

Submitting Initial and Corrected Claims: Important Reminders

Whether you are submitting a claim for the first time or sending a corrected claim, meeting the claims filing guidelines can make or break its successful, timely adjudication. To prevent processing delays and avoidable interruptions, please follow these important guidelines when filing initial and corrected claims.

Required Guidelines

Initial Claims

All services rendered by the same provider, on a single date of service **must be submitted on the same claim unless there are separate places of service* involved**. Here are a few examples of the professional services that should be submitted together on one claim:

- Multiple imaging services performed
- Office visit and venipuncture performed
- Office visit and in-office laboratory procedures performed
- Office visit and surgical procedure performed

***Note:** A new electronic edit for claims with multiple places of service was added in the Availity®¹ gateway. This edit enables you to identify and resolve data issues before a claim enters our system and removes several other needed administrative activities - likely resulting in fewer claim holds. Learn more [here](#).

Corrected Claims

A corrected claim is required when you need to resubmit a claim with additional charges, different procedure or diagnosis codes, or other related services. Please be sure to submit both the **original and additional charges or different codes** on the corrected claim so all services can be considered together. Separate claims are only appropriate when separate places of service apply. Please note:

- A corrected claim is the solution for submitting late charges or different diagnosis or procedure codes. It aligns with our established billing guidelines in our Provider Manual.
- When there are charges left off your original claim, you must submit a **corrected claim with both the original and late charges**. Claims that only include the late charges (those charges omitted from the original claim) will *not be accepted* and therefore, will cause a processing delay.
- Providers can also send an *electronic* claim correction via Availity. Information about submitting corrected claims, including *paper* corrected claims, is available in our [Provider Manual](#) under Claim Submission, Billing Guidelines.

Institutional Claims: Use the three-digit Bill Type (XX7 or XX8) ending in the appropriate number.

Professional Claims: Use the appropriate number (7 or 8) for the Frequency Type.

- 7 – Replacement of Prior Claim
If you have omitted charges or changed claim information (diagnosis codes, dates of service, member information, etc.), resubmit the entire claim, including all previous information and any corrected or additional details
- 8 – Void/Cancel of Prior Claim
If you have submitted a claim to Florida Blue in error, resubmit the entire claim using this code to cancel it. If the claim was paid, resubmit the claim to Florida Blue using the [Claim Overpayment Refund Form](#).

Thank you for following our Claims and Corrected Claims billing guidelines.

¹Availity, LLC is a multi-payer joint venture company. For more information or to register, visit availity.com
Florida Blue and Florida Blue Medicare are independent licensees of the Blue Cross and Blue Shield Association.