

## Submitting Electronic Replacement Claims (Professional)

The Blue Cross and Blue Shield of Oklahoma (BCBSOK) claim system recognizes claim frequency codes on **professional electronic claims** (ANSI 837P transactions). Using the appropriate code will indicate that the claim is an adjustment of a **previously adjudicated (approved or denied) claim**. The claim frequency codes are as follows:

1	Indicates the claim is an original claim
7	Indicates the new claim is a replacement or corrected claim – the information present on this bill represents a complete replacement of the previously issued bill.
8	Indicates the claim is a voided/canceled claim

### REPLACEMENT CLAIMS

Replacement claims (sometimes referred to as corrected claims) submitted electronically will reduce the potential for a claim to deny as a duplicate. If a replacement claim needs to be submitted, you may submit the correction electronically with the appropriate frequency code (7). Modifier 25 and 59 corrections are excluded from this process and may not be submitted electronically.\*

An example of the ANSI 837P file containing a replacement claim, along with the required REF segment and Qualifier in Loop ID 2300 – Claim Information, is provided below.

**Claim Frequency Code**

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CLM\*12345678\*500\*\*\*11:B:7\*Y\*A\*Y\*I\*P~  
REF\*F8\*(Enter the Claim Original Reference Number)

In the above example, "11" (CLM05-1) indicates the place of service on a professional claim. "B" (CLM05-2) is the Facility Code Qualifier, which is now required in ANSI Version 5010. "7" (CLM05-3) is the Claim Frequency Code.

The replacement claim will replace the **entire** previously processed claim. Therefore, when submitting a correction, send the claim with all changes **exactly** how the claim should be processed. **Examples:**

- A claim was previously submitted with procedure codes 99213, 88003 and 77090. The 88003 should have been 88004. An electronic replacement claim should be submitted for the line that needs to be corrected, along with the appropriate frequency code: 7, 99213, 88004 and 77090. This indicates to BCBSOK that all charges need to be deleted, and the claim will then be processed with 99213, 88004 and 77090.
- A claim was previously submitted with procedure codes 99214, 70052 and 99213. Procedure codes 70052 and 99213 were submitted in error and need to be removed. An electronic replacement claim should be submitted with frequency code 7 and procedure code 99214. This claim will then be adjusted to remove 70052 and 99213, and it will be processed with 99214.

**Note:** If a charge was left off the original claim, please submit the additional charge with all of the previous charges as a replacement claim using frequency code 7. All charges for the same date of service should be filed on a single claim.

\***Corrected claims using modifiers 25 or 59 must be submitted on paper, along with medical records.** For these requests, use the Claim Review Form, which is available in the Education and Reference Center/Forms section of our website at [bcbsok.com/provider](http://bcbsok.com/provider).

### VOID CLAIMS

If a claim was submitted to BCBSOK in error and needs to be voided, the claim to be voided should be submitted **exactly** as it was submitted previously, along with the appropriate frequency code to indicate that the claim should be voided (8).

**Claim Frequency Code**

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CLM\*12345678\*500\*\*\*11:B:8\*Y\*A\*Y\*I\*P~  
REF\*F8\*(Enter the Claim Original Reference Number)

If you have any questions regarding the above information, please contact our Electronic Commerce Center at 800-746-4614.