Molina Healthcare Corrected Claims
Billing Requirements

Providers can submit corrected claims when changing or adding information, such as a change in coding. Corrected claims may be submitted on Molina Healthcare's Provider Web Portal or electronically, via your clearinghouse.

When submitting corrected claims to Molina Healthcare, follow these billing requirements:

- **Always** submit through the Web Portal or electronically as indicated in the steps below.
- **Do not** submit corrected claims through the claims appeal process.
- **Always** include the original claim in its entirety with the corrections made.
- **Do not** submit a corrected claim with only codes that were edited by Molina Healthcare on the original claim.

1. **Web Portal Submission**

    - Log in with your username and password.
    - Select "Create a professional claim" from the left menu.
    - Select the radio button for the correct claim option.
    - Enter the ID number of the claim you want to correct.
    - Make corrections and add supporting documents explanation of benefits (EOB).
    - Submit your claim.

2. **Electronic Submission**

    CMS 1500

    - In the 2300 Loop, the CLM segment (claim information) CLM05-3 (claim frequency type code) must indicate one of the following qualifier codes:
        - o "7" – REPLACEMENT (replacement of prior claim)
        - o "8" – VOID (void/cancel of prior claim)
    - The 2300 Loop, the REF segment (claim information), must include the original claim number of the claim being corrected, found on the remittance advice.

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UB04

- Bill type for UB claims are billed in loop 2300/CLM05-1. In Bill Type for UB, the 7 or 8 goes in the third digit for "frequency."
- The 2300 Loop, the REF segment (claim information), must include the original claim number of the claim being corrected, found on the remittance advice.

To learn more, e-mail Provider Services at WIProviderEngagement@MolinaHealthcare.com for all lines of business.