



# PROVIDER ALERT

## SUBMITTING CORRECTED CLAIMS

October 10, 2013

Dear Provider:

When billing for services, you must use codes on your fee schedule or your claims will be denied (denial code 22 - not eligible/don't bill patient). In the event of such a denial you should resubmit a "corrected" claim.

### Provider Express

Go to Provider Express ([www.providerexpress.com](http://www.providerexpress.com)), log in to secure "Transactions", select "Claim Entry" to file a corrected claim.

In the Service Information section, change Claim frequency by selecting "Corrected" in the drop-down list. **Then enter the claim number from the Provider Remittance Advice in the box that asks for Payer control number as highlighted below.**

Date of Service mm/dd/yyyy *	Place of Service *	Procedure		Diagnosis Code						Charges *	Unit *	NPI ID *
		CPT Code *	Modifier ?	1	2	3	4	5	6			
<input type="text"/>	Please Select	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.00	1	1234567890
<input type="text"/>	Please Select	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.00	1	
<input type="text"/>	Please Select	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.00	1	
<input type="text"/>	Please Select	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.00	1	
<input type="text"/>	Please Select	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.00	1	

Total charge \$  Patient paid amount \$

### Paper

To submit a corrected paper claim (CMS-1500 form), print the words "Corrected Claim" on the top of the claim and mail to the address on the Explanation of Benefits.