

# Replacement / Corrected Claim Submissions

## REPLACEMENT / CORRECTED CLAIM SUBMISSIONS

Quartz recommends the replacement/corrected claim be sent via EDI submission. Quartz’s claim system recognizes claim submission types on electronic claims by the frequency code submitted. The ANSI X12 837 claim format allows you to submit changes to claims that were not included on the original adjudication.

## CLAIM FREQUENCY CODES

The 837 Implementation Guides refer to the National Uniform Billing Data Element Specifications Loop 2300 CLM05-3 for explanation and usage. In the 837 formats, the codes are called “claim frequency type codes.” Using the appropriate code, you can indicate that the claim is an adjustment of a previously submitted finalized claim.

Quartz requires the use of the following frequency code for replacement/corrected claims.

Code	Description	Claim Type	Filing Guidelines	Action
7	Replacement/Correction of Prior Claim	Professional or Institutional Claim	File electronically, as normal. File the claim in its entirety, including for all services for which you are requesting reconsideration. This would include additional charges. Include the original Quartz claim number in REF02 field.	Quartz will adjust the original claim. The corrections submitted represent a <b>complete replacement</b> of the previously processed claim.

## QUARTZ CLAIM NUMBER

To identify the Quartz claim number, on the 835 view the CLP-07. Below is an example –

CLP\*98765\*1\*999.99\*0\*\*HM\*12345678\*13\*3~

Color Code Key –

**CLP01**-The provider’s claim number, CLM 01 shows in the ‘Account with Vendor’ value. This is what the provider submitted to Quartz.

**CLP03**-The billed amount from the provider.

**CLP04**-The paid amount by Quartz.

**CLP07**-The Quartz claim number. This is the number to use in the REF02 field.

On the paper remit, it is viewed within the Claim # field. This is the same layout if you receive the paper remit via mail or retrieve it from MyPlanTools. Below is an example –

Remittance Detail Report  
Vendor: ABC COMPANY  
123 MAIN ST  
SAUK CITY, WI 53583

\* Provider ID#: FAC00000  
\* Provider Name: ABC Company

=====  
Co. Name:            Check #: 000000000            Check Date: 01/09/2019  
**Claim #: 00000000**

### **SUBMITTING ELECTRONIC REPLACEMENT CLAIMS**

When submitting claims noted with claim frequency code 7, the original Quartz claim number *must* be submitted in Loop 2300 REF02 – Payer Claim Control Number with qualifier F8 in REF01. The Quartz claim number can be obtained from the 835 Electronic Remittance Advice (ERA) or Paper Remittance Advice.

The ANSI 837 CLM segment containing the Claim Frequency Code 7, along with the required REF segment and Qualifier in Loop ID 2300 example is below –

**Claim Frequency Code**

CLM\*12345678\*500\*\*\*11:B:7\*Y\*A\*Y\*I\*P~

REF\*F8\*(Enter the Quartz Claim Number); the REF02 value noted under filing guidelines