the following address:

### **Medicare Advantage/Individual and Family Plans**

AdventHealth Advantage Plans

PO Box 66490

Phoenix AZ, 85082-6490

### **Small/Large Group Plans**

AdventHealth Advantage Plans

PO Box 830698

Birmingham, AL 35283-0698