

Corrected Claims

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 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:

AdventHealth Advantage Plans
PO Box 830698
Birmingham, AL 35283-0698

Best Practices for resubmitting Original or Corrected Claim Filing:

Adhering to the following claims filing best practices may reduce duplicate service denials and other unexpected processing results.

- Allow 30 days for claim processing to be completed before resubmitting a claim.
- Always check the provider portal and review for the status of the claim to ensure it is not currently being reviewed. Resubmitting a duplicate will only delay processing
- When filing multiple-page paper claims
 - Number pages (i.e., Page 1 of 3, Page 2 of 3, etc.)
 - Do not place the total charges for all services billed in the total charge field on each claim form. Only indicate the claim total charge on the last page.
- File all services for a particular date of service on the same claim form as much as possible to prevent delays.
- Do not mark claim “corrected” if additional information is requested, such as medical records or primary carrier EOB, **UNLESS** a change is made to the original claim submission.

- Include **ALL** services to be considered for payment when submitting a corrected claim. This includes services that may have already paid on the original claim submission whenever possible to prevent delay in processing.
- A corrected claim should never be submitted as a dispute.
- When changing a member ID number or date of service for a processed claim:
 - Submit a corrected claim canceling charges for the original claim, AND
 - Submit a new claim with the correct member ID number or date of service.

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